

Programs in School Psychology Annual Student Review Feedback Form

Student's Name: _____

Program: Ph.D. ____ Ed. S. ____

Program Advisor: _____

Semester: _____ 20____

This form is to be provided to the student during the Annual Advisor-Faculty Review Meeting which occurs each fall semester. One copy of this signed form should be provided to the student for his or her records, and one should be placed in the Student's Cumulative file.

	Below Expectations	Meets Expectations	Above Expectations
1. Academic Performance	1	2	3
2. Contributions to Class	1	2	3
3. Interpersonal Skills	1	2	3
4. Motivation/Maturity	1	2	3
5. Initiative	1	2	3
6. Reliability/Dependability	1	2	3
7. Respect for Diversity	1	2	3
8. Communication Skills	1	2	3
9. Ethical Behavior	1	2	3
10. Professional Membership	1	2	3
11. Other:	1	2	3

Required for Doctoral Students Only:

12. Research Involvement 1 2 3
 (Doctoral requirement, EdS optional)
 Comments:

This student should be: _____ encouraged to continue in the program
 _____ encouraged to continue (concerns are present)
 _____ reviewed after another semester (serious concerns are present)
 _____ discouraged from continuing in the program

Major Advisor

School Psychology Student*

Date

*Students sign this form indicating that they have received the feedback provided by the Program Advisor. If students disagree with comments provided on this form they are encouraged to discuss their views with their Advisor and attach a typed note to this form if they wish. Their note will be shared with the Program Faculty.

cc: _____ Student _____ Student File

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