#

## Supervision Record

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

**Section 1**

|  |
| --- |
| **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
 |

|  |
| --- |
| **Summary of discussion under each item** |
|  |

|  |  |
| --- | --- |
| **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? |
|  |