CHILD & ADOLESCENT PSYCHOTHERAPY PROGRAM

REQUEST FOR LETTER OF REFERENCE

The Chicago Psychoanalytic Institute has been given your name as a reference for this applicant to its Child & Adolescent Psychotherapy Program. 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 child and adolescent psychotherapy training program

Thank you very much for providing this information.

Please mail or email your letter to:

Admissions Committee: Child and Adolescent Psychotherapy Program
c/o Alison Chandler
Chicago Psychoanalytic Institute
122 South Michigan Avenue, Suite 1300
Chicago, Illinois 60603
achandler@chicagoanalysis.org