

Counselor Supervisor 5% Counselor Case-load Review

Case Manager/Counselor _____ **Date:** _____

Offender Name & GDC #	Reentry Checklist	DAP	Quarterly Contact	Housing	PIC Discussion	Assigned to Permanent Counselor within 7 days	Initial Interview conducted within 7 days of being assigned to Permanent Counselor	PIC programs completed within 15 months to ERD (PED, TPM, MRD)	Current NGA Assessment	PIC Orientation Video Acknowledgement Form

Case Manager/Counselor Signature: _____ Date: _____

Chief Counselor Signature: _____ Date: _____

Due Date for any adjustments: _____