### Individual Supervision Form

<table>
<thead>
<tr>
<th>Staff Member:</th>
<th>Supervisor/Mentor:</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Time:</td>
</tr>
</tbody>
</table>

- Caseload
- Progress toward Performance Evaluation goals
- Professional Development
- Other:

- Behavior/Attitude
- Performance
- Employee satisfaction, conflicts, concerns, wellness
- Scheduling (time off, PTO, sick, weekly schedule)
- 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):

<table>
<thead>
<tr>
<th>Credential:</th>
<th>Direct Hours:</th>
<th>Indirect Hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Goal Date:

Employee/Provider Comments:

---

Employee/Provider Signature:  

Date:

Supervisor/Mentor Signature:

Date: