Staff Feedback Form

The purpose of this form is to help you organize your thoughts in providing feedback to staff while adhering to suggested strategies. This side of the form is not to be shared with staff. The other side is to be shared and given to staff.

_________________________  ______________________  __________
Staff Name                 Supervisor Name            Date

1. “Thank you for your efforts”

2. Ask about interaction with individual before offering feedback:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Areas to praise (use Core Competencies, Code of Ethics and Empowerment Strategies):
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Ask about problems or concerns:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. Areas that require developmental feedback (use Core Competencies, Code of Ethics and Empowerment Strategies):
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Over →
The STAR/WAR document is to be shared with staff at supervision. The bottom part, as instructed, should be filled out together so staff can follow-up on suggestions.

_________________________  _____________________  __________
Staff Name                  Supervisor Name             Date

Section 1 (completed by Supervisor prior to supervision):

ST (Situation or Task being reviewed) -
________________________________________________________

A (Action taken by staff) -
________________________________________________________

R (Results on individual) -
________________________________________________________

Section 2 (completed by Supervisor and DSP together during supervision):

WA (What Alternative Action will be taken by staff) -
________________________________________________________

R (Result on individual) -
________________________________________________________

THANK YOU!

Give staff copy of STAR/WAR form after supervision