

**UNIVERSITY OF NEW MEXICO SPEECH AND HEARING SCIENCES**  
**SUPERVISED OBSERVATION IN SPEECH-LANGUAGE PATHOLOGY OR**  
**AUDIOLOGY**

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

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

Supervisor: \_\_\_\_\_ Location: \_\_\_\_\_

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

If observation is done at UNM SHS Clinic, Student Clinician's name: \_\_\_\_\_  
.....

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

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

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

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

CCC-SLP/CCC-AUD current?   \_\_\_ yes   \_\_\_ no

ASHA Member Number: \_\_\_\_\_