



SCHOOL OF ADDICTION STUDIES

Supervised Field Work (Internship) Log- Weekly

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: _____