



Case/Group Observation Form (for case work and group work)

Name of Case Worker/FSS:

1. Unsatisfactory      2. Satisfactory      3. Excellent      NO (Not observed)

	<u>1</u>	<u>2</u>	<u>3</u>	<u>NO</u>	<u>Comments</u>
Did FSS arrive to session prepared and on time?					
Explains policies and procedures clearly?					
Gives clear forthright feedback during sessions?					
Listen and responds to problems and question client/s present?					
Is able to identify client/group's needs?					
Involves client in formulating a care-plan/involves group to formulate solutions to identified problems?					
Maintains professional relationship and appropriate boundaries?					
Is able to explore clients/group's strengths to facilitate change?					
Ability to use clients, family or group's strength and resources?					
Did FSS make use of non-verbal language (gestures)?					
Did FSS take note of non-verbal language?					
Did FSS interact and engage with client or group?					
Ability to use various communication skills (summarizing, rephrasing, redirecting, encouraging, universalizing, etc.)					

**Reflection by supervisor** (In what way was client, family, or group involved in the assessment or session? Does FSS understand group dynamics? What needs to improve from supervisor perspective?)

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