

Phone: 616-331-5555 Fax: 616-331-5556

**Daily Observation Clock Hour Record**

Student Observer: Semester: Sp\_\_\_ Sm\_\_\_ F\_\_\_ W\_\_\_ Year\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | AGE | DISORDER | ACTIVITY | GROUPY/N | SUPERVISOR NAMEAND ASHA # | SUPERVISORSIGNATURE | LENGTH OF OBSERVATION |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Validation Signature: Date:

Age: C=Child; A=Adult

Disorder: A=Articulation; L=Language; H=Hearing; S=Swallowing; V=Voice; F=Fluency; CAC=Cognitive Aspects of Communication; SAC=Social Aspects of Communication; AAC=Augmentive and Assistive Communication

Activity: T=Treatment; E=Evaluation