# Guided Observation Hour(s) Worksheet — Off Campus Sites

Complete in blue or black ink and have signed by Speech-Language Pathologist (SLP) /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:

[ ]  Speech Therapy Session

[ ]  Audiology Session

Number of Hours Observed for this Session:

## Please answer the following statements. 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:

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: