

# Speech & Language Observation Log

Department of Communication Sciences and Disorder  
University of Vermont

## University of Vermont

*(Please complete in ink)*

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

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

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

\* 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	