



Indian Alcoholism Commission of California, Inc. [IACC]



**SUPERVISED FIELD WORK PRACTIUM LOG WITH
SUPERVISOR'S AND INSTRUCTOR'S VERIFICATION**

Name: _____

Supervisor and Instructor's Directions:

By asserting and signing your name to the CORE FUNCTION work done by the applicant presenting this document, you are verifying that the applicant has actually completed the 21 required experiential hours in the specified CORE FUNCTION indicated. It is your responsibility to verify by the applicant's log or calendar or other mechanism that the function indeed adequately and successfully completed.

Core Function of SCREENING:

From ____/____/____ to ____/____/____ the above named applicant completed _____ hours in the SCREENING process.

Supervisor's Signature _____ Date _____

Core Function of INTAKE:

From ____/____/____ to ____/____/____, the above named applicant completed _____ hours in the INTAKE process.

Supervisor's Signature _____ Date _____

Core Function of ORIENTATION:

From ____/____/____ To ____/____/____, the above named applicant completed _____ hours in the ORIENTATION process.

Supervisor's Signature _____ Date _____

Core Function of ASSESSMENT:

From ____/____/____ To ____/____/____, the above named applicant completed _____ hours in the ASSESSMENT process.

Supervisor's Signature _____ Date _____



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Core Function of TREATMENT PLANNING:

From ____/____/____ To ____/____/____, the above named applicant completed _____ hours in the TREATMENT PLANNING process.

Supervisor's Signature _____ Date _____

Core Function of COUNSELING:

From ____/____/____ To ____/____/____, the above named applicant completed _____ hours in the COUNSELING process.

Supervisor's Signature _____ Date _____

Core Function of CASE MANAGEMENT:

From ____/____/____ To ____/____/____, the above named applicant completed _____ hours in the CASE MANAGEMENT process.

Supervisor's Signature _____ Date _____

Core Function of CRISIS INTERVENTION:

From ____/____/____ To ____/____/____, the above named applicant completed _____ hours in the CRISIS INTERVENTION process.

Supervisor's Signature _____ Date _____

Core Function of CLIENT EDUCATION:

From ____/____/____ To ____/____/____, the above named applicant completed _____ hours in the CLIENT EDUCATION process.

Supervisor's Signature _____ Date _____

Core Function of REFERRAL:

From ____/____/____ To ____/____/____, the above named applicant completed _____ hours in the REFERRAL process.

Supervisor's Signature _____ Date _____



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Core Function of REPORTS AND RECORDKEEPING:

From ____/____/____ to ____/____/____, the above named applicant completed _____ hours in the REPORTS AND RECORDKEEPING process.

Supervisor's Signature _____ Date _____

Core Function of CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICES.

From ____/____/____ To ____/____/____, the above named applicant completed _____ hours in the CONSULTATION process.

Supervisor's Signature _____ Date _____

SUPERVISOR:

Printed Name _____

Title or Position _____

Agency or Facility _____

INSTRUCTOR:

Printed Name _____

Title or Position _____

School or Institution _____

Practicum Course # _____

Instructor's Signature _____ Date _____

NOTE: Original must be submitted with applicant packet. These forms may be duplicated if you had more than one supervised field work experience. Your Supervisor must sign and date for each CORE FUNCTION. Your Instructor must sign on this page.