



Independent Study Plan (IS)



Approved Sponsor: University of Northern Colorado: Department of ASL & Interpreting Studies

RID Activity Code for this activity: _____ **To be assigned by Sponsor – leave blank*

This plan must be submitted to and agreed upon by a RID Approved Sponsor prior to the start of the plan.
Additional items need to be submitted to process this request after the independent study is completed.
These items are determined by the plan.

To be filled out by the CMP Participant:

**Missing information will delay the processing of this request*

CMP Participant's Information -

RID Member #: _____

Name: _____

City: _____ **State:** _____

Email: _____

Independent Study Plan Information -

Activity Start Date: _____ **End Date:** _____

**The plan must be completed within twelve months.*

Describe the activity being proposed:

Ex: I would like to know more about the process of translation from a linguistic point of view. Several books on translation have been recommended. I would like to read them and apply them to my work.

Describe the specific goals within the above activity: **The goals must be measurable, observable, & tangible.*

Ex: I will compare the problems and techniques of spoken language interpreters to those I have experienced.



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Describe the evaluation process: **The items listed here will be submitted to the Sponsor after the plan is completed.*

Ex: I will write a 1-2 page report comparing spoken and signed translation work.

Number of CEUs to be awarded: _____

**A maximum of 2.0 CEUs can be awarded for each plan. Larger plan may be broken into components and filed as a separate independent study plan.*

Describe the process for determining the number of CEUs being proposed: **In an educational setting, 10 contact hours = 1 CEUs. Non-traditional activities should follow a different ratio.*

The activity's content area aligns with:

Professional Studies

General Studies

As a CMP participant, I agree to implement the Independent Study Plan as outlined here and to submit all the necessary documentation of successful completion to my Sponsor. I certify that this activity represents a valid and verifiable Continuing Education experience which exceeds routine employment responsibilities. **Yes** **No** **Check the Yes/No boxes for the above statement acts as the CMP Participant's signature.*

Date this form was submitted: _____

To be filled out by the CMP Sponsor:

As the CMP Approved Sponsor for this IS Plan, I will insure that this activity will be overseen and evaluated by individual(s) within the relevant expertise. I, or my designee, have discussed the IS Plan outlined here with the participant and agree that it represents a valid and verifiable Continuing Education Experience. Further, I or my designee, agree to assess the documentation submitted to me by the participant upon completion of the IS Plan and award CEUs if completion is satisfactory.

Sponsor Administrator: _____

Date: _____