



CRSW Practice Development Session

Staff Name:		Date:	
Supervisor Name:		A/L and ADO Hrs:	
Proposed A/L and ADO Dates:			

Reflection in Action:
 What went well or not well, why? (Note participation in reflective practice)

Monthly Key Worker File Check completed:
 Focus On Risk Assessment, Consent, File Face Sheet, ISP – Quality Of Goals – Smart Check, Can – 6 Month, Basis – 12 Month, Archive Old Information, Notes Printed – Check Quality, Hospitalisations Documented, Wellness Plan –Early Intervention Focus

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Comments:

Consumer Update: Assess Skills, clarify performance and Quality Standards			
Consumers	Progress/CAN/BASIS/ASSIST LifeJets/Quality	Action required	Due date



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Coaching Agreement:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mentoring Agreement:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date Commenced:				
Date completed:				

MENTORING: Skill and Knowledge sharing, Professional Growth, Share Insights, Goal Achievement and Problem-Solving

COACHING: Purposeful Dialogue, Clarify Values, Co-Creating Value Based Goals, Exploration and Learning, Self Inquiry

Focus of Agreement:
Review and Revise

Practice Development				
Develop Knowledge and Skills, Identify Learning Issues, Strengths and Challenges to Promote Professional and Personal Growth				
Goals	Action	Person Responsible	Time Frame	Date of Review

General Self Care – Comments or Feedback



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Date of Next Supervision	
Time of Next Supervision	
Signature (Staff)	
Date	
Signature (Manager)	
Date	