



Doctor of Philosophy Degree in Counseling (Ph.D.)  
Student Development Plan

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

AREA(s) FOR IMPROVEMENT:

**Professional Standards:** A willingness and ability to acquire and integrate professional standards into one’s repertoire of professional behavior.

**Professional Competency:** An ability to acquire professional skills to reach an acceptable level of competency.

**Openness:** A willingness and ability to give appropriate feedback and to receive and integrate feedback from faculty, supervisors, and peers.

**Self-Control/Maturity:** The student displays behavior/traits that suggest an inability to regulate themselves in a professional manner, such as inflexibility, indiscretion, hostility, severe self-confidence deficits or impulsivity.

**Psychological Stability:** An ability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with personal, professional or interpersonal functioning.

**Relationships:** Serious interpersonal deficits are present reflected by an inability to initiate and/or sustain appropriate relationships.

**Christian Testimony:** A lifestyle that is consistent with a Christian testimony.

PROFESSOR'S COMMENTS/RECOMMENDATIONS

**Due Date:** All of these goals must be met before being cleared for graduation.

**(Documentation will be in written form stating the level of progress in each of the areas above and submitted to the Ph.D. Program Director)**

\_\_\_\_\_  
Faculty Signature Date

\_\_\_\_\_  
Ph.D. Program Director Signature Date

\_\_\_\_\_  
Academic Dean Signature Date

STUDENT ACKNOWLEDGEMENT

I have been shown this completed form. I understand that I may generate a letter of response to be included with this form, should I so choose.

\_\_\_\_\_  
Student Signature Date