Guided Observation Hours Final Summary

Complete in blue or black ink. Attach all documentation, including Signed Guided Observation Hour(s) Worksheets; Audiologist and/or Speech Language Pathologist Verification Form(s); Completed Master Clinician Network hours. Submit to PCSB “Final Submission for Director Review” Box.

Student Name: ___________________________ NetID: ___________________________

Email Address: ____________________________________________________________________

Total Observation Hours at UConn Speech and Hearing Clinic Submitted: ________________________________

Total Observation Hours at Off Campus Facilities Submitted: ________________________________

Total Observation Hours through Master Clinician Network Submitted: ________________________________

Overall Total Observation Hours Submitted: ________________________________

Please review the following statements:

1. Submitted guided observation hours contain the signature/electronic signature of the Director of Clinical Education.

   □ YES □ NO

2. Submitted observation hours for off-campus experiences include Audiologist and/or Speech Language Pathologist Verification Form and signed Guided Observation Hour(s) Worksheet for all experiences?

   □ YES □ NO

3. You have made a copy of all documentation related to your Guided Observation Hours for your own records

   □ YES □ NO

Student Signature: ___________________________________________ Date_________________________

Office Use Only: Total Hours Approved? ________________

Signature of Director of Clinical Education: ___________________________________________

Notes/Comments: __________________________________________________________________________

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