OBSERVATION LOG FOR APPLICANTS FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND/OR AUDIOLOGY ASSISTANT

Name of Applicant: ___________________________  Date: ___________________________
Address: ________________________________  City: ___________________  State: _________  Zip: ____________
Phone Number: ____________________________

CMR 260: Applicants who apply for licensure as a Speech-Language Pathology Assistant or Audiology Assistant must have completed 20 hours of observation of clinical practice with a licensed Speech-Language Pathologist or Audiologist.

**ACTIVITY CODES**
1. Screenings: Speech, Language or Hearing
2. Assessment: Administration of formal and informal procedures
3. Treatment: Implementation of treatment programs
4. Treatment: Carry over activities

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<th>DATE OF SESSION</th>
<th>LENGTH OF SESSION</th>
<th>ACTIVITY CODE (SEE ABOVE)</th>
<th>NAME OF OBSERVED CLINICIAN</th>
<th>SIGNATURE</th>
<th>MASS. LICENSE #</th>
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Please send the original to the Board of Registration of Speech-Language Pathology and Audiology and retain a copy for your records.