

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

DATE OF SESSION	LENGTH OF SESSION	ACTIVITY CODE (SEE ABOVE)	NAME OF OBSERVED CLINICIAN	SIGNATURE	MASS. LICENSE #

Please send the original to the Board of Registration of Speech-Language Pathology and Audiology and retain a copy for your records.