**SUPERVISION EVALUATION FORM FOR ROUTERS**

Please request you supervisor to fill out this form. The form must be filled out in English but your supervisor can also additionally submit it in his/her own language if so wished. This form must, together with the Router Training Information Form and the Yearly Self Evaluation Form be sent to the Regional Organizer by the 31st of December of each year.

**Candidate Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hours of Supervision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Cases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Using your own words, please rate the candidate in the following areas. It is**

**important to remember that your comments will be read by the candidate**

**and that they provide an important aid for the improvement of his or her**

**clinical work.**

**Theoretical Knowledge:**

**Practical Technique:**

**Understanding of Symbols/**

 **Symbolism:**

**Understanding of**

 **Transference/Countertransference:**

**Understanding and Appropriate**

 **Use of Boundaries:**

**Ethical Attitude:**

**Ability to Use Supervision:**

**Willingness to Explore and**

 **Work on Areas of Deficit:**

**Please comment on areas of strength, resistance, avoidance, recent progress or any other relevant areas.**

**Candidates Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**