



THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS

EDUCATION | TREATMENT | SERVICE

CHILD & ADOLESCENT PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM of the CHICAGO INSTITUTE FOR PSYCHOANALYSIS

**122 South Michigan Avenue
Chicago, Illinois 60603
(312) 922-7474
chicagoanalysis.org**

REQUEST FOR LETTER OF REFERENCE

The Institute for Psychoanalysis has been given your name as a reference for this applicant to its Child & Adolescent Psychoanalytic Psychotherapy Program (CAPPT). We would appreciate it if your letter of reference could cover the following points:

1. Your position when you knew the applicant
2. The nature of your relationship with the applicant
3. A comment on the quality of the applicant's participation in classes, conferences, etc.
4. A comment on the quality of the applicant's clinical work
5. Your impression of this applicant's capacity to participate successfully in a psychoanalytic psychotherapy training program

Thank you very much for providing this information.

Please mail or email your letter to:

CAPPT Admissions Committee
c/o Alison Chandler
Institute for Psychoanalysis
122 South Michigan Avenue, Suite 1300
Chicago, Illinois 60603
achandler@chicagoanalysis.org