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## Supervision Record

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| **Name of staff member** | |  |
| **Name of Team Manager** | |  |
| **Date of supervision** | |  |
| **Time of supervision** |  | |
| **Date of Next Supervision** |  | |

**Section 1**

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| **Agenda items**   1. Wellbeing 2. Holiday/Flexi/Leave/Sickness 3. Performance/feed back 4. Learning and development 5. Recording personal support 6. Service improvements/Priorities for action |

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| **Summary of discussion under each item** |
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| **Family Name** |  |
| **Carefirst ID** |  |
| **In the case discussion please include.**  **Actions from last supervision** Review the previous supervision’s actions and state if they are completed or not, if actions have not been completed are they still required?  **Updates since last supervision** What has happened since the last supervision?  **Protective or positive factors** What is keeping the children safe or supporting the progress they are making?  **Reflection on intervention** What impact is our plan having? What do we think is happening at the moment? Is there anything we don’t understand or something we understand more about now?  **Impact/Voice of the child** What difference are we making for this child? What does the child tell us about their current experiences?  **Agreed actions** What actions need to be taken now to progress the plan for this child? | |
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