Supervisor’s Name and Role: (for example Ann Smith, Chair of *Pre-school* Committee)

Staff’s Name and Role: (for example Lynda Jones, Manager of *Pre-School*)

Date of Supervision:

|  |  |  |  |
| --- | --- | --- | --- |
| Actions to follow up from previous meeting | Progress | Comments |  |
|  |  |  |  |
| Any issues concerning children’s development and wellbeing | Action to be taken | Who By | Date to be completed |
|  |  |  |  |
| Health and Safety/Safeguarding (\*SEE STATEMENT BELOW)  | Action | Who by | Date to be completed |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Workload  | Action and by whom | Comments | Date to be completed |
|  |  |  |  |
| Concerns /Team issues (worker relationships, rota’s, areas of work etc.)  | Action and by whom | Comments  | Date to be completed |
|  |  |  |  |
| Training and Development (courses/qualifications )  | Action and by whom | Comments  | Date to be completed |
|  |  |  |  |
| Any Other Business (AOB)  | Action and by whom | Comments  | Date to be completed |
|  |  |  |  |

\*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 this setting).

\*Are you are taking medication which may affect your ability to care for children? (if yes medical advice may be sort to confirm that the medication you are taking is unlikely to impair your ability to look after children properly )

\*Do you need to disclose any of the above? Yes/No

Date and time of next meeting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (line manager)

Signed/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Staff member)