**Supervisor Name:**

**Supervisory Period Dates:**

**Name of Supervisee:**

**Setting:**

**Activity:**

**Date / Time:**

**Checklist of Critical Behaviors.** Check all that were observed.

|  |  |  |
| --- | --- | --- |
| **√** | **Critical Behavior** | **Notes** |
|  | Data were collected in a timely manner |  |
|  | Behavior plan was followed |  |
|  | Teaching opportunities were identified and utilized |  |
|  | Staff and family were regarded using professional tone |  |
|  | Preference assessments were conducted as needed |  |
|  | Least restrictive intervention was consistently used |  |

**Interobserver Agreement.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Target Behavior** | **Behavioral Definition** | **Supervisor Data** | **Supervisee Data** |
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|  |  |  |  |
|  |  |  |  |

**Momentary Time Sample for consulting activities.** In 10 minutes of observation, record the current activity of supervisee every 30 seconds using a tally mark.

|  |  |
| --- | --- |
|  | Information gathering from sources |
|  | Information gathering from data collection |
|  | Modeling correct implementation of recommendations |
|  | Providing feedback |
|  | Providing new or modified recommendations |
|  | Other:  |
|  | Other:  |

**Ratio of Reinforcement.** Ratio of reinforcement to prompts & punishers delivered to STAFF or CLIENT (circle one)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Tally Marks** | **Total** | **Reinforcement / Prompts** |
| **Reinforcement** |  |  | **\_\_\_\_\_\_\_\_\_\_\_**target: 1.5 or higher |
| **Prompts** |  |  |

**Application of Feedback.** Fill-in feedback provided by supervisor to supervisee at last performance review. Rate each feedback note based on observation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supervisor feedback from last session** | **Not Observed** | **Observed, in progress** | **Observed, mastery** | **NOTES** |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| **Greatest growth area since last observation:** |
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| --- |
| **Area for continued focus:** |
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**Review of Recoded Data**

These data were collected to the best of my ability in the given environmental conditions.

Supervisor Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed and understand the feedback provided here.

Supervisee Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_