

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

CLINICAL *GUIDED OBSERVATION HOURS

*Discussion of therapy or evaluation procedures that had been observed

Student: _____ SEMESTER: _____ YEAR: _____

CHILD:

Mo/Day/Yr	Session Time	Facility	Artic	Fluency	Voice & Res	Lang	Hrng*	Swallow	Cognit	Social	Com Mod*	Total	Supervisor Initials

TOTAL:

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*Hrng = Hearing

*Com Mod= Communication Modalities

ADULT:

Mo/Day/Yr	Session Time	Facility	Artic	Fluency	Voice & Res	Lang	Hrng*	Swallow	Cognit	Social	Com Mod*	Total	Supervisor Initials

TOTAL:

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*Hrng = Hearing

*Com Mod= Communication Modalities

Clinical Supervisor ASHA #

Clinical Supervisor ASHA #

Clinical Supervisor ASHA #

Clinical Supervisor ASHA #