

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 @

\_\_\_\_\_  
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