INDIANA UNIVERSITY SPEECH AND HEARING CLINIC - GUIDED OBSERVATION SUMMARY FORM

STUDENT NAME (PRINT): _____

*IU Speech and Hearing Clinics do NOT keep copies of summary forms

Age/Disorder Key: **(C)** Child = 0-17 **(A)** Adult = 18-older

1 Articulation	2 Receptive/Expressive Language	3 Communication Modalities (AAC/sign)
4 Hearing	5 Cognitive Aspects	6 Social Aspects
7 Fluency	8 Voice/Resonance	9 Swallowing

Enter individual observations from the Guided Observation Form on each line

Date of Observation	**Age/ Disorder Area (see key above)**	**Supervisor Instructor Signature**	**ASHA #**	**Total Hours Observed (e.g., .5, 1.0, 1.25)**
			TOTAL HOURS	