

WESTCHESTER CENTER FOR THE STUDY OF PSYCHOANALYSIS
AND PSYCHOTHERAPY

SUPERVISORY EVALUATION
Psychoanalytic Training Program

Return form after **20** supervisory sessions to: ELAINE BIEBER, Director of
Psychoanalytic Program, 34 Turner Drive, Chappaqua, NY 10514

CANDIDATE: _____ SUPERVISOR:

PERIOD COVERED: _____

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 (2) to alert the Program Director and Training Committee to potential areas of difficulty for the candidate.

I. BASIC INFORMATION:

1. When did supervision start? _____
2. How many supervisory sessions to date? _____
3. How often is the analytic patient being seen? _____
(Patient must be seen at least twice weekly to qualify as a training case.)
Is candidate on track for meeting the 32-week minimum requirement of twice weekly treatment? _____
4. How long has patient been in treatment with candidate? _____
5. It is required that a candidate have one Treatment Service patient to be supervised for 160 hours, and a second Treatment Service patient to be supervised for 40 hours. Which patient is this? _____
6. Please comment on the suitability of this patient as a training patient.

7. Describe candidate's professional practice (agency and/or private):

8. Have Treatment Service responsibilities been met?

- a. Opening summary _____
- b. Closing summary _____
- c. Collection of fees _____

II. Please describe candidate's preparedness and responsiveness to supervision:

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

IV. Please comment on candidate's ability to formulate a dynamic understanding of the patient:

V. Please describe candidate's clinical sensitivity (for example, the capacity to form and maintain an analytic relationship, the ability to hear latent communication, etc.):

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

VII. Please describe candidate's countertransference issues:

VIII. What are the candidate's current learning needs?

PLEASE FEEL FREE TO ADD ADDITIONAL COMMENTS ON A SEPARATE PAGE.

Signature of Supervisor

Signature of Candidate

Date