

Professional Activities Form (Clinical, Master Teacher, Teacher)

First Name:	
Last Name:	
Department:	
Program:	
Current Rank/Title:	

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Teaching Performance and Effectiveness

Indicate courses taught during the period of evaluation (include course titles, numbers and enrollments). If this differs from the typically expected load of 6 courses per year for clinical faculty, please briefly explain the reason(s) for that variation.

Curricular planning and development:

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Theses/Projects Supervision:	
Masters theses or projects:	
During evaluation period, number chaired:	
During evaluation period, number completed:	
Number of committees on which you served as a secondary member:	
Doctoral theses:	
During evaluation period, numbered chaired:	
During evaluation period, number of Proposals completed:	
Number of committees on which you served as a secondary member:	
Number of dissertations completed:	

Advisement (please provide explanations or description of work):

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Service and Administration

Report On Clinical Role And Field Activities

Indicate evidence of professional practice, exemplary practitioner skills; working with or supervising other professionals, in settings specific to your discipline.

Indicate field related activities specific to your discipline, (i.e. working with professional field agencies, arts organizations, cultural institutions, corporations, interns, other).

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Service to the Department(s) /School/University

Service to the Department(s) (committee memberships, administrative responsibilities, etc.):

Service to the School (committee memberships, administrative responsibilities, etc.):

Service to the University (committee memberships, administrative responsibilities, etc.):

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Other contributions and recognition within Steinhardt:

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Professional/Service Activities outside of Steinhardt

Professional appointments, memberships, and activities in professional societies (e.g., government, business, not for profit institution, agency or corporation; dates, title, and responsibilities):

Presentations or participation in panels at professional conferences. Indicate activity (e.g. presented paper, organized workshop, clinical demonstrations) conference, place and date.

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Consulting and service (including community service) positions outside NYU held during this period (institution, agency, foundation, corporation; dates and responsibilities):

Artistic/creative productivity, presentation, exhibits; indicate sponsor and date

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Awards, Honors, Achievements, & Grants

Awards

Awards, honors, and other significant professional achievements (include exact titles and relevant dates)

Grants

Funded Demonstration, Training, and Research grants-public/private sector (list title, role, period, amount, funding source, status of grant/award).

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New Demonstration, Training, or Research Grants under development:

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Research Activity in the Profession (if applicable)

Please report on clinically or educationally relevant investigations and/or publications, and or creative works. (Specify dates, titles, and page numbers of published articles, books, book chapters, papers, reviews.) This may include online publication, website presence, and artistic innovation.

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Summary Statement and Other Contributions

Please feel free to summarize briefly (1-3 paragraphs) any significant contributions to the Program, Department, School, University and/or to your academic discipline that are not covered/addressed in this form.

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Supporting Documents

In addition to the information requested in this form, we ask that you provide the following supporting documents:

- **A copy of your CV in Word or PDF format**
- **A copy of your syllabi in Word or PDF format**
- **You are welcome to attach any other documents that you feel would be relevant to your evaluation**