



## ABAT Fieldwork Supervision Documentation Form

*All content in this document must be clear and legible. This form is to be maintained by the supervisor and supervisee for a minimum of 7 years. This document can be requested during a certification audit by QABA at any point in time for up to 7 years from the initial date of certification. If requested, this document with original signatures and date must be presented within the QABA guidelines and requirements. Signatures must be signed with ink or completed electronically. QABA does not accept images or copies of signatures.*

**Supervisee:** \_\_\_\_\_

**Supervisor (Credentials Must be included):** \_\_\_\_\_

**Supervisory Meeting Date(s) & Duration(s):**  
\_\_\_\_\_

**Supervisory Meeting Method (check all that apply):**

\_\_\_\_ individual    \_\_\_\_ group    \_\_\_\_ group size

**Dates of Supervision Period** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Experience Hours Accrued During This Supervisory Period (complete all five lines)**

A) Hours Accrued directly implementing ABA strategies (Excludes Meetings with Supervisor):  
\_\_\_\_\_

B) Hours Accrued conducting indirect ABA activities (Excludes Meetings with Supervisor):  
\_\_\_\_\_

C) Number of individual supervision hours accrued: \_\_\_\_\_

C) Number of small-group supervision hours accrued: \_\_\_\_\_

D) Total experience hours accrued (add lines A through C): \_\_\_\_\_

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

\_\_\_\_ Direct work with Client

\_\_\_\_ Specific client(s) discussed

\_\_\_\_ QABA Task List



- \_\_\_\_\_ Observation of supervisee (video)
- \_\_\_\_\_ Observation of supervisee (in-person)
- \_\_\_\_\_ Supervisory discussion & feedback (in-person)
- \_\_\_\_\_ Supervisory discussion & feedback (remote)
- \_\_\_\_\_ 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 client 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 client 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 client services, professional communication and competency, knowledge of applying the principles of ABA in a direct capacity. (Unsatisfactory)

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

**Supervisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(The supervisor and supervisee signature must be wet signatures or electronic signature with a date and time stamp)*