



The New Jersey Institute for Training in Psychoanalysis

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SUPERVISION/CONTROL YEARLY EVALUATION

Candidate's Name: _____

Candidate's year in program: _____

Date Control or supervision began: _____ Is this the candidate's 1st ___ 2nd ___
3rd ___ control. (Please check one).

Are you supervising a 1st. year candidate: _____ Yes _____ No

Your control/supervision expected completion date: _____

Number of sessions: _____

Number of hours of personal analysis and frequency of sessions: _____

Number of patient hours, frequency of sessions, and location of sessions: _____

Please assess the candidate's clinical work including the following: ability to present a case, ability to utilize the supervisory process, appreciation of the unconscious, ability to observe and handle patient's resistances, ability to handle psychoanalytic framework (e.g., missed sessions and fee collection), ability to handle patient's affects, ability to comprehend patient's character structure, ability to observe and handle transference, ability to observe and handle countertransference reactions, ability to theorize for integrative purposes, and demonstration of a sense of professional ethics. In focusing on the candidate's character as it related to the above, direct yourself specifically to the following: areas where improvement has occurred, areas where improvement is needed, candidate's potential for future growth, and the quality of candidate's work.

Summary of faculty evaluations:

Has candidate fulfilled classroom requirements (writing assignments/attendance):

Does candidate have any outstanding papers?:

If in supervision please provide feedback on candidate's readiness to affiliate with the Clinic.

If the candidate has completed the fifth year, please provide feedback on candidate's readiness to begin work on final case presentation.

If the candidate is ready to submit an outline, has she, he, they submitted the appropriate forms to the Training Board? _____

I have read all the candidate's evaluations (instructors) and have discussed the contents of this report with the candidate: _____

Summary of personal comments: _____

I (control/supervisor) have shared this evaluation with the Training Board and they have provided me the feedback that I will be sharing with the candidate.

I (candidate) have discussed this evaluation with my control/supervisor and I agree _____ disagree _____

If disagree, please comment:

Control/supervisor signature and date

Candidate signature and date