

5. Discuss relevant transference and countertransference issues.

6. Comment on your work with the parents.

7. Discuss future treatment goals.

8. Please check 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.