

## INTERNSHIP EVALUATION FORM

Intern Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Internship Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

EVALUATION AREA	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
<b>ANALYTICAL ABILITY</b>					
Understanding of agency					
Understanding of community					
Understanding of clients					
Use of Knowledge sources					
Use of evaluation					
Understanding of substance abuse					
<b>ADMINISTRATION</b>					
Use of supervision					
Documentation					
Recording					
Referral					
<b>INTERPROFESSIONAL RELATIONS</b>					
With clients					
With Peers					
With supervisors					
With community groups					
Ethical Practices					
<b>PRACTICUM SKILLS</b>					
Screening					
Orientation					
Assessment					
Treatment Planning					
Counseling					
Case Management					
Crisis Intervention					
Client Education					
Referral					
Reports and Record keeping					
Consultation					
<b>KNOWLEDGE</b>					
Human behavior					
Signs/symptoms of chemical dependency					
Counseling approaches					
Continuum of care					
Federal/State/local regulations/statutes					
State Alcohol/Drug Program System					
Cultural competence					
<b>WORK HABITS</b>					
Initiative					
Organization Skills					
Quality of Work					
Integrity					
Responsibility/accountability					
Self Discipline					
Sensitivity to others					

**RECOMMENDATION: (Please attach additional comments.)**

Yes, I highly recommend       Yes, I recommend, with reservations  
 No, I do not recommend.

Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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