**CLINICAL OBSERVATION HOURS RECORD**

**Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Site Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The American Speech-Language-Hearing Association (ASHA) requires students in training to obtain 25 clock hours of observation of clinical evaluation and treatment. The 25 observation hours are a portion of the total number of clock hours that students who complete an MA in SLP must complete as part of their degree program. This Clinical Hours Observation Record Form may be used to record observation hours at any site in any state. You will need one form per site. You are responsible for maintaining your own documentation of all observation hours.

**Key: Age: A = Adult (19 + years old)**

**C = Child**

**Disorder: Articulation Fluency Voice Language Swallowing Cognitive**

**Social Aspects Comm. Modality Hearing**

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| **DATE** | **DISORDER(s)** | **AGE** | **LIVE/Video** | **TIME (hr:min)** | **SUPERVISOR Initials** |
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**Total time (hours: minutes)**:

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| **Supervisor Signature/Credentials (corresponding to each set of above initials)** | **ASHA Certification #** | **State License #** |
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**STUDENT signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**