

Outline for Observation Report of a Therapy Session Fall 2019

Name of Observer: _____ Clinical Number: _____

Date of Observation: _____ Length of Observation: _____

SLP Initials: _____ Client Initials: _____ Diagnosis: _____

1. List the objectives of the session. (i.e. Produce /r/ in the initial position at the word level)
2. List/Describe the materials and activities utilized.
3. What techniques/methods/procedures did the clinician use? (i.e. auditory bombardment)
4. What type of reinforcements were used? (i.e. tokens, verbal praise, choice time)
5. How did the SLP handle correct and incorrect responses?
6. How did the client respond to the techniques/methods/procedures? (include behavioral observations)
7. How was data collected? What was the percentage of accuracy?
8. Did the SLP accomplish the objectives for the observed session?
9. What did you learn from observing this session? Add any questions or comments you would like to share with the SLP.

SLP Signature: _____ Date: _____

SLPA Intern Signature: _____ Date: _____

*This is the required format for writing clinical observations. All of the above must be answered in detail and all signatures must be provided. Any missing information will be considered incomplete.