

### Counselor Supervisor 5% Counselor Caseload Review

Case Manager/Counselor \_\_\_\_\_ Date: \_\_\_\_\_

Offender Name & GDC #	Reentry Checklist	DAP	Quarterly Contact	Housing	PIC Discussion	Assigned to Permanent Counselor within 7 days	Initial Interview conducted within 7 days of being assigned to Permanent Counselor	PIC programs completed within 15 months to ERD (PED, TPM, MRD)	Current NGA Assessment	PIC Orientation Video Acknowledgment Form	Suicide Awareness/Prevention Documentation

Case Manager/Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Due Date for any adjustments: \_\_\_\_\_

Retention Schedule: Upon completion, this form shall be maintained for two (2) years in the Chief Counselor's office and then destroyed.