| Date:  |
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| Dear RASP Supervisor,  |
| I'm writing to inform you that, as a Board Certified Behavior Analyst and Category A Behavior Consultant on the Registry of Autism Service Providers, I am providing direct supervision to, who will fill the position of Behavior Consultant for children with Autism Spectrum Disorders.   |
| All individuals participating in supervised practice attend a monthly (at minimum) group meeting for discussion of:  |
| Each individual submits all team meeting minutes for review (once or twice monthly), all communications about each child's program are reviewed; each individual presents video tapes or is directly observed on a regular basis (usually once a month) in implementing programs, training BIs, and presenting workshop topics to BIs or families. |
| If any concerns arise in a family home, the family is contacted by phone or email and given the opportunity to discuss concerns about any individual. Any expressed concerns are shared with the supervised professional, and plans are developed to address the concern through additional training, support from a peer or direct observation.   |
| Should you have any questions about the nature of the supervision, please do not hesitate to call me on my direct line or email me at  |
| Sincerely,   |
| Signature  |
| Name   |