**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Use this template to create an agenda and bring it with you to your required formal supervision meetings at your practicum site. Summarize the discussion or feedback received at the meeting for each item discussed. Not all areas need to be discussed each time but you should cover at least one area from each section (head, hand, heart) each time. The notes you provide should provide specific information showing areas discussed in the meeting and demonstrate your learning and the variety of issues being addressed. Write your notes as if they are minutes to this meeting. Please also note follow up, action items or next steps you have been asked to take or that you would like to take for each area discussed.*

*Complete feedback from Supervisor section for each meeting.*

|  |  |  |
| --- | --- | --- |
| **Topic** | **Agenda / Discussion / Feedback** | **Follow up / Next Steps** |
| **Learning Contract**:  Identify assignments to review, changes or additions to make or mid-term or final evaluation. | Click here to enter text. | Click here to enter text. |
| **Head** (knowledge / ideas) | | |
| **Case Reviews**  Provide summary of diagnostics, analysis, recommendations, successful interventions, next steps | Click here to enter text. | Click here to enter text. |
| **Theories**  Identify theories and models related to practice and how applied | Click here to enter text. | Click here to enter text. |
| **Policy**  Identify agency, community, state, federal policies reviewed or discussed | Click here to enter text. | Click here to enter text. |
| **Hand** (skills / practice) | | |
| **Process Recording Reviews**  Describe case and key feedback from supervisor upon review. | Click here to enter text. | Click here to enter text. |
| **Health, Safety and Risk** Identify Issues and Planning needed related to any health, safety or risk issues with clients, staff, the organization, etc. | Click here to enter text. | Click here to enter text. |
| **Clinical Observation Reviews**  Describe insights gained and growth areas discussed with your supervisor. | Click here to enter text. | Click here to enter text. |
| **Training or Skills** Needed or Practiced  Identify trainings completed, needed or skill improvements discussed. | **Click here to enter text.** | Click here to enter text. |
| **Research –** describe connections of research / evidence to practice and practice to research. | **Click here to enter text.** | **Click here to enter text.** |
| **Heart** (values, cognitive and affective processes) | | |
| **Diversity / Cultural** Issues  Describe any areas or issues identified and discussed related to practice. | Click here to enter text. | Click here to enter text. |
| **Ethical / Boundaries** Issues  What areas were identified and discussed related to your practice? | Click here to enter text. | Click here to enter text. |
| **Self-care**  Describe ways you may need support or recommendations for self-care discussed with your supervisor. | Click here to enter text. | Click here to enter text. |
| **Rapport, Relationships**, **Team Building** issues  What areas were identified and discussed related to team or relationship issues? What recommendations did you receive? | Click here to enter text. | Click here to enter text. |
| **Human Rights and Social Justice Issues discussed**  What areas were identified and discussed related to practice with clients, the agency or community? | Click here to enter text. | Click here to enter text. |
| **Feedback from Supervisor (must complete)** | | |
| **Areas of growth or improvement identified (document at least 1)** | Click here to enter text. | Click here to enter text. |
| **Strengths identified (document at least 1)** | Click here to enter text. | Click here to enter text. |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field Instructor Signature**