APPENDIX O

SMHP PDP Summary Sheet

DATE	ACTIVITY	DOCUMENTATION	PDP'S
ACADEMIC			
		TOTAL	
CLINICAL/PRACTICUM/FIELDWORK			
		TOTAL	
PROFESSIONAL			
		TOTAL	
SOCIAL JUSTICE & INCLUSION			
		TOTAL	

Advisor signature _____ **Date** _____

Please check one: Intermediate Standing ☐ **Advanced Standing** ☐