**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  ☐ 4 yr.  ☐ 4.5 yr.  ☐ 5 yr.

Thesis Title:
____________________________________________________________________________________
____________________________________________________________________________________

To be Completed by Committee:

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<tr>
<td>Research Skills</td>
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<td>Professional Dev</td>
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<td>Oral Communication</td>
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<td>Written Communication</td>
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Comments
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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:
____________________________________________________________________________________
____________________________________________________________________________________

Updated: 30 June 2016
Course Requirements

Courses

<table>
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<tr>
<th>Course Title</th>
<th>In Progress</th>
<th>Completed</th>
<th>Grade</th>
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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.*

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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

Signature of Supervisor: __________________________ Name __________________________ Signature __________________________

Signature of Co-Supervisor: __________________________ Name __________________________ Signature __________________________ (if applicable)

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