

Documentation of Supervision Contact

Trainee			
Supervisor			
Date:	Start Time:	End Time:	Total Hours:
Activity Category: Restricted _____ Unrestricted _____	Supervision Type: Individual _____ Group _____	Experience Type: Fieldwork _____ Practicum _____ Int. Practicum _____	Format of Supervision: Face-to-Face _____ Video Conf. _____ Telephone _____
With client? _____	Without client? _____		
Characteristics of Supervision Session (Check all that apply)			
	Specific clients discussed		
	Client privacy protected		
	Technical, professional, and ethical behavior modeled:		
	Developed and communicated performance expectations to trainee:		
	Conducted behavioral skills training for trainee on:		
	Observed the trainee's performance with clients and delivered feedback about:		
	Addressed case conceptualization, problem-solving, and decision-making repertoire related to:		
	Reviewed written materials and delivered feedback:		
	Evaluated the effects of trainee's service delivery in the form of:		
	Evaluated effects of supervision		
BACB Task List Items:			

Readings:	
Summary of Supervision Activity:	

Trainee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____