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