

(Please complete in ink; additional copies in Pomeroy 201) off campus observation must be approved by UVM Audiologist

Name: _____ Semester: _____
Site Name and Location: _____ Advisor: _____

I have read and agree to comply with the procedures for completing the observation. I have also completed HIPAA training. _____

Date	Type (enter code)	Check Adult	Check Child	Time (in hours and min)	Print Supervisor's Name	Supervisor's Signature	Supervisor's ASHA number	Guided Observation? Y or N*

* According to ASHA Standard V-C, *Guided Observation is defined as active communication and teaching between the clinical educator and observer*

AE: adult audiological evaluation	TINNEVAL: tinnitus evaluation	HACONSULT: hearing aid consultation	HATS: hearing aid troubleshooting
AE-PED: child audiological evaluation	TRTFU: tinnitus retraining follow-up	HAS: hearing aid selection	HAA: hearing aid adjustment
OSHA: OSHA hearing screening	FM: FM assistive device consultation	HAF: hearing aid fitting	EMI/EMF: earmold impression/earmold fitting
		HAFU: hearing aid follow-up	HAPU: hearing aid pick up