

AUDIOLOGY OBSERVATION LOG
Department of Communication Sciences
University of Vermont

(Please complete in ink; use decimals, 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

(Note: Off-Campus observation must be approved by UVM audiologist)

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

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

TOTAL HOURS: _____

- AE:** adult audiological evaluation
- AE-new child:** pediatric audiological evaluation
- APD1:** audiological evaluation with APD consult/screening
- APD2**:** auditory processing evaluation (occurs after APD1 appointment)
- EM Fitting:** earmold fitting
- EMI**:** earmold impression
- EMI/HAS**:** earmold impression/hearing aid selection
- FM:** FM system consult/testing
- HAA**:** hearing aid adjustment
- HAE:** audiological evaluation with patient that already has hearing aids
- HAE-child:** audiological evaluation with child that already has hearing aids
- HAF:** hearing aid fitting
- HAFU:** hearing aid follow-up
- HAS**:** hearing aid selection
- HATS:** hearing aid troubleshooting
- OSHA**:** OSHA hearing threshold testing

Minutes Observed: Decimal Equivalent			
05: .08	20: .33	35: .58	50: .83
10: .17	25: .42	40: .67	55: .92
15: .25	30: .50	45: .75	60: 1.0

****Designates those appointments for which graduate students cannot obtain observation hours as they do not fall under the Scope of Practice for SLP's.**