SPICY BEHAVIORAL CONSULTING™

MONTHLY FIELDWORK REFLECTION & HOURS SUMMARY FORM

BCBA / BCaBA Supervised Fieldwork Program

TRAINEE INFORMATION

Trainee Name: _____

Credential Track: □ BCBA □ BCaBA

RBT Number, if applicable: _____

Month / Year: _____

Supervisor: Alexis M. Trybinski, M.S., BCBA, LBA

Supervision Type: □ Supervised Fieldwork □ Concentrated Supervised Fieldwork

Current Employer / Site: _____

MONTHLY HOURS SUMMARY

Total Fieldwork Hours Accrued This Month: _____

Restricted Hours This Month: _____

Unrestricted Hours This Month: _____

Individual Supervision Hours Received: _____

Group Supervision Hours Received: _____

Total Supervision Hours Received From BCBA: _____

Number of Supervision Contacts This Month: _____

Number of Direct Observations This Month: _____

Percentage of Hours Supervised This Month: _____

Monthly Fieldwork Requirement Met: □ Yes □ No □ Pending Review

CUMULATIVE HOURS SUMMARY

Total Fieldwork Hours Accrued to Date: _____

Total Restricted Hours Accrued to Date: _____

Total Unrestricted Hours Accrued to Date: _____

Total Supervision Hours Received to Date: _____

Estimated Hours Remaining: _____

Current Restricted / Unrestricted Balance Reviewed: □ Yes □ No

Notes Regarding Hour Balance:

RESTRICTED ACTIVITY EXAMPLES

Restricted activities generally include direct implementation of behavior-analytic services with clients.

Examples may include:

□ Direct 1:1 therapy implementation

□ Running skill acquisition programs

□ Implementing behavior reduction procedures

□ Collecting direct client data during sessions

□ Implementing discrete trial teaching

□ Implementing natural environment teaching

□ Implementing prompting procedures

□ Implementing reinforcement procedures

□ Following an existing behavior intervention plan

□ Supporting client routines during direct service

□ Other: _____

Restricted Activity Summary for This Month:

Approximate Restricted Hours Claimed: _____

UNRESTRICTED ACTIVITY EXAMPLES

Unrestricted activities generally include activities that are most similar to the work of a BCBA or BCaBA and support professional behavior-analytic competency development.

Examples may include:

□ Data graphing

□ Data analysis

□ Treatment planning

□ Program modification

□ Literature review

□ Assessment preparation

□ Assessment scoring

□ Assessment interpretation under supervision

□ Writing or revising behavior-analytic goals

□ Parent training preparation

□ Staff training preparation

□ Treatment integrity checklist development

□ Behavior intervention plan development under supervision

□ Case conceptualization

□ Supervision meeting participation

□ Clinical resource development

□ Project-based fieldwork activities

□ Educational presentation development

□ RBT training material development

□ Caregiver education material development

□ Professional writing related to behavior analysis

□ Canva-based behavior-analytic resource development, if approved

□ Clinical systems organization, if behavior-analytic and approved

□ Other: _____

Unrestricted Activity Summary for This Month:

Approximate Unrestricted Hours Claimed: _____

PROJECT-BASED FIELDWORK SUMMARY

Did you complete project-based fieldwork this month?

□ Yes □ No

If yes, list project number(s) and project name(s):

Project 1: _____

Project 2: _____

Project 3: _____

Project 4: _____

Total Project-Based Hours This Month: _____

Project Deliverables Submitted:

□ Canva link

□ PDF export

□ Reflection

□ Audit sheet

□ Screenshots

□ Website copy

□ Product mockup

□ Training material

□ Other: _____

Project Status:

□ Not Started

□ In Progress

□ Draft Submitted

□ Revision Needed

□ Approved

□ Archived

SKILLS PRACTICED THIS MONTH

Select all skills practiced this month:

□ Ethical decision-making

□ Data analysis

□ Graph interpretation

□ Treatment planning

□ Parent training

□ Staff training

□ Clinical writing

□ Behavior intervention planning

□ Skill acquisition programming

□ Professional communication

□ Feedback implementation

□ Treatment integrity

□ Supervision preparation

□ Leadership skills

□ Systems organization

□ Resource development

□ Research / literature review

□ Canva / visual resource development

□ Project management

□ Other: _____

MONTHLY REFLECTION

1. What was the most clinically meaningful activity you completed this month?

2. What behavior-analytic concept or skill did you understand better this month?

3. Describe one example of feedback you received and how you responded to it.

4. What is one area where you need more practice or supervision?

5. What unrestricted activity helped you think more like a future BCBA or BCaBA?

6. How did your work this month support clients, caregivers, staff, or clinical systems?

7. What are your goals for next month?

PROFESSIONALISM SELF-RATING

Rate yourself honestly for this month.

Area	Rating 1–5	Notes
Timeliness		
Communication		
Preparedness		
Responsiveness to Feedback		
Documentation Accuracy		
Professional Judgment		
Follow-Through		
Ethical Awareness		

***1** = Needs significant improvement.* ***3** = Developing / acceptable.*

***5** = Strong professional performance*

SUPERVISION PREPARATION FOR NEXT MONTH

Questions I want to bring to supervision:

Cases, projects, or skills I want to review:

Support I need from my supervisor:

SUPERVISOR REVIEW

Supervisor reviewed monthly hours: □ Yes □ No

Supervisor reviewed restricted / unrestricted balance: □ Yes □ No

Supervisor reviewed project-based activities: □ Yes □ No □ N/A

Supervisor reviewed reflection: □ Yes □ No

Monthly hours approved: □ Yes □ No □ Pending Revision

Revision needed:

□ Hours correction

□ Documentation correction

□ Reflection revision

□ Project deliverable revision

□ Activity classification correction

□ Other: _____

Supervisor Comments:

SIGNATURES

Trainee Attestation:

I certify that the information documented on this form is accurate to the best of my knowledge. I understand that fieldwork hours must meet applicable BACB requirements and must be reviewed and approved by my supervisor.

Trainee Name: _____

Trainee Signature: _____

Date: _____

Supervisor Attestation:

I have reviewed this monthly reflection and hours summary form. Approval of hours is based on documentation, supervision review, and applicable fieldwork requirements.

Supervisor Name: Alexis M. Trybinski, M.S., BCBA, LBA

Supervisor Signature: _____

Date: _____