WVBEP QUARTERLY INDIVIDUAL SUPERVISION REPORT FOR SCHOOL PSYCHOLOGISTS

Supervisee (please print)		Supervisor (please print)	

	Quarter	1 2 3 4	Year	20__ __	Period	From: ___/___/___		To: ___/__/___		Full-Time	Half-Time	Other		
Week of the Quarter	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7**	**Week 8**	**Week 9**	**Week10**	**Week 11**	**Week 12**	**Week 13**	**Q**
Date Week Begins (Month/Day)	/	/	/	/	/	/	/	/	/	/	/	/	/	**Total hours worked in each area**
SUPERVISORY HOURS														
Individual Supervised Hours														
ASSESSMENTS														
Intelligence														
Achievement														
Personality / Soc. Em.														
Behavior Ratings														
Perceptual Motor														
Adaptive Behavior														
Vocational														
Preschool / Kind. Screening														
Neuropsychological														
Classroom Observ.														
Preparing Reports														
DIRECT INTERVENTIONS														
Behav/Contg Management														
Group Therapy														
Individual Therapy														
Family Therapy														
Crisis Counseling														
Social Skills Training														
CONSULTATION														
Pereferral / SBAT														
Eligibility Committee														
IEP Committee														
Staffing														
Professional Dev.														
Interagency														
Community														
PROGRAM PLAN. / EVAL.														
Development														
Evaluation														
MISCELLANEOUS														
Scheduling / Paperwork														
Research														
Public Relations														
Other / Miscellaneous														
Weekly Totals & Grand Total - last box														

Other / Miscellaneous - Explanation:
Fax Completed Reports to 304-957-0361

By our signatures we certify that the information on this form is accurate and true:

Supervisee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Email: psychbd@wv.gov or nikki.d.jones@wv.gov