

Supervision Schedule

NAC 228.115 requires that the supervisor of treatment meet individually at least once each month with each provider of treatment he supervises. Mark an "x" under each month that you have met with each indicated provider.

Name of Provider	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

Explanations: If you have not met monthly with each provider, please explain below.

Telephone availability: NAC 228.115 requires that the supervisor be available by telephone to consult with each provider of treatment he supervises.

Are you available by telephone to consult with each provider you supervise? Yes No

10% Audit for Completeness of Client Files

NAC 228.115 requires that supervisors review a random sample of at least 10 percent of the records of the offenders who are receiving treatment from each provider of treatment he supervises. Complete this form each month, and attach all forms for the year to your renewal packet.

Month: _____

Number of offenders provided service _____ Number of files reviewed _____

Were 10 percent of the records from each provider reviewed? Yes No

File Review Results

<u>Requirement:</u>	<u>100%-95%</u>	<u>95%<</u>	<u>Below 80%</u>
Consent to Service Signed	_____	_____	_____
Treatment Plan Completed	_____	_____	_____
Lethality Checklist Completed	_____	_____	_____
Release to Judge Signed	_____	_____	_____
Release to Partner/Collateral	_____	_____	_____
Group Case Notes Completed	_____	_____	_____
Homework in Client File	_____	_____	_____
Court-Reports Mailed	_____	_____	_____
Follow-up Form Completed	_____	_____	_____
Police Report Obtained	_____	_____	_____

Corrections: Detail how your program intends to address any deficiencies noted above.

Day/Time/Provider Team Information

Provider Team	Days/Times/Type of Groups
Example: John Smith and Jane Doe	Mondays 9 am (men) and 6 pm (women) Thursday 4 pm (Spanish men)
John Smith and Sarah Johnson	Wednesday 4 pm (men)

Supervisor Group Observation

NAC 228.115 requires that supervisors observe, at least once every three months, a group counseling session conducted by each team of two provider of treatment he supervises. Therefore, each team listed on page 5 of this application should have 4 group observation forms. **If for any reason, there are not 4 group observation forms for each team listed on page 5, you must attach a detailed explanation.**

Provider Team Names: _____ and _____

Topic of group: _____ Observation date: _____

Observation of providers while co-facilitating groups: How well do the providers adhere to NAC228 including degree of compliance with program content, avoidance of victim blaming, reinforcing perpetrator accountability? How effectively do the providers interact with each other? Attach additional sheets if necessary.

Group strengths:

Group weaknesses:

Suggestions for improvement:

Check this box if you have discussed the contents of this observation with the above providers.

**Supervisor's Annual Performance Report
Domestic Abuse Treatment Provider**

NAC 228.115 requires that the supervisor prepare an annual report concerning the performance of each provider of treatment he supervises.

Provider Information

Provider Name: _____

Date Provider Was Approved By Committee: _____

Does your agency have proof on file that this provider is qualified pursuant to NAC 228.110? Yes No

Has this provider completed 15 hours of continuing education units for this renewal period? Yes No

Proof of required continuing education attached.

Observation of provider while co-facilitating groups: How well does the provider adhere to the NAC228 including degree of compliance with program content, avoidance of victim blaming, reinforcing perpetrator accountability? How effectively does provider interact with co-facilitator? Attach additional sheets if necessary.

Goals:

Sensitivity to Survivor Issues:

Ability to address "labeling" issues:

Ability to address "collusion" issues:

Original Signature of Provider

Date

Original Signature of Program Supervisor

Date

CEU Log

Individuals are allowed to obtain up to one-half (7.5 credits) of the required continuing education via distance media. Individuals providing services in rural areas are allowed to obtain up to 10 credits via distance media.

Courses not yet approved by the Committee must be submitted for review on an **Application for Training Credits**.

NAC228.210 does not allow credit to be given for taking the same course two years in a row.

Current year continuing education: List continuing education credits being used for this renewal application period (the twelve months preceding the date of the last application expiration).

Name of Provider or Supervisor _____

Title of Course	Number of Credits	Date Course was Approved	Distance Media	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Name of Provider or Supervisor _____

Title of Course	Number of Credits	Date Course was Approved	Distance Media	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Name of Provider or Supervisor _____

Title of Course	Number of Credits	Date Course was Approved	Distance Media	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Certificates for required continuing education must be attached.