



**Student Annual Progress and Evaluation Summary  
Doctoral Program in Clinical Community Psychology  
2010-2011 Academic Year**

*Note: The information provided for student evaluations, including this Annual Report and various surveys, is confidential and protected by applicable laws and regulations. Only the CC faculty and approved administrative staff have access to this information, unless approved in writing by the student.*

**Student's Name:** \_\_\_\_\_

**Year Entered Program:** \_\_\_\_\_

**Advisor/Major Professor:** \_\_\_\_\_

**Current Academic Year:** \_\_\_\_\_

**Part I. Brief review of Progress during the past academic year (use bullet points)**

Professional / Program Goals (from 10/1/10):

Progress on Professional/Program Goals (May 2011):

**Part II. Review of Past Academic Year** (Completed by the student with consultation with mentor by May 15-use up to one page for parts a to c)

A. Reflection on progress with program requirements, including milestones, class performance, and learning objectives:

B. Reflection on completion of professional goals:

C. Comments on other major accomplishments.

D. Please provide an updated *CV*.

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Major Professor (date)

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Student Signature (date)

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Secondary Mentor / Advisor (if applicable)

Program Director comments are found in the attached letter to students and mentors.

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Program Director (date)