Connections Case Management, LLC Monthly 1:1 Supervision Support

Supervision should occur monthly, at minimum, and more if deemed necessary. This form will be used to provide ongoing training and coaching with team members to improve job performance and knowledge of resources. The form requires signatures from the supervisor as well as staff member indicating that the meeting occurred and that the topics and actions were discussed between the parties. The subject areas are not meant to be all-inclusive but used as a guideline for areas and topics that are essential to providing quality case management.

**Employee Name:**

**Personal Assets/Strengths**

Professional attributes others admire about me:

Professional skills I display consistently:

**Professional Development Towards Annual Goals/Success Stories (Team Building/Support)**

**Caseload**

**Transitions:**

**Intakes:**

**MA Issues:**

**CIC Issues:**

**Caseload Discussion:**

**Resources** (Internal and External)

**Approved Training:**

**Technology Needs/Suggestions:**

**Mini-Training Topic Suggestions:**

**Community Resources:**

**Quality Measures** (Documentation/File Review)

**Case Note:**

**Monitoring Checklist:**

**PCISP:**

**LifeCourse/PCP Tool:**

**Document Library:**

**Timeline Measures (Monthly QA)**

**Monitoring Checklists:**

**LOCSIs:**

**Case Notes:**

**PCISPs/Annuals:**

**CRRs:**

**Meeting DTLs:**

**Unannounced Visits:**

Staff Signature/Date:

Supervisor Signature/Date: