**Name:**

Planning Sheet for:-

(Nature of intervention e.g. core assessment/review/direct observation)

**Date**

**Service User**

**(Initials only please)**

Reason for Intervention

|  |
| --- |
|  |
| Summary of service user and circumstances |
|  |
| I  Initial Planning & thinking |
|  |

Legislation and Policies

|  |
| --- |
|  |
| Theories |
|  |
| Models and Methods |
|  |

Skills

|  |
| --- |
|  |

Values/Ethical issues

|  |
| --- |
|  |

Anti oppressive practice

|  |
| --- |
|  |

Anti-discriminatory

|  |
| --- |
|  |
| Agency Paperwork Required |
|  |

Any Special Considerations

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| --- |
|  |

References

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| --- |
|  |

*Supervisees Signature Date*

*Supervisor Signature Date*

Reflection

What went well. Including outcomes for service users?

|  |
| --- |
|  |
| What went less well? |
|  |
| In hindsight what I would have done differently and why? |
|  |

What I have learned from this experience

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| --- |
|  |

How this learning will impact upon my future practice

|  |
| --- |
|  |
| Identified Learning needs |
|  |

In what ways does the work relate to the PCF

|  |
| --- |
|  |

Supervisee Signature Date

Supervisor Signature Date