

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

Student: _____
 (First Name) (Last Name) (Date)

Address: _____
 (Number and Street) (Apartment Number)

 (City) (State) (ZIP Code)

Communication: _____
 (Stationary Phone) (Cell) (Email)

PLEASE CONSULT DIRECTIONS ON THE BACK OF THIS FORM BEFORE COMPLETING

PRACTICUM NUMBER	SERVICE CODE	SEM	YEAR	AGE CODE	DX HRS	TX HRS	PROGRAM OR CLINICAL DIRECTOR'S SIGNATURE	SIMULATION/ NON-CONTACT/ MODIFICATION CODE

AGE CODES:

- Child (Under 18 years).....
 Adult.....

- C
 A

SERVICE CODES:

- Articulation..... 01
 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:

- Alternative Non-Contact Hours.....
 Modification of Hours Requirement.....
 Simulation Experience.....

- N
 M
 S

**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, use of correction fluid or any modification of a recorded number.