

Annual Student Questionnaire (ASQ)

Hi,

Welcome to the Annual Student Questionnaire/Student Activity Report. This questionnaire should take you about 15 minutes to complete. As a reminder, this Questionnaire needs to be completed before you will be able to register for classes.

Thank you!

Contact Information

1. Date:

2. What year did you enter into the doctoral program?

Prior to 2012

2012

2013

2014

2015

2016

2017

2018

2019

2020

3. Please provide your contact information.

First Name

Middle Initial

Last Name

Maiden Name (if applicable)

4. What is your...

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:

Phone Number:

5. What is your Student ID number (the 800 number you use to log into the YU portals/register)?

While at Ferkauf...

1. Who is your Academic Advisor?

2. Please explain any incompletes on your transcript. Include course title, semester taken, reason for incomplete, and expected completion date.

3. What is the title of your Research Project I?

4. Who is your Research Project I Advisor?

5. What is the status of your Research Project I?

Currently developing idea

Collecting articles/data

Submission of first draft

Re-writing drafts

Completed/Approved

If you have completed your Research Project I, when was it approved?

6. What is the title/working title of your Research Project II?

7. Who is your Research Project II advisor?

8. What is the status of your Research Project II?

1. Working on idea for study
2. Writing proposal
3. Submission to IRB
4. IRB approval
5. Initiate study
6. Collecting data
7. Analyzing data
8. Writing drafts
9. Ready to defend/schedule oral exam
10. Passed exam/defense

If you have passed your oral exam/defense, when did this happen?

9. Please list all publications and presentations over the 2020-2021 academic year in APA Format (do not worry about formatting; feel free to cut and paste from your CV):

10. In the 2020-2021 academic year, please sum the total number of

Presentations:

Publications:

11. Are you currently involved in grant supported research?

No

Yes: Please comment on purpose of grant money, whom it was received from, and amount received

12. In the past academic year, have you been involved in any teaching?

No

Yes: please specify nature of teaching (i.e., TA, guest lecturer, adjunct); name of courses; average enrollment and where?

13. Are you currently involved in delivery of professional services on or off campus? (including Parnes Clinic, externship or practicum placements; not including internship)

Yes

No

14. Did you have a Masters in Psychology before you entered Ferkauf?

Yes

No

ARO Annual Update: Professional Activities

1. Are you a currently a member of any professional/research societies?

No

Yes; Please specify which ones

2. Number of scientific publications that you authored/co-authored (books, book chapters, or articles in peer-reviewed professional/scientific journals) that were published in the

current 2020-2021 academic year? (publications "in press," "under review," or "submitted" should not be counted here)

3. Number of scientific presentations that you authored/co-authored for any workshops, oral presentations and/or poster presentations at professional meetings during the current 2020-2021 academic year?

4. In the past academic year, have you served leadership roles or participated in activities in professional organizations (e.g., Roles in local, state/provincial, regional, or national organizations)?

Yes

No

5. In the past academic year, have you given presentation(s) to lay audience(s)?

Yes

No

Externship/Practicum

1. Are you currently seeing patients in the Parnes Clinic?

Yes

No

2. If yes, please comment on your Parnes Supervisor:

Supervisor's name

Highest Degree Earned (PsyD, PhD, etc.)

Supervisor's phone number

Supervisor's email address

3. Please comment on your primary current externship/practicum experience:

Name of Site/Externship:

City, State:

Population Seen: (i.e. child, adult, geriatric)

Highest Supervisor:

Direct Supervisor:

Direct Supervisor's email address:

Direct Supervisor's phone number:

4. If you are at another practicum/externship site, please comment on that site...

Name of Site/Externship:

City, State:

Population Seen: (i.e. child, adult, geriatric)

Externship Director of Training:

Externship Direct Supervisor:

Externship Direct Supervisor's email address:

Externship Direct Supervisor's phone number:

5. If you have more than 2 current externships/ practicum experiences, please comment on the ones not described above.

6. Are you currently employed?

No

Yes. Please state position and employer.

ARO: Upcoming or Current Full-Time Internship (for 4th Year & Beyond)

1. Did you apply for a doctoral internship that begins during the next academic year (2021-2022 academic year)

Yes, applied for internship

Yes, applied for second 1-year part-time internship (already completed a 1-year part-time program)

No, still enrolled in a 2-year part-time internship

No, previously completed the full internship requirement (1- year full-time or equivalent)

No, did not apply for internship

2. Did you obtain an internship that begins next academic year (2021-2022 academic year):

Yes

No

If yes, please answer questions 3-8.

3. Expected internship start date: _____ / _____ / _____ (mm) (dd) (yyyy)

4. Expected internship end date: _____ / _____ / _____ (mm) (dd) (yyyy)

5. Is your internship

APA/CPA Accredited

APPIC Accredited

CAPIC

CDSPP

One Year

Two Years

Full Time

Part-Time

Funded

Not Funded/Not Fully Funded

6. For students going on internship 2021-2022, please provide a Summary of Doctoral Practicum Hours (as of November 1, 2020). These are the numbers you would have filled out on the APPIC application.

Total Intervention Hours:

Total Assessment Hours:

Total Support Hours:

Total Supervision Hours:

7. Where will you complete your internship?

Name of Placement

Location (City/State)

8. How would you classify that internship setting?

1. Community Mental Health Center
2. Health Maintenance Organization
3. Medical Center
4. Military Medical Center
5. Private General Hospital
6. General Hospital
7. Veterans Affairs Medical Center
8. Private Psychiatric Hospital
9. State/County Hospital
10. Correctional Facility
11. School District/System

12. University Counseling Center

13. Medical School

14. Consortium

15. Multiple Settings

16. Other

Post-Graduation Employment (for 5th Year and Beyond)

1. Are you planning on completing a post doc or fellowship?

Yes

No

Don't Know Yet

If yes, in what subfield and where?

2. Do you have a job for next year (including post doc)?

Yes

Not Yet

Haven't finished my Research Project II

I am taking some time off before entering the workforce

If you do not yet have a job for next year, please skip the next two questions.

3. If you do have a job set for "next year", please tell us a little about it

What is the position?

What is the organization/who is the employer?

Where is it located?

4. If you have a job set for "next year"... How would you classify that employment setting?

1. Community Mental Health Center
2. Health Maintenance Organization
3. Medical Center
4. Military Medical Center
5. Private General Hospital
6. General Hospital
7. Veterans Affairs Medical Center
8. Private Psychiatric Hospital
9. State/County Hospital
10. Correctional Facility
11. School District/System
12. University Counseling Center
13. Medical School
14. Consortium
15. Multiple Settings
16. Other

Service to the School

1. Are you providing any services to the clinical program or Ferkauf? If so, please check all that apply.

Program TA
Class TA or research TA
Mentor
Mentorship committee
Mentorship committee head
OPS representative

Class rep
Class rep head
Admissions interviewer
SDI Committee

If yes, please specify the role and faculty member (if TA)?

2. Do you provide any other service to the program or the school not mentioned above? If so, please indicate the nature of the service provided.

3. Any other professional achievements or involvement you would like to share, including:

- Your involvement in any research not reflected in above subsections (e.g. participation in research group, checking reliability in a peer's research, etc.)
- All awards and honors you have received during the course of your student career at FGS.
- Anything related to professional development, involvement, or service that did not seem to fit under the previous sections?

4. Did you feel that you accomplished your academic goals for 2021-2021? Please explain

5. Do you have any achievements, accomplishments, publications, presentations, awards, honors, or service positions awards that you would like us to list on our news and events page? If yes, please list them below in 1-2 sentence narrative format so we can boast about you.

6. Anything else you would like to add?

Thank you in advance for filling out the survey. Your information is very important for the continued accreditation of our program.