

# Clinical Fellow Observation Record

Clinical fellow \_\_\_\_\_  
 Start Of CF \_\_\_\_\_  
 Supervisor ASHA ID: \_\_\_\_\_

Supervising SLP: \_\_\_\_\_  
 Expected End of CF \_\_\_\_\_  
 Supervisor License #: \_\_\_\_\_

Observation Number (each number = 1 hr of supervision)	Date/Time	Summary of Observation (list related indirect contact related to supervision/observation)	CF Initials	Supervisor Initials
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CF Signature \_\_\_\_\_

SLP Supervisor \_\_\_\_\_

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36 (recommended for DE and PA)				
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69				
70				
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72 (recommended by NJ)				
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97				
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107				
108 (recommended for NY)				

CF Signature \_\_\_\_\_

SLP Supervisor \_\_\_\_\_