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