Therapy Observation Report
Observation Number #______

Student’s Name: _______________________________________

Client’s Initials _________

Date and time of Observation: _____________________

Type of disorder: __________________________

Clinician: ____________________________    Supervisor: ________________________

1. What were the objectives of the session?

2. Were the objectives met or achieved by the client? How were the objectives met? What objectives were not met?

3. What procedures/activities did the clinician use to help the client meet his/her objectives? Include descriptions of materials used. Were the activities and materials appropriate? Why or why not?

4. Did the clinician keep data? How?

5. What could be done to improve the productivity of the session?

6. What was your overall impression of the session?