



**Record of Supervision**

Name of Staff:	
Position:	
Name of Supervisor:	
Date:	
Time Commenced:	
Time Finished:	

**Previous Supervision Action plan**

List Action points / Outcomes met from previous Supervision	Action Point Number's met –	
If any actions / Outcomes have not been met please explain why? And agree further actions and timescales.		
Explain, why action has not been met?	Further action required	Timescale / Who is responsible
Any additional comments?		

**Agenda for Supervision**

<b>Set Agenda Items</b>
<ul style="list-style-type: none"> <li>• Self Evaluation</li> <li>• Policies and procedures</li> <li>• Learning and development</li> <li>• Personnel file Checklist</li> </ul>
<b>Is there anything specifically that you want to cover or spend time discussing today?</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Supervisor Agenda for Supervision?</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>



**Self Evaluation:** (Supervisee or supervisor can complete this section)

On a scale of 1-6 how satisfied are you with the following: Please Circle

	Not Satisfied ←-----→ Completely Satisfied						
	At All						
Service	1	2	3	4	5	6	N/A
Rota	1	2	3	4	5	6	N/A
Colleagues	1	2	3	4	5	6	N/A
Management/Leadership	1	2	3	4	5	6	N/A
My Work Performance	1	2	3	4	5	6	N/A
Internal Training Attended	1	2	3	4	5	6	N/A
External Training Attended	1	2	3	4	5	6	N/A
<b>Discuss reason for ratings:- Any Issues contributing to ratings? Any concerns? Or positive feedback? Suggestions?</b>							
Service							
Rota							
Colleagues							
Management/Leadership							
My work Performance							
Internal Training	Feedback recorded in Learning and development section in supervision notes						
External training	Feedback recorded in Learning and development section in supervision notes						



**Policies and Procedures**

Supervisor to identify at least one Policy and / or Procedure per supervision for staff to read and reflect their understanding.

Policy and/or Procedure Identified from previous Supervision	Read	Discussed/ Understood	Evidence staff understanding of Policy / Procedure	Further action record in Action plan
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Identified Policy and/or Procedure to read for next supervision
1.
2.
3.

**Learning and Development**

PDP Progress Discussed	PDP Reviewed and recorded outcomes	If No, please state reason why this was not completed?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Record name of Course attended	Internal/ External	Feedback on what learned and how will apply in practice	Further action record in Action plan
	I <input type="checkbox"/> E <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	I <input type="checkbox"/> E <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	I <input type="checkbox"/> E <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

New learning needs identified – please update PDP as required

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**Staff Agenda Items**

<u>Agenda Items discussion</u>	Support / Guidance Required



**Supervisor Agenda Items**

<b><u>Agenda Items discussion</u></b>	<b>Support / Guidance Required</b>

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If you require further space please record additional information on blank paper and attach to original document.

### Staff Personnel File Checklist

Areas to be checked for accuracy of information	Checked	Any further actions / amendments or comments
Personal Information checked	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Appraisal Due	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annual Leave Planned	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Absence Management (Any outstanding information or record triggers met)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driving Licence checked	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driving Insurance checked	Yes <input type="checkbox"/> No <input type="checkbox"/>	
MOT checked	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Action Plan

No.	Actions Agreed	By whom	Timescale
1.			
2.			
3.			
4.			
5.			

Date of Next Supervision:		Time of Next Supervision:	
Signature of Staff:		Signature of Supervisor:	