



Indian Alcoholism Commission of California, Inc. [IACC]



Internship

INTERNSHIP EVALUATION FORM

INTERN: _____

AGENCY: _____

Field Work From: ___/___/___ To ___/___/___ Number of Hours: _____

Minimum Hours Required= 304

	Excellent	Above Average	Average	Below Average	No Basis for Judgement
<i>Analytical Ability</i>					
1. Understanding of agency					
2. Understanding of Community					
3. Understanding of clients					
4. Use of knowledge sources					
5. Use of evaluation					
6. Understanding of substance abuse					
<i>Administration</i>					
1. Use of supervision					
2. Documentation					
3. Recording					
4. Referral					
<i>Relations</i>					
1. With clients of agency					
2. With Peers					
3. With supervisors					
4. With community groups					
<i>Practice Skills</i>					
1. Screening					
2. Intake					
3. Orientation					
4. Assessment					
5. Treatment Planning					
6. Counseling					
7. Case Management					
8. Crisis Intervention					
9. Client Education					
10. Referral					
11. Reports and Recordkeeping					
12. Consultation					



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Addition Comments: Please elaborate on any of the above ratings or add further materials which may be of help. [Use back of page if needed.] _____

Relationship to Applicant: _____ How long have you known him/her? _____

Recommendation:

- Yes, I highly recommend
- Yes, with reservations
- No, I do not recommend

Printed Name of Evaluator: _____

Signature: _____

Title and/or degree: _____ Date: _____

***Originals must be submitted with application packet.**