

**Psychoanalytic Education Center of the Carolinas**  
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**Psychoanalytic Psychotherapy Training Program**

**Supervision and Case Report 6 Month Report**  
(7-5-10)

Student: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Case #:

Brief Case Description (Complete this only on first 6 month report.):

6 month period:     January – June, 20\_\_\_\_                       July – December, 20\_\_\_\_

Total supervisory hours: This time period \_\_\_\_\_

Total direct client contact hours: This time period \_\_\_\_\_

Case Report Submitted: Date \_\_\_\_\_

\_\_\_\_\_  
Student's Initials

\_\_\_\_\_  
Supervisor's Initials