UConn SLHS Guided Clinical Observation Guidelines and Forms

Per the American Speech-Language-Hearing Association (ASHA), undergraduate students pursing ASHA certification in speech-language pathology must complete twenty-five (25) hours of guided clinical observation. These hours will count towards their overall four hundred (400) clinical clock hours earned at the graduate level that will be used to apply for certification. **Please note that Guided Clinical Observation Hours, although recommended, are not required for students pursuing graduate level education in audiology.**

The treating speech language pathologist (SLP) or audiologist must attest that the observations were “guided”. Examples of Guided Clinical Observation may include debriefing a video, clinical discussion of the session observed or reviewing written records/reflection of the observation. These discussions may occur during observation or after thorough review of written reflections. Signing this form serves as confirmation that there was discussion between the treating practitioner and the student observer and that the observations follow the guidelines for guided observation per ASHA. Only direct time observing a client (video or live) can be counted towards observation hours. For example, if a student is present at a site for eight (8) hours, but observes four (4) hours of treatment, only four (4) hours of guided observation may be counted. Observations must be with individuals receiving audiology or speech language pathology services either live, via telehealth, or previously recorded; however, please note that simulated activities, demonstration of equipment, or staged assessment or treatment does not meet the guidelines for guided observation.

According to ASHA, the SLP or audiologist responsible for validating student observations must have completed at least nine months of full-time work after obtaining their certification. Furthermore, they are required to hold a state license and possess their Certificate of Clinical Competence (CCC). You can verify an individual's certification status on ASHA.org.

Please note that guided observation hours are not a mandatory part of the undergraduate curriculum in SLHS at UConn. However, we strongly recommend that students complete these observation hours before applying to graduate programs. This advice is based on the requirement by certain graduate programs for the completion of observation hours at the time of application. It is also important to highlight that the graduate application form provided by the Communication Sciences and Disorders Centralized Application Service (CSDCAS) features a distinct section for "guided observations." Therefore, although these observation hours are not mandatory, they are significantly valued and play a crucial role in the review of graduate applications.
How to Complete Log:

1. Complete one log per SLP or Audiologist observed. If you are observing multiple SLPs or Audiologists, you will have multiple logs.
   a. Part A – UConn SLHS Guided Observation Log. Complete all portions of the log including the total number of hours/minutes observed and ensuring the SLP/Audiologist has initialed each entry.
   b. Part B – Answer all the questions associated with the observation(s).
   c. Part C – SLP/Audiologist must review and sign off on the log

Submitting Guided Observation Hours

Please follow these steps to submit your completed guided observation hours:

1. Do not submit any documents until you have completed all of your intended hours.
2. Make a single PDF of all of your completed Guided Observation Logs including any hours earned through the Master Clinician Network or the Simucase Guided Observation Program.
   a. Please navigate to the https://speech-language-hearing.uconn.edu/guided-clinical-observation/ and complete the SLHS Guided Observation Final Submission Form and upload a single PDF document of all your Guided Observation Logs.
3. The Associate Department Head of Clinical Education will then review and approve your materials. You will be alerted within two weeks if your hours are approved and receive a letter via email acknowledging the approval of your hours.

If you have any questions, please email slhs@uconn.edu.
# UConn SLHS Guided Clinical Observation Log

## Part A

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Observation</th>
<th>Minutes observed per patient</th>
<th>Initials of SLP/Audiologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/7</td>
<td>Example: 80-year-old patient with aphasia. Worked on naming pictures and answering yes/no questions.</td>
<td>45 min</td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Direct Observation Hours: _____ Minutes: ______
Part B: Questions to be completed by student:

Please answer the following questions for each SLP and/or audiologist you observe:

1. How did the observation experience deepen your understanding of the roles and responsibilities of a speech pathologist or audiologist, and in what ways did it align with your expectations or assumptions about these professions?

2. Reflect on the diversity of clients or patients you observed during the session. In what ways did the speech pathologist or audiologist demonstrate cultural humility and sensitivity in their interactions with individuals from different backgrounds?

3. Consider the challenges faced by the speech pathologist or audiologist during the observation. How did they address any unexpected situations or adapt their approach to better meet the needs of their clients, and what insights did you gain from observing these problem-solving skills in action?
Part C: To be completed by SLP/Audiologist:

1. _____ I attest that the above observations were guided as per ASHA Standards using the following:

   ____ Discussion
   ____ Reviewing written assignments or Reflections
   ____ Other: ________________________________

2. _____ I attest that I have an active license, currently hold my ASHA CCC and have completed at least nine (9) months of clinical practice.

Approval

SLP/Audiologist Name: ________________________________

Email Address: ______________________________________

ASHA Number _______________________________________

State License Number ________________________________

Signature and Date _________________________________