



QASP-S 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)
- _____ Client Supervision
- _____ Client Programing
- _____ 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 and supervisory 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 and supervisory 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 and supervisory 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)