**Guided Observation Record Form: SHS 475 Undergraduate Students**

Beginning January 2020, ASHA’s [Standards for Clinical Certification](https://www.asha.org/certification/2020-slp-certification-standards/) require that pre-certification observations are guided. Further, they state “it is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos” (ASHA, 2019). The sessions assigned during SHS 475 qualify as guided because the four examples of guided observations listed below are integrated throughout the course.

Examples of guided observations should include one or more of the following:

1. debriefing of a video recording with a clinical educator who holds the CCC-SLP
2. discussion of therapy or evaluation procedures that had been observed
3. debriefings of observations that meet course requirements
4. written records of the observations.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UIN #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*multiple copies of this form may be needed to record all hours. Total the hours per form at the bottom.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | [Scope of Practice](https://www.asha.org/policy/SP2016-00343/) Targeted in Session | Age | DX/TX | Duration | Clinician/Clinical Educator Name | CCC-SLP/A (ASHA No.) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*\*Student completes the 3 blanks below*

**I certify that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has completed\_\_\_\_\_\_\_\_\_\_\_hours of guided observation**

(*Print your name) (list your total for this form)*

**on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

*(the date you complete the form)*

*\*Instructor of SHS 475 completes the 4 blanks below*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Name of Instructor Title Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor Signature**