

# Partners in Recovery

## Clinical Supervision Log – Part Two Clinical Case Review

Date:

Duration:

Recipient ID:

Staff Name (Print or Type):

Recipient Name:

Supervisor Name (Print or Type):

Case Presentation:

*Does staff demonstrate knowledge of Recipient? Y/N:*

Last Home Visit:

Last Face to Face:

Date of ISP/Assessment:

Date of Last Behavioral Health Medical Practitioner Appointment:

Is the ISP current and relevant to identified Recipient's needs (as stated in Assessment)?

Are there skills and supports related to the Recipient's living situation documented? Yes  
If No, is there documentation to support engagement around the Recipient's living situation?  
Explain.

Are there skills and supports related to the Recipient's work/meaningful day status  
documented? Yes  
If No, is there documentation to support engagement around the Recipient's work/meaningful  
day situation? Explain.

Are there skills and supports related to the Recipient's social/community integration situation  
documented? Yes  
If No, is there documentation to support engagement around the Recipient's social/community  
integration activities? Explain.

Have the services identified in service plan been implemented?

Is the 1013 and ARCP current and correct?

**ACTION PLAN:**

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Staff Signature/Credential or Job Title	Date	Supervisor Signature/Credential or Job Title	Date
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Clinical Director Signature/Credential	Date	Regional Director Review/Signature	Date
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