1. Your Name:
2. Facilitator(s) Name(s):
3. Date of Joint Agency Group Supervision:
4. Scaling Questions: How are you feeling about the case?

*Start of joint Supervision:*

*0 = very anxious 10 = confident/positive*

*Please circle*

*1 2 3 4 5 6 7 8 9 10*

*End of joint supervision:*

*0 = very anxious 10 = confident/positive*

*Please circle*

*1 2 3 4 5 6 7 8 9 10*

1. What was the best thing about having Joint Supervision today?
2. What learning points have you taken away? Please include learning themes summarised by facilitators. NB You will need to make a note of these learning themes in any records you hold on the child.
3. What difference did/will your involvement with JAGs make in terms of the child or young person’s experience of services. Please describe impact and outcomes achieved/sought?
4. Any feedback or learning points you would like to give the facilitators?