

**Counseling Psychology Doctoral Program 12-Month File Audit**  
 (Students complete this form in conjunction with the Annual Review of Progress)

**Academic Year:** \_\_\_\_\_

Admit / Handbook Year: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_

Each year, following the annual review during April and May, advisors will audit their students' paper and electronic records to be sure student files are complete.

During the annual review, students and advisors will identify the **documentation that should be on record from the 12-month period beginning June 1 of the previous year and ending May 31 of the current year.** Only the documentation that is new to the 12-month period should be marked in the first column below (i.e., "Should be in file from year just ending").

Advisors will audit the file during the summer (prior to the start of Fall classes) and sign off that all relevant documentation from the previous 12 months has been properly filed.

**Forms Required For Documentation:**

Should be in file from year just ending	Already in File from previous audits	Form
		<b><u>General Forms:</u></b>
		Handbook Form
		Ethics Form
		Change of Advisor Form
		Dissertation Proposal Attendance
		Dissertation Defense Attendance
		<b><u>Program Variances or Substitutions:</u></b>
		Program Variances
		Program Substitutions
		Other Program Approval forms (specify)
		<b><u>Other Correspondence:</u></b>
		Non-routine Reviews (Year 20__) Initial Letter Remediation or Development Plan Final Evaluation / Disposition Letter
		Graduate School Notifications
		Request for Credit Overloads
		Student Qualification and Credential Verification Form (VA)
		Application for Second Year Ed-GRS Funding (Year 20__)
		Verification of Student Status Letter
		Miscellaneous

		<b><u>Annual Review Forms and Letter:</u></b>
		Doctoral Report on Progress (Academic Year 20__ 20__ 20__ 20__ 20__)
		Individual Development Plan (Academic Year 20__ 20__ 20__ 20__ 20__)
		Curriculum Vitae (Academic Year 20__ 20__ 20__ 20__ 20__)
		Annual Progress Letter (Academic Year 20__ 20__ 20__ 20__ 20__)
		<b><u>Program Forms:</u></b>
		Minor Agreement Form
		Program Electives
		<b><u>Preliminary Examination Forms:</u></b>
		Preliminary Exam Part I – Clinical -completion
		Preliminary Exam Part II – Supervision -completion
		Preliminary Exam Part III – Dissertation Proposal - completion
		Dissertation Proposal Exam Form
		Dissertation Final Oral Exam
		<b><u>Practicum Forms:</u></b>
		First Year Form—Readiness for Practicum (20__)
		First Year Experience Statement of Clinical Accountability Form (Fall Semester, 20__)
		FYE Direct Observation by Supervisor Fall Semester (Yes // No)
		First Year Experience Statement of Clinical Accountability Form (Spring Semester, 20__)
		FYE Direct Observation by Supervisor Spring Semester (Yes // No)
		PostBA (only) Master’s Practicum Statement of Clinical Accountability Form (Fall Semester, 20__) List sites:
		Statement of Clinical Accountability Form (Spr Semester, 20__) List sites:
		Statement of Clinical Accountability Form (Summer Semester, 20__) List sites:
		Supervisor Evaluation of Student (Fall Semester, 20__) Name(s) of Supervisors:
		Supervisor Evaluation of Student (Spr Semester, 20__) Name(s) of Supervisors:
		Supervisor Evaluation of Student (Sum Semester, 20__) Name(s) of Supervisors:
		<b>Year 2 (Academic Year 20__ - 20__)</b> (# of Sites: _____; List sites:
		Statement of Clinical Accountability Form (Fall Semester, 20__) List sites:
		Foundational Practicum Direct Observation by Supervisor Fall Semester (Yes // No)
		Statement of Clinical Accountability Form (Spring Semester, 20__) List sites:
		Foundational Practicum Direct Observation by Supervisor Spring Semester

		(Yes // No)
		Statement of Clinical Accountability Form (Summer Semester, 20__) List sites:
		Supervisor Evaluation of Student (Fall Semester, 20__) Name(s) of Supervisors:
		Supervisor Evaluation of Student (Spr Semester, 20__) Name(s) of Supervisors:
		Supervisor Evaluation of Student (Sum Semester, 20__) Name(s) of Supervisors:
		<b>Year 3 (Academic Year 20__ - 20__ ) (# of Sites: _____;</b> List sites:
		Statement of Clinical Accountability Form (Fall Semester, 20__) List sites:
		Advanced Practicum Direct Observation by Supervisor Fall Semester (Yes // No)
		Statement of Clinical Accountability Form (Spr Semester, 20__) List sites:
		Advanced Practicum Direct Observation by Supervisor Spring Semester (Yes // No)
		Statement of Clinical Accountability Form (Summer Semester, 20__) List Sites:
		Supervisory Clinical Accountability Form (Spring Semester, 20__)
		Supervisory Direct Observation by Supervisor Spring Semester (Yes // No)
		Supervisor Evaluation of Student (Fall Semester, 20__) Name(s) of Supervisors:
		Supervisor Evaluation of Student (Spr Semester, 20__) Name(s) of Supervisors:
		Supervisor Evaluation of Student (Sum Semester, 20__) Name(s) of Supervisors:
		<b>Year 4 (Academic Year 20__ - 20__ ) (# of Sites: _____;</b> List sites:
		Statement of Clinical Accountability Form (Fall Semester, 20__) List sites:_____
		Statement of Clinical Accountability Form (Spring Semester, 20__) List sites:_____
		Statement of Clinical Accountability Form (Summer Semester, 20__) Sites_____
		Supervisor Evaluation of Student (Fall Semester, 20__) Name(s) of Supervisors:_____
		Supervisor Evaluation of Student (Spring Semester, 20__) Name(s) of Supervisors:_____
		Supervisor Evaluation of Student (Sum Semester, 20__) Name(s) of Supervisors:_____
		<b>Year 5 (Academic Year 20__ - 20__ ) (# of Sites: _____;</b> List sites:

		Statement of Clinical Accountability Form (Fall Semester, 20__) List sites:
		Statement of Clinical Accountability Form (Spring Semester, 20__) List sites:
		Statement of Clinical Accountability Form (Summer Semester, 20__) List Sites
		Supervisor Evaluation of Student (Fall Semester, 20__) Name(s) of Supervisors:
		Supervisor Evaluation of Student (Spring Semester, 20__) Name(s) of Supervisors:
		Supervisor Evaluation of Student (Sum Semester, 20__) Name(s) of Supervisors:
		900 (Fall) Foundational Practicum <b>Faculty Approval</b>
		900 (Spring) Foundational Practicum <b>Faculty Approval</b>
		900 (Summer) Foundational Practicum <b>Advisor Approval</b>
		902 Supervision Practicum <b>Advisor Approval</b>
		903 (Fall) Advanced Practicum <b>Advisor Approval</b>
		903 (Spring) Advanced Practicum <b>Advisor Approval</b>
		903 (Fall) Advanced Practicum <b>Advisor Approval</b>
		903 (Spring) Advanced Practicum <b>Advisor Approval</b>
		Externships- Year ___ CP Faculty Approval
		Externships- Year ___ CP Faculty Approval
		Externships- Year ___ CP Faculty Approval
		Externships- Year ___ CP Faculty Approval
		Externships- Year ___ CP Faculty Approval
		Externship Agreement Form- Year _____
		<b><u>Advancement to Dissertator Status Forms:</u></b>
		Graduate Minor Form (Optional)
		Request for Advancement to Dissertator Status
		Deficiencies completed (applicable/not applicable)
		Electives Completed (advisor approval)
		Course Requirement Checklist (completed)
		<b><u>Internship Application Forms:</u></b>
		Internship Application Plan
		Internal Verification Readiness From
		Internship Readiness Evaluations Part I
		Internship Readiness Evaluations Part II
		Internship Agreement/Contract
		Internship Evaluation Semester Midyear
		Internship Evaluation Semester Final
		<b><u>Graduation Forms:</u></b>
		Approval to Graduate – Faculty Approval

**The student file is complete for the period from last year's review to present:**

Date of Advisor File Review: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Last Updated: 18 October 2016