BI Para/CBRS
Supervision Review Single Provider Form

Idaho Falls School District 91
A World Class Education

Meeting Date: _____

Student Name: _____

DOB: _____

Provider Name (Print): _____

Provider Title: _____

Supervisor Name (Print): _____

Supervisor Title: _____

Service Discussed:

Goals: _____

Discussion/Strategies: _____

Provider Signature: _____

Supervisor Signature: _____

PRA Education: _____

PRA Ethics:

Updated 8/23/17

Note: Supervision is required per student once per month. For multiple providers to one student use Multiple Provider Form.

Note per Medicaid Rule:

BI Paraprofessionals: **A paraprofessional delivering behavioral intervention services must be under the supervision of a behavioral intervention professional or behavioral consultation provider. The professional must observe and review the direct services performed by the paraprofessional on a monthly basis, or more often as necessary, to ensure the paraprofessional demonstrates the necessary skills to correctly provide the behavioral intervention service. (7-1-13) 16.03.09.855.01.c**

CBRS Professionals: **Applicants must be under the supervision of a licensed behavioral health professional, a physician, nurse, or a endorsed/certified school psychologist. The supervising practitioner is required to have regular one-to-one (1:1) supervision to review treatment provided to student participants on an ongoing basis. The frequency of the 1:1 supervision must occur at least on a monthly basis. (7-1-16) 16.03.09.855.10.k.1.a**