

Seattle Psychoanalytic Society and Institute

Progression File Review Report

To the file reviewer: Complete this form and submit it by email to the Progression Chair before the Clinical Associate's annual file review, and cc the Clinical Associate themselves. PLEASE NOTE: If you are aware that it has been over a year since the last report, please complete one as soon as possible.

Step 1: Before completing this form, have a conversation with the Clinical Associate, if an ongoing conversation is not already established. Invite them to reflect on the following areas with you, and include them in your summary narrative (see below): the development of their analytic attitude, their clinical skills, their analytic knowledge, their ability to present and discuss material, and their overall self awareness. The file review process should promote the Clinical Associate's self assessment.

Step 2: Familiarize yourself with their case write-ups, course evaluations, and consultant reports.

Step 3: Complete this form, or use it as a template for a letter or email with all the indicated information.

The file review is first and foremost an opportunity to support the Clinical Associate. Thank you for contributing your time and effort to this endeavor!

Clinical Associate and current year of training: _____

Date of this report: _____

File reviewer: _____

Date of latest training analysis affidavit: _____

Has the CA presented in an ongoing case conference (if yes, indicate date)? _____

Didactics and case conferences

Summarize the classroom evaluations since the last review. Please note any specific feedback regarding the clinical associate's participation, learning and state of knowledge.

Summary narrative

Based on the classroom evaluations, the clinical associate's write-ups, the consultant reports and your own conversation with the clinical associate, ***please write one to three paragraphs summarizing the clinical associate's progression in their training.*** If applicable, please note particular strengths, areas for improvement, areas of interest, notable contributions, or any other relevant information that can help the Clinical Associate with their self assessment and their overall SPSI experience.

Control cases

Please list ALL control cases, even credited cases, including the following information. Use separate sheets if necessary.

Case No.: _____

Identifying information (age, initials, gender): _____

Analysis began (month, year): _____

Consultation began: _____

Consultant: _____

Hours of consultation on this case to date: _____

Write-ups submitted to date: _____

Consultant reports submitted to date: _____

Date of case credit, if applicable: _____

Notes _____

Case No.: _____

Identifying information (age, initials, gender): _____

Analysis began (month, year): _____

Consultation began: _____

Consultant: _____

Hours of consultation on this case to date: _____

Write-ups submitted to date: _____

Consultant reports submitted to date: _____

Date of case credit, if applicable: _____

Notes _____

Case No.: _____

Identifying information (age, initials, gender): _____

Analysis began (month, year): _____

Consultation began: _____

Consultant: _____

Hours of consultation on this case to date: _____

Write-ups submitted to date: _____

Consultant reports submitted to date: _____

Date of case credit, if applicable: _____

Notes _____