

INTERNSHIP EVALUATION FORM

Intern Name: _____ Agency: _____

Internship Dates: From: _____ To: _____ Total Hours: _____

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