

**KENTUCKY APPLIED BEHAVIOR ANALYST LICENSING BOARD  
ANNUAL REPORT OF SUPERVISION**

(For supervisees with at least five (5) years of full-time, post-certification practice)

Dates of Supervision Covered by This Report: From \_\_\_\_\_ To \_\_\_\_\_  
Initial BACB certification date: \_\_\_\_\_

**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: \_\_\_\_\_

**Frequency, Format and Duration of Supervision**

Supervision was performed one (1) hour per month every month of the supervision year:

Circle: 

Yes	No
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If "No" explain:

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At least one (1), one (1) hour face-to-face (in person) supervision session was conducted every three (3) months:

Circle: 

Yes	No
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If "No" explain:

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Other Board approved supervision arrangements were conducted:  
Explain:

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**KENTUCKY APPLIED BEHAVIOR ANALYST LICENSING BOARD  
ANNUAL REPORT OF SUPERVISOR**

(For supervisees with less than five (5) years of full-time, post-certification practice)

Dates of Supervision Covered by This Report: From \_\_\_\_\_ To \_\_\_\_\_

Initial BACB certification date: \_\_\_\_\_

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: \_\_\_\_\_

**Frequency, Format and Duration of Supervision**

Supervision was performed two (2) hours per month every month of the supervision year:

Circle: 

Yes	No
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If "No" explain:

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At least one (1), one (1) hour face-to-face (in person) supervision session per month was conducted:

Circle: 

Yes	No
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If "No" explain:

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Other Board approved supervision arrangements were conducted:

Explain:

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## Professional Evaluation of Supervisee

### Foundations in Applied Behavior Analysis

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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### Ability to conceptualize and analyze cases

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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### Functional Analysis skills

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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### Developing effective and well-designed behavior support plans and other intervention strategies

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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### Overall professional, practice and intervention skills

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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### Ability to communicate with clients, parents, caregivers at their level and avoid overuse of unnecessary professional jargon

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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### Ability to communicate with and work effectively with professional colleagues

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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### Ability to effectively manage time and caseload responsibilities

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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### Ability to produce well-written reports, assessments, plans and documentation

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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### Ability to utilize consultation and supervisory opportunities effectively

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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### Ability to conduct practice in a professional, legal and ethical manner

Exceptional 4	Satisfactory 3	Marginal 2	Unsatisfactory 1	N/A
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**\* Ratings below Satisfactory (3) MUST be addressed in the next Supervisory Plan\***

**Other Comments:**

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**Other Professional Skills Needing Further Development:**

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\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisee**

\_\_\_\_\_  
**Date**

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**For Board Use Only**

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

Circle One: Accepted or Rejected

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

Comments and/or Follow Up:

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