

Process Recording #: _____

received by: _____
received on (date): _____
for: seminar _____ practice _____
FI comments: yes _____ no _____

Lehman College
Department of Social Work

Process Recording

This is an educational tool used in supervision and not to be used in agency records. It is the property of the student and should be handled confidentially. All identifying information of clients should be disguised (For example: use Ms. J for Ms. Jones).

Your Name: _____ **Agency:** _____

Date of Contact: _____ **Length of Contact (in minutes):** _____

Type of Contact: Individual Family Group Collateral Supervision Other _____
 Initial On-going

Nature of Contact: In Person Telephone Other _____

Location of contact (home visit, agency, hospital room, etc.): _____

Language(s) of interview: _____ **Was an interpreter used?** _____

Brief Description of Client(s) (age, gender and other relevant information):

What are the short-term goals with this client?

What are the long-term goals with this client?

Purpose of this particular contact (What did you want to achieve in this contact?):

Pre-engagement (Describe what you did to prepare for the contact):

Describe the client's personal and environmental strengths:

What special circumstances or situation affected this interaction?

How did this contact fit in with the client's short- and long-term goals?

What do you think you could have done differently in this interaction?

Plans for future actions (Describe the activities you plan to undertake on behalf of the client):

For Advanced Year Students

Has the client been diagnosed? _____ If yes, then provide information about the diagnosis:

Given all of the information available regarding this client, and the purpose of your work with this client, discuss the theoretical perspective that guided, or in retrospect might have been helpful in, your interaction with the client. Why did you select this perspective?