

ASHA Observation Hours

Name: _____

Use this form to collect observation hours. Before you observe, be sure the audiologist or speech-language pathologist is ASHA certified. Have the observed clinician **sign the form and supply her/his ASHA number** after an observation. Use a new form for each speech-language pathologist or audiologist observed.

FILL IN INFORMATION OR MARK WITH X							ENTER TIME IN MINUTES								
Date	Client Initials	Adult or Child	LV	VID	Dx	Rx	Artic	Fl	V/R	Recep / Expr Lang	Cog	Soc	C Mod	SW	H
Subtotal by Disorder Area:															

GRAND TOTAL: _____ hrs _____ mins

Audiologist/Speech-Language Pathologist Observed Signature: _____

ASHA #: _____ **Location:** _____

LV = Live; **VID** = Video; **Dx** = Assessment; **Rx** = Therapy; **Artic** = Articulation; **Fl** = Fluency; **V/R** = Voice/Resonance; **Recep/Expr Lang**; Receptive / Expressive Language; **Cog** = Cognitive Aspects of Communication; **Soc** = Social Aspects of Communication; **C Mod** = Communication Modalities; **SW** = Swallowing; **H** = Hearing