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| --- | --- | --- | --- |
| **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.