

SPEECH-LANGUAGE 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

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):

- SLP 1. Evaluation: Speech disorders-children
- SLP 2. Evaluation: Speech disorders-adults
- SLP 3. Evaluation: Language disorders-children
- SLP 4. Evaluation: Language disorders-adults
- SLP 5. Treatment: Speech disorders-children

- SLP 6. Treatment: Speech disorders-adults
- SLP 7. Treatment: Language disorders-children
- SLP 8. Treatment: Language disorders-adults
- SLP 9. Other speech-language pathology

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

Total Speech Hours	
Total Language Hours	