

## Provider of Supervision – Behavioral Health Professional

Month: \_\_\_\_\_

Name of BHP: \_\_\_\_\_

Name/Credential of BHP Supervisor(s): \_\_\_\_\_

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

\_\_\_\_\_  
BHP Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BHP Supervisor Signature

\_\_\_\_\_  
Date