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