

**Partners in Recovery
Clinical Case Review**

Individual Clinical Supervision Log – Part Two

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:

Staff Signature/Credential or Job Title Date Supervisor Signature/Credential or Job Title Date

Clinical Director Signature/Credential Date Regional Director Review/Signature Date