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: ____________________________________________________________________

Address: __________________________________________________________________________ 

1. What type of supervision did you receive?    Group    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?        Yes       No
   Give examples:
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

6. Would you recommend this training site to others?        Yes       No
   If no, why?
   _______________________________________________________________________________
   _______________________________________________________________________________
   _______________________________________________________________________________

_________________________________________________________________________________

Intern’s name               Date