

# Harding University Speech Clinic Observation Report Form

Client: \_\_\_\_\_ Age: \_\_\_\_\_ Therapy Type: \_\_\_\_\_

Hours: \_\_\_\_\_ Date: \_\_\_\_\_ Clinician: \_\_\_\_\_

Did the session begin and end on time?

What appeared to be the goal(s) of the session?\*

How did the clinician make the best use of the time for therapy?\*

What would you have done differently?

Give an outline of the session:\*

What materials, tests, etc. were unfamiliar to you? You should take the time to look at these materials.\*

Observer's Signature\* \_\_\_\_\_

SLP's/Supervisor's Signature\* \_\_\_\_\_

ASHA # (8 digit)\* \_\_\_\_\_

*\*denotes required entries*