

Name:
Date:
Facility Name & City/State of Observation Site:

Kent State University
Department of Speech Pathology and Audiology Record of
Guided UNDERGRADUATE 25 Guided Observation Hours

Students: *To log your observation hours, the following information is **REQUIRED**.
Hours will only be counted if ALL AREAS of this form are completed and signed.*

Please answer the following questions:

- 1. What information was provided prior to the session by the treating clinician?**

- 2. What skills were being worked on?**

- 3. How were the skills taught?**

- 4. Did you see any cueing/modeling?**

Name:
Date:
Facility Name & City/State of Observation Site:

Record your observations by notating how many hours/minutes were observed.

- Document hours and minutes with no rounding, per ASHA requirements
- If you are unsure of the diagnosis, please discuss this with the treating clinician.

Pediatric or Adult (18+)	Diagnosis of Client	Hours and Minutes Observed
Total Hours and Minutes:		

Onsite clinical educator, please check mark the following statements and then sign below.

_____ I certify that the above observations were guided, and there was communication/discussion regarding the observations between the student and the clinical educator, per ASHA's standards.

_____ I certify that I have worked 9 months full time (or its equivalent) since receiving my CCC's, per ASHA's standards of supervision

_____ I certify that I have completed 2 hours of professional development in the area of supervision, per ASHA's standards of supervision

Clinical Educator Name _____

ASHA Number _____

State License Number _____

Signature and Date _____