



A FIELD GUIDE FOR PEER SUPERVISORS AND PROGRAM MANAGERS

Documentation That Holds Up

Peer notes and records that protect young people, support supervision, and stand up to review

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Why the record matters

People change jobs. Young people come back after months away. Funders and reviewers ask what happened. In each case, the record is what's left.

Good peer documentation protects the young person, the peer, and the program. It doesn't have to be long or clinical. It has to be clear, timely, and kept where the program can find it.

If it isn't written down where the program can find it, it didn't happen.



What good documentation does

Documentation isn't paperwork for its own sake. It does four jobs.

Continuity	When a peer is out sick or moves on, someone else can pick up where they left off without starting over with the young person.
Supervision	Supervisors can see the real work, not just what gets remembered in a meeting.
Safety	Concerns, who was told, and what happened next are on record, so nothing falls through the cracks.
Proof of the work	Funders, boards, and reviewers can see what the program does, and the program can show it.

Documentation rules vary by state, funder, and setting. This guide covers practices that tend to hold up anywhere. Check the rules that apply to your program.

What a peer note covers

A good peer note is short and specific. Most cover the same few things.

When and how	Date, start and end time, and how you connected: in person (and where), video, phone, or message.
What they wanted	What the young person wanted to talk about or work on that day.
Goals	Progress on the goals the young person chose, in their words where you can.
What you did	What you did together, such as looking at job postings or practicing a phone call.
Concerns	Anything that worried you, and who you told.
What's next	The next step, and when you'll be in touch.

Stay in the peer role. Peer notes don't include diagnoses, assessments, or clinical language. That documentation belongs to clinical staff.

Writing in the peer voice

Write notes you'd be comfortable having the young person read.

Facts, not labels

Describe what happened and what was said, not what you think it means about the person.

Strengths too

Note what went well and what the young person did.

Their words

Use the young person's own words for their goals when you can.

Plain language

No jargon, no abbreviations only your team knows.

MADE-UP EXAMPLE 1: BEFORE

Met with youth. Kid had a bad attitude and didn't want to do anything. Talked about stuff. Will follow up.

MADE-UP EXAMPLE 1: AFTER

Met in person at the public library, 3:10–3:55 p.m. The young person said it was a hard week and wanted to focus on finding a part-time job, one of the goals they chose. We looked at two job postings together, and they picked one to apply for. They asked for help with the application next time. Next contact: Thursday, by message, to set a time.

MADE-UP EXAMPLE 2: BEFORE

Met virtually with youth. Seemed off. Told them to reach out if they need anything.

MADE-UP EXAMPLE 2: AFTER

Met virtually through the program's channel, 7:15–7:40 p.m. The young person said they were stressed about a school meeting next week about their class schedule and weren't sure what to ask. We wrote three questions together. They asked for a reminder the day before. Next contact: Monday, by message.

Goals and plans

Notes make the most sense when they connect back to goals the young person chose.

Their goals	Goals are set by the young person, in their own words, and can change.
Written down	Goals live in a plan the program keeps, not only in the peer's memory.
Reviewed	Goals are reviewed on a regular schedule with the young person, and the review is noted.
Connected	Each note says which goal the contact related to, when it did.

Federal Medicaid guidance from 2007 says peer support services should be coordinated within “a comprehensive, individualized plan of care that includes specific individualized goals.”¹ States set their own plan requirements, and they vary.

¹ Centers for Medicare & Medicaid Services, State Medicaid Director Letter #07-011, August 15, 2007. [downloads.cms.gov](https://www.cms.gov/downloads/cms.gov)

Where records live

A record the program can't find doesn't protect anyone.

EXAMPLE (HYPOTHETICAL)

A peer leaves on a Friday. Their messages, notes, and contact history are on their own phone. By Monday, no one knows which young people they were seeing, what they'd promised, or who had raised a concern.

A secure channel	Contact runs through a secure channel the organization provides, not a peer's personal phone or accounts.
Records that stay	Notes and contact history live in systems the organization owns, so they stay with the program when a peer leaves.
Supervisors who can see	Supervisors can see caseloads, check-ins, and flagged concerns without reading private conversations.
Access by role	People see only what their role requires, and young people are told at the start who can see what.

Which privacy and record-keeping rules apply depends on your organization, setting, funding, and state. Decide retention and access rules with your attorney.

When a concern comes up

When something worries a peer, the record needs to show what happened and what was done. This page is procedure, not clinical guidance.

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Follow your protocol first

Safety comes before the note. Follow your organization's escalation steps.
- 2

Record what you saw or heard

Stick to facts and the young person's words. Don't guess at causes.
- 3

Record who you told, and when

Your supervisor, on-call, or clinical contact, as your protocol requires.
- 4

Record what happened next

The follow-up, and who owns the next step.

If a young person says they are thinking about suicide or harming themselves or someone else, follow your protocol and make sure they know where to get help right now.

988 Suicide & Crisis Lifeline	Call or text 988, or chat at 988lifeline.org. 24/7, free, and confidential.
Crisis Text Line	Text HOME to 741741. 24/7, free, and confidential.
Emergency	Call 911 if someone is in immediate danger.
Checked on each service's official website on September 25, 2026.	

Supervision records

Supervision that isn't recorded is hard to prove and easy to let slide.

That it happened	Date and length of each session, individual or group.
What you covered	A short summary: caseload, concerns, role questions, growth.
What's next	Follow-ups for the peer and for the supervisor.

Some states spell out exactly what each progress note and supervision log must contain. Check the rules that apply to you.

Timing and common mistakes

Most documentation problems are small habits that add up.

A STARTING POINT FROM FIELD PRACTICE (NOT A REQUIREMENT)

Write the note the same day when you can, and within 24 hours at the latest. Record flagged concerns right away, following your protocol. Your state or funders may set their own timelines.

Late notes	Details fade fast. A note written a week later is guesswork.
Copy and paste	Identical notes for different contacts don't show what actually happened.
Clinical drift	Peers writing assessments or clinical language are working outside their role.
Missing follow-up	A concern with no recorded next step looks like a concern no one acted on.
Records on personal devices	Notes kept on a peer's own phone or accounts leave when the peer does.
Too much paperwork	Documentation that crowds out time with young people defeats the purpose. Keep it short.

From records to reports

Records kept well once can answer many questions.

For supervision

Who's engaged, who has gone quiet, and who needs attention.

For funders

How many young people you served, how often you connected, and progress on goals.

For your board and community

A few clear numbers and what you're learning.

When contact and notes live in one organization-owned system, you can produce reports you can save and share without chasing down each peer. Decide ahead of time what you'll need to report, so your records capture it.



Ready to turn your records into reports? Blueprints, step-by-step toolkits for program leaders, are at shareandsolve.app/#blueprints.

Documentation checklist

Review this with peers and supervisors every few months.

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- ☐ Peer notes cover when and how, goals, what was done, concerns, and next steps
 - ☐ Notes are factual, strengths-based, and in plain language
 - ☐ Peer notes stay in the peer role, with no clinical language
 - ☐ Goals are the young person's own, written down, and reviewed on a schedule
 - ☐ Contact runs through a secure channel the organization provides, not personal phones
 - ☐ Records stay with the program when a peer leaves
 - ☐ Supervisors can see caseloads, check-ins, and flagged concerns
 - ☐ Concerns record what happened, who was told, and what happened next
 - ☐ Supervision sessions are recorded
 - ☐ Notes are written the same day when possible, and within 24 hours
 - ☐ We can produce reports we can save and share
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ABOUT

Share+Solve and Peer Bridge

Share+Solve and Peer Bridge help organizations run their own youth peer support programs. They don't replace your peer supporters, your training, or your program. They give the work you already do a safe, supervised home.

Share+Solve

Where peers and young people connect: messaging, check-ins, goals, and meet-ups, with a one-tap 988 call button on the home screen.

Peer Bridge

Where supervisors see the whole program: caseloads, check-ins, escalations, and program-level reporting.

Private conversations between peers and young people stay between them. Your organization controls its program data, and deletion requests are handled through the platform.

Built by John Dellick, MBA, a nationally recognized peer support professional with nearly a decade in youth peer support and behavioral health.



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