



Licensed Chemical Dependency Counselor Intern
Supervision Assessment

Per [Texas Administrative Code Title 25 Section 140.421\(m\)](#), clinical training institutes (CTI) and certified clinical supervisors (CCS) must give this form to each LCDC-I under their supervision. The LCDC-I must complete the assessment and mail it directly to the Texas Health and Human Services Commission.

For questions, please email lcdc@hhs.texas.gov.

Section 1 – Clinical Training Institute (CTI) Site Information (if applicable)

CTI Site Name:			
Site Address:	City:	State:	ZIP Code:

Section 2 – Certified Clinical Supervisor (CCS) Information (if applicable)

CCS Name:	License Type:
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Section 3 – Internship Information

What type of supervision did you receive? <input type="radio"/> Individual <input type="radio"/> Group <input type="radio"/> Both	Internship Start Date:	Internship End Date:
How often did you receive supervision?	How often did your supervisor observe you providing services?	

Section 4 – Supervisor Evaluation

Did you achieve your supervision objectives? Yes No

Rate the availability of training materials: Excellent Good Average Poor Very Poor

Rate your supervisor's availability: Excellent Good Average Poor Very Poor

Rate your supervisor's knowledge: Excellent Good Average Poor Very Poor

In your opinion, did you receive quality training from this site? Yes No

Please give examples and explain below.

Would you recommend this training site to others? Yes No

If no, why not?

Intern Name:	Date:
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Mail or email completed form to:

Texas Health & Human Services Commission
Professional Licensing and Certification Unit – Clinical Training Institution (CTI)
PO Box 149347, MC 1982
Austin, Texas 78714-9347
or
lcdc@hhs.texas.gov