**University of Louisville**

**Clinical Psychology Program**

**Yearly Student Activity Report**

## Completing this report:

## Attach Copy of CV and highlight information requested on Page 2

1. Complete form, print, and sign
2. Plan to meet with Mentor to review yearly activities and goals
3. Have mentor Sign Report
4. Put signed report in Maggie Leahy’s mailbox in Life Sciences by due date:

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year in Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Degree Expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSE REQUIREMENTS**

Courses Taken July 1st to present including grade (if known):

Summer Fall Spring

Course Title/Course #/Credit hours/Grade Course Title/Course #/Credit hours/Grade Course Title/Course #/Credit hours/Grade

Coursework Planned for Next 12 Months:

Summer Course Title Course # Fall Course Title Course # Spring Course Title Course #

**COMPLETE FOR APA ANNUAL REPORT**

Total Masters Hours taken to date (maximum 6): \_\_\_\_\_\_\_\_\_\_\_

Total Dissertation Hours taken to date: \_\_\_\_\_\_\_\_\_\_

Total Independent Study hours taken to date: \_\_\_\_\_\_\_\_\_\_

**Other Accomplishments July 1st to present:**

**RESEARCH ACTIVITIES**

Progress of Portfolio or Dissertation Research:

**Data for APA Annual Report - list all activities from September 1st – August 31st**

**(List in month/year date form):**

 Number of books, book chapters, or articles in peer reviewed professional/scientific journals that

 you were an author or co-author (*in press, under review, or submitted should NOT be counted here* \_\_\_\_\_\_\_

 Number of workshops, oral presentations, or poster presentations at professional meeting you were

 an author or co-author \_\_\_\_\_\_\_\_

 Are you involved in leadership roles or activities in professional organizations (e.g., roles

 in local, state, regional, or national organizations? yes no

 Did you present a psychological topic to a lay or community audience yes no

 Did submit/receive any **grants** from September 1st – August 31st? yes no

 If yes, please list authors, title of grant, name of funding source, amount requested, and

 if grant was approved/money awarded (provide citation and highlight on cv)

 Other Work in Progress (Title, supervisor, work accomplished July 1st to present):

 **PROFESSIONAL MEMBERSHIPS - list all activities from September 1st – August 31st**

 Are you a member of APA? yes no

 Are you a member of any Divisions of APA? yes no

 If yes, which ones?

 Are you a member of any other psychological association (and any divisions within them)? yes no

 If yes, which ones?

 Are you a member of any other professional/research societies/organizations? yes no

 If yes, which ones?

**CLINICAL ACTIVITIES -** July 1st to present

Team (fall and spring):

External Placements and Supervisors (785s) - July 1st to present:

APPIC hours to date:

1. Intervention:

2. Assessment:

3. Supervision:

4. Support

5. Integrative Reports:

 Adult:

 Children:

**TEACHING ACTIVITIES**

Courses Taught - July 1st to present:

Teaching Assistantships - July 1st to present:

### CULTURAL COMPETENCY

Activities - July 1st to present:

**SERVICE ACTIVITIES** – July 1st to present (with/ department, university, community, etc./e.g., admissions, committees, SGA offices held, volunteer efforts, etc):

**GOALS FOR THE COMING YEAR** (include timetable)

Research:

Clinical:

Teaching:

Cultural Competency:

Service:

**CURRENT CAREER OBJECTIVES (**e.g., post doc, hospital, academic, etc.)

A. Post Internship Objectives

B. Long Term Career Objectives

**STUDENT COMMENTS ON PROGRESS -** July 1st to present

(Provide your own self-evaluation of your performance in the academic, research, clinical, teaching, and service areas. Reflect on your accomplishments. What should we praise you for? What are your plans for the coming year? Are there any specific areas or concerns that you would like to discuss with your mentor or DCT? Are there ways the program can better support your career development?)

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DCT's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

04/13