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**BACB Experience Supervision Form** *This form (or equivalent) must be completed at least once during each supervisory period.*

Supervisee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisory Meeting Date(s) & Duration(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisory Meeting Format (check all that apply): \_\_\_\_\_ individual \_\_\_\_\_ group
This document covers the supervisory period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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): \_\_\_\_\_ B) Number of individual supervision hours accumulated: \_\_\_\_\_
C) Number of small-group supervision hours accumulated: \_\_\_\_\_
D) Total experience hours accumulated (add lines A through C): \_\_\_\_\_

Of the hours listed above, state the number spent in direct implementation of behavior-analytic programs: \_\_\_\_\_

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

\_\_\_\_\_ BACB Task List skills covered (list Task numbers): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Specific client(s) discussed
\_\_\_\_\_ Client privacy protected
\_\_\_\_\_ Observation of supervisee (video)

\_\_\_\_\_ Observation of supervisee (in-person)
\_\_\_\_\_ Supervisory discussion & feedback (in-person)
\_\_\_\_\_ Supervisory discussion & feedback (remote)
\_\_\_\_\_ Readings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation of Supervisee Performance:
S** – satisfactory **NI** - needs improvement **U** - unsatisfactory **N/A** – not applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | S | NI | U | N/A |
| 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 during this period (circle one): S NI U

Supervisee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
TO BE COMPLETED DURING EACH SUPERVISORY PERIOD – BACKDATED FORMS ARE NOT ACCEPTABLE

DO NOT SUBMIT THIS FORM TO THE BACB WITH THE EXAM APPLICATION

**SUPERVISOR AND SUPERVISEE MUST EACH RETAIN A COPY OF THIS FORM FOR AT LEAST 7 YEARS FROM THE DATE OF THE LAST SUPERVISION MEETING**