

**William James College
Master of Arts in Applied Behavior Analysis
Intensive Practicum**

Supervision Contact Form

Supervisee: _____

Supervisor: _____

Date of contact: _____

Time start: _____ Time end: _____ Duration: _____

Method (select one): In-person Video-conference Phone/Audio

Format (select one): Individual Small-Group

Activity category: Restricted Unrestricted

Summary of Supervision Activities

- BACB Task List Items covered (use Task List checklist)
- Specific client(s) discussed.
- Activities reviewed _____

Readings covered _____

Other experience discussed _____

Follow-up

Activities assigned _____

Readings assigned _____

Other feedback/follow-up _____

Supervisee Name

Supervisor Name

Date

Date

This form is completed for each supervisory contact made in each supervisory period. Each supervisee and supervisor should retain a copy for their files. These documents may be requested by the MA in ABA program at William James College or by the BACB.