



**Baldwin Wallace University**  
**Speech-Language Pathology Observation Hours Verification Form**

Please refer to the instruction sheet to ensure proper completion of this form.

**Student Name:** \_\_\_\_\_

**Date Range Observation Hours Were Obtained (include Month and Year):** \_\_\_\_\_

<b>KASA Area</b>	<b>Pediatric Evaluation</b>	<b>Pediatric Intervention</b>	<b>Adult Evaluation</b>	<b>Adult Intervention</b>
<b>Articulation</b>				
<b>Expressive &amp; Receptive Language</b>				
<b>Cognitive Aspects of Communication</b>				
<b>Social Aspects of Language</b>				
<b>Swallowing</b>				
<b>Communication Modalities</b>				
<b>Voice</b>				
<b>Fluency</b>				
<b>Hearing</b>				
	<b>Total:</b>	<b>Total:</b>	<b>Total:</b>	<b>Total:</b>
	<b>Total Overall Observation Hours in Speech-Language Pathology:</b>			

I verify that these hours reflect direct service time with patients and the student named above was present for these hours.

Name of Verifying Therapist (Printed): \_\_\_\_\_

State License Number: \_\_\_\_\_ ASHA Number: \_\_\_\_\_

Signature of Verifying Therapist: \_\_\_\_\_ Date: \_\_\_\_\_