**RECORD OF PERSONAL SUPERVISION**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of member of staff:** |  | **Job Title:** |  |
| **Name of line manager:** |  | **Job Title:** |  |

**Has this supervision been rescheduled?**

**If yes, record reason:**

|  |  |
| --- | --- |
| **Joint agenda** | |
| Standing items to be on agenda at every supervision include:   * How are you? self-care and wellbeing * Professional development (including performance & training and development needs) * AL/TOIL * Sickness   Additional agenda items to be discussed: | |
| **Any actions arising from last supervision** | **Action required** |
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|  |  |
| **Summary of discussion**  (if children and families are discussed identifying names must not be used, only initials and mosaic ID – practice supervision must be fully recorded on the child’s mosaic record) | **Action required** |
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**I agree that this is an accurate record of the discussions held and decisions / actions agreed:**

**Signed:**

**Line Manager: Member of Staff:**

**Date:**   **Date:**