

STAFFING ON THE GO
MONTHLY SUPERVISION

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| Name of Staff: |
| Position |
| Month/Year: |

1. Issues from previous Supervision: i.e. issues that were not resolved or need further discussion
2. New issues
3. Performance issues
4. Training/Staff Development
5. Activities/ Accomplishments
6. Concerns
7. Goals
8. Others.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____