

MONTHLY SUPERVISOR CHECK-IN FORM



Employee Name:

Supervisor Name:

Check-In Date:

WORK PROGRESS

What tasks or projects have you completed this month?

What tasks or projects are still in progress?

What are your goals for the upcoming month?

CHALLENGES AND SUPPORT

What challenges or obstacles have you faced this month?

What support or resources do you need to overcome these challenges?

PROFESSIONAL DEVELOPMENT

Have you had any opportunities for professional growth this month? (Training, learning new skills, etc.)

Is there anything you would like to focus on for your professional development?

ADDITIONAL COMMENTS

Is there anything else you would like to discuss or that you need from me?

SUPERVISOR COMMENTS AND NEXT STEPS

Supervisor feedback

Next Steps