



**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*: _____

Session Duration: _____

(hours and minutes – e.g., 46 min OR 1 hr, 7 min)

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: _____