



5. Discuss relevant transference and countertransference issues.

6. Comment on any changes in your work with the parents.

7. Discuss future treatment goals.

8. Please indicate whether your paperwork is up to date. Yes \_\_\_\_\_ No \_\_\_\_\_

Diagnosis:

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

Comments by supervisor:

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Supervisor's Signature

**Please use additional sheets as necessary.**