

COTAs and PTAs must have twelve (12) Monthly Supervision Report forms in their credentialing record for every one (1) year of supervision.

Reporting month (mm / yyyy) PROVIDER INFORMATION Name of provider Name of agency Service area(s) Email address Phone number SUPERVISOR INFORMATION Name of supervisor Discipline Phone number Email address MONTHLY MEETING SUMMARY Include topics discussed, training needs, recommendations, action plans, follow up, etc. Notes Signature of provider Date (mm / dd / yyyy) Date (mm / dd / yyyy) Signature of supervisor