

**Department of Epidemiology
Graduate School of Public Health
University of Pittsburgh**

**Pre- and Post- Doctoral Trainee Progress
Annual Academic Evaluation and Review**

NAME: _____

ACADEMIC MENTOR NAME: _____

OTHER ADVISOR NAME: _____
(GSR advisor, TA advisor)

PRE- DOC _____ POST-DOC _____

ACADEMIC YEAR: _____

PART I. Progress Review

A. Course Requirement Checklist (attach from Student Handbook)

B. Post-doctoral Degree Program (if applicable)

Degree Program _____

PART II. Research and Scholarly Activities

A. Areas of Research Interest (specify areas of major current interest)

B. Research Accomplishments (use bulleted list format, indicate which accomplishments were specified as goals/objectives in last year's evaluation if applicable)

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i. New Areas of Research or Technical Expertise acquired in the past year

ii. Major New Initiatives undertaken in the past year

C. Publications (include Refereed Articles, Reviews and Abstracts)

1. Authors (same order as publication, Last name, first and middle initials). Title of Article. *Journal Title*. Year and Date. Volume (Issue): pages.

D. Teaching

i. Courses

Years Taught	Course Number: Title	Hours of Lecture, Credits, Average Enrollment	Role in course
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ii. Other Teaching (include lectures, tutorials and continuing education)

Date(s)	Type of Teaching	Title
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E. Grants (include fellowships with entire funding periods, grants written/applied for/received)

Role on Grant:

Years Inclusive	Grant and/or Contract Number and Title	Source	Annual Direct Costs	% Effort
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F. Honors and Awards (list all awards and honors received during the past, include professional society presentation awards or travel awards, etc.)

Year of Award	Title of Award, Awarding Association
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Year of Award	Title of Award, Awarding Association
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G. Scientific Meetings (include national or other professional meetings attended)

Date	Title of Presentation	Meeting Title, Location
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H. Other Presentations

Date	Title of Presentation	Venue
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I. Service Activities (include committee or other service activity, offices held)

Years	Service Activity	Position
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J. Other Professional Activities or Accomplishments (not identified above)

Date	Position	Description of Activity
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K. Other Activities (community, etc. with professional relevance)

Year(s)	Position and Organization	Type of Service
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PART III. Future Plans

A. Major Plans for Upcoming Year (use bulleted list format)

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B. Coursework (if applicable)

C. Research Project Goals

B. Research and Other Training Plans

C. Anticipated Publications (include project titles)

D. Anticipated Scientific Meeting or Workshop Attendance

E. Fellowship or Other Funding Applications Planned (include award name)

F. Other Professional Training (teaching activity, etc)

G. Career Goals (use numbered list format)

- 1.
- 2.
- 3.

i. What further research activity or other training is needed before it is appropriate to start a job search?

ii. When do you anticipate beginning a job search?

iii. Please indicate if there are other issues that affect your job search.

PART IV. Feedback and suggestions

- A. Do you have any suggestions for additional training opportunities that the program could offer? If yes, please describe.
- B. Do you have feedback on any weaknesses of the program? If yes, please describe.
- C. Do you have feedback on any strengths of the program? If yes, please describe.

PART V. Summary, recommendations and final comments:

Overall Evaluation of Accomplishments and Performance (to be completed by Mentor)

PART V. Overall Evaluation:

Outstanding	Commendable	Satisfactory	Marginal	Unsatisfactory*	Not Applicable

*When an unsatisfactory rating is given, reasons for the unsatisfactory rating should be clearly stated in evaluation, and specific recommendations for actions that students should take to correct the deficiency should be provided.

Acknowledgment – I have received a copy of the annual evaluation.

Trainee’s Signature Date

Mentor’s Signature Date

Director’s Signature Date

Co-Director’s Signature Date