



**SCHOOL OF HEALTH  
AND MEDICAL SCIENCES**  
*Speech-Language Pathology*

**SETON HALL UNIVERSITY**

**Recording Sheet for Observation Hours**

Date	Clinic Site	Type(s) of Disorder	Clinical Activity		Age	Hours/ Min. Observed	Speech Language Pathologist's Information		
			Evaluation	Treatment			Print Name	ASHA#	Signature

Student's Name: \_\_\_\_\_

Academic Term \_\_\_\_\_