

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								
Client Education								
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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