Residential File Review/Group Home

Child	Facility	Admit Date	Age		Date of Review Discharge Date			
			T 7	1 37	N7/4			
Assessments:			Y	N	N/A	Com	Comments	
Is Application in file?								
Is the application complete?								
Is a Social History Done?								
Are Pertinent Clinical Issues for Treatment Assessed								
Service Plan								
Are issues raised in assessment section addressed in the service plan?								
Are services to move the child towards IL addressed in the plan? (For children 16+)								
Are goals child specific?								
Was Referral worker consulted in development of the plan?								
Discharge Plan?								
Quarterly/ Monthly Reports								
Are reports present in the file?								
Do reports address progress towards all treatment plan goals?								
Are incidents/ behaviors described in detail?								
Are services provided to achieve goals documented in report?								
Treatment Progress- Has progre	ss been documented for the past	3 months? 6 mo	nths?					
Goal 1:								
Progress: Measurable criteria for p	progress, services to meet goals, ch	anges needed to Is	SP to facil	tate cha	nge.			
Serious Incident Reports			Y	N	N/A	Comments		
Have behaviors required SIR's?								
Are the interventions appropriate?								
Are there concerns raised from SIR's?								
Medical/ Dental								
Medication Logs in record								
Physical/Dental exam up to date								
Medical Issues								
Services								
Is child receiving Individual/Group Therapy? Documentation? How many times per week?								
Is the child involved in Community Activities?								
Is there Family Involvement?								
Are the Educational Services meeting the child's needs/IEP requirements?								
Are there IL Services?	1							
Other Services?								