Supervision Record

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| **Meeting Details** |
| Date and time of meeting |  |
| Name and signature of Supervisor |  |
| Name and signature of Supervisee  |  |
| **Reflection and discussion** |
| What’s the aim or purpose of this supervision session |  |
| What goals have you achieved since your last supervision? |  |
| What has gone well? What have you achieved since the last meeting?  |  |
| What challenges have you met since the last meeting? How have you overcome them? |  |
| What future learning objectives have you identified and what do you hope toachieve before your next supervision? |  |
| **Action Plan** |
| What actions will you take to accomplish your individual learning goals? Or prevent issues that have arisen again |  |
| What support do you require from your preceptor to achieve these goals? |  |
| **Feedback From Supervisor**  |
| Feedback should be clear and focused.Identifying clear actions and objective to meet prior to the next meeting.  |  |
| **Next meeting date and time** |  |
| **Supervisor signature**  |  |
| **Supervisee signature**  |  |

(adapted from the [AHP Preceptorship Standards and Framework](https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/allied-health))