**UCMH Professional Supervision Record**

Note: This table has been altered to fit vertically, but is normally in landscape with more space for filling in information.

**Professional Supervision Record**

**Agenda & Record of Discussion**

Instructions – Supervisor to fill in the first section, photocopy and fill out remaining sections at each session. At the end of the session the supervisor and supervisee sign the agreed record. A copy is stored according to Moreland Hall’s Professional Supervision Policy and Procedures.

Supervisee: ___________________________ Supervisor: ___________________________

Date of Supervision: _____ / _____ / _____

<table>
<thead>
<tr>
<th>Key discussion points (includes a review of actions from last supervision, clinical knowledge &amp; skill enhancement, professional development, reflective practice &amp; support and accountability)</th>
<th>What’s working well?</th>
<th>What’s not working well?</th>
<th>Actions</th>
<th>By whom and when</th>
</tr>
</thead>
</table>

Next Meeting: ___________________________

*This is an agreed record of the professional supervision session.*

Supervisor’s signature: ________________

Supervisee’s signature: ________________ Date: ____________