



SPPA 270-331-482

**Report of Audiology Observation**

<b>Your Name:</b> _____	<b>Date:</b> _____
<b>Place of observation:</b> _____	<b>Time (total):</b> _____
<b>Clinician Observed:</b> _____	<b>Client's Age:</b> _____
<b>Complaint:</b> _____	<b>Activity Observed:</b> _____

**Summary of History:**

**Procedures Employed:**

**Summary of Results:**

**Recommendations:**

**Impression, Observations, Remarks about the session/clinician:**