Guided Observation Hour(s) Worksheet – Off Campus Sites

(Complete in blue or black ink and have signed by Speech Pathologist/Audiologist
Each session/patient observation requires a worksheet.)

Student Name: _______________________________ NetID: _______________________________

Date of Observation: _____________ Time of Observation: __________ Email Address: __________________________

Speech Language Pathologist/Audiologist Observed: ______________________________________________________

Type of Hours (circle one): Speech Therapy Session Audiology Session

Number of Hours Observed for this Session: ________________

Please answer the following statements and explain the reason for your responses in full sentences.

1. Goals and objectives were clearly identifiable: Agree Neutral Disagree
   (Explain)

2. The therapy activities were developmentally appropriate: Agree Neutral Disagree
   (Explain)

3. The clinician/student adapted to unexpected changes during the session: Agree Neutral Disagree
   (Explain)

4. What (3) three things did you learn from this session which may help you in your future profession of audiology or speech language pathology?

Signature of SLP/Audiologist: ___________________________________________ Date: __________________________

Office Use Only: Hours Approved? ☐ YES ☐ NO

Signature of Director of Clinical Education: _____________________________________________________________

Notes/Comments: __________________________________________________________________________________________