

Supervisory Home Visit Templates

• HOME HEALTH AIDS • HOMEMAKERS • PERSONAL CARE ATTENDANTS • COMPANIONS • NURSING ASSISTANTS •

SUPERVISORY VISIT

Visit Date: _____

Print and submit to: ☐ Home Health Aid ☐ Homemaker ☐ Other _____

Client Name: _____

Name of Employee: _____ Date of Hire: _____

The supervisor was present in the home at the time of this supervisory visit. ☐ Yes ☐ No

Evaluation ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not Applicable

Bathing _____	Meal preparation _____	Exercise _____
Clothing _____	Housekeeping _____	Transportation _____
Showering _____	Laundry _____	Visit logs _____
Personal _____	Emergency/Shopping _____	Customer care _____
Medication _____	Assistance _____	Appointments _____
Skincare _____	Personal care _____	Safety _____

Client lives with: ☐ Alone ☐ with family, not family's _____

☐ Unavailable ☐ Unable to provide care ☐ Needing assistance

Functional limitations: _____

Check and/or if family are: ☐ pleased ☐ displeased with services of the employee.

Additional comments, if offered: _____

Answer the following questions regarding your ability to follow instructions

I follow the plan of care and assignment as written.	☐ Yes ☐ No ☐ N/A
Washes hands before and after care.	☐ Yes ☐ No ☐ N/A
Assigning documents are completed.	☐ Yes ☐ No ☐ N/A
Health status of patients is documented.	☐ Yes ☐ No ☐ N/A
Documentation is complete and legible.	☐ Yes ☐ No ☐ N/A
Documentation is scheduled.	☐ Yes ☐ No ☐ N/A
_____	☐ Yes ☐ No ☐ N/A

2
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PAGES

Supervisor ☐ Client ☐ Family member ☐

SUPERVISORY VISIT

Visit Date: _____

Supervisor Name: _____ Visit Date: _____

Name of Supervisor: _____ Date of Hire: _____

Area of Improvement ☐ If it is not identified, skip to next section.

List an area of improvement and a minimum of two actionable steps that can be taken to address the improvement(s) noted.

Area of improvement: _____

1. _____

2. _____

3. _____

Developmental Goals

In the space provided below please list three goals and/or areas for improvement. Please be sure to follow the SMART (Specific, Measurable, Achievable, Realistic, and Timely) formula when stating the goals.

1. _____

2. _____

3. _____

Employee Comments: _____

Next supervisory visit schedule: ☐ 3 months ☐ 6 months ☐ Annually ☐ Other _____

Employee Signature: _____ Date: _____

Supervisor's Signature / Title: _____ Date: _____

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