

Supervision Record

Supervision meeting record

Practitioner:

Leader:

Date & Time:

Welfare Review

Examples of opening questions:

How are you sleeping?

How do you de-stress from work?

What was your biggest accomplishment this month?

If there was one thing you could change in your life, what would it be?

On a scale of 1-10, how safe do you feel sharing new ideas?

What resources / additional help / support would help you succeed in your role?

What is the biggest challenge you faced this month?

How did a colleague make a positive impact?

What should I start/stop/continue doing to best support you?

Progress on actions from previous meeting / review of Improvement Plan:

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Review of Children – including Concerns relating to individual children
Overview of development and well-being discussion / review of Curriculum and Early Years Educational Programme.

Include Actions to be taken (when and by who):

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Performance management – quality of education – evidence of impact on children’s learning. Feedback from Learning Walk observations

Strengths and areas for improvement

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Action to be taken:

When:

Where:

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Concerns or team issues (worker relationships; rotas; staff well-being and workload, areas of work etc.) Include discussion re frequency and quality of professional supervision meetings with individual practitioners and team meetings.

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Action to be taken:

When:

Where:

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Setting performance (complaints, occupancy rates; additional funding, fee collection, safeguarding; targets, marketing etc.) (Delete if not appropriate)

Safeguarding / child protection – training / practice / partnership with parents / carers and key stakeholders / impact on child's welfare.

Action to be taken:

When:

Where:

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Steps to be taken to drive improvements / self-evaluation:

What is going well?

What do we need to improve?

Action to be taken:

When:

Where:

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Action to be taken:

When:

Where:

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Achievements since last supervision meeting (courses; qualifications.
Compliments; problem-solving; successes etc.):

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General management issues (toil/annual leave/general attendance):

Any other business?

Number of days
holiday outstanding for
current leave year:

Planned dates for leave
in the coming month:

Date of next meeting:

Practitioner's signature:

Leader's signature:

Self-Review:

Y/N

Details

<p>Have circumstances or your situation changed since our last supervision which may affect your suitability for the role?</p>		
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	Y/N	Details
<p>Are you taking any type of medication that would impact on you working with children?</p>		