

Date		Time	
Reason for Discussion or Visit			
Means: Telephone, Office Visit / Location			

1. What Items would you like to discuss today?

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2. Are there any issues outstanding from any previous support discussions?

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3. How are you handling your workload? Are you up to date with your routine activities? Y or N

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4. What are your short-term goals? (i.e. week, month)

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5. Are there any additional supports or resources you require to manage these tasks?

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6. Are there any areas of your role or your current identified tasks which you are not clear about?

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7. Are there any workload or workplace items causing you concern at this time?

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8. Do you have any plans already in place at this time to address this/these?

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9. What can I as your supervisor do to assist you in reducing this/these issues?

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10. Do you have any future training needs?

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Follow Up – Action Items	Timeline	Date of Completion

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Supervisor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Copy requested Y or N   Copy provided Y or N**