**Supervision Record**

|  |  |
| --- | --- |
| Name |  |
| Job Role |  |
| Additional responsibilities |  |

Information from the last Supervision and any Professional Discussions held since the last Supervision.

|  |  |  |
| --- | --- | --- |
| Actions |  | AchievedYES/NO\* |
| Recommendations |  | Achieved YES/NO\* |

**EYFS SECTION 1 & 2**

**Observation, Assessment and Planning – Is this working well?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Areas of Learning – Are you confident in providing these?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Characteristic of Effective Teaching and Learning – How do you ensure your children have the opportunity to use the characteristic of effective teaching and learning?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Curriculum – Do you have good subject knowledge of how you work together with the child to help them achieve in all the areas of learning? Are there any areas of learning you find difficult to supply?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Key Children – Tell me about your key children, where are they and what are you doing to support them?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Child Protection – Anything to discuss about ongoing child protection cases?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**EYFS SECTION 3**

**Safeguarding** is the policies and practices that team members employ to keep **children** safe and promote their well-being. **Child Protection** is a term used to describe the activity that is undertaken to **protect** specific **children** who are suffering or likely to suffer significant harm.

**Child Protection – What does this mean for you?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Safeguarding – How do you safeguard all children?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Ratio – Can you tell me about the ratio’s you adhere to?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Food and Drink – How do you ensure children have suitable meals and snacks?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Medicines – What is our policy on this?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Accidents and Injuries – What is our policy on this and have there been any accidents or injuries you can learn from?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Understanding and Supporting Children’s Behaviour – Any issues?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Dynamic risk assessment** is: “The continuous process of identifying hazards, **assessing risk**, taking action to eliminate or reduce **risk**, monitoring and reviewing, in the rapidly changing circumstances of an operational incident.

**Environment/Risk Assessments – How do you ensure the environment is always ‘suitable’? Are you familiar with these? Do you ‘dynamically’ risk assess the area? What do you do if you feel something is unsafe?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Equipment/Resources – Any issues?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Health and Safety – Any issues?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**PREVENT/British Values – How do you support children with the fundamental British Values?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Equalities and Diversity – Any issues to report?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Child records – What child records are you expect to keep up to date?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Concerns and Complaints– Anything you need to share or that affects you?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Public Interest Disclosure – Are you concerned about any member of staff? If you were, what would you do?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**PERSONAL EFFECTIVENESS**

**Wellbeing** is “the state of being comfortable, healthy, or happy.”

**Working within the Team/Wellbeing and Involvement – Do you feel supported and part of the team? Is there anything you feel that could be done to improve team working? Is there anyone that makes your life difficult at work? Are you happy in your work? Do you feel that you get involved in the running of your room and making suggestions about things that may help the overall running of the setting/business?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Role Model – Do you feel that you are a good role model and is there anything you feel other team members could do to improve their role modelling?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Record Keeping – Are you up to date with Tapestry and report writing? Have you carried out any Two Year Old Checks?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Policies and Procedures – Are you up to date with reading the Policies and Procedures? Do you find the quizzes helpful to keep abreast of content?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Contribution to the Setting – Do you feel that you contribute to the setting and can you give any examples of contributions you have made?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**What’s gone well?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**What’s not gone well?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**What can Fizzy Fish do to help you?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**TRAINING and DEVLOPMENT**

**Training completed – Have you completed any qualifications or attended a training course?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Room Observation feedback – If you have had an observation since your last meeting, what do you feel about the feedback given?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Mentoring/Coaching – Have you received or given any mentoring and/or coaching?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Studying – If you are studying, how is this going and are there any problems which Fizzy Fish might be able to help with?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**PERSONAL**

**Health – Do you have any health issues that you haven’t previously told us about?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Work**-**life balance** refers to the level of prioritisation between personal and professional activities in an individual's **life** and the level to which activities related to their **job** are present in the home.

**Work life balance – Do you have any problems with your work life balance?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Issues at work – Are there any issues at work that are affecting your personal or your work performance?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Medical changes – Is there any thing new or changes to your current medication that we need to be aware of?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Wellbeing – Is there anything that affects your wellbeing at work or in your home life that you need to make us aware of?**

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**ADMIN**(To be completed prior to the meeting)

**Annual Leave**

You currently have \_\_\_\_\_\_ hours left for this calendar year. This figure is the number of hours after the any booked leave and bank holidays.

**Sick Leave**

You currently had \_\_\_\_\_\_ days over \_\_\_\_\_\_ periods of sickness this calendar year.

This is acceptable/not acceptable\*. Delete as appropriate.

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Time Keeping**

This is acceptable/not acceptable\*. Delete as appropriate.

|  |  |
| --- | --- |
| Discussion notes | **Action/Recommendation** |
|  |  |

**Cycle of Supervision and Appraisal**

Your future Supervisions will be termly/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*. Circle or enter a time period.

**Do you have any convictions, cautions, court orders, reprimands or warning that may affect your suitability to work with children? YES/NO\***

|  |  |
| --- | --- |
| Discussion notes | **Action** |
|  |  |

|  |  |
| --- | --- |
| Employee’s signature |  |
| Date |  |

|  |  |
| --- | --- |
| Line Manager’s name |  |
| Line Manager’s signature |  |
| Date |  |

|  |  |
| --- | --- |
| Director’s name |  |
| Director’ssignature |  |
| Date |  |