



Supervisor's Evaluation of Candidates

Candidate:

Supervisor:

Case:

Supervision Hours to Date:

**RETURN THIS FORM TO: EMAIL info@cicapp.ca or
MAIL: CICAPP Administration Office: 17 Saddletree Trail Brampton ON L6X 4M5**

NOTE: If you email the form, please also include a hard copy, signed by yourself and the candidate to be submitted with the case or assessment report.

Please make comments under ALL of the following headings.

Description of Child (e.g., ability to communicate a workable image of the child):

Role of being a Therapist (eg., adaptation to the cognitive development and pace of work the child is capable of):

Therapist at Work (e.g., description of behaviour, interactions, and aspects of child's inner world identified from clinical manifestations):

Management Issues (eg., handling of family, school, and other agencies; establishment of treatment alliance):

Transference/Countertransference (e.g., identification and use of issues):



Use of Supervision (e.g., ability to synthesize and integrate into clinical work, transference issues arising within supervisory relationship):

Report (e.g., self-directed, supervisor-directed; ability to integrate theory and practice and to formulate):

Areas to Work on:

Additional Comments/Concerns:

Recommendations (e.g., aptitude for this kind of work, readiness to move on to next case or to graduate. If **no**, why not?):

Signatures

Supervisor_____

Date

Candidate_____

Date

Sign & return the form along with the candidate's case or assessment report.