

INTERNSHIP EVALUATION FORM

Intern Name: _____

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

Scoring:

5 = Excellent 4 = Above Average 3 = Average 2 = Below Average 1 = Poor NA = No basis for score

EVALUATION AREA	SCORE
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	
PRACTICUM SKILLS	
Screening	
Intake	
Orientation	
Assessment	
Treatment Planning	
Counseling	
Case Management	
Crisis Intervention	
Client Education	
Referral	
Reports and Record Keeping	
Consultation	

EVALUATION AREA	SCORE
INTERPROFESSIONAL RELATIONS	
With clients	
With Peers	
With supervisors	
With community groups	
Ethical Practices	
With clients	
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	

Supervisor Recommendation:

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 Name: _____ Email Address: _____

Agency Name: _____

Supervisor signature: _____ Date: _____

Do not return this evaluation to the applicant.

Please submit to: applications@ccapp.us, or by mailing to: CCAPP, 2400 Marconi Avenue, Sacramento, CA 95821