Pre-QBA Certification Monthly Supervision Log

The QBA requires 2000 hours of supervised fieldwork with a minimum of 1200 hours in an oversight or supervisory role (conducting/analyzing assessment, developing treatment plans, training staff or parents, etc.) and 800 hours of direct work. Supervision is 5% of hours provided behavior analytic tasks. Supervision may be completed remotely, using software that meets privacy requirements such as HIPAA-compliant video conferencing program. One of the contacts must be in-person or live via video conferencing for a minimum of 1 (one) hour. 50% of supervision hours may occur in a group setting. Group participant totals for each setting are at the discretion of the supervisor. Supervisees can accrue no less than 20 hours per month and no more than 140 hours per month of direct work. 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.*

Month/Year: _____ **Supervisee:** _____ **Supervisor**: _____

Date	A. Independent Hours of Direct work Supervisor not present. Up to 40 % of independent hours (timeframe)	B. Independent Hours Conducting Indirect ABA activities. Supervisor not present. Up to 60 % of independent hours (timeframe)	C. One on One Supervised Hours Y/N (timeframe)	D. Group Supervised Hours Y/N (timeframe)	Observation of supervisee Y/N	QBA Competencies/ Research Y/*N*

Total Independent Hours (supervisor not present) Sum of A and B = _____

Total Supervised Hours (supervisor present) Sum of C and D =_____

Percent of Hours Supervised (Supervised hours /independent hours *100)=_____

☑ Satisfactory: 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 and supervisory capacity, and met a satisfactory performance. Notes_____

☐ Needs Improvement: 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 and supervisory capacity. Although improvement is needed in one or more of the above areas. Notes_____

☐ Unsatisfactory: 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. Notes_____

Full Name of Master's Level Certified Supervisor, e.g., QBA/BCBA/BCBA-D/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_____