DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK GROUP TREATMENT FILE CHECKLIST

Use this checklist to ensure that group files are completed an in order. Files are to be turned in to the Supervisor within 15 working days of the completion of the group.

Group Name: _____ Group Number: _____

Start Date: _____ End Date: _____

Date file submitted to supervisor: _____

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

- ☐ Attendance Log
- ☐ Assignment Log
- ☐ Informed Consents
- ☐ Group Rules and Contract Forms
- ☐ Group Progress Notes
- ☐ Group Member Drop Forms
- ☐ Group Member Evaluations
- ☐ Participant Group Evaluations
- ☐ Copies of Certificates
- ☐ Monthly Incarcerated Individual Payroll Forms (if completed)
- ☐ Any relevant correspondence

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

Comments:

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