



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 each month during qualifying supervision meetings. It must be signed by the last day of the calendar month following the month of supervision. Back-dated or retroactively created forms are not acceptable. 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.

Both parties must retain a copy of this form for at least 7 years from the date of the last supervision meeting. Do not submit this form to the BACB unless requested.

Supervisor And Supervisee Information

BCaBA Name: _____ Certificate Number: _____

Supervisor Name: _____

Supervisor certification # or BACB ID #: _____

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): _____

Supervision Type (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](#).