SIUE-Undergraduate Clinical Observations Summary Sheet

Student name	

Date	Adult or Child	Session Type DX = Diagnostic TX = Therapy	Disorder Categories**	Length of Time Observed (in minutes)	Supervisor Signature AND ASHA #

See reverse side ----

Date	Adult or Child	Session Type DX = Diagnostic TX = Therapy	Disorder Categories**	Length of Time Observed (in minutes)	Supervisor Signature AND ASHA #

Total Ob	servation	Hours	
----------	-----------	-------	--

^{**}Articulation, Fluency, Voice/Resonance, Expressive/Receptive Language, Hearing, Swallowing, Cognitive aspects of communication, Social aspects of communication, Communication Modalities