##

## Template 2 Personal Supervision Record for Staff File (hard copy and electronic)

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| Name of Supervisee: |  |
| Name of Line Manager/Supervisor: |  |
| Team/Area: |  |
| **Support**(Wellbeing, sickness absence and leave) |
| **What could help?** –**Priorities?** – **The Team** –  |
| **Things that have gone well since the last supervision session**(Positive feedback, good examples of practice and practice developments, workplace relationships that are supportive etc) |
|  |
| **Reflection**(Dilemmas, workload, practice issues and priorities and children we are worried about) |
|  |
| Learning and development(What are the priorities to further develop skills and knowledge? What progress has been madeon the actions agreed at appraisal. What feedback has been obtained from service users or via direct observation recently?) |
|   |
| Review of actions from previous session |
| Action | Progress made |
|  |  |
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| Actions to take forward |
| Action | Person responsible | Timeframe |
|  |  |  |
|  |  |  |
| Signature of practitioner: |  |
| Signature of LineManager/Supervisor: |  |
| Date supervisioncompleted: |  |
| Date of next supervision: |  |