RIBCCDP CLINICAL SUPERVISION RECEIVED LOG

Counselor Name:_____

CORE FUNCTIONS:	Date	Hrs.Init	Date	Hrs.Init	Date	Hrs.Init	Date	Hrs.Init	Date	Hrs.Init	Date	Hrs.Init
SCREENING												
INTAKE												
ORIENTATION												
ASSESSMENT												
TREATMENT PLANNING												
COUNSELING												
CASE MANAGEMENT												
CRISIS INTERVENTION												
CLIENT EDUCATION												
REFERRAL												
REPORT & RECORD KEEPING												
CONSULTATION												