

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 Judgment

A. Analytical Ability

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	_____	_____	_____	_____	_____

B. Administration

1. Use of supervision	_____	_____	_____	_____	_____
2. Documentation	_____	_____	_____	_____	_____
3. Recording	_____	_____	_____	_____	_____
4. Referral	_____	_____	_____	_____	_____

C. Relations

1. With clients of agency	_____	_____	_____	_____	_____
2. With Peers	_____	_____	_____	_____	_____
3. With supervisors	_____	_____	_____	_____	_____
4. With community groups	_____	_____	_____	_____	_____

D. Practice Skills

1. Screening	_____	_____	_____	_____	_____
2. Intake	_____	_____	_____	_____	_____
3. Orientation	_____	_____	_____	_____	_____
4. Assessment	_____	_____	_____	_____	_____
5. Treatment Planning	_____	_____	_____	_____	_____
6. Counseling	_____	_____	_____	_____	_____
7. Case Management	_____	_____	_____	_____	_____

Indian Alcoholism Commission of California, Inc. [IACC]

8. Crisis Intervention	_____	_____	_____	_____	_____
9. Client Education	_____	_____	_____	_____	_____
10. Referral	_____	_____	_____	_____	_____
11. Reports and Recordkeeping	_____	_____	_____	_____	_____
12. Consultation	_____	_____	_____	_____	_____

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.**