

**Department of Audiology and Speech Therapy**

**Clinical Observation Record Sheet for Speech –Language and Hearing Disorders (Hearing Tests)**

Student’s Name:………………………………………..……………………………………………………………………………………………………

Semester/Year:……………………………………………….………………………………………………………………………………………

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| No. | Name of Institution | Clients name | Age | Date | Test | Minutes of obser. | Audiologist name | Supervisor sign. |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |

***PTA:*** Pure Tone Audiometry ***Play.A:*** Play Audiometry  ***Tymp.***: Tympanometry

***OAE:*** Otoacoustic Emissions ***Coch.imp*** Cochlear implant programming

***ABR:*** Auditory Brainstem Response ***HA.fitt:*** Hearing Aid Fitting