

Behavioral Sciences – Practice Supervisor Report

Licensee's Name: _____ License No(s): _____

Supervisor's Name: _____ License No(s): _____

(SUPERVISORS: If your address or contact information has changed since the initial approval, please notify the Board of the change)

Period covered under this report (complete year and check appropriate quarter):

Year: _____ Quarter: Jan–Mar Apr–Jun Jul–Sep Oct–Dec

This report must be received from 5 days before until 5 days after the end of the current quarter (e.g., if due 3/31, send between 3/26 and 4/5)

Supervision Provided: Off-site On-site Review and Evaluation of client files/charts

During this quarter:

of supervision sessions scheduled: _____ # attended? _____ Total Hours of Supervision: _____

Dates of supervision this quarter: _____

How many hours does the licensee work per week in active practice? _____

Types of cases reviewed: _____

Practice areas/concerns addressed: _____

Rate the following areas and provide comments to any below average ratings.

	Above Average	Average	Below Average	Unacceptable	I do not know	Comments
Adherence to ethical, legal, and professional standards						
Technical skills and competence						
Clinical judgment						
Record-keeping						
Employment attendance and dependability						
Ability to function independently or with minimum supervision						
Licensee's utilization of supervision						

Do you have knowledge of any other concerns regarding the licensee's practice (complaints about the licensee from clients or co-workers, evidence of impairment on the job, etc.)? Yes No

Is the licensee current with payments for supervision? Yes No

Progress made towards goals and objectives to date: _____

Supervision goals and objectives for the next quarter: _____

Other areas of improvement or concern not addressed in this report: _____

Signature of Supervisor

Date