

## 1. Annual Student Questionnaire (ASQ)

## 2. Contact Information

Hi.  
Welcome to the 2015 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!

### 1. Date:

### 2. Which program are you in?

### 3. What year did you enter into the doctoral program?

- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- Prior To 2006

### 4. Please provide your contact information.

First Name

Middle Initial

Last Name

Maiden Name (if applicable)

### 5. What is your..

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:

Phone Number:

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

### 3. While at Ferkauf...

#### 1. Who is your Academic Advisor?

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

#### 3. What is the title of your Pre-Doctoral Paper/ PsyD Project I?:

#### 4. Who is your PsyD I / PreDoc Advisor?

#### 5. What is the status of your Research Project I/ Pre-Doctoral Paper?

- Currently developing idea
- Collecting articles/ data
- Submission of first draft
- Re-writing drafts
- Completed/ Approved

If you have completed your PsyD I/PreDoc, when was it approved?

#### 6. What is the title/working title of your Dissertation/ PsyD Project II?:

#### 7. Who is your PsyD II/ Dissertation advisor?:

**8. What is the status of your dissertation/ PsyD II?:**

- 1. Working on idea for study
- 2. Writing proposal
- 3. Submission to CCI
- 4. CCI 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 2014-2015 academic year in APA format: (Do not worry about formatting, feel free to cut and paste from your CV.)**

**10. In the 2014-2015 academic year, please list the total number of**

Presentations:

Publications:

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

- Yes
- No

**12. Are you the author/co-author on any journal articles or chapters published in the current academic year? (work published/in press/ during 2014-2015 academic year only)**

- Yes
- No

**13. Were you the author/co-author of any workshops/ presentations/symposia/posters at professional meetings during the current academic year?(work published/in press/presented during 2014-2015 academic year only):**

- Yes
- No

**14. Are you currently involved in grant-supported research?**

- No
- Yes; Please comment on purpose of grant money, whom it was received from and amount recieved

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

- No
- Yes; please specify nature of teaching (ie TA, guest lecturer, adjunct); name of courses; average enrollment and where?

**16. Are you a currently a member of any professional organizations?**

- No
- Yes; Please specify which ones

**17. In the past academic year, have you served leadership roles or participated in activities in Professional Organizations?**

- Yes
- No

**18. 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
- Currently on Internship

## 4. Current Internship...

### 1. Where are you currently on internship?

Name of Placement

Location (City/State)

### 2. 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
- 33. Other

### 3. Is your internship

	Yes	No
APA accredited	<input type="radio"/>	<input type="radio"/>
APPIC accredited	<input type="radio"/>	<input type="radio"/>
Paid	<input type="radio"/>	<input type="radio"/>
Full Time	<input type="radio"/>	<input type="radio"/>

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

- Yes  No  Don't Know Yet

If yes, in what subfield and where

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

- Yes                       Not Yet                       Haven't finished my PsyD II yet                       I am taking some time off before entering the workforce

If you do not yet have a job for next year please skip down to the last question on this page ( #8).

### 6. 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?

### 7. 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
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- 6. General Hospital
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### 8. Go to next page...

- Yes



## 5. 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: (ie 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: (ie child, adult, geriatric)

Highest Supervisor:

Direct Supervisor:

Direct Supervisor's email address:

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.

**1. Are you currently employed?**

- No
- Yes, Please state position, employer and salary recieved

**2. Will you be going on internship in the next academic year (2015-16)?**

- Yes
- No

## 7. Internship...

### 1. For students going on internship 2015-2016, please provide a Summary of Doctoral Practicum Hours (as of November 1, 2013): ( these are the numbers you would have filled out on the APPIC application)

Total Intervention Hours:	<input type="text"/>
Total Assessment Hours:	<input type="text"/>
Total Support Hours:	<input type="text"/>
Total Supervision Hours:	<input type="text"/>

### 2. Where will you complete your internship?

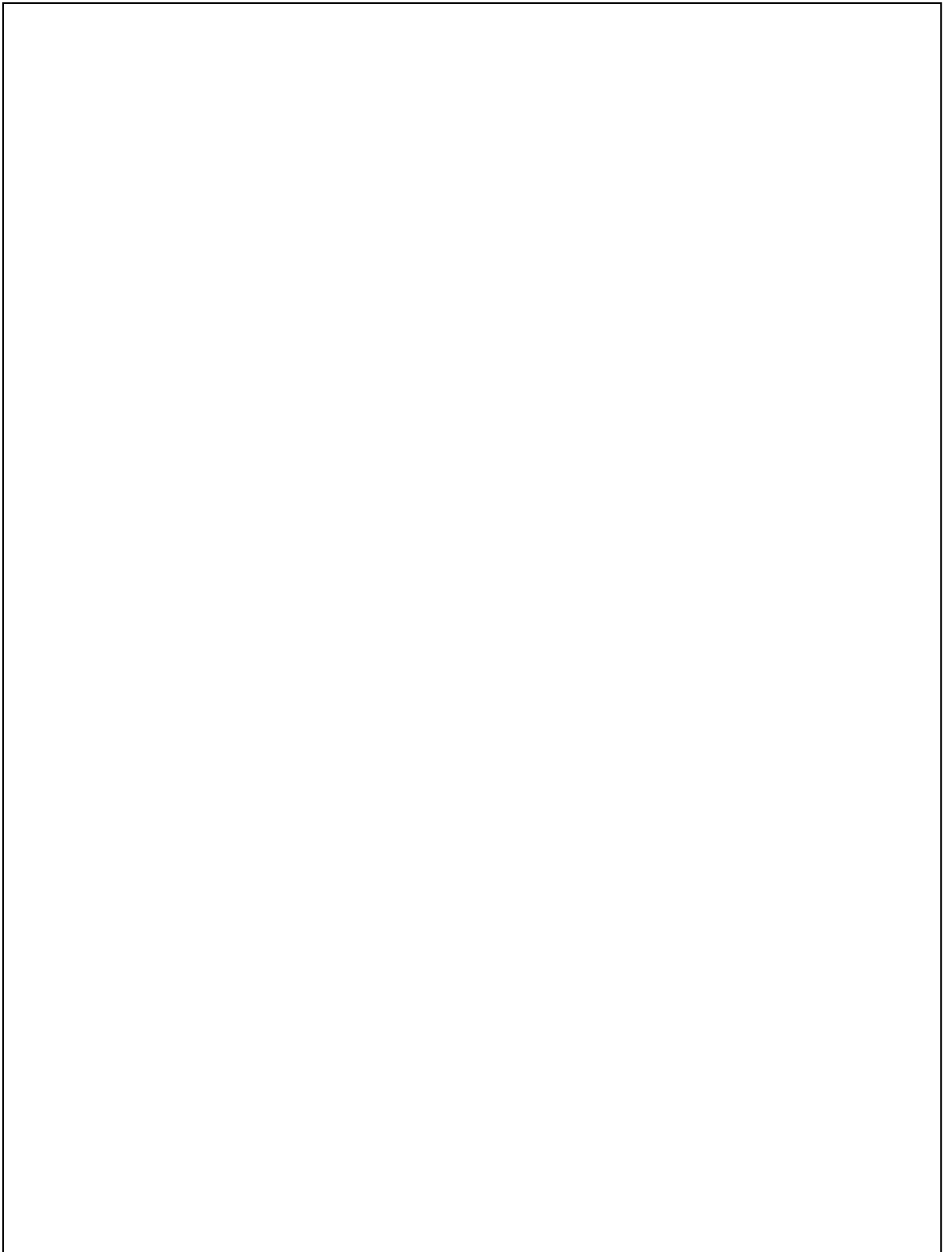
Name of Placement	<input type="text"/>
Location (City/State)	<input type="text"/>

### 3. How would you classify that internship setting?

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Full Time	<input type="radio"/>	<input type="radio"/>



## 8. To finish up

Please comment on your service to the school...

### 1. Are you a program TA?

- No  
 Yes

If yes, for whom are you a TA?

### 2. Are you a TA for a class?

- No  
 Yes

If Yes, which class?

### 3. Did you interview program applicants or participate in applicant tours during Admissions?

- No  
 Yes

### 4. Are you in the Mentorship Bank?

- No  
 Yes

If Yes, who did you mentor?

### 5. Are you

	Yes	No
a Class Rep?	<input type="radio"/>	<input type="radio"/>
an OPS Rep?	<input type="radio"/>	<input type="radio"/>

### 6. 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.

**7. 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 recieved 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?**

**8. Did you feel that you accomplished your academic goals for 2014-2015? Please explain**

**9. 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.