

# SAVRY Case Audit Form

(for Supervisors Only)

Counselor's Name \_\_\_\_\_

Month/Year \_\_\_\_\_

Child's Name: _____ Follow-up Plan (strengths noted/corrections needed):	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
Child's Name: _____ Follow-up Plan (strengths noted/corrections needed):	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

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