

TEMPLATE FOR TRACKING SUPERVISORY ACTIVITIES**

Clinical Fellow's Name: _____ Clinical Fellowship (CF) Mentor: _____ ASHA ID: _____

Location: _____

Segment # _____ Segment Start Date: _____ Segment End Date: _____

Date of Observations	Activity Observed	Comments/ Feedback	Hours Observed	Direct or Indirect?

Date of Feedback Session: _____ Total Hours Observed During This Segment: _____

****This form was created as a guide for CF mentors and Clinical Fellows to use during each segment while completing the CF experience. It is not necessary to use this form nor submit this form to ASHA at the completion of the CF experience. Please do not submit the CFSI or tracking form to ASHA.**