**Signs of…\***

**Group Supervision Template**

**\*Safety / Wellbeing / Success**





**DATE OF SESSION:**

**ATTENDEES & ROLES**

|  |  |  |
| --- | --- | --- |
| **Role** | **Name** | **Job Title** |
| Case Holder |  |  |
| Facilitator |  |  |
| Advisor |  |  |
| Observer Participants |  |  |

**SUMMARY OF THE CRITIAL ISSUES / REASONS FOR INVOLVEMENT WITH FAMILY:**

|  |
| --- |
|  |

**WHAT’S WORKING WELL – QUESTIONS I WANT TO ASK FOLLOWING THIS SESSION:**

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| --- |
|  |

**WHAT ARE WE WORRIED ABOUT – QUESTIONS I WANT TO ASK FOLLOWING THIS SESSION:**

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| --- |
|  |

 **EXAMPLE DANGER / WORRY STATEMENTS FROM THE SESSION:**

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| --- |
|  |

**EXAMPLE SAFETY / WELLBEING / SUCCESS GOALS FROM THE SESSION:**

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| --- |
|  |

**EXAMPLE SCALING QUESTIONS FROM THE SESSION:**

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|  |

**ANY OTHER NEXT STEPS / REFLECTIONS FROM THE SESSION:**

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|  |