



<b>On-Site, In-View Monitoring Activities</b>		Record the number of on-site, in-view monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee.				
ACTIVITY	12-month employees				9-month employees	
	1 <sup>ST</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem
Screening						
Evaluation						
Therapy						
Family/Parent/Teacher Conferences or Consultations						
<b>TOTAL NUMBER OF ON-SITE, IN-VIEW OBSERVATIONS</b> (whether 12 or 9 month employee)						
<b>Alternative Monitoring Activities</b>		Record the number of alternative monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee.				
ACTIVITY	12-month employees				9-month employees	
	1 <sup>ST</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	1 <sup>st</sup> Sem	2 <sup>nd</sup> 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						
<b>TOTAL NUMBER OF ALTERNATIVE MONITORING ACTIVITIES</b> (whether 12 or 9 month employee)						

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 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

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Supervisee's Address

\_\_\_\_\_  
Supervisor's Address

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Supervisee's Address