



PhD Reading Committee Meeting Assessment Form

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

Student Name: _____ Student Number: _____

Year of Study: _____ Meeting Date: _____

Date of Last Meeting: _____ Date of Last IDP: _____

Supervisor(s): _____

Committee Members: _____

- Review of [Departmental Policies](#) on Reading committees and [Degree Requirements](#).
- Review 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: