DEPARTMENT OF SPEECH & HEARING SCIENCES

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.

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? _____ Yes _____ No

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

ASHA certification Number: _____

For office use only:

*Certification Verified*_____ *Initials*_____

Not verified _____ *Reason:*_____

(If not verified, the observation does not count towards ASHA requirements. Return the form back to the student)