

# Rehabilitation Sciences Institute

500 University Ave., Toronto, Ontario M5G 1V7 Telephone (416) 978-0300 Facsimile (416) 946-8762

## SUPERVISORY COMMITTEE MEETING FORM\*

\*(formally known as *Program Advisory Committee (PAC)* Meeting Form)

Name of Student: \_\_\_\_\_ Current Date: \_\_\_\_\_

Student Number: \_\_\_\_\_ Degree: \_\_\_\_\_

Name of Supervisor(s): \_\_\_\_\_

Date of Last Meeting: \_\_\_\_\_ Date of Next Meeting: \_\_\_\_\_

Meeting: (Please check one)

6-mth  1 yr.  1.5 yr.  2 yr.  2.5 yr.  3 yr.  3.5 yr  4yr.  4.5 yr.  5 yr.

Thesis Title:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### To be Completed by Committee:

*Excellent*

→ *Unsatisfactory*

	5	4	3	2	1
<b>Knowledge</b>					
<b>Research Skills</b>					
<b>Professional Development</b>					
<b>Oral Communication</b>					
<b>Written Communication</b>					

### Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Timeline for Completion

Progress since last meeting (circle):  Excellent  Satisfactory  Unsatisfactory

The expected completion date of the project (including thesis preparation) is \_\_\_\_\_.

Is this satisfactory to the Committee  Yes  No

Is this satisfactory to the student?  Yes  No

If no, explain:

\_\_\_\_\_  
\_\_\_\_\_

## Course Requirements

### Courses

Course Title	In Progress	Completed	Grade

### Achievements *(List all achievements since last meeting include, awards, publications, presentations)*

*NOTE: please attach a bibliographic citation of all publications accepted, in press or submitted.*

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Additional comments by Committee *(Please attach a separate sheet if necessary)*

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Comments by student *(Please attach a separate sheet if necessary):*

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I/we have reviewed and discussed this assessment with the student:

**Signature of Supervisor:** \_\_\_\_\_  
Name Signature

**Signature of Co-Supervisor:** \_\_\_\_\_  
(if applicable) Name Signature

**Signature of Committee Members:**

_____ Name	_____ Signature	_____ Area of expertise
_____ Name	_____ Signature	_____ Area of expertise
_____ Name	_____ Signature	_____ Area of expertise

**Signature of Student:** \_\_\_\_\_

Return the SIGNED FORM to the: Rehabilitation Sciences Institute  
500 University Ave., Room160  
University of Toronto  
Fax: 416-946-8762