

**PM FORM 3.20.2
BEHAVIORAL HEALTH TECHNICIAN CASE SUPERVISION REPORT**

Name of Assessor Being Reviewed (BHT): _____

Date Assessment Completed: _____ **Location:** _____

Based on observing the completion of the assessment, the clinical supervisor should complete the following table below, indicating whether the Assessor satisfactorily completed the identified task. For those tasks that were not satisfactorily completed, the clinical supervisor must provide an explanation as to how the Assessor can improve his/her performance. Some tasks, such as additional addenda or service plan, may not have been completed during the assessment interview. In this case, the clinical supervisor should indicate such.

Tasks	Completed Satisfactorily		Performance Areas Needing Improvement
	Yes	No	
I. Completion of Assessment Documents			
Core: Presenting Concerns			
Core: Behavioral Health/Medical History (including assistance in completing questionnaire if appropriate)			
Core: Criminal Justice			
Core: Substance Related Disorders			
Core: Abuse/Sexual Risk Behavior			
Core: Risk Assessment			
Core: Mental Status Exam			
Core: Clinical Formulation and Diagnoses			
Core: Next Steps/Interim Service Plan			
Additional Addenda (identify below any additional addenda that were completed at the interview and how well each was completed)			
Behavioral Health Service Plan			

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Tasks	Completed Satisfactorily		Performance Areas Needing Improvement
	Yes	No	
II. During Interview Demonstrates			
Skill in engagement of person / family			
Utilization of appropriate interview techniques			
Appropriate consideration of person's needs and response to person's questions			
Ability to translate persons' needs / strengths into initial service plan responsive to issues identified			
Ability to communicate expectations, next steps to person			
Use of appropriate communication style to facilitate person's understanding of process/next steps			
Provision of appropriate contact information to person.			

Overall Case Evaluation: Completed Satisfactorily **Yes** **No**

Clinical Supervisor (print) / Signature

Credentials/Position

Date