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               Concentration Area:   ___ Speech
___ Full Evaluation ___ Language
___ Therapy ___ 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: ________________________________

3/26/2020