

**Fresno State
Communicative Disorders and Deaf Studies
Weekly Observation Form**

Intern:	
Mentor:	
Date:	

Observation type: Intern assignment observation: _____
Mentor observation of intern: _____

1. Assignment Information (setting, location, consumers, etc):
2. Assignment Preparation (pre-conferencing with team interpreter/consumers, etc):
3. Environmental Factors (visibility, acoustics, use of referents, etc.):
4. Professional Conduct (professionalism, attitude, adherence to ethics, rapport with others, teaming, etc.):
5. Message Production (fluency, cohesion, register, phrasing, processing, additions/deletions/substitutions, etc):

6. Message Monitoring (accepting feeds, self corrections, fillers, etc.):

7. Language Production (vocabulary, ASL parameters, language fluency, register, clarity, grammatical structure, non-manual markers, finger spelling, use of space, number incorporation, classifiers, affect, role shifting, etc):

8. Overall Interpretation (ease of watching interpreter, team interpreting, language and message production, professional conduct, accuracy of message, optimizing communication, etc.):