

WESTCHESTER CENTER FOR THE STUDY OF PSYCHOANALYSIS
AND PSYCHOTHERAPY

SUPERVISORY EVALUATION
Psychotherapy Training Program

Return form to: Judith Berenson, Director of Adult Psychotherapy,
18 Tower Place, Mt. Vernon, NY 10502

A. Please check one: 20 session _____ 40 session _____

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 and (2) to alert the Program Director and Committee Members 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 psychotherapy patient being seen? _____
 - a. Is candidate on track for meeting the 32-week minimum requirement of weekly treatment? _____
4. How long has patient been in treatment with candidate?

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

6. 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: _____