

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

(Please complete in ink)

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.*_____

[illegible]

* 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	