

**Addictive Disorders Regulatory Authority  
(ADRA)**

**Prevention Specialist in Training Core Functions Review  
Weekly Supervision Session**

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

Program: \_\_\_\_\_

Program Director: \_\_\_\_\_

PSIT Name: \_\_\_\_\_ PSIT #: \_\_\_\_\_

<b>Performance Domains</b>	<b>Hours of direct supervision</b>	<b>Hours of weekly work activity</b>
<b>Planning and Evaluation</b>		
<b>Education and Skill Development</b>		
<b>Community Organization</b>		
<b>Public and Organizational Policy</b>		
<b>Professional Growth and Responsibility</b>		

PSIT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_