

# Graduate Student Annual Activity Report

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Year: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>

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			