Speech Language Direct Client Contact 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	