



**ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY**  
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## FINAL SUPERVISION REPORT FORM

This report covers the period from \_\_\_\_\_ to \_\_\_\_\_

NAME OF PSYCHOLOGICAL  
TECHNICIAN SUPERVISEE: \_\_\_\_\_

NAME OF PSYCHOLOGIST  
SUPERVISOR: \_\_\_\_\_

Supervision Level Accepted by the Board:  Level I  Level II  Level III

1. Describe the type of supervision (e.g. group, individual) and the frequency of scheduled supervision session. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Indicate the number of hours per month spent in each type of scheduled supervision session listed above. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Describe, in detail, the activities that have been supervised during the period covered by this supervision report. Describe clinical populations served. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisee's Signature: \_\_\_\_\_

License No. \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

License No. \_\_\_\_\_