

ANNUAL STUDENT EVALUATION FORM AND PROGRESS REPORT

Health Services and Outcomes Research
 Ph.D. Program

Student: _____ **Date:** _____

Advisor: _____ **Degree Sought:** Ph.D.

Year of Enrollment: _____ **Expected Date of Completion:** _____

A. Admission Requirements:

- Was the student admitted with any conditions? Yes _____ No _____
- If yes, what were the conditions (i.e., must receive a grade of "B" or better in first 3 core courses, etc.)? Have they been satisfied?

B. Progress in completion of program requirements: (course work, seminars, teaching, etc.):

- Was coursework transferred from another institution? Yes _____ No _____
 If yes, please add copy of Application for Graduate Credit Transfer form to student's file.
- Has the student filed a Plan of Study? Yes _____ No _____
 If no, is the student on schedule to file the plan in the recommended timeperiod?

- Course work completed at West Virginia University:

Core Course	Number	Title	Credit Hours	Grade	Date of Course
BIOS	601	Applied Biostatistics I	4		
BIOS	602	Applied Biostatistics II	3		
PHAR	785	Pharmacoepidemiology	3		
PHAR	755	Pharmacoeconomics	3		
PHAR	758	Ethics – Clinical Research	2		
PHAR	777	Health Outcomes Research Designs	2		
PHAR	786	Health Services Research Secondary Database	3		
PHAR	756	Health Survey Research Methods	3		
PHAR	767	Scientific Writing - HSOR	3		

PUBA	670	Health Systems	3		
PHAR	753	Soc/Bhvrl Thry/Hlth Otcn Rsrch	3		
PHAR	754	Decision Analysis - Healthcare	3		
PHAR	757	Patient Reported Outcomes	3		
PHAR	769	Adv Hlth Service Rsrch Methods	3		
PHAR	797	Research			
Elective Course	Number	Title	Credit Hours	Grade	Date of Course
Recurring Course	Number	Title	Credit Hours	Grade	Date of Course
PHAR	788	Grad Sem – Hlth Outcomes Research			
TOTAL CREDIT HOURS					

4. a. Any "C" or "D" in completed courses? Yes _____ No _____
If yes, how many and in which course(s) and is remediation needed?

b. Any incomplete ("I") in any courses? Yes _____ No _____
If yes, what is progress towards removing the incomplete?

5. Graduate Committee for Thesis or Dissertation:

a. Has the student selected a Major Advisor/Chair? Yes: _____ No: _____
Name:

b. Has the student selected a Graduate Committee? Yes: _____ No: _____
(add names and department/additional affiliations [university/industry] of committee members)
Name: Department:
Name: Department:
Name: Department:
Name: Department:

6. Seminar:

a. Provide details of HSOR seminars presented this past year:
Fall _____ Spring _____
Title: Title:
Date of presentation: Date of presentation:

7. Teaching Experience:

- a. Has the student completed the HSOR summer Teaching Institute? Yes: _____ No: _____
- b. Has the student taught three classes in the PharmD or PhD program? Yes: _____ No: _____
- If yes, give the dates and courses in which the requirements were met (*in the table below*).
If not, then indicate when they will be met (*delete table*)?

Course Number (Grad/PharmD)	Hours taught	Date of presentation

- c. TA evaluations are attached for current year. Yes _____ No _____

8. Qualifying Exam:

Students are expected to complete this requirement after all core courses have been taken. Part I (written exam) should be taken by the end of the third year; Part II (oral exam) should be completed within 6 months of Part I.

- a. Has the student taken the written qualifying exam (Part I)? Yes _____ No _____
- b. Has the student taken the oral qualifying exam (Part II)? Yes _____ No _____
- If no, is the student on schedule to take the exam in the recommended time period? If no, why?
- _____

9. Research Proposal:

- a. Has the student passed the research proposal defense? Yes _____ No _____
- If no, is the student on schedule to complete the proposal defense?

- 10 Registered for Dissertation Hours? Yes _____ No _____
- (At least one credit hour of Dissertation is required for Ph.D.)
- If no, when do you expect to take these hours? _____

C. Progress in Research:

1. Has the student completed the minimum three publication requirement? (at least 2 first author, at least 1 primary and 1 secondary data) Yes _____ No _____
- If yes, list all the publications of the student (*please use APA or NLM format*).

1. _____
2. _____
3. _____

2. List Abstracts, Presentations, and Publications (*add submitted manuscripts also*) this reporting period (*modify table accordingly, use APA or NLM format as above*):

Abstracts	1. _____
	2. _____

Presentations	1.
	2.
	3.
Publications	1.
	2.
	3.

D. Miscellaneous:

1. Awards or honors received this reporting period:

2. Involvement in PPS/School of Pharmacy/HSC events:

3. Other comments and information:

SUMMARY OF PROGRESS RATE: SATISFACTORY: ____ UNSATISFACTORY: ____

Student's Signature: _____
(Note: Signature confirms discussion of performance evaluation, but does not necessarily indicate agreement)

Mentor's Signature: _____

GRADUATE COMMITTEE:

Committee Member

Committee Member

Committee Member

Committee Member

Please attach a current CV.

Please complete the form and meet with your mentor and committee to discuss your progress. The completed form, including signatures and attachments, should be emailed to Dr. Nilanjana Dwibedi (cc. Dr. Traci LeMasters and Michael Kurilla) by June 30th of every year.