

Southern Connecticut State University
 Department of Communication Disorders:
 Clinical Service Programs

Documentation of Guided Observation Hours

Observer Name: _____ Semester (circle one): Fall Spring Summer
 Year: 20_____

Facility	Date	Time	Minutes	Age/Disorder	Guidance Code(s) *	Clinical Instructor (CI) (Printed Name and Signature)	ASHA #	Met requirement for supervision. Yes/No

* The individual who signs observation hours is responsible for identifying what mechanism was used to guide the observation.

Guided Observation Codes:

- 1) Comments from and/or discussion with CI
- 2) Comments from and/or discussion with treating clinician
- 3) Review of written session guide
- 4) Post-observation written report
- 5) Classroom/group case discussion