

BCAT DOCUMENTATION OF SUPERVISION

Name of BCAT:					BCAT No:		
SUMMARY OF SUPERVISION FOR 30-DAY PERIOD					SUPERVISION TIMEFRAME (MAY NOT EXCEED 30 DAYS)		
				TPERIOD			
Total ABA Hours					BEGINNING DATE		
Total Supervision Hours					ENDING DATE		
Total Supervision Percentage							
No. of Face-to	o-Face Meet	ings					
			BCAT Su	pervision L	og – 30-Day Timet	frame	
- · ·			- F2 Craws		Client		
Date of Meeting			or N Group or Individua		Unservatio	n? Supervisor(s)	
Γo the best of	my knowle	edge, tl	he inform	ation provid	ed on this form is tr	rue and correct.	
Signature of BCA	Т	Date					
Signature of Supe	ervisor	Date					
Additional supervisor may sign here when applicable.)						Date	

Board Certified Autism Technicians (BCAT) require ongoing supervision by a professional who possesses a license and/or certification by a national entity to practice applied behavior analysis (ABA) and who is acting within the scope and competency of his/her license or certification. Each BCAT shall be supervised for no less than 5% of the service hours in which the BCAT implements a treatment plan using the principles and procedures of ABA. Supervision may be conducted via the Internet in accordance with all applicable privacy regulations and must include a minimum of two synchronous face-to-face contacts every 30 days, with the supervisor observing the BCAT provide services to an individual with autism spectrum disorder during at least one of the two contacts. Documentation of supervision must be maintained by the BCAT on the BCAT Documentation of Supervision form, which requires attestation by the supervisor(s). BCATs must submit the BCAT Documentation of Supervision form when applying for renewal of their certification.