

Graduate Student Annual Activity Report

Name: _____ Date: _____ Year: 1st 2nd 3rd 4th 5th

Courses: Please list all courses you took in the last year with the grades that you received.

Summer		Fall		Spring	
Course	Grade	Course	Grade	Course	Grade

Clinical Training: Please describe your clinical activities in the past year including the number of hours that you have attained

Practicum	Type (Internal vs. External)	Therapy Hours	Assessment Hours	Supervision Hours
	I E			
	I E			