

Observation of NJ Case Practice Form

Worker: _____ Supervisor: _____ Date: _____

1. What did the worker do that was effective? List 3 demonstrated skills.

2. How can you tell if the worker was effective in their practice? Check all that are appropriate. Explain how the skill was demonstrated. Rate skill using scale below:

Observation scale: 1. Needs immediate attention 2. Moving in the right direction 3. Where I want to be 4. Terrific Work

<p>Safety: 1.....2.....3.....4</p> <ul style="list-style-type: none"> • How were safety concerns addressed? _____ • Family's view of the concern? _____ • Was there a plan to address the concerns? _____ • Other safety or risk concerns observed? If yes _____ 	<p>Engagement: 1.....2.....3.....4</p> <ul style="list-style-type: none"> • Exhibited Core Conditions (Genuineness, Respect, Empathy, Competence) <p>How: _____</p> <ul style="list-style-type: none"> • How were Optimal Interviewing Skills (Exploring, Focusing, Guiding, Solution Focused) used? _____ <p>What questions were used? _____</p>
<p>Teaming: 1.....2.....3.....4</p> <ul style="list-style-type: none"> • Were family/ individual's strengths observed? <p>List: _____ and _____</p> <ul style="list-style-type: none"> • Did worker listen to and elicit the family story? <p>How? _____</p> <ul style="list-style-type: none"> • How did the worker & family collaborate on planning to meet family's underlying need? 	<p>Planning & Intervention : 1.....2.....3.....4</p> <ul style="list-style-type: none"> • How did the worker integrate the family's strengths & story into the case planning process? _____ • Does the case plan need to be modified? If yes how? _____ • Were any new needs identified and is it necessary for the Family Team to re-convene? _____
<p>Tracking & Adjustment: 1.....2.....3.....4</p> <ul style="list-style-type: none"> • Did worker know the current progress of the family and their case plan? Yes / No • Was worker able to share with the family and team members the current information from school, providers, medical updates, etc? Yes / No • Was information shared about the progress or barriers about services provided?Specify: _____ 	<p>Assessment : 1.....2.....3.....4</p> <ul style="list-style-type: none"> • Asked for family's thoughts on what is needed? Yes / No • What changes is the family trying to make and what does the family say about the provider meeting their needs? _____ • If the services are not meeting the family's need what solutions have been discussed? _____

3. What can the worker do differently next time? _____

4. How did the family respond to the worker?

Cooperative and friendly Acknowledged strengths/barriers Has a plan of action
 Volunteered information Initiated communication throughout visit Asked for help with meeting goal

Other: (Please describe) _____

Summary/Progress: _____

Review and discussion:

By: _____
 _____ **Worker or Supervisor** _____ **Date**
 By: _____
 _____ **Casework Supervisor** _____ **Date**

By: _____
 _____ **Supervisor or Casework Supervisor** _____ **Date**
 Family Initials or Name: _____