UNIVERSITY OF ARIZONA SPEECH AND HEARING CLINIC - GUIDED OBSERVATION SUMMARY FORM

STUDENT NAME (PRINT): _____

*UA Speech and Hearing Clinics do NOT keep copies of summary forms

Age/Disorder Key: **(C)** Child = 0-17 **(A)** Adult = 18-older

1 Articulation	2 Receptive/Expressive Language	3 Communication Modalities (AAC/sign)
4 Hearing	5 Cognitive Aspects	6 Social Aspects
7 Fluency	8 Voice/Resonance	9 Swallowing

Enter individual observations from the Guided Observation Form on each line

Example: 3/12/21 C/1 Supervisor Signature 0123456 1.0 hrs

Date of Observation	Age/ Disorder Area (see key above)	Supervisor Instructor Signature	ASHA #	Total Hours Observed (e.g., .5, 1.0, 1.25)
			TOTAL HOURS	