

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

**Daily Observation Clock Hour Record**

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

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| DATE | AGE | DISORDER | ACTIVITY | GROUP  Y/N | SUPERVISOR NAME  AND ASHA # | SUPERVISOR  SIGNATURE | LENGTH OF OBSERVATION |
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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