**SDM® VOLUNTARY/COURT INTAKE**

## Supervisory Case Reading Tool

**Referral Name:**Click or tap here to enter text. **Referral Number:** Click or tap here to enter text.

**Referral Date:**Click or tap here to enter text. **Review Date:** Click or tap here to enter text.

**Worker Name:** Click or tap here to enter text. **Reviewer Name:** Click or tap here to enter text.

**Date of Face-to-Face for FSNA Contact:** Click or tap here to enter text.

**Referral Close Date:** Click or tap here to enter text.

**FAMILY STRENGTHS AND NEEDS ASSESSMENT**

**1. Was the tool completed according to policy?**

[ ]  Yes. Completed according to policy.

[ ]  No. *Provide details*:

|  |
| --- |
| Click or tap here to enter text. |

**2. Were the FSNA domains completed correctly based upon record narrative?\***

[ ]  Yes. All items marked are supported by narrative.

[ ]  No. Narrative does not support items marked.

[ ]  No. Narrative includes information that an item should have been marked, but was not.

[ ]  No. *Provide details*:

|  |
| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

**3. Is the final assessment of priority needs and strengths correct?**

[ ]  Yes. The final assessment recommendation is correct.

[ ]  No. *Provide details*:

|  |
| --- |
| Click or tap here to enter text. |

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**4. Does the assessment recommendation match the action taken?**

[ ]  Yes. Case plan addresses all priority need areas AND builds on strengths.

[ ]  No. Case plan does not address priority needs, AND/OR strengths were not considered.

[ ]  No. Case plan includes objectives that are unrelated to priority needs.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

**4a. Does the case plan show evidence of behaviorally descriptive objectives and/or a goal statement that is relevant to safety threats and risk?\***

[ ]  Yes.

[ ]  No. *Provide details:*

|  |
| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

|  |
| --- |
| Click or tap here to enter text. |

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.