

**ILLINOIS STATE UNIVERSITY
COMMUNICATION SCIENCES & DISORDERS
GUIDED CLINICAL OBSERVATION**

NAME: _____

DATE: _____

MINUTES OF OBSERVATION: _____

TYPE OF SESSION OBSERVED: _____

NAME OF SPEECH LANGUAGE PATHOLOGIST: _____

Circle one: CHILD / ADULT

Circle one: THERAPY / EVALUATION

OTHER: _____ (Specify)

DESCRIPTION OF CLIENT: (In your own words, describe the reason for services)

1. Describe the order of the session in your own words. What activities did the clinician use to evaluate the client or target the client's goals?

2. Describe one segment of the session you found to be effective (What appeared to go well? What was successful?).

3. Describe one segment of the session you found to be less effective and/or confusing to you. (What do you think did not produce a desirable result? What did you not understand?)

4. Discuss one element of the session that surprised you and/or that you found contradictory to your understanding (information you have from class, common sense, experience, or expectations).

5. Write about:
 - a. What you learned from this observation

 - b. Your feelings/reactions about the impact of the clinician’s work with the client

 - c. Your feelings/reactions regarding the impact of the client on you as an observer

6. Write about what you observed during this session and connections you can make to CSD classes and other coursework you have had.

SLP Signature

ASHA number

Checking this box attests that the SLP is ASHA certified, has had their CCC for at least 9 months, and has completed a minimum of 2 CEU hours in the area of supervision. Hours observed of professionals who don't meet these requirements will not count.

**By signing this you are attesting to guided observation-debriefing discussions.
See Standard V-C of the ASHA 2020 Standards for clarification: <https://www.asha.org/Certification/2020-SLP-Certification-Standards/>