Texas Department of State Health Services Professional Licensing and Certification Unit Licensed Chemical Dependency Counselor Intern Clinical Training Institution (CTI) Assessment Form

In order to ensure that you are receiving appropriate training, DSHS requires that each training site give this evaluation form to their interns to submit to DSHS. DSHS will use this evaluation to determine which Clinical Training Institutions are in need of assistance and/or training.

Name of CTI site:							
Ad	ldress:						
1.	What type of supervision did you receive?	Gro	up		Individual		Both
2.	How often did you receive supervision?						
3.	How often did your supervisor observe you providing services?						
4.	Supervisor's evaluation:						
	a. Did you achieve your supervision objectives?			Yes	No		
	b. Rate your supervisor's knowledge:	Excellent	Good		Average	Poor	
	c. Availability of training materials:	Excellent	Good		Average	Poor	
	d. Supervisor's availability:	Excellent	Good		Average	Poor	
5.	In your opinion, did you receive quality training from this site? Give examples:			Yes	No		
6.	Would you recommend this training site to others? If no, why?			Yes	No		
	Intern's name				Date		