

Date:	Duration (minutes):	Format: <input type="checkbox"/> Individual <input type="checkbox"/> Group	Supervisor:
Supervisee Name:		Supervisee Name:	
Supervisee Name:		Supervisee Name:	
Supervisee Name:		Supervisee Name:	
Supervisee Name:		Supervisee Name:	

Quality of Service: Cases Reviewed	Items Covered Today:

Administrative Issues	
Workload	
Documentation and Case Planning	
Scheduling (employee, supervision, client)	
Agency Policies, Procedures & Priorities	

Professional Development	
Learning Needs and plans	
Feedback and Performance Evaluation	

Work Life	
Areas of Discussion	
Plans	

Session Summary	
Next Steps by Supervisee	
Next Steps by Supervisor	
Plan regarding Agenda Items NOT addressed	