

**SUPERVISED OBSERVATION:  
SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY**

**THIS SECTION TO BE FILLED OUT BY THE STUDENT**

SHS Student Observer: \_\_\_\_\_ Observation Date: \_\_\_\_\_

*Observers: If you observe in sites other than the UNMSLHC, please verify with the supervisor in advance of the session that their ASHA certification is current.*

Observation Format: Live (in person) \_\_\_\_\_ Online Telepractice \_\_\_\_\_ Online Recording \_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Location\*: \_\_\_\_\_

Client # \_\_\_\_\_ Session Duration: \_\_\_\_\_  
(hours and minutes – e.g., 46 min OR 1 hr, 7 min)

\*If observation is completed at UNMSLHC, include graduate student clinician's name:

\_\_\_\_\_

Age Group: \_\_\_ Infant/toddler \_\_\_ Preschool \_\_\_ School-Age \_\_\_ Adult

Service Provided: \_\_\_ Screening \_\_\_ Full Evaluation \_\_\_ Therapy  
Concentration Area: \_\_\_ Speech \_\_\_ Language \_\_\_ Hearing/Aural Rehab \_\_\_ Swallowing

*Observers: In order to gain approval from the supervisor for these observation hours, you may need to be prepared to answer questions in which you will identify and/or comment on any or all of the following: client goals, activities, reinforcers, strategies, and/or methods of data collection.*

**THIS SECTION TO BE FILLED OUT BY THE SUPERVISOR**

Supervisor's Printed Name \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Is your ASHA certification current, you obtained 2 hours of training in supervision, and do you have at least 9 months of clinical experience post certification (post CFY)? \_\_\_\_\_ Yes \_\_\_\_\_ No

(\*If no, the student observer may not count the observation time toward ASHA requirements.)

ASHA certification Number: \_\_\_\_\_