Department of Special Education and Rehabilitation
Individual Study Course Planning Form
SPED 4910 - URCO

Student ___________________________ A # ____________________________

Address __________________________________________ Semester: Fall Spring
________________________________________________________________________ Year:

Phone __________________________________________________________________ Have Car? Yes No

E-mail ________________________________________ Date ___________________

Supervisor for SPED 4910 – Darcie Peterson

Course SPED 4910 Credit Hours Type of grade: PASS/FAIL

Title of course/project UNDERGRADUATE RESEARCH AND CREATIVE OPPORTUNITIES
Will there be a required product? Yes

Briefly describe activities to be undertaken (what, when, where, with whom)

will volunteer contact hours in a(n)______________
classroom over semester 20 ______ (level:__________ and type:______________)

Will there be ongoing supervision through the semester? No

How will the work/product be evaluated for purposes of assigning a grade?

1. ______________________________________ will record his/her contact hours throughout the semester. At the end of the semester, he/she will have the cooperating teacher sign to verify the hours. He/She will bring a copy of the signed volunteer hours to Darcie Peterson by ________________.

2. The student will write journal entries, respond to thought questions and journal articles throughout the semester as outlined in the SPED 4910 syllabus Class webpage: online.usu.edu available the first day of the semester. Student will complete the assignments on CANVAS by the published due date or not receive credit for the assignment.

By signing this contract I acknowledge that I will need to volunteer at least ___ hours per week to earn ___ credits of SPED 4910. I will leave chunks of my day open to volunteer during school hours so that I can maintain a consistent schedule for my cooperating teacher and allow time for travel. I understand that I cannot use travel time for contact hours. I will also contact my cooperating teacher in a timely way if I should need to miss a day because of illness. I understand that Julia Lyman will contact me by email to give me my placement during the second week of classes and it is my responsibility to contact my teacher and set up my regular volunteer hours within one week of receiving the email. I understand that the syllabus, course calendar and assignments can all be found on CANVAS.

Student’s signature ___________________________ Date ___________________________