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| Student Observer Name: | Date: |
| Client Initials or if a group: | Age (s): | Length of Session: |
| SLP Supervisor Name: | Type of Disorder(s): |
| SLP signature: | ASHA Number: |

*Remember all information is confidential do not include any information that is personal about this client and could allow the client to be identified.*

How has the client’s communication or swallowing disorder affected his/her functional abilities?

Describe the short-term objectives that you think were being addressed during the session.

Do you think the stimulus materials were appropriate for the client and the objectives of the session? Give examples to support your answer.

Were the treatment objectives met? Why or Why not?

What examples of behavior did you see in the clinician indicating that he/she responded to the changing needs of the client (reducing difficulty level, control of behavior, etc)?

Describe any helpful information you gained from observing this session that you may use in the future as an SLP (e.g., activities, techniques, reinforcement, interactions, etc.).