



Western Carolina University Communication Sciences and Disorders Department
 Cullowhee, NC 28723 828-227-7251

OBSERVATION FORM

Student's Name: _____

Use this form to document your observation of direct clinical evaluation and intervention conducted by a speech-language pathologist with current ASHA certification. A total of 25 observation hours are required prior to completion of the master's program in speech-language pathology.

Date	Duration*	Name of Site	Population Observed (adult or child; disorder; Dx or Tx)	Supervisor's ASHA #	Supervisor's Signature
Observation Reflection					
Observation Reflection					
Observation Reflection					

* Round up to nearest quarter hour (.25, .50, .75, 1.00, 6.75, etc.)

TOTAL OBSERVATION HOURS = _____

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