

SLPA 110 CLINICAL OBSERVATIONS

Clinic Instructor _____

Date _____

Circle One: **Credit** **No Credit**

Name _____

Date _____

Time _____

Client (s) _____

Disorder _____

Age _____

Clinician _____

Observation # _____

GOALS FOR THE SESSION: (from Lesson Plan sheet, if available)

EVALUATION: (Were the goals accomplished? Why or why not?)

IMPRESSIONS OF THE SESSION:
