



MONTHLY FIELDWORK VERIFICATION FORM

Instructions: Please complete one form per supervisor. Only complete forms will be reviewed. Incomplete forms will not be accepted for review.

Name of Supervisee: _____ MABA Student Membership ID: _____

Start Date: _____ (MM/YYYY) End Date: _____ (MM/YYYY)

Fieldwork Site: _____

Supervised Fieldwork Hours Summary:

I. Independent Hours: _____

II. Supervised Hours: _____

Total Hours per month: _____

Percent of Hours Supervised: _____

SUPERVISOR ATTESTATION:

Supervisor Name: _____ Supervisor MABA ID: _____

By signing below, I confirm that:

- Information presented on this form is thorough and accurate as of the signed date. The information correspond to supervisee's Monthly Log.
- Supervision hours is fulfilled according to the supervision requirements, including appropriate frequency when support is needed.
- Only behaviour-analytic activities are included in the hours reported
- The supervision activities and hours are in compliant with MABA's MCBA supervision requirements.

Supervisor Signature: _____

Date: _____

Supervisee Signature: _____

Date: _____