

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

