

Addictive Disorders Regulatory Authority (ADRA)

Counselor in Training Core Functions Review Weekly Supervision Session

Time Begun: _____ Time Ended: _____
(One hour minimum required by the ADRA)

Program: _____

Program Director: _____

CIT Name: _____ CIT #: _____

Core Function & Global Criteria	Hours of direct supervision	Hours of weekly work activity
Screening		
Intake		
Orientation		
Assessment		
Treatment Planning		
Counseling		
Case Management		
Crisis Intervention		
Client Education		
Referral		
Reports & Record Keeping		
Consultation with Other Professionals		
Other Indirect Supervised Hours		

CIT Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____