

INDIANA UNIVERSITY SPEECH AND HEARING CLINIC - GUIDED OBSERVATION FORM

(Use one per observation)

Observer Name (print): _____ **Observation Date:** _____

Observation Time: _____ **Total Observation Hours (e.g., .5, 1.0, 1.5):** _____

Client Initials/Age: _____ **Supervisor Name:** _____

Disorder Area(s) (circle all appropriate): Articulation Receptive/Expressive Language Fluency Hearing
Cognitive Aspects Social Aspects Communication Modalities (AAC/sign) Voice/Resonance Swallowing

1. The goals and objectives were clearly identifiable **A: (circle one)** agree disagree
Explanation (required): _____

2. The therapy activities were developmentally appropriate **A: (circle one)** agree disagree
Explanation (required): _____

3. The clinician collected data using a reliable and valid method **A: (circle one)** agree disagree
Explanation (required): _____

4. The clinician adapted to unexpected changes during the assessment **A: (circle one)** agree disagree
Explanation (required): _____

5. The clinician provided treatment that was fluid and well-paced **A: (circle one)** agree disagree
Explanation (required): _____

6. The clinician exhibited an empathetic (caring, compassionate) attitude **A: (circle one)** agree disagree
Explanation (required): _____

Graduate Clinician Signature

(See Guided Observation Summary Form for supervisor signature and ASHA#)

*Questions adapted from Master Clinician Network with permission