**Clinical Supervision Plan**

This form must be completed on the date of hire, annually there after

**Staff:** **Date:**

1. **Position(s) and/or service(s) related to this plan:**

1. **Employee Strengths:**

1. **Objectives for Employee Performance Excellence:**

1. **Tools Needed for Employee to Meet Objectives (training, education, etc.):**

1. **Expected Outcomes:**

1. **Methods of Supervision:** There must be at least one (1) hour of documented supervision monthly. This supervision can be provided individually, in a group, or through direct observation of staff performing job duties.

**Clinical Supervisor Supervisor/Date:**

**Employee Signature/Date:**

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| **This forms meets these standards** |
| Authority: 10A NCAC 27G .0104, .0203, .0204 |