**STAFF SUPERVISION: SAMPLE RECORD FORM**

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| Date of supervision |  | | | | |  |
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| Supervisee’s name |  | | | | |  |
|  | | | | | | |
| Supervisor’s name |  | | | | |  |
|  | | | | | | |
| **Issues discussed** | | | **Action to be taken** | **By whom** | **By when** | |
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| Date of next session | |  | | | |  |
|  | | | | | | |
| Supervisee’s signature | |  | | | |  |
|  | | | | | | |
| Date | |  | | | |  |
|  | | | | | | |
| Supervisor’s signature | |  | | | |  |
|  | | | | | | |
| Date | |  | | | |  |
| By when | | | | | | |