



SUPERVISION FORM

Texas Health and Human Services
 Phone (512) 438-5446
 Fax (512) 438-5289
 csot@hhs.texas.gov

The purpose of this form is to provide CSOT with documentation of assessment and treatment of sex offenders provided by the ASOTP and documentation of supervision provided by the LSOTP.

NAME OF ASOTP _____ LICENSE# _____

NAME OF LSOTP _____ LICENSE # _____

Date Month/Day/Year	Total Time	Type of Supervision	Activity	LSOTP Initials
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	
		<input type="checkbox"/> Individual <input type="checkbox"/> Group	1 2 3	

Total Number of Hours for:

Individual _____ Group _____ Assessment _____ Face-to-Face Supervision _____

Activity Code:

- 1-Direct Clinical Sex Offender Treatment
- 2-Face-to-Face Supervision
- 3-Assessment

ASOTP Attestation:

- X I attest that the information provided on this form is true and correct.
- X I understand that as an ASOTP, I shall receive face-to-face supervision at least 1 hour per 20 hours of assessment and treatment with a minimum of 2 hours per month during any time period in which the supervisee provides sex offender assessment and treatment.
- X I agree to abide by the rules and regulation of the Council on Sex Offender Treatment. Further, I understand that it is a violation of the Texas Penal Code Section 37.10 to submit a false statement to a government agency.
- X I understand that I must submit this completed form to the council when I renew my license.

LSOTP Attestation:

- X I attest that the information provided on this form is true and correct
- X I understand that an ASOTP shall receive face-to-face supervision at least 1 hour per 20 hours of assessment and treatment with a minimum of 2 hours per month during any time period in which the supervisee provides sex offender assessment and treatment.
- X I agree to abide by the rules and regulations of the Council on Sex Offender Treatment. Further, I understand that it is a violation of the Texas Penal Code Section 37.10 to submit a false statement to a government agency.
- X I understand that I must submit this completed form to the council when I renew my license.

Signature of ASOTP

Date

Signature of LSOTP Supervisor

Date

STATE OF TEXAS

COUNTY OF

Sworn and subscribed to me, the undersigned authority, on this _____ Day of _____, 20

NOTARY SEAL

Notary Public Signature