

Instruction: Supervisor to fill in the first section. Photocopy and fill out remaining section at each session. At the end of the session, the supervisor and supervisees sign the agreed record. A copy is stored and saved for future reference.

Name Supervisee: _____ Date of Supervision: _____

Name of Supervisor/Peer Group: _____ Length of session: _____

Key discussion points (include a review of actions from last supervisoion, clinical knowledge & skill enhancement, professional development, reflective practice & support and accountability)	What is working well?	What is not working well?	Actions	By Whom and When?

Next Meeting: _____

Signed Supervisor: _____

Supervisee _____