

Chicago Center for Psychoanalysis

PO Box 268017
Chicago IL 60626

Supervisor's Evaluation

Date of Evaluation _____

Name of Candidate: _____ Case #: _____

Name of Supervisor: _____

Address and phone number of Supervisor: _____

Please rate the candidate on each of the following categories. Circle the appropriate number.

	<u>Excellent</u>	<u>VeryGood</u>	<u>Good</u>	<u>Fair</u>	<u>Weak</u>
A) Adequacy of the working alliance with the patient	1	2	3	4	5
B) Ability to deal with patient's intra-psychic conflict	1	2	3	4	5
C) Ability to understand transference and countertransference	1	2	3	4	5
D) Ability to put the patient's difficulties into a theoretical context	1	2	3	4	5
E) Ability to use the supervisory relationship to enhance the psychoanalytic process	1	2	3	4	5
F) Overall adequacy of student's work	1	2	3	4	5
G) Readiness of student to begin another psychoanalytic case		Yes ____	No ____		

(Please explain in narrative portion on next page)

Supervisor's Evaluation

Using an essay-type format, please address yourself to either several or all of the preceding categories. Your comments are crucial for our understanding of the student's progress and the Center's efforts to maintain quality control.

Candidate should complete this section.

Candidate's Reaction to Supervisor's Evaluation:

Please sign below and return to CCP in envelope provided. Thank you.
Supervisor: I have discussed this evaluation with the candidate.

Supervisor signature _____

Candidate: I have read this evaluation and have discussed it with the supervisor.

Candidate signature _____

Date _____