Once your individualized training plan is approved use this form to project and track completion of ITiMS requirements. This form is to be updated regularly and submitted to the PAC for review annually at the Spring Retreat until all requirements are completed.

**Report Period: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Laboratory Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Modeling/Population Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Matriculated with a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Responsible Conduct of Research (RCR) training**

|  |  |  |
| --- | --- | --- |
| **Workshop A (Citations, plagiarism, publication)** | **\_\_\_\_\_\_completed** | **\_\_\_\_\_\_required** |
| **Workshop B (Acquire/Manage/Own/Share Data)** | **\_\_\_\_\_\_completed** | **\_\_\_\_\_\_required** |
| **Workshop C (Conflict of interest, mentoring)** | **\_\_\_\_\_\_completed** | **\_\_\_\_\_\_required** |
| **Workshop D (Ethics and intellectual property)** | **\_\_\_\_\_\_completed** | **\_\_\_\_\_\_required** |

|  |  |  |
| --- | --- | --- |
| **Milestones** | **Estimated Date** | **Actual Date** |
| **Formation of dissertation committee - including ITiMS co-mentors, ideally as co-chairs**  **(Committee approved by home department and by Rackham)** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** |
| **Submission and approval of individualized training plan to meet ITiMS Goals** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** |
| **Achieve candidacy in home department**  **(Typically this involves a Preliminary Exam in home department by end of 2nd year if entered with a Master’s degree; otherwise by end of 3rd year)** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** |
| **Annual Meeting I**  **(Candidates should meet annually with their co-mentors)** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** |
| **Annual Meeting II**  **(Candidates should meet annually with their co-mentors)** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** |
| **Annual Meeting III**  **(Candidates should meet annually with their co-mentors)** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** |
| **Dissertation Defense** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** |
| **Conferral of Degree**  **(Candidates are expected to graduate in five years)** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** |
| **Completion of Approved ITiMS Training Plan** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** |

**Report Period: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please respond to the following on a separate sheet and attach it to the Annual Progress Assessment Form (please include your name on the attachment)**

1. Review the goals of the past year (as outlined in your training plan). What progress have you made? Where have you fallen short and why?
2. Indicate your goals for the coming year and plans for accomplishing each of them. (Goals should be specific, measureable, results-oriented and time-bound). Examples may include anticipated conferences, publications, courses, teaching experience, or other professional development or leadership activities.
3. Do you have any suggestions for improving the mentoring or ITiMS program? (e.g., meeting frequency, level of feedback, journal clubs, research team meetings, etc.).
4. Please attach your curriculum vitae (CV).

**Report Period: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed by co-mentors**

|  |  |  |  |
| --- | --- | --- | --- |
| The student has accomplished all goals in last year’s assessment | **\_\_\_\_\_\_Satisfactory** | **\_\_\_\_\_\_Unsatisfactory** | **\_\_\_\_\_\_N/A** |
| Does the student have a clear plan for achieving goals for next year? | **\_\_\_\_\_\_Strong** | **\_\_\_\_\_\_Fair** | **\_\_\_\_\_\_Weak** |
| Is the student’s course performance acceptable? | **\_\_\_\_\_\_Yes** | **\_\_\_\_\_\_No** | **\_\_\_\_\_\_N/A** |
| Is the student showing adequate initiative and creativity in his/her research? | **\_\_\_\_\_\_Strong** | **\_\_\_\_\_\_Fair** | **\_\_\_\_\_\_Weak** |
| Is the student making adequate progress toward the Ph.D. degree? | **\_\_\_\_\_\_Strong** | **\_\_\_\_\_\_Fair** | **\_\_\_\_\_\_Weak** |
| If ITiMS funding is completed is a plan for continued funding in place? | **\_\_\_\_\_\_GSI** | **\_\_\_\_\_\_GSRA** | **\_\_\_\_\_\_Other\*** |

**\*(other specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Report Period: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*We, the undersigned, certify that we have each reviewed all three pages of the ITiMS: Annual Progress Assessment Form.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Student Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Laboratory Mentor Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Modeling/Population Mentor Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Program Advisory Committee Member Date**