

Quality Case Management Review Form

Caseworker: _____

Date of Review: _____

Client Name: _____

Review of: IPP

Intake Date: _____ Release Date: _____

Community Plan

Was Assessment Results Form Completed: YES NO

Caseworker Signature/Date: YES NO

Was First Goal Established Timely: YES NO N/A

Client Signature/Date: YES NO

Up to Date Incident/Reward Reports: YES NO

Completion Status Updated: YES NO

| Target | Date Addressed | Timely/Appropriate time in placement | Goal Realistic | Objective S.M.A.R.T. | Activities Meaningful |
|------------|----------------|--------------------------------------|----------------|----------------------|-----------------------|
| Employment | | Y / N | Y / N | Y / N | Y / N |
| Comments: | | | | | |

| Target | Date Addressed | Timely/Appropriate time in placement | Goal Realistic | Objective S.M.A.R.T. | Activities Meaningful |
|-----------|----------------|--------------------------------------|----------------|----------------------|-----------------------|
| Education | | Y / N | Y / N | Y / N | Y / N |
| Comments: | | | | | |

| Target | Date Addressed | Timely/Appropriate time in placement | Goal Realistic | Objective S.M.A.R.T. | Activities Meaningful |
|------------------|-----------------------|---|---------------------------|---------------------------------|----------------------------------|
| Financial | | Y / N | Y / N | Y / N | Y / N |
| Comments: | | | | | |

| Target | Date Addressed | Timely/Appropriate time in placement | Goal Realistic | Objective S.M.A.R.T. | Activities Meaningful |
|--------------------------------------|-----------------------|---|---------------------------|---------------------------------|----------------------------------|
| Family and Social Support | | Y / N | Y / N | Y / N | Y / N |
| Comments: | | | | | |

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|----------------------------------|-----------------------|---|---------------------------|---------------------------------|----------------------------------|
| Neighborhood Problems | | Y / N | Y / N | Y / N | Y / N |
| Comments: | | | | | |

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|--------------------------|-----------------------|---|---------------------------|---------------------------------|----------------------------------|
| Peer Associations | | Y / N | Y / N | Y / N | Y / N |
| Comments: | | | | | |

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|----------------------|-----------------------|---|---------------------------|---------------------------------|----------------------------------|
| Substance Use | | Y / N | Y / N | Y / N | Y / N |
| Comments: | | | | | |

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|---|-----------------------|---|---------------------------|---------------------------------|----------------------------------|
| Criminal Attitudes and Behavioral Patterns | | Y / N | Y / N | Y / N | Y / N |
| Comments: | | | | | |

Additional Comments:

Supervisor Signature: _____

Date: _____

Caseworker Signature: _____

Date: _____

Corrections Due By: _____

Corrections Reviewed On: _____

Supervisor Signature: _____

Date: _____

Caseworker Signature: _____

Date: _____