



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

SUPERVISOR EVALUATION BY CANDIDATE

Return this form to: Tracy Simon, Psy.D. 128 Wooster Street #4 New York, NY 10012

Supervisor Name _____

Candidate Name _____

Date _____

This evaluation should be shared with your supervisor prior to sending the form to the director.

Please answer the questions below by ranking 1 through 5, with 5 being high.

1. _____ Did the supervisor display an understanding of the material discussed?
2. _____ Did supervisor address all the issues you brought to sessions?
3. _____ Did supervisor help you develop a better understanding of the patient discussed?
4. _____ Were transference issues covered?
5. _____ Were counter transference issues covered?
6. _____ Were you able to use what you learned in your work?
7. _____ Was the work consistent throughout the year?
8. _____ If you believed there was a change in consistency, was it beneficial?
9. _____ Were you satisfied with the supervision you received?
10. _____ Did the sessions begin and end on time?
Did the supervisor cancel or change sessions? Yes No
11. _____ If so, how many times

Please write additional comments on the quality of the supervision that you received, in the provided space: