

Highland Rim Head Start

Staff Counseling Form

Staff Member: _____

Supervisor(s): _____

Date: _____

Issues to be discussed:

1 _____

2 _____

3 _____

Issue # 1 _____

Issue # 2 _____

Issue # 3 _____

Comments:

Goals to be set:

1 _____

2 _____

3 _____

Staff Signature

Date

Supervisor Signature

Date

Supervisor Signature

Date

Follow Up Needed? ___YES ___NO

Follow Up Date: _____

Follow up Results:

Staff Signature

Date

Supervisor Signature

Date

Supervisor Signature

Date