

## St. Clair County Community Mental Health Administrative Supervision Summary

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Length of Supervision:  15 Minutes  30 Minutes  45 Minutes  60 Minutes  Other: \_\_\_\_\_

Topics Covered	
<input type="checkbox"/> Attendance/Punctuality	<input type="checkbox"/> Job Performance Accuracy/Efficiency
<input type="checkbox"/> Respect for Individuals	<input type="checkbox"/> Effectiveness
<input type="checkbox"/> Accountability	<input type="checkbox"/> Judgement/Discretion
<input type="checkbox"/> Continuous Improvement	<input type="checkbox"/> Initiative
<input type="checkbox"/> Communication	<input type="checkbox"/> Job Attitude
<input type="checkbox"/> Teamwork	<input type="checkbox"/> Adaptability
<input type="checkbox"/> Job Knowledge/Skill	<input type="checkbox"/> Follows Policies

**Summary of Session:**

Next Meeting: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date