

Annual M.A. Graduate Student Review Form

Department of Family & Community Medicine

Medical Family Therapy Program

*Please Print or Complete Electronically to Ensure Accurate Entry.*

*All text boxes are expandable.*

**Student Information**

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| --- | --- | --- | --- |
| Date of Evaluation : |  | | |
| Name: |  | | |
| Email: |  | Phone: |  |
| Banner ID: |  | Advisor: |  |
| Graduate Program: |  | Degree: |  |

Are you on Academic Leave? 🞎 - Yes 🞎 - No

If Yes, please attach a copy of your Leave Agreement to this review.

**Academic Coursework**

**Previous courses**: List chronologically all previous courses you have taken since enrolling at SLU in your degree program, including the grades you received. Lines can be added to the table as you progress. (You find this information using Banner.)

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| --- | --- | --- | --- | --- |
| Term | Course # | Course Title | Credits | Grade |
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**Current courses**: Which courses are you taking now? Lines can be added to the table as you progress.

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| --- | --- | --- |
| Course # | Course Title | Credits |
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**Future courses**: Which courses do you intend to take and when? Lines can be added to the table as you progress.

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| --- | --- | --- | --- |
| Term | Course # | Course Title | Credits |
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**Research Activities**

Describe your current progress with the dissertation requirement of the program. Provide expected timelines, with dates, for completion of the major components of your dissertation (e.g., proposal meeting, IRB approval, data collection, data analysis, written draft, final written version, committee approval, oral defense).

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**Assistantship Activities**

**Support**: Have you received financial support from either SLU or external organizations? If so, what is the source (e.g., teaching assistantship from the department, research assistantship from NSF grant, etc.)? If none, leave blank.

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| Term | Source of Support |
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**Teaching:** In which courses and semesters have you been a Teaching Assistant? In which courses and semesters have you been the Primary Instructor? If none, leave blank.

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| Term | Course # | Course Title | Role |
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**Research:** On which projects and in which semesters have you been a Research Assistant? If none, leave blank.

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| --- | --- | --- |
| Term | Project Title | Role |
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**Progress Toward Degree**

Please summarize your progress in completing the program competencies. A copy of your Taskstream report that was sent to you with this evaluation should be attached to the evaluation. Provide an estimated completion date for any requirements that have not been completed.

**Clinical Skills**

Provide a brief assessment of your clinical skills based on the Clinical Skills Evaluations that you have received (these can be reviewed in Taskstream). Provide a description of the areas of clinical focus in the coming year.

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List below all internships or practica that you have had this academic year, indicating the place and time-frame of the program.

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**Theoretical and Clinical Knowledge**

Summarize your progress in completing the requirements in the areas of Ethical Decision Making paper, Taxonomy of Theory paper, Family Studies presentation, Family Life Cycle presentation, Cultural Immersion project and Research Informed Therapy paper. Provide a timeline for completion of requirements that have not been met.

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**Clinical Case Presentation**

Summarize your progress in completing the Clinical Case Presentation requirement. Provide a timeline for completion of requirements that have not been met.

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**Theory of Therapy**

Summarize your progress in completing the Masters Oral Examination requirement.

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**Professional Development**

List all professional organizations of which you are a student member, including any offices held.

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Describe any professional service and/or leadership positions associated with the university, graduate education, department or program. Indicate your title and dates of service.

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List any awards, honors and achievements you have received this academic year.

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Are there any other factors that you would like to have included in your evaluation?

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**Evaluation**

**To be completed by the Advisor, in conjunction with any additional assistantship supervisory faculty.**

Based upon the faculty’s discussion, you were rated in each of the following dimensions. (Inadequate: Not meeting expectations, not progressing; Adequate: Meeting expectations, making sufficient progress; Exceptional: Exceeding expectations, exceptional progress).

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| --- | --- | --- | --- |
|  | **Inadequate** | **Adequate** | **Exceptional** |
| **Academic Quality (in coursework)** |  |  |  |
| **Academic Progress** |  |  |  |
| **Research Quality (in research or assistantship)** |  |  |  |
| **Research Progress** |  |  |  |
| **Professional Skill Acquisition** |  |  |  |
| **Personal & Professional Development** |  |  |  |

**Evaluation Commentary**

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Student’s signature Date

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Mentor or Graduate Director’s signature Date

For students with assistantship assignments apart from their mentor:

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Supervisor’s signature Date