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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. |  |