

**KENTUCKY APPLIED BEHAVIOR ANALYST LICENSING BOARD  
ANNUAL SUPERVISORY PLAN**

Indicate License Type:

- Licensed Assistant Behavior Analyst (LaBA)
- Temporary Licensed Behavior Analyst (TLBA)
- Temporary Licensed Assistant Behavior Analyst (TLaBA)

**SUPERVISEE** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**SUPERVISOR** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Please select the experience level of the supervisee below (1 or 2) followed by the format of supervision to be accrued.

1. Less than five (5) years of full-time, post-certification practice (current):
- A. Two monthly 1-hour supervision meetings, including at least one 1-hour, face-to-face (in-person) supervision meeting every month with a behavior analyst certified by the National Behavior Analyst Certification Board as a Board Certified Behavior Analyst or a Board Certified Behavior Analyst - Doctoral.
  - B. Other Board approved frequency and format of supervision. (Explain and attach a copy of your approval letter from the Board.)

---

---

---

2. At least five (5) years of full-time, post-certification practice (current):
- A. One monthly 1-hour supervision meeting, including at least one 1-hour, face-to-face (in-person) supervision meeting every 3 months with a behavior analyst certified by the National Behavior Analyst Certification Board as a Board Certified Behavior Analyst or a Board Certified Behavior Analyst - Doctoral.
  - B. Other Board approved frequency and format of supervision. (Explain and attach a copy of your approval letter from the Board.)

---

---

---

*It is the responsibility of the supervisor and supervisee to review and abide by the Requirements for Supervision under 201 KAR 43:050.*

**GOALS FOR SUPERVISION:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**PROFESSIONAL TRAITS RATED LESS THAN SATISFACTORY ON THE ANNUAL REPORT OF SUPERVISION THAT WILL BE ADDRESSED IN SUPERVISION (if applicable):**

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
SUPERVISEE

\_\_\_\_\_  
Date

-----  
**For Board Use Only**

Date Plan Received: \_\_\_\_\_

Circle One: **Accepted** or **Rejected**

Reviewed by \_\_\_\_\_

Comments and/or Follow Up: \_\_\_\_\_

---

---