# MSU Department of Educational Administration

**HALE MA Annual Review**

**Current Academic Year:**

**Student Name:**

**Student PID: A\*\*\*\***      **(last four digits only)**

**MSU Email Address:**

**Official Start of Program:** [ ] **Fall** [ ] **Spring Year:**

*[Note: Official Start is the semester of the first class on your transcript toward this degree, including any courses transferred in.]*

The purpose of this form is to give a student an opportunity to briefly document their annual progress toward the degree and to have this documentation serve as the basis for a conversation with their advisor about accomplishments and future plans. The student completes Section A. The advisor completes Section B. Follow instructions from your advisor to schedule a meeting to discuss this form ***prior to the end of the semester***. After the meeting, the completed form should be signed by both the student and advisor (electronic signatures accepted). The student will then upload the form to Campus Solutions.

**SECTION A: Completed by Student**

1. **PROFESSIONAL GOALS.** What are your professional goals? Have they changed since beginning your program?

1. **ACCOMPLISHMENTS.** Please provide a brief description of your experiences and accomplishments of this academic year.
	1. Courses taken.

*(Note any incomplete or deferred courses, if applicable, and a brief plan of action for completing these.)*

* 1. Work-related experiences and accomplishments.

* 1. Papers and presentations (outside of course requirements).

* 1. Service (e.g., volunteer work, committee work, etc.).

# AREAS OF GROWTH AND DEVELOPMENT

* 1. What are the areas in which you have developed and grown this year?

* 1. What are some areas that need attention or development?

# FUTURE PLANS

* 1. Plans for the next year (courses, work experiences, etc.)

* 1. Professional/personal concerns.

1. **Responsible Conduct of Research, Scholarship, and Creative Activities (RCR)**

I have completed my 4 CITI Modules [ ] Yes [ ] No

I have completed my 6 hrs Discussion-based training (completed EAD 840 and EAD 868) [ ] Yes [ ] No

If “No” to any above response, please indicate when you plan to complete them:

# SECTION B: Completed by Advisor

Advisor’s Summary of Student Progress:

**CHECK ALL THAT APPLY:**

[ ]  Met with student to discuss evaluation

[ ] Student agreed with evaluation

[ ] Student disagreed with evaluation

[ ] Progress satisfactory/No plan of action needed

[ ] Plan of action required to improve performance

[ ] Plan was devised

[ ] Follow-up required

*[Student and Advisor can sign above the line or type their name in the text field]*

 **Student Signature** **Advisor Signature**

**Date:**      **Date:**