**CLINICAL OBSERVATION HOURS RECORD**

**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. Depending on the number of sites you visit to accrue hours, you may need to make a copy of this form. Some sites may have their own record form. 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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| **DATE** | **DISORDER(s)** | **AGE** | **LIVE/Video** | **TIME**  **(hr:min)** | **SUPERVISOR Initials** |
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| **Supervisor Signature/Credentials (corresponding to each set of above initials)** | **ASHA Certification #** | **State License #** |
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**Total time (hours: minutes)**:

**STUDENT NAME:**