Kent State University
Department of Speech Pathology and Audiology
Off-Campus Observation Summary

Student Name: ____________________________ Banner ID: ____________________________
E-mail: ____________________________ Phone #: ____________________________

In order to log your observation hours, the following information is **REQUIRED**; plus attach your record of clinical clock hours. Hours will only be assigned if the record of clinical clock hours is attached.

Date of Observation: ________________

Name of Observation Site: ____________________________________________

To be completed by the on-site supervisor:

Length of *Direct Client Observation*: ______________________

Supervisor’s Name: ____________________________ /Signature: ____________________________

Supervisor’s ASHA Number (8-digits): ____________________________

Supervisor’s Ohio License Number (4-digits): ____________________________

Remember to have the on-site supervisor **SIGN** your “Record of Clinical Clock Hours” form.

*Please write a brief summary of your observation (do not use names of client’s or any other identifying information).*

KSU Observation Monitor: ____________________________ Date: ____________________________

Form last updated: 9/3/15