

BACB® Experience Supervision Form - Printable (Rev 1.2017)

Supervisee: _____ Supervisor(s): _____

This document covers the supervisory period from ___/___/___ to ___/___/___

Supervisory Meetings Dates and Durations:

1. Sup Init: _____ Date: _____ Duration: _____ Individual Group
2. Sup Init: _____ Date: _____ Duration: _____ Individual Group
3. Sup Init: _____ Date: _____ Duration: _____ Individual Group

Type of Experience (check one): Supervised Independent Fieldwork Practicum Intensive Practicum
Experience Hours Accumulated During This Supervisory Period (complete all lines)

A) Number of independent experience hours accumulated (excluding time spent with supervisor):

1. Direct experience hours: _____
2. Indirect experience hours: _____

- B) Number of supervision hours needed (min. 50% individual): _____
- C) Number of individual supervision hours accumulated: _____
- D) Number of small-group supervision hours accumulated: _____
- E) Total experience hours accumulated (add lines A1, A2, C, D): _____

Summary of Hours

Characteristics of Supervision Conducted During This Supervisory Period (check all that apply)

- Supervision folder competencies covered: _____
- Readings: _____
- Specific client(s) discussed Observation of supervisee (video)
- Client privacy protected Supervisory discussion & feedback (in person)
- Observation of supervisee (in-person) Supervisory discussion & feedback (remote)

Evaluation of Supervisee Performance:

S – satisfactory NI - needs improvement U - unsatisfactory N/A – not applicable

	Sup 1	Sup 2	Sup 3
Arrives on time for supervision			
Maintains professional and courteous interactions with:			
Clients/consumers			
Other service providers			
Coworkers			
Maintains appropriate attire & demeanor			
Initiates professional self-improvement			
Accepts supervisory feedback appropriately			
Seeks supervision appropriately			
Timely submission of written reports			
Communicates effectively:			
Written			
Oral			
Demonstrates appropriate sensitivity to nonbehavioral providers			
Supervisee self-detects personal limitations			
Supervisee self-detects professional limitations			
Acquisition of target behavior-analytic skills			
Overall evaluation of supervisee performance this period			

Supervisee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Supervisor signature: _____ Date: _____