

THE NEW JERSEY INSTITUTE FOR TRAINING IN PSYCHOANALYSIS	
121 Cedar Lane, Suite 3-A Teaneck, NJ 07666	
Chairman of the Board of Trustees Janice Victor, LCSW, PsyA njinstitut@aol.com	Telephone 201-836-1065 Fax 201-836-3902

SUPERVISION REPORT

1. I have seen _____ in supervision for _____ sessions starting from _____ and continuing through _____.

2. Please comment on the quality of your candidate’s clinical work. Please direct yourself specifically to areas where improvement has occurred, improvement is needed, and the quality of work:

3. Please comment on candidate’s readiness for affiliation with The Clinic of NJI:

4) Have you shared the above with your supervisee? YES () NO ()

Supervisor’s Signature _____ **Date** _____

my supervisor has reviewed the contents of this report with me and i agree _____ disagree _____ if disagree, please explain:

Candidate's Signature _____ **Date** _____