|  |  |  |
| --- | --- | --- |
| **Staff Member:**  | **Supervisor:** | **Program/Dept:** |
|  |  |  |
| **Topics Discussed (Check all that apply)** |
| [ ] Accuracy of Assignments[ ] Attitude[ ] Barriers to Success[ ] Cooperation/Participation[ ] Cultural/Diversity Issues [ ] Documentation Issues[ ] Emergency Response[ ] Ethical Issues | [ ] Job Performance[ ] Meetings (scheduling, prep, room setup)[ ] Performance Improvement Plan[ ] Process Improvement Ideas[ ] Professional Standards[ ] Project Management Updates[ ] Provider Issues (non-clinical)[ ] PTO/Leave/Holidays[ ] Reports (requested, deadlines) | [ ] Staff Supervision (if applicable)[ ] Stakeholder Issues (non-clinical[ ] Strategic Plan Updates[ ] Subpoena Process[ ] Tardiness/Attendance[ ] Time Management[ ] Utilization Management[ ] Workload  |
| [ ] Other: |  |
| 1. **Topic(s) Summary** (Provide a brief summary of the issues/needs in the topic(s) indicated above): (below is a sample layout)
 |
| **Notes:**  | * Follow-Up Items:
* New Items:
* Self-Care (taking breaks/lunches):
* Job Satisfaction:
* Opportunities for Growth:
* Support Needed:
 |
| 1. **Customer Service Expectations:**
 |
| 1. All contacts (e-mail or phone) will be responded to within 1 business day.
2. Put the customer first – Seek first to understand, then to be understood. Communicate effectively, share background, assessment, and recommendation.
 | 1. You CAN help. Respond positively. Utilize experts within the system. Be available as the expert of your function.
2. Jabber
 |
| **Notes:**  |  |
| 1. **KPIs (Key Performance Indicators from Job Description):**
 |
| **Notes:**  |  |
| **4. Accomplishments/Strengths/Progress Since Last Supervision Session:**  |
| **Notes:**  |  |
| **5. 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:**  |  |
| ►**Do you see any opportunities for LifeWays to improve operations at the team or agency level?** |
| **Notes:**  |  |
| **►Action Items:**  |
| **Notes:**  |  |
| ► **Competencies:** [ ] No data reviewed [ ] Documentation reviewed |
| * **Employee/Contract Provider Comments:**
 |
| **Notes:**  |  |
| **Team Member Signature**  **Date**  | Supervisor Signature Date |
|  |   |