



# KENTUCKY APPLIED BEHAVIOR ANALYSIS LICENSING BOARD

P.O. Box 1360, Frankfort, Kentucky 40602  
500 Mero St. 2SC 32, Frankfort, Kentucky 40601 (Overnight Delivery Only)  
Phone: (502) 892-4249  
Fax: (502) 564-4818  
<http://aba.ky.gov>

## [ANNUAL REPORT OF SUPERVISION

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

[Indicate] License Type:

- Licensed Assistant Behavior Analyst (LaBA)
- Temporary Licensed Behavior Analyst (TLBA)
- Temporary Licensed Assistant Behavior Analyst (TLaBA)
- Trainee
- Disciplined Licensed Holder-Board Liaison: \_\_\_\_\_

SUPERVISORY RECORD PERIOD: \_\_\_\_\_

## ANNUAL REPORT OF SUPERVISION

### SUPERVISOR INFORMATION

**1.** \_\_\_\_\_

<u>Name: Last</u>	<u>First</u>	<u>Middle Initial</u>	<u>Social Security Number</u>
<hr/>			
<u>Mailing[Street] Address: Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<hr/>			
<u>Home Phone</u>	<u>Work Phone</u>	<u>Mobile Phone</u>	<u>Email</u>
<u>Address[Fax]</u>			
<u>Organization: _____</u>		<u>Title: _____</u>	
<u>BACB Certification Number: _____</u>		<u>Date of Initial BACB Certification: _____</u>	
<u>BACB Certification Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive</u>		<u>Kentucky ABA License Number: _____</u>	

### SUPERVISEE INFORMATION

**2.** \_\_\_\_\_

<u>Name: Last</u>	<u>First</u>	<u>Middle Initial</u>	<u>Social Security Number</u>
<hr/>			
<u>Mailing[Street] Address: Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<hr/>			
<u>Home Phone</u>	<u>Work Phone</u>	<u>Mobile Phone</u>	<u>Email</u>
<u>Address[Fax]</u>			
<u>Organization: _____</u>		<u>Title: _____</u>	



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BACB Certification Number: \_\_\_\_\_

Date of Initial BACB Certification: \_\_\_\_\_

BACB Certification Status:  Active  Inactive

Kentucky ABA License Number: \_\_\_\_\_

## FREQUENCY, FORMAT AND DURATION OF SUPERVISION

**3.** For a Licensed Assistant Behavior Analyst with at least five (5) years of full-time, post-certification practice

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

Yes  No **[+]if ["No"]no, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Format of Supervision: \_\_\_\_\_

c. At least one contact supervision session per month was conducted:

Yes  No **[+]if ["No"]no, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes  No **[+]if ["No"]no, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~[Other Board approved supervision arrangements were conducted. Explain:]~~

**4.** For Licensed Assistant Behavior Analyst[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)



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- ~~Temporary Licensed Behavior Analyst (TLBA)~~
- ~~Temporary Licensed Assistant Behavior Analyst (TLBA)~~

Supervisee \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Frequency, Format and Duration of Supervision]

a. Supervision was performed two (2) hours per month, every month of the supervision year: \_\_\_\_\_  
 Yes  No [I]if ["No"]no, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Format of Supervision: \_\_\_\_\_

c. At least one (1)[, one (1) hour face to face (in person)] contact supervision [session] per month was conducted:  
 Yes  No [I]if ["No"]no, please explain:

d. Other Board approved supervision arrangements were conducted:  
 Explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 5. For a Disciplined License Holder

a. Supervision was performed weekly for one (1) hour face to face  
 Yes  No If no, please explain:

\_\_\_\_\_  
 \_\_\_\_\_



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b. Other Board approved supervision arrangements were conducted:  
**Explain:**

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## 6. Professional Evaluation of Supervised Licensee

### 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[er] 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



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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:]**

7. Assessment (including strengths, weaknesses, and assessment methods employed):

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8. Professional traits rated less than satisfactory on the Annual Report of Supervision that will be addressed in supervision (if applicable):

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9. Other professional skills needing further development:

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10. Is the supervised licensee currently applying to become a Licensed Behavior Analyst (LBA)? Yes No

11. If yes, do you recommend this individual for unsupervised practice as a Licensed Behavior Analyst (LBA)? Yes No

12. Do you have more than one (1) supervisor? Yes No  
If yes, please submit an annual report of supervision for each supervisor.

**Other Comments:**

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~~[Other Professional Skills Needing Further Development:]~~

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisee

\_\_\_\_\_  
Date

For Board Use Only



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Date Plan Received: \_\_\_\_\_ [~~Circle One: Accepted or Rejected~~]

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

Comments and/or Follow-up:

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