

Implementing Reflective Supervision – Program Plan

Reflective Supervision will be:

- Individual
- Group
- Both

Participating staff:

_____	_____
_____	_____
_____	_____

Days / times (includes duration):

M _____ Tu _____ W _____ Th _____ F _____

Frequency:

- Weekly
- Bi-weekly
- Monthly

Potential barriers to implementation (ex. buy-in, protected time, organization support, etc):

How I intend to mitigate those barriers:
