



CHICAGO  
PSYCHOANALYTIC  
INSTITUTE

**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](mailto:achandler@chicagoanalysis.org)