

CTI Team Supervision Form

 Month Day Year

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|  |  |  |  |  |  |  |  |  |  | Supervisor’s Name  |  |

Meeting date:

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Present:

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Absent:

INSTRUCTIONS: This form is filled out for every weekly team supervision meeting.

1. **Before the meeting**, the fieldwork coordinator:

- lists the names of the “high priority” clients on p1 (i.e., those who must be discussed in supervision) and enters information in the boxes next to each name.

- (lists the names of the rest of the currently active CTI clients on p2.

1. **During the meeting**, the supervisor:

- records the date and lists all the members of the team who are present and absent.

- places a **√** mark in the far right column next to each client who has been discussed.

1. **After the meeting**, the supervisor:

- follows the instructions on p2 for calculating the percentage of active clients who were discussed.

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| Key to Reason Codes 1=ready to present new case 2=client faced with crisis 3=cannot be located  |  4=discuss whether refusal is final 5=time to prepare for a new phase 6=time to prepare for end of CTI  |  7= difficulty with support network 8= positive - to share with team  |

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|   | Name of high priority client  | Worker initials  | Why important to discuss this client  | Reason code  | **√** box when discuss client  |
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CTI Team Supervision Form October 4, 2017 **1** *(CTI Team Supervision Form)* **Today’s Date:**

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|   | Other active clients  | Worker  | **√** when discussed  |   | Other active clients  | Worker  | **√** when discussed  |
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SUMMARY & CALCULATION

A) Total # of active clients discussed:

#  (√ marks)

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| --- |
|  **%**  |

 B) Total # of active clients: **%**

 *(Names listed*

Percentage of active clients who were discussed:

#  (A divided by B)

CTI Team Supervision Form October 4, 2017 **2**