# Southern Connecticut State University Department of Communication Disorders Observation/Contact Time Submission Form

(Please type, or print legibly)

Studen	nt:	(First Name)			(	Last N	Vame)			(Date)			
Addre	ss:	(Nu	mber a	and Stree	et)		-				(Apartment	Number)	
(City)					(State)						(ZIP Code)		
Comn	nunicati		Phone)				(Emai	1)					
	PLF	EASE C	ONSU	LT DIR	ECTION	NS ON	THE 1	BACK	OF TH	IIS FOR	M BEFORE COMPLETI	ING	
PRAC NUMB	GRAD	UNIV	SEM	YEAR	SRVCE CODE	AGE CODE	OBS HRS	DX HRS	TX HRS	SITE CODE	SUPERVISOR FULL NAME (F, M, L) PRINTED AND SIGNATURE	ASHA ACCOUNT # AND AREA OF CERTIFICATION	
Child Adul SITE Reha Univ Priva Com Scho	E CODI b./Hosp ersity C te Pract munity. ol	ES(Pleasitalice	se see l	oack):			C A 1 2 3 4 5 5	Arti Fluc Voi Rec Hea Swa Oth Cog	iculation ency ce and Feeptive a arring allowing er Comr	Resonance nd Expres Spisorders munication aspects of	sive language Disorders  Modalities Communication		
Reha Univ Priva Com Scho GRA Gradu	b./Hosp ersity C tte Pract munity. ol D CODI nate Hou	italitaliceice					2 3 4	Rec Hea Swa Oth Cog	eptive a aring allowing er Comr gnitive A	nd Expres  Disorders nunication aspects of	sive language Disorderss.  Modalities Communication		

## Observation/Contact Time Submission Form **Directions**

PRAC Course number of the practicum to which contact hours on this line refer. If **NUMB** hours are from an undergraduate program or are observation hours, you may

leave this cell blank.

**GRAD** Indicate 'Y' if hours were obtained in a graduate program, 'N' if hours were

obtained in an undergraduate program according to **GRAD CODES**.

UNIV University at which you were matriculated when hours on this line were obtained.

**SEM** Indicate the semester (Fall, Spring, Summer) in which hours on this line were

obtained.

YEAR Indicate calendar year in which hours on this line were obtained.

**SERVICE** Indicate according to the SERVICE CODES, the communication disorder or CODE

difference for which you accumulated clinical contact hours recorded on this line. You may indicate only one code per cell, per line. If the client presents with more than one disorder for which you wish to record hours, you must use one line for

each disorder.

**AGE** Indicate according to the AGE CODES, the age of your client for whom the CODE

hours on this line refer. You must use a separate line for each client or group of

clients of different ages.

**OBS** Indicate the number of observation hours accumulated for client(s) presented on HRS

this line. If you are submitting hours from a program external to SCSU a signature in the SUPERVISOR SIGNATURE column is not needed. You must, however, provide signed validation of the observation hours recorded.

Copies of your validation documents must be attached to this form.

 $\mathbf{D}\mathbf{X}$ Indicate the number of diagnostic hours accumulated for client(s) presented on

**HRS** this line.

TXIndicate the number of treatment hours accumulated for client(s) Presented on

HRS this line.

Indicate according to the SITE CODES, the type of practicum site at which SITE

hours on this line were obtained. Important: record the actual site name and

address in your records for use as part of your KASA information.

**SUPERVISOR FULL** 

NAME AND

CODE

**SIGNATURE** 

Please print clearly the full name (first, middle/maiden, last) of the supervisor of the hours on this line. Ask your supervisor to sign your submission form on this

line. You must use a separate line for each supervisor recorded.

ASHA ACCOUNT # AND AREA OF

Indicate the ASHA account number of the supervisor of the client(s) recorded on this line. Be sure to include in this same space, the supervisor's area of ASHA

CERTIFICATION certification, SLP, A, SLP/A.

Please be advised: your submission form must be produced in ink. Photocopies are not accepted. Further, your form will not be accepted if it contains erasures, mark-outs, strikeovers, or any modification of a recorded number.

# Southern Connecticut State University Department of Communication Disorders Non-Contact/Modification Time Submission Form Speech Language Pathology (Please type, or print legibly)

	(First Name)	(Last Name)	(Date)
Address:			
	(Number and Street)		(Apartment Number)
	(City)	(State)	(ZIP Code)
Communica	(Stationary Phone) (	Cell)	(Email)

# SERVICE CODE SEM YEAR CODE HRS HRS SIGNATURE NON-CONTACT/ MODIFICATION CODE NON-CONTACT/ MODIFICATION CODE NON-CONTACT/ MODIFICATION CODE

AGE CODES:		SERVICE CODES:	
Child (Under 18 years)	C	Articulation	01
Adult	A	Fluency	02
		Voice and Resonance	03
		Receptive and Expressive language Disorders	04
		Hearing	05
		Swallowing Disorders	06
		Other Communication Modalities	07
		Cognitive Aspects of Communication	08
		Social Aspects of Communication	09
NON-CONTACT/MODIFICATION CODES:		Counseling	10
Alternative Non-Contact Hours	$\mathbf{M}$	Emerging Areas of Practice	11
Modification of Hours Requirement	N		

### Non-Contact/Modification Time Submission Form Directions

SERVICE Indicate according to the SERVICE CODES, the communication CODE disorder or difference for which you accumulated clinical contact hours

disorder or difference for which you accumulated clinical contact hours recorded on this line. You may indicate only one code per cell, per line. If the client presents with more than one disorder for which you wish to

record hours, you must use one line for each disorder.

Indicate the semester (Fall, Spring, Summer) in which hours on this line

**SEM** were obtained.

YEAR Indicate calendar year in which hours on this line were obtained.

AGE Indicate according to the AGE CODES, the age of your client for whom

**CODE** the hours on this line refer. You must use a separate line for each client or

group of clients of different ages.

DX Indicate the number of diagnostic hours accumulated for client(s)

**HRS** presented on this line.

TX Indicate the number of treatment hours accumulated for client(s)

**HRS** Presented on this line.

PROGRAM OR CLINICAL

DIRECTOR'S

**SIGNATURE** 

Please obtain the clinical director's or program director's signature.

NON-CONTACT/ Indicate correct non-contact code. from the Non-Contact/Modification

MODIFICATION CODE Codes.

Please be advised: your submission form must be produced in ink. Photocopies are not accepted. Further, your form will not be accepted if it contains erasures, marl-outs, strike-overs, or any modification of a recorded number.