



## PhD Reading Committee Meeting Assessment Form

**\* This section to be filled out by student**

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ Year of Study: \_\_\_\_

Date of Last Meeting: \_\_\_\_\_ Date of Last IDP: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Committee Members: \_\_\_\_\_ Degree

### Checklist:

CHE2222H CHE1102H JDE1000H CHE300XH (# completed): Total Electives Completed

- Review of [Departmental Policies](#) on Reading committees and [Degree Requirements](#).
- Review of recommendations of previous Reading Committee(s).

### Review of Committee's Assessment of student's performance (to be filled out by committee chair)

	Outstanding	Very Good	Good	Satisfactory	Weak
Critical Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of Research Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality/Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Comments & Suggestions:

**Note: This summary should be discussed with the student**

**Recommendation:**

- may proceed as per assessment summary above
- may begin to write thesis
- may proceed to Departmental oral to be held in\* 3 months 6 months 9 months
- may skip Departmental oral and proceed directly to the SGS oral (the department generally encourages this option) to be held in\* 3 months 6 months 9 months
- has not demonstrated adequate progress. Failure to demonstrate satisfactory progress by the next reading committee meeting may result in termination of registration.
- has not demonstrated adequate progress. Registration in the program should be terminated.

\* **Note:** If this timeline is not met, and 9+ months have passed, another reading committee meeting must be held.

The Reading Committee should meet in the next:

- 3 months
- 6 months
- 9 months

Tentative date for next meeting: \_\_\_\_\_

If the number of years in the program is 3.5 or more, the student should consult with the reading committee and submit a “plan to complete” to the Graduate Office within a week after the meeting. The plan should be less than one page long and include the tentative date of departmental oral.

Signature of Chair of Reading Committee \_\_\_\_\_

**FOR STUDENT:**

This document accurately reflects the discussion and recommendations at this meeting with Reading Committee. Signature of the student below indicates that the student has read this report.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments by committee/student: