

Guided Observations – Policies & Procedures

The American Speech-Language and Hearing Association (ASHA) and the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) have set educational and training standards which apply to all accredited training programs. It is their recommendation that *guided clinical observation hours should generally precede direct contact with clients/patients, and that prospective graduate students should observe experienced clinicians in a variety of settings* (i.e., schools, private practices, hospitals) and include both assessment and intervention of children and adults with speech, language, and swallowing disorders. Examples of guided observations may include but are not limited to the following:

- debriefing of a video recording with a clinical educator who holds the CCC-SLP
- discussion of therapy or evaluation procedures that had been observed,
- debriefings of observations that meet course requirements,
- written review of the observations.

SPECIFIC HOURLY REQUIREMENTS

Guided observation hours must be signed off by eligible speech-language pathologists and/or audiologists who meet the [ASHA Supervision Requirements](#).¹ Verify the clinician's eligibility [here](#).

Guided observation can include observing

- ASHA certified speech-language pathologists and/or audiologists
- student clinicians under supervision in university clinics or off-campus placements
- videos in Master Clinician Network (MCN) and/or SimuCase when assigned by an instructor (*do NOT choose this option without a clinical educator to sign off on the hours*)

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Guided observations must be completed under the supervision of a clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of post-certification, full-time experience and (2) a minimum of 2 hours of professional development in the area of clinical instruction/supervision. Please check the ASHA registry to verify a clinician's certification <https://www.asha.org/eweb/ashadynamicpage.aspx?site=ashacms&webcode=ccchome>

Students are required to accumulate at least

- **10** hours prior to starting Year 1 of the graduate program
- **25** hours prior to starting Year 2 of the graduate program, which includes a **minimum of 10** in-person or synchronous telehealth hours observing an ASHA certified speech-language pathologists and/or audiologists

VERIFICATION OF HOURS

1. Obtain documentation of guided observation (as opposed to passive viewing of sessions)
 - For live observation, complete the **Guided Observation Log** (Appendix A). Indicate the facility/setting in the Location column (e.g., Private Practice, Acute Care Hospital, Acute Rehab Hospital, Outpatient, School, Community Center).
 - For simulated observation, either save a copy of the **transcript from the platform** (e.g. MCN and Simucase) including the instructor's signature and ASHA number OR complete the Guided Observation Log and indicate the platform in the Location column.
 - **Guided Observation Form** (Appendix B) is *optional* for verification of hours, but may be used by instructors for guided observation assignments.
2. Graduate students will upload the logs/transcripts to CALIPSO, a web-based application used to track academic and clinical progress, and create a clock hour record for the observation hours. **Undergraduate students will maintain their own records.**

APPENDIX A - GUIDED OBSERVATION LOG

**By signing this document, I verify that debriefing of the observation and discussion of therapy or evaluation procedures that had been observed took place.*

I verify that I meet ASHA certification and have completed two hours of professional development in the area of supervision and/or clinical instruction.

<https://www.asha.org/eweb/ashadynamicpage.aspx?site=ashacms&webcode=ccchome>

Date	Duration (mins)	Location	ADULT/CHILD SPEECH/LANGUAGE	Name of SLP AS LISTED IN ASHA	*SLP Signature	ASHA Number
TOTAL	_____ mins	_____ hours				

Student's Name: _____

APPENDIX B - GUIDED OBSERVATION FORM

Your Name:	Date of Observation:	Duration of session:
SLP Name:	Location:	Client Age:
Service(s) Provided: Screening Evaluation Therapy Other (describe):		Individual Group
Brief Description of Session (e.g. Swallow Study, Articulation Therapy, Speech Assessment, Stroke-Education Group, etc.)		
Describe type, severity and characteristics of communication disorder/difference (If you are observing a group, choose one client/patient to observe and document).		
Describe the session objective(s).		
Describe materials and activities used in session.		

List the types of reinforcement(s) used by the clinician. Were they effective?

List and describe procedures used to decrease undesirable behaviors.

Describe types of cues used and method(s) of data collection.

Describe transitions used between activities. Were they effective?

Describe the client and clinician rapport.