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| **SUPERVISION RECORD** |
| **NAME OF STAFF MEMBER & WORK BASE ……………………………………………………..****NAME OF SUPERVISOR & WORKBASE…………………………………………………………...****DATE OF SUPERVISON…………………….. DATE OF NEXT EDR ……………………….** |
|  **Standard agenda items**Wellbeing and support neededQuality of decision making, intervention and safeguardingLine management and organisational accountabilityCase load and workload managementIdentification of strengths and areas of developmentEvidence to support the above discussion can be sourced from case audits, observations, feedback from service users and carers and reflective practice discussion. |
| **ISSUES DISCUSSED/DECISIONS/ACTIONS (state what and who)****Continue on a blank sheet if necessary and attach** |
| **THIS IS/IS NOT AN AGREED RECORD OF THE SUPERVISION SESSION****SIGNATURE OF STAFF MEMBER BEING SUPERVISED****SIGNATURE OF SUPERVISOR** |
| **RECORD OF DIFFERENCES OF OPINION (If there are differences, this record of supervision should be passed to the supervisors line manager for resolution and any decisions recorded on this form)** |
| **DATE AND TIME OF NEXT SESSION** |