|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Member:** | | | | **Supervisor:** | | | **Program/Dept:** | | **Date:** |
| **CORE VALUES** | | | | **COMPETENCIES** | | | **KEY PERFORMANCE INDICATORS** | | **GOALS** |
| Exceptional Service  Innovation  Integrity  Person-Centered Care  Strategic Partnerships  Compassion | | | | Work/Life Balance  Interpersonal Communication  Collaboration & Teamwork  Screening & Assessment  Care Planning & Care Coordination  Intervention  Cultural Competence & Adaptation  Systems Oriented Practice  Practice Based Learning & Quality Improvement  Informatics  Knowledge  Skills  Abilities | | | Productivity  Documentation  Program specific  Corporate Compliance  Training Requirements  Customer Service Standards | | Dependability  Adaptability  Attendance  Cooperation  Quality of Work  Quantity of Work  Reasoning  Potential  Interpersonal Relations |
| 1. **Topic(s) Summary** (Provide a brief summary of the issues/needs in the topic(s) indicated above): | | | | | | | | | |
| **Notes:** | | |  | | | | | | |
| **2. Accomplishments/Strengths/Progress Since Last Supervision Session:** | | | | | | | | | |
| **Notes:** | | |  | | | | | | |
| **3. Action Items** (include task or improvement needed and due date) | | | | | | | | | |
| **Notes:** | | |  | | | | | | |
| **4. Solution Plan** (Complete if change needs identified require employee action beyond this supervision session): | | | | | | | | | |
| **a. Specific Change/Performance Requirements Needed:** | | | | | | | | | |
| **Notes:** | |  | | | | | | | |
| **b. Performance Improvement Indicators Required:** | | | | | | | | | |
| **Notes:** |  | | | | | | | | |
| **c. Date Action Plan to be Completed:** | | | | |  | | **d. Progress Review Date:** |  | |
| **5. Employee/Contact Provider Comments:** | | | | | | | | | |
| **Notes:** | | |  | | | | | | |
| **Team Member Signature**  **Date** | | | | | | Supervisor Signature Date | | | |
|  | | | | | |  | | | |

The recipient of this form shall ensure confidentiality of any Protected Health Information (PHI) that is included as part of clinical supervision. In addition, this form is not a replacement for disciplinary action. All disciplinary records are maintained by the People & Culture Dept.