

Ward A. R. Dill
Chair of Board of Trustees

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Suzanne Saldarini, MA, LPC, NCPsYA
Chair of Executive Board



Neil Wilson, PhD
Founder

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Burton N. Seidler, PhD
Chair of Training Board

Candidate Evaluation Form

Name of Candidate Being Evaluated:

Course Number: Title:

Semester: Fall () Spring () Year:

Date of Evaluation:

Has Candidate Finished All Requirements for This Course: Yes () No ()

If No, please explain :

Comment on candidate's grasp of material: Did the student do the reading? Did the student understand the material well enough for his/her level of training? Can the candidate apply theory to understanding his/her patients at the beginning, intermediate, or advanced level? If you don't know or can't evaluate, please let us know why. Please comment in detail.

Please address the candidate's level of insight, his/her awareness of induced countertransference. His/her ability to recognize transference and resistance and his/her level of empathy at his/her level of training.

Comment on candidate's potential to become a psychoanalyst: (continue on other side if necessary).

DATE: _____

INSTRUCTOR _____