



Speech-Language Pathology Clinical Observation Log

Printed Name of Applicant: _____ Intended Year of Enrollment: _____

A minimum of 25 hours of clinical observation is required for application to the MS-SLP Program. The CCC-SLP's signature is not required, simply provide his or her name. Please type or print clearly.

Date(s)	Hours	Name of Facility	Description of Experience	CCC-SLP Name(s)
Total:				

Printed Name of Applicant: _____ Intended Year of Enrollment: _____

Date(s)	Hours	Name of Facility	Description of Experience	CCC-SLP Name(s)
Total:				