

# Attachment C-3:

## 10 Hours of Live or Recorded Structured Observation of LSLS Certified Professionals Verification Form

*If observations occur via video technology, please see the last page of the AVEd/AVT Application for guidelines and requirements to document these sessions.*

Name of professional seeking certification: \_\_\_\_\_ Date: \_\_\_\_\_

Name and designation of LSLS observed: \_\_\_\_\_

Child's initials: \_\_\_\_\_ Age: \_\_\_\_\_ Age at amplification: \_\_\_\_\_ Age at CI: \_\_\_\_\_

CI/Hearing aid information: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

Participants in this session: \_\_\_\_\_

Goals/Objectives of the Session:

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Implementation/Activities Observed:

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AV Techniques Observed:

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Parent Guidance/Participation:

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## Attachment C-3 (page 2)

Child's Performance – Listening and Auditory Comprehension:

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Child's Performance – Speech and Spoken Language:

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How would you follow-up with the parent(s)?

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What would you plan for the next session?

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Other Comments:

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Signature of LSLS Observed  
(or LSLS Mentor verifying the observation if done via video technology)

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Date

Attach additional sheets if needed. Duplicate this form as necessary.