

CBD Supervision Follow-Up Action Plan

CBD Name:

Date of Supervision Visit:

Peer Supervisor Name:

| Issue/Problem | Action Needed | Resources Needed | Timeframe | Follow Up/Notes |
|---------------|---------------|------------------|-----------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CBD Supervision Follow-Up Action Plan

CBD Name:

Date of Supervision Visit:

Peer Supervisor Name:

| Issue/Problem | Action Needed | Resources Needed | Timeframe | Follow Up/Notes |
|---------------|---------------|------------------|-----------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |