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| --- | --- | --- | --- |
| **Staff Member:** | **Supervisor:** | **Program/Dept:** | **Date:** |
| **CORE VALUES** | **KEY PERFORMANCE INDICATORS** | **JOB PERFORMANCE STANDARDS** |
| [ ] Exceptional Service[ ] Innovation[ ] Integrity[ ] Person-Centered Care[ ] Strategic Partnerships [ ] Compassion | [ ]  Corporate Compliance[ ]  Training Requirements[ ]  Customer Service Standards[ ]  Job Specific: [ ]  Job Specific:   | [ ]  Dependability [ ]  Adaptability[ ]  Attendance [ ]  Cooperation[ ]  Quality of Work [ ]  Quantity of Work[ ]  Reasoning [ ]  Potential[ ]  Interpersonal Relations |
| **Topic(s) Summary** (Provide a brief summary of the issues/needs in the topic(s) indicated above): |
| Notes:  | General TopicsFollow-Up Items:*

New Items: |
| Case Consultation*Note: all departments conduct case consultations related to their specific area of focus. For example, a “case” might be a consumer, employee, project, or provider.*Case:•Stage of Change (if applicable):•Focus/Goal(s):•Current Intervention(s):•Intervention Effectiveness:•Customer Satisfaction:Recommendations: |
| **Engagement & Mental Wellbeing Check-in** |
| **Notes:** | * Self-Care (taking breaks/lunches/PTO):
* Job Satisfaction:
* Opportunities for Growth:
* Support Needed:
* Successes & Celebrations:
* Is there anything I should know?
 |
| **Accomplishments/Strengths/Progress Since Last Supervision Session:**  |
| **Notes:**  |  |
| **Action Items** (include task or improvement needed and due date) |
| **Notes:** |  |
| **Key Performance Indicator (KPI) Progress**: |
| **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.*