

Speech Language Observation Log  
 Department of Communication Sciences and Disorder  
 University of Vermont

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

Name: \_\_\_\_\_

Semester: \_\_\_\_\_

Site Name and Location: \_\_\_\_\_  
 \_\_\_\_\_

Advisor: \_\_\_\_\_

*I have read and agree to comply with the procedures for completing the observation. I have also completed HIPAA training.* \_\_\_\_\_

Date	Type (enter code)	Check Adult	Check Child	Time (in hours and min)	Print Supervisor's Name	Supervisor's Signature	Supervisor's ASHA number	Guided Observation? Y or N

\* According to ASHA Standard V-C, Guided Observation is defined as active **communication and teaching between the clinical educator and observer**

	Totals		Totals		Totals
SLP 1: Evaluation: Speech disorders-Children		SLP 4: Evaluation: Language Disorders-Adult		SLP 7: Treatment: Language Disorders -Children	
SLP 2: Evaluation: Speech disorders-Adult		SLP 5: Treatment: Speech disorders-Children		SLP 8: Treatment: Language Disorders-Adult	
SLP 3: Evaluation: Language Disorders - Children		SLP 6: Treatment: Speech Disorders-Adult		SLP 9: Other: SLP	

