

OBSERVATION RECORD

Student: _____ Student I.D. _____

Instructor/Course: _____ Semester: _____

Date	Client Initials or Facility	Age	Disorder	Activity	Site	Group Yes/No	Supervisor's Last Name	Supervisor's Initials	Observation Time

AGE:	DISORDER:	ACTIVITY:
C = Child A = Adult	<u>LANGUAGE</u> L = Language Disorder (syntax, semantics, pragmatics, aphasia)	T = Treatment E = Evaluation O = Observation C = Consult
	<u>SPEECH</u> SA = Articulation SV = Voice SF = Fluency D = Dysphagia	
	<u>AUDIOLOGY</u> AS = Audiological Screening AE = Audiological Evaluation ARA = Aural Rehab Amplification ARC = Aural Rehab Communication	
	R = Related Disorders (accent /dialect reduction, etc)	

_____ TOTAL HOURS	
_____ Student Signature	_____ Date
_____ Validation Signature	_____ Date



Revised: 11/1/12