

**FLORIDA INTERNATIONAL UNIVERSITY
COMMUNICATION SCIENCES AND DISORDERS DEPARTMENT**

**OBSERVATION REPORT
OF INDIVIDUAL CLINIC SESSION**

Student:	Date:
Time:	Facility:
Age of Client:	Therapy or Eval:
5=Very good, 4=Good, 3=Satisfactory, 2=Less than satisfactory, 1=poor	
1. Did the clinician exhibit appropriate level of confidence?	5 4 3 2 1
2. Was the clinician in control of the session?	5 4 3 2 1
3. Did the clinician allow plenty of time for client responses ?	5 4 3 2 1
4. Were rate, pitch, and volume appropriate?	5 4 3 2 1
5. Did the clinician handle discipline appropriately?	5 4 3 2 1
6. Were materials and verbalizations at age and interest level of client?	5 4 3 2 1
7. Did the clinician show respect for the client?	5 4 3 2 1
8. Was the clinician flexible enough to take advantage of learning opportunities for client?	5 4 3 2 1
9. Were materials handy and organized?	5 4 3 2 1
10. Did the clinician perceive the client's tolerance levels?	5 4 3 2 1
11. Did the clinician handle the equipment appropriately?	5 4 3 2 1
12. Did the clinician appear to be interested in working with the client?	5 4 3 2 1
13. Was the clinician prepared to conduct the session (familiar with materials, equipment, etc.)?	5 4 3 2 1
14. Did the clinician reinforce the client appropriately and consistently?	5 4 3 2 1
15. Was the session time used effectively?	5 4 3 2 1
16. Overall impression of the session.	5 4 3 2 1
Comments:	
Site supervisor remarks:	