Observation Hour Log
Department of Communicative Sciences and Disorders
Michigan State University

Complete this form in ink. For each session you observe, enter the amount of observation time (e.g., in minutes) in the appropriate cell. Count only time spent watching a session. Each observation session must be supervised by an individual holding ASHA certification (e.g., the clinician, the clinician's supervisor, a CSD instructor). That individual must sign their name and provide their ASHA membership number next to each session you observe. Be sure to total each column. Do not white out or cross out an error. Instead, draw a single line through it and have the supervisor initial the change.

Student _____ Semester _____

CSD Class Associated with Observation: _____

Date	Session length in minutes	Client's 1st initial	Observation setting	ASHA member's name (printed legibly)	ASHA number	ASHA member's Signature
Total Number of Observation Minutes for this page:						