<u>CIP TRAINEE REVIEW FORM</u> – Date of Review:

AME:
RIMARY SUPERVISOR:
RADUATE UNIT:
PECIALTY/CLINICAL PROGRAM:
IP START DATE: DEGREE:
verall Career Goals:
verviews of Activities:
ow many days per week time do you have for the following?
- Research
- Educational
hesis Research
the thesis committee established? Yes No
nesis Supervisor
ommittee Members
nesis Title
cage of Research: (Topic selection, literature review, protocol development, data collection, data nalysis, thesis write-up) (add an separate page if necessary):

Date of Proposal Defense or Transfer: Month Year
Frequency of Meetings with Supervisor: (minimum - once a month)
Frequency of Meetings with Thesis Committee: (minimum – twice annually)
Anticipated Work Plan for the Coming Year
This section should document goals for the student over the upcoming year. The Work Plan should be as specific as possible: (add a separate page if necessary)
as specific as possible. (and a separate page if necessary)
Student Funding
How is the student being funded for this academic year 2022/2023?
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Sponsoring Agencies, Grants, Awards (include amounts):		
Duration of Funding Source: From:	To:	
Describe the student's clinical responsibilities for	this academic year 2022/2023:	
<u>Current Projects</u>		
Future Primary Projects Primary Projects:		
Title-		
Hypothesis / research / clinical questions-		
Proposed methods-		
Funding-		
Timelines-		
Current stage-		
Write up -		
Funding-		
Supervisor(s)-		
Secondary Projects: Project 1-		
Title-		
Hypothesis / research / clinical questions-		
Proposed methods-		
Funding-		
Timelines-		
Current stage-		
Write up -		
Funding-		
Supervisor(s)-		
Back burner project-		
Title-		
Hypothesis / research / clinical questions-		

Proposed methods-	
Funding-	
Timelines-	
Current stage-	
Write up -	
Funding-	
Supervisor(s)-	
<u>Publications</u>	
Is the trainee publishing in appropriate journals? Y	'es No
Attach to this form a list of publications (accepted, pertaining to your research	in press, submitted), abstracts, and presentations
RECOMMENDATION	
Has demonstrated adequate progress	
Has not demonstrated adequate progress.	
 Suggestions for Maintaining Adequate 	uate Progress
DATE OF NEXT MEETING:	
Signature of Program Director	Date:
For the CIP Trainee	
For the CIP Trainee This document accurately reflects the discussions a	and recommendations at this Meeting of this Revie
For the CIP Trainee This document accurately reflects the discussions of Committee.	and recommendations at this Meeting of this Revie