|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | |
|  | | | | |  | | | | | |