

Provider of Supervision – Behavioral Health Professional (65 & 28)

Month: _____

Name of BHP: _____

Name/Credential of BHP Supervisor: _____

Direct care staff employed full time must be supervised a minimum of four (4) hours per month. Direct care staff employed part-time must receive a prorated amount of supervision, with a minimum requirement of one hour per month.

Type of Supervision	Date of Supervision (mm/dd/yy)	Notes (optional)	Time in Minutes

Total Time for Month: _____

TYPE of SUPERVISION KEY:

A = Administrative: The focus is on addressing tasks related to meeting specific job expectations, such as progress notes and dealing with issues such as scheduling, vacation time or benefits.

I = Individual: This is a one-on-one meeting with the supervisor that focuses on issues related to the delivery of the service.

G = Group: This is a meeting of BHPs in which the supervisor sets an agenda and facilitates discussion of issues related to the delivery of the service.

BHP Signature

Date

BHP Supervisor Signature

Date