**Practicum Laboratory**

**Case Review for Quality Assurance Checklist**

**Instructions:** Review record and check all item that meet minimum standards.

(**Code:** NA = not applicable; ( √ ) = meets standards; and ( x ) = does not meets standards)

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| --- | --- | --- | --- | --- |
| **A. General** | |  | **C. Treatment Plan** | |
| \_\_\_\_ | 1. Informed Consent Agreement is signed and dated by both client and counselor-in-training. |  | \_\_\_\_ | 1. Includes problems, goals, objectives, and counseling methods. |
| \_\_\_\_ | 1. Request for Services Form is complete and signed by client and counselor-in-training. |  | \_\_\_\_ | 1. Objectives are measurable. |
| \_\_\_\_ | 1. Intake Interview Report is complete and signed by counselor-in-training and supervisor. |  | \_\_\_\_ | 1. Counseling methods make sense based on the goals and objectives. |
| \_\_\_\_ | 1. A diagnosis is listed and updated if necessary. |  | \_\_\_\_ | 1. Plan is signed by client, counselor-in-training, and supervisor. |
| \_\_\_\_ | 1. Termination Summary is completed (if applicable). |  |  |  |
| **B. Progress Notes** | |  | **D. Client Rights & Informed Consent** | |
| \_\_\_\_ | 1. Notes are made within 24 hours after the session. |  | \_\_\_\_ | 1. There is a signed Release of Information form for each outside contact (if applicable). |
| \_\_\_\_ | 1. Notes are legible, thorough, and understandable. |  | \_\_\_\_ | 1. The reason for referral is documented in a progress note and in the Termination Summary (if applicable). |
| \_\_\_\_ | 1. Session number and date, etc. are indicated for all sessions. |  | \_\_\_\_ | 1. There is documentation that a supervisor approved the referral (if a referral was made). |
| \_\_\_\_ | 1. Progress notes are signed by counselor-in-training. |  |  |  |
| \_\_\_\_ | 1. Notes are accurate and in a standard format. |  |  |  |
| \_\_\_\_ | 1. Supervision Notes are adequate, up to date, and signed. |  |  |  |

Reviewer’s Signature Date

**Case Review for Quality Assurance Checklist,** *continued*

**To be completed by Counselor-in-training:**

*Please complete those items that do not meet the standards within the next 48 hours and indicate below what steps were taken to correct them. Please return this form to your supervisor.*

Counselor-in-training’s Signature Date

Supervisor’s Signature Date