**Supervision Meeting Record**

**Details:**

|  |  |
| --- | --- |
| Practitioner’s name & role: |  |
| Supervisor’s name & role: |  |
| Meeting date & time: |  |
| Meeting location: |  |
| Time in weeks since last meeting? |  |

**Practitioner well-being including workload**

|  |
| --- |
| Any issues to discuss? Suitable workload? Support required for well-being issues? |
|  |
| Any actions arising including person responsible and completion date  |
|  |

**Safeguarding focus**

|  |
| --- |
| Any concerns to report? Safeguarding updates for supervisor to share with staff member? |
|  |
| Any safeguarding actions arising including person responsible and completion date  |
|  |
| Details of set safeguarding question asked to practitioner \*\*(see note below) |
|  |
| Brief details of answer provided by practitioner? Any further support or training required?  |
|  |

**Review of previous supervision meeting including actions**

|  |
| --- |
| Actions from previous meeting? |
|  |
| Discussion focus / progress against actions |
|  |
| Any next steps linked to these actions?  |
|  |

\*\*e.g. ‘Can you tell me what you would do if you had concerns about a child in your care?’ or ‘Can you some list signs that a child / family may be being radicalised?’

**Discussion from observation of staff practice**

|  |
| --- |
| Key points including strengths and areas for development |
|  |
| Any actions arising including person responsible and completion date |
|  |

**Child welfare and development**

|  |
| --- |
| Discussion of Key Children (welfare and development) – brief notes |
|  |
| Any actions arising including person responsible and completion date? |
|  |
| Details of learning journey / developmental record scrutinised i.e. child’s initials ++(See note below) |
|  |
| Any actions arising including person responsible and completion date |
|  |

**Team relations including team spirit, staff relations, fair division of work, staff rotas etc.**

|  |
| --- |
| Brief details of discussion  |
|  |
| Any actions arising including person responsible and completion date? |
|  |

**Staff training and development needs including training courses and qualifications**

|  |
| --- |
| Any specific needs identified? Areas of interest for future training – individual and for staff team? |
|  |
| Any actions arising including person responsible and completion date  |
|  |

++ Can the practitioner confidently explain this child’s next steps for learning and activities planned to extend their learning? Are observations regular and detailed? Are all 7 areas of learning covered?

**Any other business**

|  |
| --- |
| Details of any issues raised |
|  |
| Actions arising including person responsible and completion date  |
|  |

|  |
| --- |
| **Summary of actions arising from this meeting:** |
|  |

**Ongoing suitability:**

You are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect your suitability to work with children (whether received before **or during** your employment at the setting).

You are also expected to disclose any medication you are taking which may affect your ability to care for children. (Medical advice may be sought to confirm that the medication you are taking is unlikely to impair your ability to look after children effectively.)

You are expected to remain up to date with relevant safeguarding training and understanding of safeguarding issues. You should be familiar with the setting’s safeguarding policy and procedures and know how to report a concern about a child or an adult at the setting.

You are expected to abide by the ‘Staff Conduct’ policy at all times including when using social media in your own time.

Should you have any concerns or if there is a change in your suitability to work with children prior to your next supervision meeting please ensure these are brought to the attention of your supervisor **as soon as possible**.

|  |
| --- |
| Do you need to disclose details or ask for support in any of the above areas? |
|  |
| Practitioner’s signature and date: | Supervisor’s signature and date:  |
|  |  |

|  |  |
| --- | --- |
| Date, time and locations of next supervision meeting: |  |