2022-2023

Agent Longname

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| **Harcourts Agent Supervision Plan** |  |

This template should be used with reference to ‘**REINZ Information Sheet Supervision**’,

Who needs to complete this form?

The supervisor and the salesperson under supervision (“supervisee”) need to prepare and implement a supervised practice plan (based on this template) for situations where supervision is required pursuant to section 50 of the Real Estate Agents Act 2008 and the REAA Professional Standard for Supervision (1 July 2017), and in accordance with rules 5.1 and 5.2 of the Real Estate Agents Act Code of Professional Conduct and Client Care.

Associated documents to be read prior to completing:

* the REAA Professional Standard for Supervision (1 July 2017)
* Harcourts’ Policy and Procedure Manual.

What to consider in developing a supervised practice plan:

In completing the supervised practice plan, the individual circumstances of the supervisee should be taken into account, including the purpose of supervision, the supervisee’s qualifications, experience, and capabilities and the demands of the proposed position/location.

The REAA Professional Standard for Supervision (1 July 2017) lists some key factors that should be taken into consideration when developing a supervised practice plan and the levels of supervision that are appropriate depending on the experience and competence of the supervisee.

The supervised practice plan will list the frequency of reporting, the content and supporting evidence of progress required in each report, and the format of the report.

The supervisor can modify the supervised practice plan during the period of supervision.

Who should the supervisee contact?

The Designated Supervisor or Alternative supervisor in urgent situations.

**Supervised practice plan**

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| --- |
| Employer Name: Team Group Reality Limited |
| Trading Name: |
| Location(s) where supervised practice is proposed: |
| Supervision Plan commencement date: |
| Review Date: |

Supervisee

|  |  |
| --- | --- |
| Full name of supervisee: |  |
| REAA Licence number: |  |

Line Manager Contact number

|  |  |  |
| --- | --- | --- |
| Name of Line manager (Designated Manager): |  |  |

Supervisors Contact number

|  |  |  |
| --- | --- | --- |
| Name of Supervisor 1 (Alternative Supervisor): |  |  |
| Name of Supervisor 3 (Alternative Supervisor): |  |  |

(to be contacted in urgent situations when Line manager isn’t available or when Direct Supervisor on Leave)

**Purpose of supervision**

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| * To monitor and ensure the Supervisee’s work is being performed competently, and in compliance with legislation and the Agency’s standards * To provide support for the Supervisee in their role, and encourage reflective practice and ongoing professional development |

**Supervisee’s current experience and skills**

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| *Enter any relevant factors that can affect the level and extent of supervision required for the Supervisee. Remember that supervision must be ‘actual, active and tailored to the circumstances’.* |

**Supervisee’s goals**

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| *Specify the goals that the Supervisee hopes to achieve with the Supervisor’s support. Goals should be specific, measurable, and realistic.* |

**Supervisee’s responsibilities**

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| * Identify and monitor learning goals * Attend the Agency’s in-house training sessions and comply with compulsory educational requirements to stay licensed * Stay informed of legislative updates, industry guidance and resources, and new cases informing best practice * Proactively seek guidance, raise issues, or initiate more regular supervision sessions, when dealing with a difficult or complex transaction   *Specify any other responsibilities that the Supervisee has:* |

**Supervisor’s responsibilities**

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| * Maintain an active involvement in the Supervisee’s listings and transactions by being available, scheduling regular supervision sessions, and asking questions to draw out any potential issues in the Supervisee’s work * Stay informed of legislative updates, industry guidance and resources, and new cases informing best practice * Monthly random checks of open homes and documents that the Supervisee prepares, and retaining records of such checks * Retain written records confirming supervision sessions, and any compliance-related matters discussed with the Supervisee   *Specify any other responsibilities that the Supervisor has:* |

**Line Manager’s responsibilities**

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| * Support the Supervisee and Supervisor to prioritize participation in supervision * Ensure all licensees have a current license and meet their continuing education requirements * Support review of the supervision arrangement as necessary   *Specify any other responsibilities that the Line Manager has:* |

**Other relevant considerations**

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| *Insert any additional considerations relevant to the supervision relationship, that have not been covered above:* |

Section 1 – Supervision arrangements

|  |  |  |
| --- | --- | --- |
| Position: | Real Estate Salesperson | |
| Type of Supervision to be undertaken (circle applicable types) | **Type 2** | |
| Proposed reporting frequency | Monthly | |
| Location(s) where supervised practice is proposed: |  | |
| Supervision commencement date: |  | |
| ***Nominate*** proposed commencement level of supervision and expected progressions, based on Harcourts supervision guide in appendix: | | |
| **SUPERVISION LEVEL** | | **Proposed reporting frequency** |
| **Level 1**: New Licensee, with less than 6 months experience | | Weekly |
| **Level 2**: Inexperienced Licensee requiring greater level of experience and skill / Returning to real estate after an absence of greater than three years / Condition or undertaking requiring supervision from a performance or conduct matter | | Monthly |
| **Level 3**: Experienced Licensee requiring greater level of experience and skill / Significant change to nature of role | | Monthly |
| **Level 4**: Experienced Licensee with strong competence and skill | | Quarterly |
| ***Describe*** how supervision is to be provided:   * 1:1 Sessions at the frequency above * Supervision of licensee work as per the REINZ level system in appendix – Level 1-4 * Team Training - Monthly * Office Team Meeting – Weekly * Quarterly/Half Yearly/Yearly Review of Supervision Plan | | |

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| **Frequency, duration, time of supervision sessions** | Frequency: Monthly |
| Duration: 1 Hour |
| Time/day: |
| Location: |

Postponement and Non-Attendance: If the appointment cannot be kept by either the Supervisor or the Supervisee, then each agrees to notify the other in a timely manner and reschedule another session at the time of postponement.

Non-attendance without notice by the Supervisee will be reported to the Agency’s senior management.

Section 2 – Capabilities and issues for Level 1-2

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| --- | --- | --- | --- |
| **Skill Requirement** | **Level of competency**  **(circle one and strike others)** | **Action(s) to Address Issue** | **Review Date** |
| Demonstrate an understanding of a sale and purchase agreement | Excellent/ Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Draft a sale and purchase agreement | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Conduct an Open Home | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Interpret and demonstrate basic knowledge of a Title | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Interpret and demonstrate knowledge of a LIM Report (e.g. Code Compliance Certificate, resource consents) | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Prepare an Appraisal | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Draft and demonstrate knowledge of an Agency Agreement | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Demonstrate an understanding of REAA Code of Professional Conduct and Client Care | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |

Section 2 – Capabilities and issues for Level 3-4

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| --- | --- | --- | --- |
| **Skill Requirement** | **Level of competency**  **(circle one and strike others)** | **Action(s) to address Issue** | **Review Date** |
| Draft and demonstrate an advanced understanding of Sale and Purchase Agreement with additional specialist clauses | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Demonstrate an in-depth Understanding Title, Lease Instruments, Covenants, Easements, Unit Titles Act, additional Acts that apply to titles | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Demonstrate an in-depth understanding of LIM Report and Council district plan | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Prepare an Appraisal for specialist property and/or without comparable sales | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Demonstrate an advanced understanding of Agency Agreement including disclosures (e.g. weathertightness, Methamphetamine, Land Defects) | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Demonstrate an advanced understanding the REAA Code of Professional Conduct and Client Care | Excellent / Competent / Further Training Required |  | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Excellent / Competent / Further Training Required | \_\_\_\_/\_\_\_\_/\_\_\_\_ |

**Further Learning Gaps / Issues to be addressed during supervision (e.g. related to supervision requirements, identified weaknesses, areas for development):**

| Issue | Actions to address issue | Review date |
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**Additional requirements/documents:**

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Section 4 – Declaration

**I have completed this supervised practice plan in consultation with the supervisee and in my professional opinion consider the goals and planned activities to be appropriate to the identified needs.**

Signature of supervisor:

Date:

Name of supervisor:

**I have read, understand and agree to all the goals and planned activities included in this supervised practice plan.**

Signature of supervisee:

Date:

Name of supervisee:

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

|  |  |  |  |
| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | April |

|  |
| --- |
| PRIORITIES:  What are the most important things we can work through today? |
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|  |  |  |  |
| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
|  | | | |
| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

|  |
| --- |
|  |

ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

|  |  |
| --- | --- |
|  | |
| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

|  |  |  |  |
| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | May |

|  |
| --- |
| PRIORITIES:  What are the most important things we can work through today? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
|  | | | |
| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

|  |
| --- |
|  |

ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

|  |  |
| --- | --- |
|  | |
| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

|  |  |  |  |
| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | June |

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| --- |
| PRIORITIES:  What are the most important things we can work through today? |
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|  |  |  |  |
| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
|  | | | |
| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

|  |
| --- |
|  |

ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

|  |  |
| --- | --- |
|  | |
| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

|  |  |  |  |
| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | July |

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| PRIORITIES:  What are the most important things we can work through today? |
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| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
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| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
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| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
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| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

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ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

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| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

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| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | August |

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| --- |
| PRIORITIES:  What are the most important things we can work through today? |
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| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
|  | | |  |
|  | | |  |
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| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
|  | | | |
| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

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ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

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| --- | --- |
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| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

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| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | September |

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| --- |
| PRIORITIES:  What are the most important things we can work through today? |
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| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
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| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
|  | | | |
| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

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ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

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| --- | --- |
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| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

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| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | October |

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| --- |
| PRIORITIES:  What are the most important things we can work through today? |
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| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
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| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
|  | | |  |
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| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
|  | | | |
| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

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ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

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| --- | --- |
|  | |
| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

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| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | November |

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| --- |
| PRIORITIES:  What are the most important things we can work through today? |
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| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
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| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
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| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
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| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

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ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

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| --- | --- |
|  | |
| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

|  |  |  |  |
| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | December |

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| --- |
| PRIORITIES:  What are the most important things we can work through today? |
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| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
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| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
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| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
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| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

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ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

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| --- | --- |
|  | |
| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

|  |  |  |  |
| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | Janaury |

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| --- |
| PRIORITIES:  What are the most important things we can work through today? |
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|  |  |  |  |
| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
|  | | | |
| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

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ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

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| --- | --- |
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| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

|  |  |  |  |
| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | February |

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| --- |
| PRIORITIES:  What are the most important things we can work through today? |
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| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
|  | | |  |
|  | | |  |
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|  | | |  |
|  | | |  |
| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
|  | | | |
| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

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ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

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| --- | --- |
|  | |
| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

One-on-One Review.

Please take some time to reflect on the review period being evaluated and complete the following questions. Your input will be used to help develop your one-on-one review and to set goals for the upcoming review period.

|  |  |  |  |
| --- | --- | --- | --- |
| TEAM MEMBER |  | SUPERVISOR |  |
| FREQUENCY | Monthly | SALES MANAGER |  |
| DATE |  | REVIEW PERIOD | March |

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| --- |
| PRIORITIES:  What are the most important things we can work through today? |
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| --- | --- | --- | --- |
| TOP 3 ACTIVITES | | UPDATE (COMMENTS) | |
| *Determine top 3 based on timing, importance and potential roadblocks* | | *Is this project on target? Do you need to review your approach or objectives? Is anything getting in the way?* | |
| ACTIVITY #1 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #2 | | UPDATE (COMMENTS) | |
|  | |  | |
| ACTIVITY #3 | | UPDATE (COMMENTS) | |
|  | |  | |
| |  | | --- | | SUPERVISION PLAN  Items for discussion from your Supervised Practice Plan: | |  |   List individual’s agreed KPIs and review by discussion - are these on track? | | | |
| KPI | | | COMMENT |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| ACHIEVEMENTS:  List any key achievements you feel you have made during this period. | | | |
|  | | | |
| SUPERVISEE GOALS:  Are there any items outside of the Supervised Practice Plan that require discussion or any other goals you as the Supervisee may want to set for yourself for the next period with the Supervisors support?  Goals should be specific, measurable, and realistic. | | | |
| *Do any of the following need to be considered? Record Keeping, Dealing with Clients, Marketing Activities, Written Communications,* ***Real Estate Knowledge, Professional Responsibilities?*** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **ORGANISATION/TIME MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **PROSPECTING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **NEGOTIATION SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **LISTING SKILLS**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Current Skill Analysis | | | | | | | | | | | **SELLING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **MARKETING**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **FINANCIAL MANAGEMENT**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | | | **ADMINSTRATION**  NO SKILL TOTAL PROFICIENCY | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | What change/s would you like to see made to get this to a 10? | | | | | | | | | |   PROFESSIONAL DEVELOPMENT: | | | |
| *ACHIEVEMENT: Progress on Supervised Practice Plan over the last period* | | | |
| *NEXT STEPS: Planned focus on Supervised Practice Plan for the next period (consider score from knowledge questions)* | | | |

ANY OTHER COMMENTS/DISCUSSION POINTS:

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|  |

ACTIONS CARRIED FORWARD TO NEXT ONE ON ONE:

|  |  |
| --- | --- |
|  | |
| SUPERVISEE SIGNATURE AND DATE: |  |
| SUPERVISOR SIGNATURE AND DATE: |  |

**Supervisor Communication Log**

| **Date raised or identified** | **Nature and cause of the issue** | **Proposed measures to remedy the situation** | **Outcomes/Actions** | **Follow-up Date & Comms with the Licensee** |
| --- | --- | --- | --- | --- |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |

**Supervisor Communication Log**

| **Date raised or identified** | **Nature and cause of the issue** | **Proposed measures to remedy the situation** | **Outcomes/Actions** | **Follow-up Date & Comms with the Licensee** |
| --- | --- | --- | --- | --- |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |

**Supervisor Communication Log**

| **Date raised or identified** | **Nature and cause of the issue** | **Proposed measures to remedy the situation** | **Outcomes/Actions** | **Follow-up Date & Comms with the Licensee** |
| --- | --- | --- | --- | --- |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |

**Supervisor Communication Log**

| **Date raised or identified** | **Nature and cause of the issue** | **Proposed measures to remedy the situation** | **Outcomes/Actions** | **Follow-up Date & Comms with the Licensee** |
| --- | --- | --- | --- | --- |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |

**Supervisor Communication Log**

| **Date raised or identified** | **Nature and cause of the issue** | **Proposed measures to remedy the situation** | **Outcomes/Actions** | **Follow-up Date & Comms with the Licensee** |
| --- | --- | --- | --- | --- |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |

**Supervisor Communication Log**

| **Date raised or identified** | **Nature and cause of the issue** | **Proposed measures to remedy the situation** | **Outcomes/Actions** | **Follow-up Date & Comms with the Licensee** |
| --- | --- | --- | --- | --- |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |

**Supervisor Communication Log**

| **Date raised or identified** | **Nature and cause of the issue** | **Proposed measures to remedy the situation** | **Outcomes/Actions** | **Follow-up Date & Comms with the Licensee** |
| --- | --- | --- | --- | --- |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |
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|  |  |  |  | \_\_\_\_/\_\_\_\_/\_\_\_\_  Face to Face  Phone  Email  Letter  Skype or similar technology |

**Notes:**

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