

Case Record Reviewed	Discussion/Problem/Concern All items must be discussed. Please address any contributing factors if an item is not met.	Discuss any items which need follow up and due date to be completed and any clinical feedback provided.
	<ul style="list-style-type: none"> • Service Implementation • Progress Towards Goal(s) • Clinical/Desired Outcomes • Continued Appropriateness of Goals • Documentation Compliance (Assessments, TX Plan, Progress Notes, etc.) • Accuracy of Work/Golden Thread Concept 	
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High Risk/ Intensive Follow Up Cases Reviewed	Discussion of Treatment Concerns i.e. interventions/strategies utilized, resources provided, barriers to treatment	Documentation of further follow up to be completed by staff included alternate interventions/strategies to be implemented
Topics from previous supervision that required follow-up	Steps taken toward follow-up	
Employee Signature:		Supervisor Signature: