

# McDaniel College Guided Observation Hour Log

The Criteria for obtaining the 25 Guided Observation Hours are described below:

1. Observed clinical sessions must fall within the [scope of practice](#) of speech-language pathology and must be provided by a State licensed and ASHA-certified SLP.
2. Observations must be done with real clinicians and real clients/patients who are or who were engaged in actual service delivery.
  - Simulated, staged or demonstrated activities do not count toward these observation hours.
3. Clinical services must be observed either live (in person or via telehealth) or through audiovisual recordings of previously conducted clinical sessions.
4. Observations must be guided by a licensed and ASHA-certified SLP who has completed at least 9-months of full-time work post certification and has completed a minimum of two hours of professional development coursework in the area of clinical instruction and supervision.
5. There must be communication between the SLP and the student about the clinical observation. This communication can either occur simultaneously with the observation or occur afterwards through review and approval of written reports or summaries submitted by the student.
6. Observations and observation time in minutes, must be documented by the student and approved in writing by the supervising SLP.
  - Student can use the attached document or create their own document, but the document must include the following:
    - observation date
    - site name and location of observation
    - amount of time observed in minutes
    - type of service observed
      - (i.e., treatment or evaluation)
    - type of client observed
      - (adult/adolescent/child)
    - type of disorders observed
      - (i.e., articulation and phonology, voice and resonance, fluency, receptive and expressive language, cognition, social communication, hearing, swallowing and feeding, and communication modalities)
    - printed name and signature of the supervising SLP
    - SLP's ASHA number

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Student Name: \_\_\_\_\_

Program: MS-SLP

Date	Site Name & Location	Time Observed (minutes)	Service Observed (assessment / treatment)	Type of Client Observed (Adult, Child)	Type of Disorder Observed	SLP Printed Name & Signature	SLP's ASHA #

**Instructions for Students**

- Complete **all fields** for each guided observation experience.
- All observation hours **must be approved and signed** by a licensed, ASHA-certified CCC-SLP.
- Use additional pages as needed to document all required hours.