



Evaluation of Progress Toward Doctoral Degree (incl. RS&RS)  
*Students Entering Fall 2011 or Later*

Student Name:

Date this form was completed by the student and submitted to the advisor:

I was admitted in the \_\_\_\_\_ semester of \_\_\_\_\_ (year), therefore I have been a graduate student in the department for \_\_\_\_\_ years.

*Advisor's name:*

*Do you have a functional advisor elsewhere (e.g., practicum site)*  Yes  No

*Functional Advisor's Name:*

*Functional Advisor's Affiliation:*

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***Extensions:***

Has the graduate school granted you additional time to complete your degree?  YES  NO

Requirement Extended:

New Requirement Completion Date:

***Leaves of Absence:***

Has the graduate school granted you a leave of absence at any time?  YES  NO

Dates:

### **Coursework Complete?**

*(all boxes must be checked "Yes" below to meet requirement)*

#### **Course Requirement**

- Principles of Behavior I (3 credit hrs)
- Research Methods I (3 credit hrs)
- Legal/Ethical Issues (1 or 3 credit hrs)
- Applied Behavior Analysis I (3 credit hrs)
- Conceptual Foundations I (3 credit hrs)
- Principles of Behavior II (3 credit hrs) **or**  
 Conceptual Foundations II (3 credit hrs)
- Research Methods II (3 credit hrs)
- Applied Behavior Analysis II (3 credit hrs)
- Research or Intervention Pract. – Credit Hrs:
- Thesis Hours – Credit Hrs Completed:
- Dissertation Hours – Credit Hrs Completed:

YES  NO

#### **Completed/Waived?**

- YES  NO
- YES  NO
- YES  NO
- YES  NO
- YES  NO
- YES  NO
- YES  NO
- YES  NO
- YES  NO
- YES  NO

***Additional Student Comments re: Coursework (OPTIONAL):***

***Supervisor/Advisor Comments re: Coursework (OPTIONAL):***

<b>Master's Thesis Complete/Waived?</b>	
<i>(all boxes must be checked "Yes" below to meet requirement)</i>	
<b>Task</b>	<b>Complete/Waived?</b>
Idea for the project decided on and approved by advisor. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
IRB/HSC or IACUC approval received. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
All data collected. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Primary data analyses completed. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Initial draft of complete thesis submitted to your advisor. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final draft of thesis submitted to your advisor. If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Thesis defense date.	
Thesis Successfully Defended. If NO, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Additional Student Comments re: Thesis (OPTIONAL):**

**Supervisor/Advisor Comments re: Thesis (OPTIONAL):**

***Pro-seminar Requirement met?***

*(all boxes must be checked "Yes" below to meet requirement)*

YES  NO

***Pro-seminar I (Master's Level) Completed?***

If Yes, Date:

YES  NO

If No, Scheduled/Planned Date:

***Pro-seminar Requirement II (Doctoral Level) met?***

If Yes, Date:

YES  NO

If No, Scheduled/Planned Date:

***Additional Student Comments re: Pro-sem (OPTIONAL):***

***Supervisor/Advisor Comments re: Pro-sem (OPTIONAL):***

**Editorial Critique Requirement met?**

(all boxes must be checked "Yes" below to meet requirement)

YES  NO

**1. Editorial Critique I Met?**

YES  NO

If Yes:

- Date Completed:
- Approved By:

If No, Date Scheduled/Planned:

**2. Editorial Critique II Met?**

YES  NO

If Yes:

- Date Completed:
- Approved By:

If No, Date Scheduled/Planned:

**3. Editorial Critique III Met?**

YES  NO

If Yes:

- Date Completed:
- Approved By: (1) ; (2) ; (3)

If No, Date Scheduled/Planned:

**Additional Student Comments re: Editorial Critiques (OPTIONAL):**

**Supervisor/Advisor Comments re: Editorial Critiques (OPTIONAL):**

**Student Teaching Requirement met?**

YES  NO

(all boxes must be checked "Yes" below either Option A or B to meet requirement)

I am completing option:  A  B

**Option A**

Task	Complete?
Completed GTA requirement. If Yes, indicate course number for: <ul style="list-style-type: none"> <li>.50 position</li> <li>Two .25 positions: ;</li> </ul> If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Obtained numeric student evals of teaching efficacy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Attended 2 teaching-relevant CTE sessions	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wrote a teaching philosophy statement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Submitted the above materials with my advisor's approval	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Option B**

Task	Complete?
Completed GTA requirement. If Yes, indicate course number for: <ul style="list-style-type: none"> <li>.50 position</li> <li>Two .25 positions: ;</li> </ul> If No, scheduled/planned date:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Obtained numeric student evals of teaching efficacy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Earned a B or higher in LA&S 792	<input type="checkbox"/> YES <input type="checkbox"/> NO
Wrote a teaching philosophy statement	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Additional Student Comments re: Teaching (OPTIONAL):**

**Supervisor/Advisor Comments re: Teaching (OPTIONAL):**

***Written & Oral Comp Exam Requirement Met***

YES  NO

If Yes, Date Completed:

If No, Date Scheduled/Planned:

If granted an extension, extended deadline:

If you are pursuing a comprehensive examination under older requirements (i.e., pre-written/oral option), please describe your requirement and progress to date below:

***Additional Student Comments re: Comps (OPTIONAL):***

***Supervisor/Advisor Comments re: Comps (OPTIONAL):***

**Research Skills & Resp. Scholar. Completed?**       YES     NO

All doctoral students must meet the Research Skills requirement before proceeding to comprehensive exams. The requirement must include at least two components (from policy.ku.edu):

1. Every doctoral student is required to have training in responsible scholarship pertinent to the field of research.
2. Every doctoral student is required to obtain research skills pertinent to the doctoral level of research in their field(s).

To date, I have completed:

Satisfactory Completion of Coursework

ABSC 735

AND

ABSC      (*must be approved as a Research 2 course*)

AND

ABSC 841 (taken for 3 credit hours)

Research Skills Demonstration via Dissemination

*Please include only the parenthetical citation for your work (e.g., [Baer, Wolf, & Risley, 1968]) along with the corresponding page number from your vitae where the full citation may be found.*

One first author publication in a peer reviewed journal

Citation:      ; see pg.      of my vita

OR

Two first-author scholarly presentations at regional, state, or national professional meetings, no more than one of which may be a poster (the work presented must have been entirely completed while at KU)

Citation 1:      ; see pg.      of my vita

Citation 2:      ; see pg.      of my vita

Research Skills Demonstration via Passing Comprehensive Examinations

Passed Oral Comps

AND

Passed Written Comps

**Additional Student Comments re: RS&RS (OPTIONAL):**

**Supervisor/Advisor Comments re: RS&RS (OPTIONAL):**



<b>Dissertation Complete?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>(all boxes must be checked "Yes" below to meet requirement)</i>				
<b>Task</b>	<b>Complete?</b>			
Dissertation topic selected and approved by advisor. If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IRB/HSC or IACUC approval received. If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
All data collected. If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Data completely analyzed. If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
First draft of complete dissertation submitted to your advisor. If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Dissertation completed and submitted to advisor If No, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Dissertation committee identified.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Dissertation defense date.				
Dissertation Successfully Defended. If NO, scheduled/planned date:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

***Additional Student Comments re: Dissertation (OPTIONAL):***

***Supervisor/Advisor Comments re: Dissertation (OPTIONAL):***

## ***Professional Development***

Please attach a copy of your curriculum vitae. In the sections below, please note on which page(s) of your curriculum vitae the requested information can be found.

- A. PUBLICATIONS – Total #:    ; See page(s)
- B. GRANT PROPOSALS - Total #:    ; See page(s)
- C. PRESENTATIONS/PAPERS/WORKSHOPS - Total #:    ; See page(s)
- D. COMMUNITY AND PUBLIC SERVICE - See page(s)
- E. TEACHING EXPERIENCE - See page(s)
- F. CONSULTANTSHIPS - See page(s)
- G. AWARDS - See page(s)
- H. OTHER - See page(s)

***Additional Student Comments re: Prof. Dev. (OPTIONAL):***

***Supervisor/Advisor Comments re: Prof. Dev. (OPTIONAL):***

## ***Inadequate Progress:***

Were you asked to create a timeline last year because the Committee determined that you were making less-than-adequate progress?

YES     NO

If Yes, in the space below, list all of the milestones that were on your timeline and indicate if each was completed on time. Please list as milestones only those things that we can objectively verify (e.g., thesis defended). Don't list minor events that would be difficult to document (e.g., completing the literature review of your thesis).

Milestone (e.g., 2 <sup>nd</sup> comprehensive exam)	Proposed Completion Date	Actual Completion Date

*Additional Student Comments re: Inad. Prog. (OPTIONAL):*

*Supervisor/Advisor Comments re: Inad. Prog. (OPTIONAL):*

## ***Certifications & Advisor Comments***

My signature on the line below certifies that the information provided in this document is, to the best of my knowledge, accurate and complete. *Typing your name serves as an electronic signature.*

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Graduate Student's Signature	Date
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My signature on the line below certifies that the information provided in this document is, to the best of my knowledge, accurate and complete. *Typing your name serves as an electronic signature.*

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Advisor's Signature	Date
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***Advisor comments on student progress (to be completed prior to submitting to the Committee):***

***Functional Advisor Comments:***