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| **Supervision Report** | | | |
| **Name of Supervisee**  Click or tap here to enter text. | **Supervision Type**  Choose an item. | **Date**  Click here to enter a date. | **Duration**  Click or tap here to enter text. |

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| **Supervisee Competencies Addressed** | |
| Documentation / Strength-based Language  Conflict Management Skills / Communication  Cultural / Spirituality Relevance  Legal Issues / Ethics  Performance Goals Review / Role Expectations | Coaching / Training by Supervisor  Review of High-Risk Client Case / Issues (*use initials only*)  Personal / Professional Development  Professional Self-Care  Technical Knowledge / Skills – Technology / Software |
| **Supervision Notes** | |
| **Supervisor Prep Items to Be Discussed**  Click or tap here to enter text. | |
| **Summary of Discussion** (*Do not include client names; only initials if necessary*)  Click or tap here to enter text. | |
| **Supervisor Action Items**  Click or tap here to enter text. | |
| **Supervisee Action Items**  Click or tap here to enter text. | |

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| **Hire Date**  Click or tap to enter a date. | |
| **Performance Goal Quarterly Review** | **Quarterly Review Dates** |
| **Annual Goal 1**  Click or tap here to enter text. | **Progress this Quarter/Plan**  Click or tap here to enter text. |
| **Annual Goal 2**  Click or tap here to enter text. | **Progress this Quarter/Plan**  Click or tap here to enter text. |
| **Annual Goal 3**  Click or tap here to enter text. | **Progress this Quarter/Plan**  Click or tap here to enter text. |
| **Annual Goal 4**  Click or tap here to enter text. | **Progress this Quarter/Plan**  Click or tap here to enter text. |
| **One Page Plan Goal Review** | **Review Dates** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **Areas of Strength**  Click or tap here to enter text. |
| **Areas of Opportunities**  Click or tap here to enter text. |
| **Training Needed / Completed**  Click or tap here to enter text. |
| **General Check in notes (questions to consider: Are there any program or relationship challenges you are currently facing? What are you doing for self-care? What can I help you with in the next 30 days?)**  Click or tap here to enter text. |
| **Prayer**  Click or tap here to enter text. |
| **Shadow Visit Occurred, if applicable?**  Yes  No  NA  **Date:** Click or tap to enter a date. |

**Date Signature**

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| Click or tap to enter a date. |  |