



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

CANDIDATE CLINIC PERFORMANCE EVALUATION FORM

Name of Candidate _____

Name of Clinic: _____

Address: _____

Name and phone number of Administrative Person: _____

Name of candidate's supervisor at clinic: _____

Date started at the clinic _____

OVERALL COMPLIANCE WITH CLINIC REQUIREMENTS

	Satisfactory	Needs Improvement	Unsatisfactory
Clinical Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Record Keeping			
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Relationships			
w/ other therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w/ admin staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w/ clerical staff:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w/ director(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are parent contacts built into the treatment process? _____

Any other comments? *(if candidate needs improvement or is unsatisfactory please explain)*

Please note, anything that will help us evaluate the progress of this candidate is appreciated.
Please return this form to Eval Committee Mary Tirolo, Chair 435 5th Street, Brooklyn NY 11215
Thank you, Dr. Phyllis Cohen, Executive co-Director, NYIPT