



individual consumer supervision time sheet

	Employee Name
Consumer UCI #	Regional Center
Service Type	Period Start / End Dates

All fields are required. Must be completed in non-erasable pen.

Direct Supervision (family, staff, and consumer)					
	Date	Start Time	End Time	Total Hours	Authorized Signature
Session 1					
Description:					
Session 2					
Description:					
Session 3					
Description:					
Session 4					
Description:					
Direct Supervision Period Total (50%-60%):					

Hours	Supervision Support Activities
	Behavior Programming to address consumer's core deficits
	Behavior Programming to address consumer's excess behaviors
	Developing and updating Picture communication
	Developing and updating social stories
	Data Analysis / Program update
	Develop or review progress report and/or assessment
	Meeting with Senior Clinician to discuss issues impacting program implementation and solutions
	Meeting with Direct Staff to discuss case history and issues which may impact implementation of services
	Phone/Electronic Consultation w/ parents, direct staff, and/or Senior Clinicians to address routine or emergency concerns
	Mandated Reporting and Special Incident Reporting (SIR)
	Case specific literature review
	Communicating case details to the referral agency (i.e. Psychologist, Service Coordinator)
	Other:
Supervision Support Period Total (40%-50%)	

Description of Direct Supervision Activities
Addressing contextual goodness of fit (ensuring parents understand and are agreeable to behavior procedures implemented)
Conducting monthly family clinic meetings including questions or concerns needing to be discussed as well as the efficacy of behavior procedures
Conducting bi-weekly overlap with staff to ensure consistency and correct implementation of behavior procedures
Reviewing the program book and scanning the data to identify trends
Communicating case details to the referral agency
Providing in home parental education regarding intervention techniques and strategies
Inviting senior CPC clinician to the family's home to support the family as well as troubleshoot difficult-to-manage problem.
Meetings with Speech therapist, Occupational therapist, Physical therapist, school teachers, et al to ensure generalization and consistency across different service providers
Including parents in the intervention process when clinically appropriate and sound (parents are part of the solution) i.e., Give parents assignments; model appropriate intervention strategies to parents
Introducing new programs to the staff
Generalization within the community
Other:

Total Supervision Hours:

The information reported above is an actual representation of the service provided to the indicated consumer. My signature indicates that the information contained on this time sheet is true and accurate to the best of my knowledge.

Employee Signature	Date
	Payroll Office
	Fax 818-401-0218 Voice 818-401-0661 payroll@calpsychcare.com
	Clinical Supervisor Signature

Time sheets are due on the 16th and the 1st. Please hand deliver, fax, or e-mail the signed copies of your time sheets to your assigned branch.

Please call to confirm receipt of submitted