**Student Self-Assessment for Annual Review**

Name: School year: Advisor:

Current Year in Program:

(circle one): First Second Third Fourth Fifth

 (other)

The following self-assessment survey is the first step of the annual review process. It is designed to assist you and the Counseling Psychology Committee in assessing your performance and making related improvement plans as needed. Your responses will be

1. Reviewed by the Counseling Psychology Committee **(Exam week)**
2. After which you will meet with your advisor **(June)**

Reflecting on your experiences over the last year, respond to the items in this survey with an improvement-oriented focus (e.g., How did you perform? How can you sustain effective performance? How can you make progress in areas in need of improvement?).

Please *submit this form to your* ***Academic Advisor*.**

## PROGRESS TOWARDS LAST YEAR’S GOALS

In the space below, please list out your Goals from Last Year’s Self-Assessment and how you have/have not achieved these goals.

## ACADEMIC COURSEWORK AND PERFORMANCE

* 1. List the classes you have completed in the **last 12 months** and your grades**. (If you are currently in a class, do** **not indicate your final grade unless you know what it will be.)**

***Course # Grade Course # Grade***

## ACADEMIC PROFESSIONALISM

Regarding your *performance in classes* —

Answer the following questions, with the scale: Never Sometimes Always

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (1) |  | (3) |  | (5) |
| I am on time for class. | 1 | 2 | 3 | 4 | 5 |
| I attend all classes. | 1 | 2 | 3 | 4 | 5 |
| If I have to miss a class, I notify my professor prior to being absent. | 1 | 2 | 3 | 4 | 5 |
| I complete assignments on time. | 1 | 2 | 3 | 4 | 5 |
| I am engaged in classroom discussion. | 1 | 2 | 3 | 4 | 5 |

Based on these items or other considerations, (a) state one or more specific goals for yourself to sustain and/or improve your performance in classes and academic performance during the coming school year, and (b) for each goal, indicate how you will know you’ve accomplished it.

GOAL 1

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## GRADUATE ASSISTANTSHIP

Have you had an assistantship in the past year? YES NO

What skills have you acquired or strengthened as a result of your assistantship experience?

What skills would you like to obtain (or obtain more of) during your assistantship?

## ATTENDANCE AT UCA FUNCTIONS

NOTE: All Counseling Psychology Doctoral Students **are required** to attend all of these functions! Check all that apply:

Counseling Round Tables

 Fall Spring

Counseling Psychology Town Hall Meetings

 Fall Spring

Interviews with Doctoral Applicants

 Spring

## FIELD EXPERIENCES

During the past year, in what setting(s) or capacities have you interacted with professionals outside of UCA?

Regarding your *professional field experiences and interactions outside of UCA*—

Answer the following questions, with the scale: Never Sometimes Always

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (1) |  | (3) |  | (5) |
| I am punctual? | 1 | 2 | 3 | 4 | 5 |
| I notify my field supervisor/contact prior to absence? | 1 | 2 | 3 | 4 | 5 |
| I interact positively? | 1 | 2 | 3 | 4 | 5 |
| I complete work as requested? | 1 | 2 | 3 | 4 | 5 |
| I actively participate/contribute? | 1 | 2 | 3 | 4 | 5 |

Through your field experiences, how have you grown to be more multiculturally competent?

Based on the above items or other considerations, (a) state one or more specific goals for yourself to sustain and/or improve your field-based performance during the coming school year, and (b) for each goal, indicate how you will know you’ve accomplished it.

GOAL 2

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## PROFESSIONAL ORGANIZATIONS AND INVOLVEMENT

In what professional organizations are you currently a member?

# Note: Membership in APA Division 17 (Counseling Psychology) is required by the program.

## American Psychological Association (optional)

 **\_Yes \_No**

**Division 17 (Society of Counseling Psychology) (required) \_Yes \_No Membership Number:**

List others below:

List professional conferences you have attended throughout the past year.

***Conference Date***

In what ways have you been active in these professional organizations?

Through your professional and community experiences, how have you grown to be more multiculturally competent?

Please list a reasonable goal you would have for the coming year in order to become more active (or maintain a current high level of activity) in a professional organization(s):

GOAL 3

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**RESEARCH/SCHOLARSHIP/PROFESSIONAL PRESENTATIONS**

What are your specific areas of research/scholarship/presentation interests?

List your research/scholarship activities during the previous year. (Please use **APA Style**.) Publications:

Presentations

UCA Dissertation (for 1st and 2nd year students, please provide tentative information).

Title:

 \_.

Dissertation Chair:

( Final \_Temporary)

Describe how your dissertation topic relates to Counseling Psychology.

Describe how you have been working with your advisor or dissertation chair to work towards completing your dissertation.

What were the results of such activities? Check all that apply.

 Improved my research skills

 Improved my scholarship/publication/writing skills

 Improved my professional presentation skills

 Professional presentation

 Worked on a manuscript for publication

 Submitted a manuscript for publication

 Other

Based on the above items or other considerations, (a) state one or two specific goals for yourself to sustain and/or improve your performance or future work in the Research/Scholarship areas (b) for each goal, indicate how you will know you’ve accomplished it.

GOAL 4

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Other (Please add any other comments related to your research/scholarship/public presentation performance or experiences that you wish to share):

Student Signature / Date

Advisor Signature / Date

Director of Training Signature / Date

***Thank you for your contribution to your annual review.***

* *Students and Advisors – please* ***keep a copy*** *of the signed form so you can refer to the goals next year.*
* *Advisors – please return signed/completed forms to* ***Director of Training****.*