

THE WESTCHESTER CENTER FOR THE STUDY OF PSYCHOANALYSIS
AND PSYCHOTHERAPY

SUPERVISORY EVALUATION FORM
SUPERVISORY TRAINING PROGRAM

TO BE USED BY THE SUPERVISERS OF THE CANDIDATES IN THE
SUPERVISORY TRAINING PROGRAM AFTER **20** and **40** SESSIONS.

Please send completed forms to: Linda Fleischman, Director, Supervisory Training
Program, 353 Mountain Road, Irvington, NY 10533

1. How would you characterize the supervisory relationship that the candidate
has established with the supervisee?

2. What is the supervisee's response to the candidate?

3. Has the candidate been able to understand and utilize supervisory principles
and theory in his or her work with their supervisee?

4. Could you comment on the candidate's style of supervision?

5. How does the candidate understand his or her role and goals as a supervisor?

6. Please describe the candidate's preparedness and responsiveness to supervision.

7. Does the candidate understand the psychodynamics and issues of the patient?

8. Does the candidate understand his or her own countertransference to the supervisee and to the patient?

9. Does the candidate understand the supervisee's learning needs and countertransference and how effective is he or she in working with this material?

10. What are the candidate's strengths and vulnerabilities as a supervisor? Please comment on how the problems are being dealt with.

11. What are the candidate's on going learning needs and how are they being met?

PLEASE FEEL FREE TO ADD ADDITIONAL COMMENTS.

Signature of Supervisor
Training

Signature of Supervisor-in-

Date: _____