

**Speech-Language Pathology/ Audiology
Observation Hours**

Student's Name: _____

Clinician's Name: _____

Credentials:

License number:

ASHA number:

Clinic site/ place of observation: _____

Number of hours observing: _____

Disorders Observed:

Age of clients:

I, the undersigned, hereby certify that I am a licensed and practicing Speech-Language Pathologist/Audiologist. (circle one). I am NOT currently supervising a graduate student in a clinical rotation from Ohio State and I am willing to welcome the above-named undergraduate observer into my setting to observe treatment and/or diagnostic sessions/evaluations.

X _____ Date _____

Instructions:

**Observation hours are not an undergraduate requirement*

**Depending on the graduate program, you may need 25 observation hours- these can be completed at various clinic sites and with various SLP and/or audiology clinicians. See each graduate program's website for their requirements.*

**Complete one form for each observation session you attend*

**Keep a copy of this document to eventually turn in to your graduate school.*