

Registered Behavior Technician Supervision Log

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Supervisee's Name:			Supervision Period:		
Supervisor's Name: I					
Meeting Date	Duration of Meeting	Mode of Meeting	Individual or Group	Observed with Client?	Supervised By
Minimum supervisio	n requirement of 5%	6 of total times pent pr	oviding behavior-anal	ytic services.	_
Total behavior- analytic hours			Face-to-face min. requirement met?		Min. of 2 per month
Total supervision hours			Individual min. requirement met?		Min. of 1 per month
Supervision min.			Observation min.		Min. of 1 per