



UCP Charter Schools

Supervisor and Provider Acknowledgment Form

School Year 2026-2027

Use this single form to document the assigned supervisor, provider (supervisee), and student/campus placements.

Personnel and Assignment Information	
Supervisor Name:	Certification/License #:
Supervisor Email:	Supervisor Phone #:
Provider Name:	Provider Certification/License #:
Provider Email:	Provider Phone #:
Agency/Company Name:	Agency Phone #:
Supervisor Assigned Days/Times:	
Supervisor Signature / Date:	Provider Signature / Date:
Student and Campus Assignment	
Student Name and Campus 1:	
Student Name and Campus 2:	
Student Name and Campus 3:	
Student Name and Campus 4:	

Supervisor Acknowledgment

I acknowledge that appropriate supervision by qualified personnel is essential to effective delivery of services to the student. I acknowledge that supervision must be provided in accordance with the governing body of the area of expertise for which I work. I will oversee and supervise each supervisee listed above according to the dates and times documented on this form.

Provider Acknowledgment

I acknowledge that appropriate supervision by qualified personnel is essential to effective delivery of services to the student. I acknowledge that supervision must be provided in accordance with the governing body of the area of expertise for which I work. My assigned supervisor will oversee my delivery of services on the days and times documented on this form. I acknowledge that if I do not receive required in-person supervision by my supervising agency, I may be subject to a reduction in available times to deliver services within UCP Charter Schools.