



PROJECT SUPER VISION

Project SuperVISION® Follow-up Program Description

(CIRCLE ONE)	PCS	TSP	EPS	CCP	THS	PSV ACADEMY
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Your final course obligation is to complete a follow-up project based on your present position at work. The course follow-up program was described briefly in the first session and referred to by the instructor during the course. Now is the time when your follow-up program objectives need to be narrowed down and a decision made regarding which three **new ideas** should be discussed with your supervisor. **Each of the three new implementation ideas must be ideas gained from the specific subjects of this course and achievable in 90 to 120 days.** Successful completion of this work project, together with meeting the attendance requirements and passing the post test, results in successful completion of the course. You will then receive education credit and a course completion certificate. Forward a copy of all material to the Project SuperVISION® Administrator.

****Keep a Copy of ALL Materials for Your Records****

How the Follow-up Program Works

Step One - Using the topics covered in this course, you are to select **three** specific new ideas that you want to implement within your company. Clear statements of these ideas are to be written on **Form 1: Statement of Implementation Ideas**, along with other pertinent, identifying information. A copy should be given to your instructor before the Project SuperVISION® course is complete.

Step Two - You are to meet with your supervisor and, together, select only **one** idea from the three statements mentioned on Form 1 to implement as your project. This idea must be fully agreed upon between you and your supervisor. Identify the one idea selected for your project on **Form 2: Statement of Project Implementation Work Plan**. Forms 1 & 2 should be completed and sent to the Project SuperVISION® Administrator.

Step Three - Within ninety (90) days of submitting Form 2, you will need to meet with your supervisor and decide if the implementation of the project stated in Form 2 has been completed. Record the outcome of your project, then you and your supervisor will complete and sign **Form 3: Project Completion Report** and send it to Carolinas AGC Project SuperVISION® Administrator.

Once all three forms have been returned to the Project SuperVISION® Administrator, and all other conditions for the course have been met, you will receive a course completion certificate via mail.

I have read and understand all the above information:

Participant's Name (please print)

Participant's Signature

If you need more information, please contact Carolinas AGC, Project SuperVISION® Administrator
PO Box 30277, Charlotte, NC 28230 704-372-1450 704-332-5032 (fax)



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Form 1 Statement of Implementation Ideas

Instructions – Describe three (3) **new** ideas gained from this course which you want to implement in your company. With each new idea, be specific: say **what** you want to do, **why** you want to do it, **when, where, how, who** will be involved and **how much** it will cost (if needed). If you need more space attach the additional data. Forward the completed information to the Project SuperVISION® Administrator. A signed, scanned electronic copy is acceptable. Give a copy to the course instructor.

****Retain a copy for your records****

Name _____ Date _____
 Course Location _____ Instructor _____
 Company Name _____
 Company Address _____
 Company City, State, Zip _____

Idea One

Idea Two

Idea Three

Participant's Name (please print) _____

Participant's Signature & Date _____

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Form 2

Statement of Project Implementation Work Plan

List below the one idea which you and your supervisor chose. Complete the remainder of form 2. If for any reason an agreement could not be reached, you may submit another idea (separate from Form 1). Be specific: say **what** you want to do, **why** you want to do it, **when**, **where**, **how**, **who** will be involved and **how much** it will cost (if needed). Once this form is complete, **retain a copy for your records, give a copy to your course instructor before the last night of class and send the original form to Project SuperVISION® Administrator.**

***This form is not complete until it is signed by you and your supervisor* A signed, scanned electronic copy is acceptable.**

Name _____ Date _____
 Course Location _____ Instructor _____
 Company Name _____
 Company Address _____
 Company City, State, Zip _____

The New Idea Implemented is:

Describe briefly how you and your supervisor both will know the idea has been implemented:

In what ways will your supervisor evaluate your performance?

 Participant's Signature & Date

 Supervisor's Signature & Date

 Supervisor's Name (please print)



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Form 3 Project Completion Report

Instructions – This form is to be used to document the results of the implemented work plan/project which began after agreement by the course participant and their supervisor approximately 90 days ago. **Both the participant and supervisor must complete and sign this form. Within 90 days of completing Forms 1 and 2, return the original to the Project SuperVISION® Administrator.** Successful completion of the course depends on the receipt of this completed and signed form. **An electronic copy is not acceptable.**

****Retain a copy for your records****

Name _____ Date _____
 Course Location _____ Instructor _____
 Company Name _____
 Company Address _____
 Company City, State, Zip _____

**Briefly describe your experience in implementing the new idea.
(To be completed by the participant)**

**Briefly evaluate the participant’s performance in implementing the work plan.
(To be completed by the participant’s supervisor)**

Participant’s Signature & Date

Supervisor’s Signature & Date

Supervisor’s Name (please print)

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