

NDP 3
5/8/2013

MAC ANNUAL DIRECT SUPERVISION FORM



Facility Name _____ Today's Date _____

Date of Last Supervision _____

MAC Worker _____ MAS Nurse _____ RN/LPN

1= **Very Poor***

2= **Marginal**

3= **Average**

4= **Very Good**

5= **Outstanding***

Quality Monitor	Rating	Comments
1. Competency		
2. Documentation		
3. Error Reporting		
4. Identification of 7 Rights		
5. Professionalism		
6. Reliability		
7. Respect		

** A rating or "1" or "5" must be accompanied by written comments by the MAS RN/LPN*

This supervision was completed face-to-face with my MAS Nurse

MAC Worker Signature _____ DATE _____

MAS Nurse Signature _____ DATE _____