



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: Bill Salton, Ph.D. 1185 Park Avenue – 11G New York, NY 10128

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 _____ Responsive _____

Respectful _____ Cooperative _____

Respected by Peers _____ Thoughtful _____

Shows Leadership _____ Can't Judge _____

Other _____

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

Excellent _____ Very Good _____ Satisfactory _____

Poor _____ Unacceptable _____ No Case presented _____

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: