ABAT

This form is to be completed by the supervisee and the supervisor and is to be uploaded during certification renewal. This document is to be maintained by the supervisor *and supervisee for a minimum of 7 years. Signatures must be signed with ink or completed electronically. QABA does not accept images or copies of signatures. Please summarize the information from the ABAT Monthly Supervision Log*

Supervisee:	
Supervisor:	
Supervision Period Start Date:	
Supervision Period End Date:	
Hours Accrued directly implementing ABA strategies (Excludes Meetings with Supervisor):	
Number of 1:1 supervision hours accrued:	
Number of group supervision hours accrued:	
Total experience hours accrued (add lines 1 through 3):	

Please Included all activities which were covered during this supervision period: (check all that apply)

_____ Direct work with learner
_____Specific learner(s) discussed
_____ ABAT Competencies
_____ Observation of supervisee
_____ Supervisory discussion
_____ ABA research

Based on the supervisor's observations of the supervisee, how would you rate the supervisee's competency in the areas observed as they apply to the field of ABA: (Please Check one)

_____The supervisee demonstrated strong professional skills in the areas of learner services, professional communication and competency, knowledge of applying the principles of ABA in a direct capacity and met a satisfactory performance. (Satisfactory)

_____ The supervisee demonstrated professionalism and skill in the areas of learner services, professional communication and competency, knowledge of applying the principles of ABA in a direct capacity. Although improvement is needed in one or more of the above areas. (Needs Improvement)

_____ The supervisee demonstrated an unsatisfactory performance in the areas of professionalism and skill in the areas of learner services, professional communication and competency, knowledge of applying the principles of ABA in a direct capacity. (Unsatisfactory)

Full Name of Mid-Level Supervisor e.g., QASP-S/BCaBA/LABA, if applicable: _____

Supervisors Signature: _____

Date: _____

Supervisor's Credential and/or License Information: _____

Certifying Board or Licensure State/Board: _____

Certification/Licensure Number: _____

Certification/Licensure Expiration Date: _____

Supervisor's Email _____ and Phone number_____

Full Name of Master's Level Certified Supervisor, e.g., QBA/BCBA/LBA (REQUIRED): _____

Supervisor's Signature: _____ Date: _____

Supervisor's Credential and/or License Information: _____

Certifying Board or Licensure State/Board: _____

Certification/Licensure Number: _____

Certification/Licensure Expiration

Date: _____

Supervisor's Email_____ and Phone number_____