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**INSTRUCTIONS**

This form must be completed at least once per month, but should be used to document all qualifying supervision meetings. The amount of time spent in qualifying supervision meetings must meet or exceed the amount of supervision hours required for the BCaBA based on each service-delivery month. Meeting dates must fall within two weeks of the last day of a service-delivery month.

**SUPERVISOR AND SUPERVISEE INFORMATION:**

**BCaBA Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certificate Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Credential Type** *(select one)*

* BCBA-D
* BCBA
* ABPP/ABA

**Credential Number** *(for credential selected above)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Category of Supervision (select one)**

* 5% of service delivery hours (first 1,000 service hours post-certification)
* 2% of service delivery hours (after first 1,000 service hours or certified before January 1, 2017)

**MEETING INFORMATION:**

**Service-Delivery Month** *(select one)*

January | February | March | April | May | June | July | August | September | October | November | December

**Meeting Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Meeting Duration** (hr/min) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Structure** *(select one)*

* Individual
* Small Group

**Service Observation Occurred** *(required quarterly)*

* Yes
* No

**BCaBA Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Both parties must retain a copy of this form for at least 7 years from the date of last supervision meeting.*

*This form must be completed at least once each month during qualifying supervision meetings.*

*Back-dated or retroactively created forms are not acceptable. Do not submit this form to the BACB unless requested.*