

Student Name

## DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES

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## **Guided Observation Hours Speech, Language, and Hearing Clinic**

enhance SLHS pr	artment of Speech, Language, & Heari the education of our students. It is the p rogram in order to observe in the Unive to the supervising Speech-Language Pat	policy of the larsity Clinic. I	Departme Prior to ol	ent that stoserving,	tudents i , docum	must be a	registere of all re	ed as students in the quirements must be
The ASI	HA certified and Arizona licensed UA fine, indicate their certification, and the control of the	•				_	ded obse	ervation will sign
Date	Signature	ASHA#	SLP/ AuD	Child Hours		Adult Hours		Running Total
				Eval Trt		Eval Trt		
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Student's signature attesting that the form is accurate \_\_\_\_\_\_ Date: \_\_\_\_\_