UNIVERSITY of ARKANSAS

Program in Communication Disorders
Accredited by the ASHA Council on Academic Accreditation
Speech and Hearing Clinic
606 N. Razorback Road, Fayetteville, AR 72701
Telephone: 479.575.4509, Fax: 479.575.4507

Undergraduate Session Observation Form

OBSERVER NAME: _____
DATE OF OBSERVATION: _____
SLP OBSERVED (print): _____
Site: _____

MARK ALL THAT APPLY

Communication Domain:

- ☐ Articulation
- ☐ Fluency
- ☐ Voice
- ☐ Swallowing
- ☐ Comm. Modalities *
- ☐ Receptive Language
- ☐ Expressive Language
- ☐ Cognitive Aspects
- ☐ Social Aspects (Pragmatic)
- ☐ Hearing

Age Observed:

- ☐ Young Child (0-5)
- ☐ Child (6-17)
- ☐ Adult (18-74)
- ☐ Older Adult (75+)

Approach to session:

- ☐ Clinician Directed
- ☐ Client-Centered

Type of session:

- ☐ Group Therapy
- ☐ Individual Therapy
- ☐ Diagnostic/Evaluation

Parental/Family Caregiver Involvement:

- ☐ Yes
- ☐ No

* Modalities include techniques or technologies that assist or provide alternative communication (Devices, Sign Language, Writing, Gestures, Memory books, Picture Exchange, etc.)

Objective	Procedure & Materials	Instruction
1.		
2.		
3.		
4.		
5.		
6.		

How was data recorded? _____

What went well in the session? _____

_____

What types of feedback did the clinician give to the client regarding their performance? _____

_____

To be completed by observed clinician **(**Must have CCC's)** **Time: _____minutes**

Signature of SLP or Audiologist: _____ **ASHA#: _____**

For CDIS Professor/Staff use only

Verified by: _____ ☐