

## Intern Name: \_\_\_\_\_

\*Please note that the supervisor completing the practicum log must be the same supervisor who completes the evaluation form

Supervisor Name:

Facility Name:

For the Week of: \_\_\_\_\_

Core Function	MON	TUE	WED	THUR	FRI	SAT	SUN	Total
Screening								
Intake								
Orientation								
Assessment								
Treatment Planning								
Counseling								
Case Management								
Crisis Intervention								
<b>Client Education</b>								
Referral								
Reports and Record Keeping								
Consultation with Relevant Professionals								
Agency Orientation								

\*Out of the 255 hours you must have a total of 21 hours in each of the 12 core functions and 3 hours of Agency Orientation

Intern Signature:

Supervisor Signature: \_\_\_\_\_

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