

Observation/Contact Time Submission Form
Directions

PRAC NUMB	Course number of the practicum to which contact hours on this line refer. If 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 (<u>F</u> all, <u>S</u> pring, <u>S</u> ummer) in which hours on this line were obtained.
YEAR	Indicate calendar year in which hours on this line were obtained.
SERVICE CODE	Indicate according to the SERVICE CODES , the communication 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.
AGE CODE	Indicate according to the AGE CODES , the age of your client for whom the hours on this line refer. You must use a separate line for each client or group of clients of different ages.
OBS HRS	Indicate the number of observation hours accumulated for client(s) presented on this line. If you are submitting hours from a program external to SCSU a signature in the SUPERVISOR SIGNATURE column is not needed. <u>You must, however, provide signed validation of the observation hours recorded.</u> Copies of your validation documents must be attached to this form.
DX HRS	Indicate the number of diagnostic hours accumulated for client(s) presented on this line.
TX HRS	Indicate the number of treatment hours accumulated for client(s) Presented on this line.
SITE CODE	Indicate according to the SITE CODES , the type of practicum site at which hours on this line were obtained. <u>Important: record the actual site name and address in your records for use as part of your KASA information.</u>
SUPERVISOR FULL NAME AND 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 CERTIFICATION	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, 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.

Non-Contact/Modification Time Submission Form
Directions

SERVICE CODE	Indicate according to the SERVICE CODES , the communication 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.
SEM	Indicate the semester (<u>F</u> all, Spring, <u>S</u> ummer) in which hours on this line were obtained.
YEAR	Indicate calendar year in which hours on this line were obtained.
AGE CODE	Indicate according to the AGE CODES , the age of your client for whom the hours on this line refer. You must use a separate line for each client or group of clients of different ages.
DX HRS	Indicate the number of diagnostic hours accumulated for client(s) presented on this line.
TX HRS	Indicate the number of treatment hours accumulated for client(s) Presented on this line.
PROGRAM OR CLINICAL DIRECTOR'S SIGNATURE	Please obtain the clinical director's or program director's signature.
NON-CONTACT/MODIFICATION CODE	Indicate correct non-contact code. from the Non-Contact/Modification 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.