

| Direct Monitoring Activities | | Record the number of direct monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee. | | | | |
|--|---|--|---------------------------|---------------------------|---|---------------------------|
| ACTIVITY | 12-month employees (min of 2 each quarter) | | | | 9-month employees (min of 4 each semester) | |
| | 1st Qtr | 2nd Qtr | 3rd Qtr | 4th Qtr | 1st Sem | 2nd Sem |
| Screening | | | | | | |
| Evaluation | | | | | | |
| Therapy | | | | | | |
| Family/Parent/Teacher Conferences or Consultations | | | | | | |
| TOTAL NUMBER OF DIRECT OBSERVATIONS (Minimum of 8 hours annually) | | | | | | |
| Indirect Monitoring Activities | | Record the number of indirect monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee. | | | | |
| ACTIVITY | 12-month employees | | | | 9-month employees | |
| | 1st Qtr | 2nd Qtr | 3rd Qtr | 4th Qtr | 1st Sem | 2nd Sem |
| Review of screening results | | | | | | |
| Review of diagnostic reports | | | | | | |
| Review of treatment plans, IEPs, etc. | | | | | | |
| Review of other client records | | | | | | |
| Telephone/electronic communications | | | | | | |
| In-service meetings/ Trainings attended by licensee | | | | | | |
| Review of audio or video tapes relevant to specific patients/clients | | | | | | |
| Other | | | | | | |
| TOTAL NUMBER OF INDIRECT MONITORING ACTIVITIES | | | | | | |

I hereby attest that the above information is true and correct and the supervision represented actually occurred. I understand that supervision records must be kept by the supervisor and supervisee for a period of 3 years and that the Board may request such documentation.

Supervisor's Signature

Supervisee's Signature

Supervisor's Printed Name

Supervisee's Printed Name

Supervisor's Address

Supervisee's Address

Supervisor's Address

Supervisee's Address