



## External Practice Supervision Questionnaire

There is no one-size-fits-all approach to supervision. Supervision serves as a mutually developed professional growth platform where the supervisee and supervisor collaboratively establish how to work together to enhance the supervisee's development.

Practice supervision differs from managerial oversight. While key performance indicators (KPIs) may be addressed, the primary focus of practice supervision revolves around continuously advancing competence, capability, and capacity in the field of lived experience. Supervision is led by the supervisee and offers a space to delve into real-life practice scenarios, including challenges, growth opportunities, dilemmas, and concerns.

To prepare for your initial supervision session, kindly respond to the following questions. Your supervisor will review your responses with you during your first supervision session.

### CLIENT DETAILS: *(PLEASE COMPLETE EMPLOYER DETAILS)*

Family Name:		Given Name:	
Preferred Name:		Pronouns:	
Date of Birth:		Personal Mobile:	
Personal Email:			
Address:		State / Post Code:	
Employer:		Occupation	
Job Title:		Years in Role:	
Work Email:			
Work Address:		State / Post Code:	
Work Phone:		Office Phone:	

EMERGENCY CONTACT: *BEST PERSON TO CONTACT IF THERE'S AN EMERGENCY DURING BUSINESS HOURS.*

Name:

Relationship:

Phone:

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<b>How frequently have you previously received non-managerial practice supervision?</b>				
<i>Never</i>	<i>Weekly</i>	<i>Fortnightly</i>	<i>Monthly</i>	<i>Semi Annually</i>
<b>Are you currently serving in an identified leadership capacity?</b>			<i>Yes</i>	<i>No</i>
<b>Are you overseeing direct reports? If yes, how many?</b>		<i>Yes</i>	<i>No</i>	
<b>How frequently do you provide formal managerial or non-managerial supervision to your direct reports?</b>				
<i>Never</i>	<i>Weekly</i>	<i>Fortnightly</i>	<i>Monthly</i>	<i>Semi Annually</i>
<b>How often do you need to support others by sharing or drawing from your personal experiences?</b>				
<i>Never</i>	<i>Daily</i>	<i>Weekly</i>	<i>Fortnightly</i>	<i>Monthly or More</i>
<b>Do you currently keep a professional reflective practice journal?</b>			<i>Yes</i>	<i>No</i>
<b>How often do you engage in voluntary professional development training and learning?</b>				
<i>Never</i>	<i>Weekly</i>	<i>Fortnightly</i>	<i>Monthly</i>	<i>Semi Annually</i>
<b>What is your preferred method of learning something new?</b>				
<i>Through Seeing</i>	<i>Through Listening</i>	<i>Reading / Writing</i>	<i>Through Doing</i>	
<b>How do you prefer to receive / provide feedback?</b>				
<b>What prompted you to seek external practice supervision?</b>				

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<b>Which aspects of your current role or responsibilities are crucial for your professional development?</b>
<b>What do you hope to achieve through engaging in supervision?</b>

Thank you for taking the time to complete this questionnaire.

Please contact your supervisor to discuss any questions you may have.

*Return by email to: [hello@peervisioning.com.au](mailto:hello@peervisioning.com.au)*

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