

SUPERVISED OBSERVATION: SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY

THIS SECTION TO BE FILLED OUT BY THE STUDENT	
SHS Student Observer:	Observation Date:
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: Infar	t/toddler Preschool School-Age Adult
Service Provided:	 ·
	Full Evaluation Language
	Therapy Hearing/Aural Rehab Swallowing
Observers: In order to ga	in 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 Signature: _	
CCC-SLP/CCC-AUD current? yes no*	
(*If no, the student observer may not count the observation time toward ASHA requirements.)	
ASHA Member Number:	