

CIP TRAINEE REVIEW FORM– Date of Review:

NAME:

PRIMARY SUPERVISOR:

GRADUATE UNIT:

SPECIALTY/CLINICAL PROGRAM:

CIP START DATE:

DEGREE:

Overall Career Goals:

Overviews of Activities:

How many days per week time do you have for the following?

- Research _____
- Educational _____
- Clinical _____

Thesis Research

Is the thesis committee established? Yes _____ No _____

Thesis Supervisor _____

Committee Members _____

Thesis Title _____

Stage of Research: (Topic selection, literature review, protocol development, data collection, data analysis, thesis write-up) *(add an separate page if necessary)*: _____

Sponsoring Agencies, Grants, Awards (*include amounts*): _____

Duration of Funding Source: From: _____ To: _____

Describe the student's clinical responsibilities for this academic year 2022/2023:

Current Projects

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)-

Publications

Is the trainee publishing in appropriate journals? Yes _____ No _____

Attach to this form a list of publications (accepted, in press, submitted), abstracts, and presentations pertaining to your research

RECOMMENDATION

____ Has demonstrated adequate progress

____ Has not demonstrated adequate progress.

- Suggestions for Maintaining Adequate Progress

DATE OF NEXT MEETING: _____

Signature of Program Director _____ Date: _____

For the CIP Trainee

This document accurately reflects the discussions and recommendations at this Meeting of this Review Committee.

Signature of CIP Trainee _____ Date: _____