



## INSTRUCTOR'S REPORT OF CANDIDATE PARTICIPATION

Candidate: \_\_\_\_\_ Instructor(s): \_\_\_\_\_

Course: \_\_\_\_\_ Year: \_\_\_\_\_ Trimester: \_\_\_\_\_

Associate attended \_\_\_ of \_\_\_ sessions

Has Candidate successfully completed the course?

*Include comments below. Indicate if clinical associate presented clinical material in the session.*

Please comment on class participation and interaction with classmates.

*Include comments about activity, effectiveness, enthusiasm.*

Please comment on learning and state of knowledge.

*Include capacity to hear the unconscious material, assessment of understanding of PSA concepts like transference, resistance, and neutrality, and include comments about the associate's strengths and weaknesses.*

If the Candidate participated via electronic means, did you feel that they were able to participate fully in the class, without undue distractions or divided attention, over this medium?

*If not, please comment.*