# Guided Observation Hours Final Summary

## Complete all questions

Email sirrah.galligan@uconn.edu with two separate attachments:

1. The form below.
2. All supporting hours and documentation as one PDF to include: Signed Guided Observation Hour(s) Worksheets; Audiologist and/or Speech Language Pathologist Verification Form(s); Completed Master Clinician Network hours if applicable.

Student Name:

Email Address:

NetID:

Total Observation Hours at UConn Speech and Hearing Clinic Submitted:

Total Observation Hours at Off Campus Facilities Submitted:

Total Observation Hours through Master Clinical Network Submitted:

Overall Total Observation Hours Submitted:

## Please review the following statements

Do your submitted guided observation hours contain the signature/electronic signature of the Director of Clinical Education?

[ ]  Yes [ ]  No

Have you included the Audiologist and/or Speech Language Pathologist Verification Form and signed Guided Observation Hour(s) Worksheet for all experiences?

[ ]  Yes [ ]  No

Have you made a copy of all documentation related to your Guided Observation Hours for your own records?

[ ]  Yes [ ]  No

My electronic signature below is an attestation that the above information is true and accurate.

[ ]  I Agree

Student Signature:

Date:

## Office Use Only

Total Hours Approved:

Signature of Director of Clinical Education:

Notes/Comments: