

REFLECTIVE PRACTICE TEMPLATE

Employee Name:		Person conducting Reflective Practice:		Date:	Click or tap to enter a date.
How did the Reflective Practice take place: Choose an item. Time started: Time completed:					
About the employee	How long has the employee been employed through Edmen? •				
	What (if any) has been the employees previous Youth Work experience been? •				
	What formal Education or qualifications does the employee have? •				
	Has the employee had any previous workplace training or education in Behavior Management? Yes <input type="checkbox"/> No <input type="checkbox"/> •				
	Has the employee had any previous supervision sessions before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, last supervision was on Click or tap to enter a date.				
Situation/Incident	Date the incident occurred Click or tap to enter a date.				
	Describe the incident that took place? •				
	What was the initial support provided to the employee during and immediately after the incident? •				

REFLECTIVE PRACTICE TEMPLATE

Complaint from contractor (This section only to be completed for complaints)	<p>NA <input type="checkbox"/></p> <p>What are the identified practice concerns from the contractor about the employee?</p> <ul style="list-style-type: none"> • <p>What was the employee's version of events?</p> <ul style="list-style-type: none"> •
Wellbeing	<p>How has the employee been focusing on their wellbeing and self-care since the incident?</p> <ul style="list-style-type: none"> •
Reflective Practice	<p>With the incident that occurred, does the employee feel they could have done anything better or differently?</p> <ul style="list-style-type: none"> • <p>If the employee had to face the same or similar situation again, what does the employee think they would do better or differently?</p> <ul style="list-style-type: none"> • <p>Any suggested strategies provided to the employee for future consideration or actions?</p> <ul style="list-style-type: none"> • <p>Are there any training recommendations for the Service coordinator/Service Delivery Manager to consider?</p> <ul style="list-style-type: none"> •
Support	<p>Has the employee self-excluded from the placement?</p> <ul style="list-style-type: none"> • <p>Does the employee feel safe to return to the placement?</p> <ul style="list-style-type: none"> •

REFLECTIVE PRACTICE TEMPLATE

	<p>Does the employee wish to take some time away from placement?</p> <ul style="list-style-type: none"> • <p>Other</p> <ul style="list-style-type: none"> •
Follow up	<p>Does the Employee or person conducting this session feel additional support is needed?</p> <p>If so, what support is needed?</p> <p>EAP Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Wellness check-up Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Telephone call Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Additional supervision session Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, has this been booked in Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Click or tap to enter a date. Time:</p>
Admin	<p>Save completed template to Files under the Related Tab in Share Point <input type="checkbox"/> completed.</p> <p>Save completed template to Employees Supervision Folder in SharePoint <input type="checkbox"/> completed.</p> <p>Send completed template back through the initial email correspondence <input type="checkbox"/> completed.</p>

REFLECTIVE PRACTICE ACTION/FOLLOW UP RECORD

Item	Action/Follow Up	By Whom	Date