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CALIFORNIA STATE UNIVERSITY, FRESNO
Speech, Language and Hearing Clinic
5310 N. Campus Drive M/S PH80
Fresno, CA 93740-8019
(559) 278-2422

OBSERVATION HOURS - Speech Pathology and Audiology

Name:______________________________ Student ID#_________________________

Date	SP	AUD	Code	Age	Observation Site	Supervisor’s Signature	Supervisor ASHA #	# Min.

Date	SP	AUD	Code	Age	Observation Site	Supervisor's Signature	Supervisor ASHA #	# Min.

SUMMARY INFORMATION:

_____Total Hours
_____Total Number of Different Observation Sites
_____Total Number of Different Supervisors

ACTIVITY CODE: Check either (SP) for Speech Pathology or (A) for Audiology for each Observation. Identify the specific type of Observation using one of the following:

SPEECH PATHOLOGY
(A) Articulation
(L) Language
(AP) Aphasia
(V) Voice
(F) Fluency
(D) Diagnostic
(S) Screening

AUDIOLOGY
(HA) Hearing Aid
(AR) Aural Rehabilitation
(ENG) Electronystagmography
(BSER) Brainstem Evoked Response
(CAT) Central Auditory Testing
(SL) Site of Lesion Testing
(S) Screening
(O) Otolaryngological
(IV) Initial Evaluation