**CHILDREN’S SERVICES SUPERVISION RECORD**

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| **Name of Supervisor:** | **Date of Supervision:** |
| **Name of Supervisee:** |

The Personal Supervision template should be used to record discussion and progress in respect of the staff member’s professional development and performance; any worries that may be raised about this (including impact issues); what is working well for them; and actions to help facilitate continued progress as well as to outline managerial support. Case information relating to children should not be included in this record unless specifically relevant either because of specific impact of the involvement on the worker or because some aspect of the worker’s history or experience is impacting/may impact on their practice. Case information recorded must be anonymous and relevant.

As this record may be seen by line managers beyond the supervisory arrangement, it is essential that clear agreement is reached as to the content of the personal information included in the record and that it only contains information relevant to the professional role. Where there is disagreement, but a supervisor feels it is necessary to record something they have been told, because of its possible impact, this should be discussed, and rationale also recorded.

Both parties should receive a signed copy of the record following completion of the meeting. An electronic copy of the record will be maintained on K-Drive within team supervision records file.

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| **Health and Welfare** *(relevant personal or health issues; sickness from work/return to work; work-place issues; work-load impact; health & safety; relevant risk assessment)* |
| **Discussion/Reflection** (Actions from the last meeting) |  |
| **Actions/Decisions** (Timescales) |  |

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| **Annual Leave and TOIL/Flexi** |
| **Discussion/Reflection** (Actions from the last meeting) |  |
| **Actions/Decisions** (Timescales) |  |

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| **Practice Progress** *(general progress and performance; practice to be celebrated; worries; observed practice and audit feedback; reflections on practice strengths and worries; and any personal-practice impact issues)* |
| **Discussion/Reflection**(Actions from the last meeting) |  |
| **Actions/Decisions** (Timescales) |  |

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| **Professional Development** *(Appraisal; progress against Action-Planning; training/courses; practice and skills development)* |
| **Discussion/Reflection**(Actions from the last meeting) |  |
| **Actions/Decisions** (Timescales) |  |

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| **Specific Areas of Additional Responsibility** (including supervision of other staff members) |
| **Discussion/Reflection** (Actions from the last meeting) |  |
| **Actions/Decisions** (Timescales) |  |

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| **Any Other Business** |
| **Discussion/Reflection** (Actions from the last meeting) |  |
| **Actions/Decisions** (Timescales) |  |

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| **Date of Next Supervision Session:** |

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| **Signatures** |
| **Supervisor:** | **Date:** |
| **Supervisee:** | **Date:** |