

ALCOHOL AND DRUG COUNSELOR (CADC-CAS) INTERNSHIP EVALUATION FORM

Intern name: _____
 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					
Intake					
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					

Yes, I highly recommend Yes, I recommend, with reservations
 No, I do not recommend **(Please use a separate sheet if there are additional comments)**

Supervisor's name (print): _____ Title: _____
 Supervisor's signature: _____ Date: _____
 Name of the agency where you supervised the Intern: _____

***Please note that the supervisor completing the evaluation form must be the same supervisor who completed the practicum log.**