

PROGRESSION RECORD

Candidate:	Program	
	Adult	
	Child/Adol (post Adult)	
Date Accepted:	Combined	
Date Matriculated:	Child/Adol Only	

Advisor and date assigned:			
Supervisors	Date Assigned	Supervisor	Date Assigned
1 st		4 th	
2 nd		5 th	
3 rd		6 th	

Tuition	Paid	Amount	Date	Adv Tuition	Paid	Amount	Date
Year 1				Adv 1			
Year 2				Adv 2			
Year 3				Adv 3			
Year 4				Adv 4			

Control Patients					Supervisor's
1 st Case ID		Reports Due		Submitted	Annual Rpt
Supervisor		Initial			
Date Started		Annual 1			
Clinic Case	Y N	Annual 2			
Consents	Tx: Re	Annual 3			
Misc		Annual 4			
Case Terminated		Annual 5			

Control Patients					Supervisor's
2 nd Case ID		Reports Due		Submitted	Annual Rpt
Supervisor		Initial			
Date Started		Annual 1			
Clinic Case	Y N	Annual 2			
Consents	Tx: Re	Annual 3			
Misc		Annual 4			
Case Terminated		Annual 5			

Control Patients					Supervisor's
3 rd Case ID		Reports Due		Submitted	Annual Rpt
Supervisor		Initial			
Date Started		Annual 1			
Clinic Case	Y N	Annual 2			
Consents	Tx: Re	Annual 3			
Misc		Annual 4			
Case Terminated		Annual 5			

Control Patients					Supervisor's
4 th Case ID		Reports Due		Submitted	Annual Rpt
Supervisor		Initial			
Date Started		Annual 1			
Clinic Case	Y N	Annual 2			
Consents	Tx: Re	Annual 3			
Misc		Annual 4			
Case Terminated		Annual 5			

Control Patients					Supervisor's
5 th Case ID		Reports Due		Submitted	Annual Rpt
Supervisor		Initial			
Date Started		Annual 1			
Clinic Case	Y N	Annual 2			
Consents	Tx: Re	Annual 3			
Misc		Annual 4			
Case Terminated		Annual 5			

Control Patients					Supervisor's
6 th Case ID		Reports Due		Submitted	Annual Rpt
Supervisor		Initial			
Date Started		Annual 1			
Clinic Case	Y N	Annual 2			
Consents	Tx: Re	Annual 3			
Misc		Annual 4			
Case Terminated		Annual 5			

Progression Mtgs	Reports	Fees In	Rev. Date	Result
Annual Review 1				
Annual Review 2				
Annual Review 3				
Request for 3 rd Case				
Request for Ind Analysis				
Request for Graduation				
Other (Adv Candidate)				
Other				

Evaluations of Patients Not Proceeding to Analysis				
Case ID		Date Evaluated		Clinic
Eval. Of Rpt Submitted		Disposition:		
Case ID		Date Evaluated		Clinic
Eval. Of Rpt Submitted		Disposition:		
Case ID		Date Evaluated		Clinic
Eval. Of Rpt Submitted		Disposition:		
Case ID		Date Evaluated		Clinic
Eval. Of Rpt Submitted		Disposition:		

