



BCaBA Supervision Meeting Form

The BCaBA supervisor and the BCaBA must review the [ongoing supervision requirements](#) together to ensure that all supervision requirements are met, including completion of this form during each monthly supervision meeting.

Instructions

This form must be completed at least once per month (see the ongoing supervision requirement for all of the documentation required). 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.

Supervisor And Supervisee Information

BCaBA Name: _____ Certificate Number: _____

Supervisor Name: _____

Supervisor Credential Type (select one):

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)

Meeting Information

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: _____

This document must be signed in accordance with the [Acceptable Signatures Policy](#).

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.