**In Office Group Supervision for BHT form**

**BHT Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Supervisor Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_ Total Time: \_\_\_\_\_\_\_\_\_Time in: \_\_\_\_\_\_Time out:\_\_\_\_\_\_\_\_

Clients (Initials only)- please provide the following information for each client that you are currently assigned.

1. **Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hours assigned:**\_\_\_\_\_\_\_\_\_\_

Intervention(s) being implemented:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Progress toward goals of treatment plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Adjustments if any to the treatment plan (completed by Supervisor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please rank on a scale of 1-5 this BHT’s skills in implementing the intervention: (completed by the Supervisor): 1 2 3 4 5 (1-poor, 2-needs improvement, 3- average, 4-good, 5-very good)

1. **Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hours assigned:**\_\_\_\_\_\_\_\_\_\_

Intervention(s) being implemented:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Progress toward goals of treatment plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Adjustments if any to the treatment plan (completed by Supervisor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Intervention(s) being implemented:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Progress toward goals of treatment plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Adjustments if any to the treatment plan (completed by Supervisor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Intervention(s) being implemented:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Progress toward goals of treatment plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Adjustments if any to the treatment plan (completed by Supervisor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Intervention(s) being implemented:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Progress toward goals of treatment plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Adjustments if any to the treatment plan (completed by Supervisor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Intervention(s) being implemented:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Progress toward goals of treatment plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Adjustments if any to the treatment plan (completed by Supervisor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please rank on a scale of 1-5 this BHT’s skills in implementing the intervention: (completed by the Supervisor): 1 2 3 4 5 (1-poor, 2-needs improvement, 3- average, 4-good, 5-very good)

**Were you able to coordinate with other team members, or do you have any concerns about any of your team members, parents, etc**.?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you happy with your current level of assigned hours? Yes No, if No, please explain**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**BHT Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**