**REFLECTIVE PRACTICE SUPERVISION**

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| **Staff Name:** | |  | | | **Role:** |  |
| **Supervisor / Manager:** | |  | | | **Date:** |  |
| **Area of reflection** (training course, specific practice etc.) | |  | | | | |
| **Has the staff member recently completed training in this area:** | | | **YES / NO** | | **Date:** |  |
| **Course Title or Local / On The Job Training:** | | |  | | | |
| **Staff comments / feedback on the training, what did they learn?** | | | | | | |
| **How will the staff member incorporate their learning/knowledge (either from recent or previous training or experience in their role) into their practice moving forward? What will they do differently? What will they consider?** | | | | | | |
| **Does the staff member feel they need further training or support in this area?** | | | | | | |
| **Focusing on one or two service users please discuss specific practice or support requirements in relation to the recent training or area being reflected on, discussing specific examples in relation to each service user:** | | | | | | |
| **Manager’s observations and feedback in relation to the staff member and the area being reflected on:** | | | | | | |
| **Further / General discussion:** | | | | | | |
| **Signed by Manager:** |  | | | **Signed by Staff:** | |  |