Clinical Observation Report
Communication Sciences & Disorders
Florida International University
Miami, FL. 33199
(305) 348-2710

Name of Observer______________________________________  Date (m/d/y):____________
Initials of Client_____________  Age of Client (yrs.)__________  Child _____  Adult ____
Type of Communication Disorder _________________________  Diagnosis_______________
Start Time: ____________________    Ending Time:____________________
Clinical Setting__________________________________________________
Type of Session:  Diagnostic__________ Therapy___________

Targeted Goals/Outcomes for session:

Were the targeted goals achieved?  Yes___   No___   Why not?

Was the client on task for most of the session?  Yes___   No___   Why not?

Were the activities appropriate for the client?  Yes___   No___   Why not?

How was the client's performance measured?

What strategies/methods/materials were used to help the client achieve the goals?

What plans were communicated to the client or family for the next session?

What were the most interesting elements of this session?

What would you have done differently?

(Use the back of this page if necessary)

________________________________         ___________________________
Name of CCC-SLP/A/Dual           Signature of CCC-SLP/A/Dual

___________________________
ASHA ID # of CCC-SLP/A/Dual