



Individual Supervision Form

Staff Member:	Supervisor/Mentor:	Program: Date: Time:
<input type="checkbox"/> Caseload <input type="checkbox"/> Progress toward Performance Evaluation goals <input type="checkbox"/> Professional Development <input type="checkbox"/> Other:	<input type="checkbox"/> Behavior/Attitude <input type="checkbox"/> Performance <input type="checkbox"/> Employee satisfaction, conflicts, concerns, wellness <input type="checkbox"/> Scheduling (time off, PTO, sick, weekly schedule) <input type="checkbox"/> Other:	
Topic(s) Summary (Brief bullets of topic(s) indicated above including specific comments or instruction): 		
Is employee/intern making progress towards performance expectations? Yes No N/A		
Support Plan (Please complete if you have checked no to either question above, or as needed):		
a. Requested change & Why		
b. Performance improvement indicators required:		
c. Completed by:		
d. Progress Review Date:		
Licensure/Credentials (tracking & Progress):		
Credential:	Direct Hours:	Indirect Hours:
Goal Date:		
Employee/Provider Comments:		
Employee/Provider Signature:		Supervisor/Mentor Signature:
Date:		Date: