



THE NEW YORK INSTITUTE FOR PSYCHOTHERAPY TRAINING
In Infancy, Childhood and Adolescence
3701 Bedford Avenue
Brooklyn, New York 11229

CANDIDATE SEMINAR EVALUATION FORM

Send to: Muriel Frischer, Ph.D., 54 Montgomery Place, Brooklyn, NY 11215

Candidate's Name: _____

Faculty Member's Name: _____

Title of Seminar: _____

Date(s) of Course From: _____ To: _____

Class Attendance: # of Absences _____ Out of Total of _____
Punctuality On Time _____ # of Latenesses _____

CLASS PARTICIPATION On a Scale of 1 to 7 (1 Low - 7 High)

_____ Degree participated
_____ Quality of Participation
_____ Degree Prepared
_____ Candidate's intellectual mastery of the course material

CANDIDATE'S INTERACTIONS WITH YOU AND COLLEAGUES: (check those that apply)

Communicative	<input type="checkbox"/>	Responsive	<input type="checkbox"/>
Respectful	<input type="checkbox"/>	Cooperative	<input type="checkbox"/>
Respected by Peers	<input type="checkbox"/>	Thoughtful	<input type="checkbox"/>
Shows Leadership	<input type="checkbox"/>	Can't Judge	<input type="checkbox"/>

Other _____

IF THE CANDIDATE PRESENTED A CASE, PAPER OR ARTICLE, HOW DID YOU EVALUATE THE PRESENTATION? (check one)

Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>
Poor	<input type="checkbox"/>	Unacceptable	<input type="checkbox"/>	No Case presented	<input type="checkbox"/>

DO YOU HAVE ANY CONCERNS ABOUT THIS CANDIDATE'S ABILITY AND/ OR MOTIVATION TO COMPLETE THE PROGRAM? PLEASE EXPLAIN.

DO YOU CONSIDER THAT THE CANDIDATE HAS SATISFACTORILY COMPLETED YOUR CLASS? YES _____ NO _____

IF NO, PLEASE EXPLAIN: _____

IF YOU HAVE OTHER COMMENTS YOU WOULD LIKE TO MAKE ABOUT THE CANDIDATE, PLEASE DO SO BELOW AND ON THE REVERSE SIDE: