Attachment D

SAVRY Case Audit Form

(for Supervisors Only)

Counselor's Name _____

Month/Year _____

Child's Name	Timely Completion Y/N	Valid Rating Y/N	Appropriate Supervision Level Y/N	Appropriate Services Y/N	Supervisor's Rating 1= Needs Improvement 2= Meets Requirement 3= Exceeds Requirement	Follow –up Plan (for cases with "1" rating)