**REPORT OF GUIDED OBSERVATION HOURS**

Name: Banner #

ECU email:

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| --- | --- | --- | --- | --- | --- |
| ***Date*** | ***Evaluation (Dx) or Treatment (Tx)*** | ***Type of Disorder Observed*** | ***Number of minutes observed (or convert to hours)*** | ***Guided Observation (Yes/No);*** *Guided observations may be verbal or written communication completed either during or after the observation.* | ***Speech-Language Pathologist or Audiologist verification – printed name, initials and ASHA# (Name must be legible)*** |
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|  |  | ***Total for this sheet in hours*** | **hrs** |  |  |

A minimum of 25 clock hours of observation of SLP or Audiology sessions is required. Observation hours should be in a variety of settings with a variety of different patient disorders and procedures. Multiple sheets are acceptable if needed.

