

Supervision Form

Staff: _____ Program Manager/Director _____

Agenda		Summary of Discussion	
<p><i>Date:</i> _____</p> <p><i>Time:</i> _____ to _____</p>			
<p>Manager to Follow-up</p>		<p>Done</p>	<p>Supervisor Next Steps</p>
			<p>Done</p>
<p>Supervision topics covered this session:</p> <p> <input type="checkbox"/> Reflective Supervision <input type="checkbox"/> Diversity Issues <input type="checkbox"/> Boundaries <input type="checkbox"/> FSW Self Care <input type="checkbox"/> Staff/Agency Issues <input type="checkbox"/> Retention/Attrition <input type="checkbox"/> Caseload Weight <input type="checkbox"/> Home Visit Completion <input type="checkbox"/> Curriculum Guidance <input type="checkbox"/> Community Resources <input type="checkbox"/> Documentation </p>			

Assist Celebrate Coach Develop Encourage Guide Identify Listen Praise Reflect Review Role-Play Share Strategize

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Supervisor _____ Program Manger _____

Agenda		Summary of Discussion	
<p><i>Date:</i> _____</p> <p><i>Time:</i> _____ to _____</p>			
<p>Manager to Follow-up</p>		<p>Done</p>	<p>Supervisor Next Steps</p>
			<p>Done</p>
<p>Supervision topics covered this session (not all are to be covered weekly):</p> <p> <input type="checkbox"/> Reflective Supervision <input type="checkbox"/> Diversity Issues <input type="checkbox"/> Boundaries <input type="checkbox"/> FSW Self Care <input type="checkbox"/> Staff/Agency Issues <input type="checkbox"/> Retention/Attrition <input type="checkbox"/> Caseload Weight <input type="checkbox"/> Home Visit Completion <input type="checkbox"/> Curriculum Guidance <input type="checkbox"/> Community Resources <input type="checkbox"/> Documentation </p>			

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