**Westchester Center for the Study of Psychoanalysis and Psychotherapy**

**MENTOR EVALUATION OF CANDIDATE**

Foundations of Psychodynamic Psychotherapy & Advanced Psychoanalytic Programs

*Completed form should be forwarded to* *assistant@wcspp.org* *and Program Directors and presented at meeting of Mentors, scheduled by Program Directors.*

**Date:**

**Candidate:**

**Mentor:**

**How many times have you met with the candidate thus far during this academic year? \_\_\_\_\_\_\_ session(s) – relatively brief phone discussions**

**Is the candidate satisfied with his/her training at WCSPP?**

**How is the candidate responding to supervision?**

**How is the candidate handling classes and coursework? Are there any issues amongst classmates that the Training Committee should be aware of?**

**Is the candidate meeting his/her personal treatment requirement? If NO, please explain. \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Is the candidate fulfilling his/her administrative responsibilities? If NO, please explain. \_\_\_\_\_ YES \_\_\_\_\_ NO**

**If the candidate is nearing the end with a current supervisor, do you know who the next supervisor will be?**

**Signature of Candidate**:

*(Your typed name will serve as your signature)*

**Date:**

**Signature of Mentor**:

*(Your typed name will serve as your signature)*

**Date:**