



Summary Report for Employee Rounding

Employee Name: _____ Position: _____

Rounding Session Date: _____ Manager: _____

Check appropriate boxes and describe discussion/trends uncovered during rounding session based on categories discussed. Begin your conversation with positivity and end with gratitude.

Question Categories Focusing On:

- | | | |
|---|--|---|
| <input type="checkbox"/> Safety | <input type="checkbox"/> A Recent Change | <input type="checkbox"/> Development/Growth |
| <input type="checkbox"/> Equipment/Supplies | <input type="checkbox"/> My Leadership | <input type="checkbox"/> Goals for Department |
| <input type="checkbox"/> Training/Education | <input type="checkbox"/> Recognition | |

Summary of Discussion:

Rounder's Signature: _____