

## Behavioral Sciences – Practice Supervisor Report

Supervisor must complete and submit this report to the licensee's Compliance Case Manager (CCM) via email or mail. *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)*

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
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**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