*multiple copies of this form may be needed to record all hours. Total the hours per form at the bottom.

Students should record observation hours on this form. Clinicians/Supervisors observed must be ASHA certified. If you observe outside of the U of I Clinic, you must obtain the professional's ASHA number. Keep the original and a copy of the form will be placed in your student file upon completion of the 25 hours.

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Disorder</th>
<th>Age</th>
<th>DX/TX</th>
<th>Duration</th>
<th>Clinician/Supervisor Signature</th>
<th>CCC-SLP/A (ASHA No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>If observing in the U of I Clinic, the 475 instructor will sign here</td>
<td></td>
</tr>
</tbody>
</table>

*Student completes the 3 blanks below

I certify that ___________________________ has completed ____________ hours of observation

(Print your name) (list your total for this form)

on ___________________________.

(the date you complete the form)

*Instructor of SHS 475 completes the 3 blanks below

Name of Instructor ___________________________ Title ___________________________ Date ___________________________