# Guided Observation Hours Final Summary

## Complete all questions

Email [sirrah.galligan@uconn.edu](mailto: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: