

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