1:1 Supervision Form - TA/Ctr.A/Perm Sub

Team Member:		**Date:**	
Supervisor:		**Time:**	

General Check-In:

- **How are you doing?**
- **What are you excited about?**
- **What is challenging?**

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- **Schedule- Time Clock/AOD**
- **PTO- Balance Check**
- **Needs- Training**
- **Classroom Review- Planning and Prep/ Roles and Responsibility**
- **Recruitment Hours- Have you signed up? How many hours do you have?**
- **Training Hours- How many?**
- **Questions/Feedback?**
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by signing below you are stating your supervision occured on the date below

Team Member Signature: _____**Date**_____

Supervisor Signature: _____ **Date**_____

Site Supervisor Reviewed: _____ **Date**_____