DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK INDIVIDUAL COUNSELING FILE CHECKLIST

Use this checklist to ensure that individual counseling files are completed and in order. Files are to be turned in to the supervisor within 10 days of completion.

Name: _____ SID# Number: _____

Start Date: _____ End Date: _____

Date file submitted to supervisor: _____

Items Present: (The items should be in this order.)

- ☐ Social Work Individual Counseling Contract and Treatment Plan
- ☐ General Informed Consent for Social Work
- ☐ Completed Progress Notes and/or Copies of EPHR Notes

Date Approved by Supervisor: _____ Supervisor's Initials: _____

Comments:

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