

Monthly Supervision Documentation
(MAKE A COPY)

Staff Name: _____

Date: _____

Comments:	Supervisory Activities	
	<input type="checkbox"/>	OBSERVATION OF WORK PERFORMANCE OCCURRED DURING THIS QUARTER
	<input type="checkbox"/>	REVIEW OF DOCUMENTATION/TIME RECORDS/BILLING THIS QUARTER
	<input type="checkbox"/>	IN-PERSON SUPERVISION MEETING OR STAFF TEAM MEETING
	<input type="checkbox"/>	ANNUAL STAFF EDUCATION & GROWTH GOAL: (NEW HIRE OR IN PREPARATION FOR ANNUAL PLAN)
	<input type="checkbox"/>	OTHER:

Staff Signature: _____ Date: _____

EOR Signature: _____ Date: _____