

**WESTCHESTER CENTER FOR THE STUDY OF PSYCHOANALYSIS
AND PSYCHOTHERAPY**

**SUPERVISORY EVALUATION
Child and Adolescent Psychotherapy Training Program**

Return form after 20 supervisory sessions to: Dr. Deborah Verlen,
10 Harmony Drive, Larchmont, NY 10538

*Please use this form as a guide when writing your evaluation. Feel free to add or delete any information you choose.

CANDIDATE: _____

SUPERVISOR: _____

The purpose of this evaluation is (1) to inform the candidate about areas of proficiency and vulnerability so that the candidate may focus on and strengthen his or her skills and (2) to alert the Program Director and Faculty to potential areas of difficulty for the candidate.

1. Basic Information.

Please list: date of start of supervision _____
number of supervisory sessions to date _____
frequency patient is being seen _____.

2. Comment on how supervisee meets treatment service responsibilities including handing in paperwork, collection of fees, etc.

3. Please describe candidate's responsiveness to supervision.

4. Please comment on candidate's knowledge and understanding of psychodynamic theory.

5. Please comment on candidate's ability to formulate a conceptual understanding of the patient.

6. Please describe candidate's clinical sensitivity including the capacity to form and maintain relationships with both child/adolescent and parents; the ability to engage in appropriate play with the child; the ability to understand latent communication in both play and discourse; the ability to coordinate work with parents effectively; etc.

7. Please comment on candidate's openness and self-awareness.

8. Please describe candidate's awareness of transference and countertransference issues.

9. Discuss current goals for supervision.

10. Please comment on whether you feel candidate may require extra supervision before graduating and why.

11. Add any comments you wish.

Signature of Supervisor

Signature of Candidate

Date: _____