



**Template: Worker - Supervisor Meeting**

|                     |  |              |  |
|---------------------|--|--------------|--|
| <b>Team Member:</b> |  | <b>Date:</b> |  |
| <b>Team Leader:</b> |  | <b>Date:</b> |  |

Please provide brief, thoughtful answers to each of the following discussion points.

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| <b>1. In the Know:</b> Share important information that you believe needs to be known: |
| <br><br><br><br><br><br><br><br><br><br>   |
| <b>2. Barriers:</b> What Challenges have you faced this week?                          |
| <br><br><br><br><br><br><br><br><br><br>   |
| <b>3. Celebration:</b> What is something you feel proud of this week?                  |
| <br><br><br><br><br><br><br><br><br><br>   |

|  |                       |   |                               |
|--|-----------------------|---|-------------------------------|
| <b>4. Holistic Pulse Check</b>   |                       |   |                               |
| <b>4.1. Stress Level:</b> How would you rate your level of stress all things considered? Is action required to balance? If yes (orange or red), what needs to be done?   |                       |   |                               |
| Not stressed   | Manageable            | Difficult to Manage at Times            | Too much                      |
| No Action Required   |                       | Action Needed to Balance (detail below) |                               |
|  |                       |   |                               |
| <b>4.2. Workload Level:</b> How would you assess your workload? Is action required to help balance this? If yes (orange or red), what needs to be done?  |                       |   |                               |
| Perfect  | Busy but Manageable   | Busy and Feeling it                     | Overloaded                    |
| No Action Required   |                       | Action Needed to Balance (detail below) |                               |
|  |                       |   |                               |
| <b>4.3. Psychologically Health and Safe Workplace:</b> How would you assess the impact that your internal client and external client interactions are having on your overall mental health and well-being? Is action required to help address this? If yes (orange or red), what needs to be done? |                       |   |                               |
| Interactions are great   | Interactions are good | Interactions are challenging            | Interactions are Unacceptable |
| No Action Required   |                       | Action Needed to Balance (detail below) |                               |
|  |                       |   |                               |
| <b>5. Other:</b> Is there anything else I can do to help you succeed?  |                       |   |                               |
|  |                       |   |                               |



Additional/Optional Discussion Points:

1. What is something you feel proud of this week? What job/task was most energizing?
2. What challenges have you faced this week?
3. What part of the workday/job/task do you find most stressful? Or least energized?
4. Does the way you are given instructions and/or direction cause stress or confusion? How could we resolve this?
5. The errors I have made this week are (and I need help to correct them, or I corrected them this way). How could we resolve this?
6. How do you feel about receiving negative feedback? How would you like to receive positive or negative feedback?
7. Do you experience stress about work relationships?
8. Do you feel supported and recognized at work? How would you like to be recognized?