

**SPEECH-LANGUAGE OBSERVATION LOG**  
**Department of Communication Sciences and Disorders**  
**University of Vermont**

*(Please complete in ink; additional copies in Pomeroy 201)*

**Name: (Print)** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_ **Semester:** \_\_\_\_\_  
 (e.g., Fall, 08)

**Site Name & Location:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_  
 (e.g., UVM Eleanor M. Luse Center, Burlington, Vermont)

*I have read and agree to comply with the procedures for completing observation:* \_\_\_\_\_  
 Signature of Student

Date	Type * (enter code)	Gender	Check <input type="checkbox"/> Adult	Check <input type="checkbox"/> Child	Hours (in hrs. and min.)	Print Supervisor's Name	Supervisor's Signature	Supervisor's ASHA Number

**\*Types of hours (Enter the code given for each activity):**

- SLP 1. Evaluation: Speech disorders-children
- SLP 2. Evaluation: Speech disorders-adults
- SLP 3. Evaluation: Language disorders-children
- SLP 4. Evaluation: Language disorders-adults
- SLP 5. Treatment: Speech disorders-children

- SLP 6. Treatment: Speech disorders-adults
- SLP 7. Treatment: Language disorders-children
- SLP 8. Treatment: Language disorders-adults
- SLP 9. Other speech-language pathology

<b>Total Speech Hours</b>	
<b>Total Language Hours</b>	