



Department of Communication Sciences and Disorders
Record of Observation Hours

Student's Name: _____ Panther ID _____

ID	Disorder	Hours	P/A	D/T	Supervisor's Name	Facility	DATE
1							
2							
3							
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28							

Key
P = Pediatric
A = Adult
D = Diagnostic
T = Treatment

Date Completed: _____ AUTHORIZED: _____