MURRAY STATE COLLEGE

Speech-Language Therapy Assistant Program

CLINICAL OBSERVATION RECORD

APPLICANT INFORMATION

APPLICANT NAME:_____DATE:

By requesting the completion of this form used in the admissions process for the SLPA program at MSC, I waive my right of access to this document, and ask that it be scanned and emailed to the SLPA Program Chair Cahughes@mscok.edu

_____

Applicant Signature

Therapist Information

Thank you for agreeing to allow a prospective SLPA student to observe your work. It is important for prospective students to have an understanding of the profession they are considering. We appreciate your time and effort. • The purpose of this observation requirement is to acquaint the applicant with the nature and scope of the Speech-Language Therapy profession, and expose him/her to a variety of therapy practice settings. • The observation information must be completed & signed by a Licensed Speech Language Pathologist who has had contact with the applicant.

- This is a confidential form, so we ask you to fax or mail it, please don't send it with the student.

Please consider the following and provide your overall impression: The applicant . . .

- Arrived promptly for observation and stayed the agreed upon amount of time.
- Was neat & appropriate in their appearance and behavior.
- Showed effective listening skills & good verbal communication.
- Observed attentively and with interest.
- Showed confidence & enthusiasm through their behavior.
- Expressed questions/comments that indicated a desire to learn about Speech Language Therapy.

COMMENTS:

TOTAL AMOUNT OF TIME OBSERVED:_____DATE: _____ *Circle One*

I recommend this student for consideration by the MSC-SLPA program: **YES or NO**

CLINICIAN SIGNATURE: _____DATE: _____ CLINICIAN NAME (Print)

_____Phone#:_____ License#: _____Phone #:

_____Email: _____

This form is to be completed and returned by the clinician.

Please fax or by mail to: FAX to **(580) 387-7179** ATT: SLPA PROGRAM

Murray State College, SLPA program One Murray Campus,
Tishomingo, OK 73460