



Guided Observation Program

VIDEO CHECKLIST

The following videos are approved for the Simucase Guided Observation Program. These are the only videos that will count toward your observation hours. All videos should be viewed in interactive mode. Place a check beside each video that you completed.

PEDIATRIC		Topic	Time
<input type="checkbox"/>	Lincoln- Oral Aversion Intervention Session 1	Early Intervention/Feeding/Swallowing	0:24:00
<input type="checkbox"/>	Lincoln- Oral Aversion Session 2	Early Intervention/Feeding/Swallowing	0:29:00
<input type="checkbox"/>	Braydon- Early Intervention Session in Home Setting	Early Intervention	0:57:00
<input type="checkbox"/>	Nick- Session 1 PMV on Floor Mat	Early Intervention/Feeding/Swallowing	0:43:00
<input type="checkbox"/>	Nick- Session 2 Speech Therapy and Physical Therapy Co-Treat	Early Intervention/Interprofessional Practice	1:24:00
<input type="checkbox"/>	Nick- Telehealth Feeding Session	Feeding/Swallowing	0:42:00
<input type="checkbox"/>	Nico- Child Development Day Collaborative Assessment Part 1	Early Intervention/Interprofessional Practice	0:41:00
<input type="checkbox"/>	Qiana- Clinic Visit	Craniofacial/Articulation	0:11:00
<input type="checkbox"/>	Qiana- Nasoendoscopy	Craniofacial/Articulation	0:08:00
<input type="checkbox"/>	Qiana- Nasoendoscopy Review	Craniofacial/Articulation	0:11:00
<input type="checkbox"/>	Hadley- Intervention Sorting Items and Labeling Categories	Preschool Language	0:19:00
<input type="checkbox"/>	Antoine-Therapeutic Recreation Session 1	Autism/Social Skills/Language	0:26:00
<input type="checkbox"/>	Antonio- Diaphragmatic Breathing Session 1 without Voice Amplifier	Voice	0:25:00
<input type="checkbox"/>	Antonio- Diaphragmatic Breathing Session 2 with Voice Amplifier	Voice	0:27:00
<input type="checkbox"/>	Nessa- Speech Production Intervention	Childhood Apraxia of Speech	0:12:00
<input type="checkbox"/>	Jordan- Speech Sound Disorder Intervention 1	Speech Sound Disorder	0:07:00
<input type="checkbox"/>	Jordan- Speech Sound Disorder Intervention 2	Speech Sound Disorder	0:04:00
<input type="checkbox"/>	Everett- Intervention Session Using NovaChat 8	Down Syndrome/Speech/Language/AAC	0:22:00
<input type="checkbox"/>	Gio- Clinic Visit Post Palate Repair	Craniofacial/Speech and Language Evaluation	0:24:00
<input type="checkbox"/>	Hadley- Goldman-Fristoe Test of Articulation 3 Administration	Speech Sound Disorder	0:07:00
<input type="checkbox"/>	Doug- Oral Mechanism Exam	TBI	0:04:00
<input type="checkbox"/>	Doug- Auditory Comprehension	TBI	0:04:00
<input type="checkbox"/>	Doug- Memory Word List	TBI	0:05:00
<input type="checkbox"/>	Jack- Intervention	Fluency	0:04:00

PEDIATRIC <i>(cont.)</i>		Topic	Time
<input type="checkbox"/>	Jack- Monologue Trial 1	Fluency	0:02:00
<input type="checkbox"/>	Jack- Monologue Trial 2	Fluency	0:04:00
<input type="checkbox"/>	Jack- Reading Aloud Trial 1	Fluency	0:03:00
<input type="checkbox"/>	Keagan- Conversation Sample	Fluency	0:04:00
<input type="checkbox"/>	Wesley- AAC LAMP Trial	Autism/AAC	0:13:00
<input type="checkbox"/>	Jay- R-Controlled Vowels and Literacy Intervention	Literacy	0:44:00
<input type="checkbox"/>	Cameron- Assessment of Play Skills	Speech Sound Disorder	0:13:00
<input type="checkbox"/>	Cameron- Story Retell	Speech Sound Disorder	0:06:00
<input type="checkbox"/>	Karim- Complete Session 1 Breast and Bottle Feeding	Dysphagia/Feeding	0:33:00
<input type="checkbox"/>	Karim- Complete Session 2 Breast and Bottle Feeding	Dysphagia/Feeding	0:21:00
<input type="checkbox"/>	Kyrie- Increase Sentence Length Intervention	School-age Language	0:03:00
<input type="checkbox"/>	Ethan- Complete Session with Nonnutritive Stimulation, Passy Muir Valve Trial, and Dipped Tastes	Early Intervention/Dysphagia/Feeding	0:43:00
<input type="checkbox"/>	Clare- Child Development Day Collaborative Assessment Part 1	Early Intervention/Dysphagia/Feeding	0:35:00
<input type="checkbox"/>	Clare- Child Development Day Collaborative Assessment Part 2	Early Intervention/Dysphagia/Feeding	0:39:00
<input type="checkbox"/>	Austin- PO Trials	TBI/Dysphagia	0:14:00
<input type="checkbox"/>	Austin- AAC Intervention	TBI/AAC	0:05:00
<input type="checkbox"/>	Lonsie- AAC Intervention	Syndrome/AAC	0:26:00
<input type="checkbox"/>	Abigail- Honey Bear Cup	Syndrome/Dysphagia	0:10:00
<input type="checkbox"/>	Abigail- Pill Swallowing	Syndrome/Dysphagia	0:05:00
<input type="checkbox"/>	Owen- Pacifier and Duospoon Tastes	Craniofacial/Dysphagia	0:04:00
<input type="checkbox"/>	Caroline- Aural Rehabilitation After Cochlear Implant Session 2	Aural Rehabilitation/Early Intervention	0:48:00
<input type="checkbox"/>	Mia- OWLS-II Oral Expression Administration	School-age Language	0:05:00
<input type="checkbox"/>	Mia- OWLS-II Listening Comprehension Administration	School-age Language	0:08:00
			15:28:00

ADULT		Topic	Time
<input type="checkbox"/>	Chiung-Wei- Task Based Assessment for Accent Modification	Accent Modification Assessment	0:17:00
<input type="checkbox"/>	Chiung-Wei- Accent Modification Intervention	Accent Modification Intervention	0:12:00
<input type="checkbox"/>	Simone- Intervention Session	Down Syndrome/Language/Cognition	0:52:00
<input type="checkbox"/>	Adult Book Club- Aphasia Group Session #8	Aphasia/Group Therapy	1:07:00
<input type="checkbox"/>	Adult Book Club- Aphasia Group Final Session #9	Aphasia/Group Therapy	0:58:00
<input type="checkbox"/>	Dan- Intervention Session	Aphasia Intervention	1:17:00
<input type="checkbox"/>	Matt- Case History Interview with Caregiver	TBI/Cognition/Dysarthria	0:14:00
<input type="checkbox"/>	Matt- Frenchay Dysarthria Assessment	TBI/Cognition/Dysarthria	0:23:00
<input type="checkbox"/>	Matt- SCATBI Assessment	TBI/Cognition/Dysarthria	0:26:00
<input type="checkbox"/>	Larry- Western Aphasia Battery Revised (WAB-R) Full Assessment Administration	Aphasia	1:15:00
<input type="checkbox"/>	Larry- WAB-R Part 2 Writing Output	Aphasia	0:08:00
<input type="checkbox"/>	Larry- WAB-R Part 2 Drawing	Aphasia	0:08:00
<input type="checkbox"/>	Larry- Final Thoughts After Completing the CLQT+	Aphasia	0:04:00
<input type="checkbox"/>	Jim- Oral Mechanism Exam	Brainstem Stroke/Dysarthria/Dysphagia	0:22:00
<input type="checkbox"/>	Julie- AAC Trial	ALS/AAC	0:10:00
<input type="checkbox"/>	Russell- Retelling the Story of Cinderella	Aphasia/Apraxia	0:07:00
<input type="checkbox"/>	Russell- Writing about Cookie Theft Picture	Aphasia/Apraxia	0:09:00
<input type="checkbox"/>	Russell- Narrative about Your Favorite Vacation	Aphasia/Apraxia	0:04:00
<input type="checkbox"/>	Robert- Pointing to Body Parts	Aphasia	0:04:00
<input type="checkbox"/>	Robert- Multistep Directions	Aphasia	0:03:00
<input type="checkbox"/>	Robert- Boston Naming Test	Aphasia	0:02:00
<input type="checkbox"/>	Robert- Oral Mech Exam	Aphasia	0:04:00
<input type="checkbox"/>	Robert- Cinderella Story Retell	Aphasia	0:02:00
<input type="checkbox"/>	Jane- Voice Assessment Case History	Voice	0:09:00
<input type="checkbox"/>	Jane- Vocal Range	Voice	0:05:00
<input type="checkbox"/>	Jane- Acoustic Assessment	Voice	0:05:00
<input type="checkbox"/>	Jane- Stroboscopic Evaluation	Voice	0:03:00
<input type="checkbox"/>	Dave- Grandfather Passage	Apraxia	0:04:00
<input type="checkbox"/>	Dave- Retelling the Story of Cinderella	Apraxia	0:03:00
<input type="checkbox"/>	Dave- Assessment of Intelligibility of Dysarthric Speech- Words	Apraxia	0:05:00
<input type="checkbox"/>	Sarah- Trans Woman Voice Intervention Session	Voice	0:13:00
<input type="checkbox"/>	Fiona- Speech Sample	Fluency	0:05:00

ADULT <i>(cont.)</i>		Topic	Time
<input type="checkbox"/>	Joseph- Assessment of Intelligibility of Dysarthric Speech (AIDS)	Glossectomy	0:03:00
<input type="checkbox"/>	Joseph- Modified Barium Swallow Study	Glossectomy	0:03:00
<input type="checkbox"/>	Joseph- Case History	Glossectomy	0:15:00
<input type="checkbox"/>	Bob- Dysarthria Intervention	Parkinson's/Dysarthria	0:40:00
<input type="checkbox"/>	Paul- Aural Rehabilitation	Aural Rehabilitation	0:48:00
<input type="checkbox"/>	Darrell- Apraxia Battery For Adults- Second Edition (ABA-2) Administration	Aphasia/Apraxia	0:14:00
<input type="checkbox"/>	Darrell- Western Aphasia Battery-Revised (WAB-R) Part 1 Administration	Aphasia/Apraxia	0:22:00
<input type="checkbox"/>	Richard- Sudoku Puzzle	RHD, Cognition	0:09:00
<input type="checkbox"/>	Richard- Prosody Practice	RHD	0:03:00
<input type="checkbox"/>	Richard- Conversation Strategies	RHD	0:05:00
			12:02:00

Student Name: _____

Guided Observation Discussion (please check one):

Completed by a speech-language pathologist from the Simucase team on _____ (date) and certificate of completion was sent to the student

OR

Completed by _____ (supervisor's name) on _____ (date)

_____ (supervisor's signature), ASHA # _____