

# INDEPENDENT STUDY PARTICIPANT WORKSHEET

## How to Use This Resource

Learners interested in pursuing an [Independent Study \(IS\) activity](#) must work with an [ASHA CE Provider that is approved to oversee IS courses](#). This worksheet should be used to help learners prepare for their IS activity planning session(s) with the Provider they intend to work with. Learners should fill out as much information as they can prior to their first meeting with the Provider's Continuing Education Administrator (CEA), but they will have the opportunity to work with the Provider to discuss how best to answer all the questions and finalize their IS plan. **Do not begin your IS activity until you have met with the Provider.**

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Participant name: \_\_\_\_\_

ASHA ID number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

## Learning Outcomes

In conducting your IS, what are your professional learning needs? What new knowledge and skills do you need to acquire? Describe 3-5 new skills you will acquire through conducting this IS. Several examples include: acquire new skills/knowledge in order to administer a diagnostic test you have not previously used; acquire new skills/knowledge to implement the use of a new therapy technique; acquire new skills/knowledge needed to perform quantitative analysis of therapy outcomes.

## Title

How would you title your Independent Study (limit 80 characters)? Please include the topic area covered and/or patient treatments studied, for example: *Introduction to Behavior Modification for Children on the Autism Spectrum*.

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## Course Description

Please describe your learning activity. Since this description will be listed on your transcript, you should use past tense (limit 400 characters).

## Course Coding

What specific ASHA CEB-established subject code would this be considered? Select the most relevant [four-digit code found here](#) (e.g., Audiology Assessment - 5010; Ethics and Ethical Decision Making - 7070; Traumatic Brain Injury (TBI) - 1060).

What level of training will be completed?

- Introductory
- Intermediate
- Advanced

What is the [content area](#)?

- Professional
- Related

## Type of Independent Study

What type of IS are you proposing (e.g., attend a seminar not offered ASHA CEUs; course design; research and publication; study group; online instruction; literature review). For definitions, see: [Types of Independent Study \(asha.org\)](#).

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## Structure/Resources

What structure/resources will you use as part of your IS (e.g., attend a workshop; read a textbook; mentoring by a content expert; observe a therapy session)? Be specific.

## Planned Dates/Location

What is the intended timeframe for your IS? When will you begin, and how long do you intend to conduct this learning experience? (Note: IS plans must be completed by December 31 of the year they were started. If your IS plan runs into another calendar year, you need to work with the Provider to develop a separate plan for the next year.)

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

Location: \_\_\_\_\_

## Proposed Number of Hours

Do you have an estimate of the amount of time you plan to spend on your IS? IS courses are limited to 2.0 ASHA CEUs (20 hours) per IS plan. If your learning experience will exceed 20 hours, you may develop another IS plan. [Here is a log \[PDF\]](#) you can use to keep track of your time. *Remember you must meet with the ASHA Approved CE Provider before starting your Independent Study.*

Proposed hours: \_\_\_\_\_ . \_\_\_\_\_

## Application of New Skills/Knowledge

How will you use the information you acquire from your IS (e.g., develop a new therapy protocol; develop a presentation for your co-workers; to write an article for a related newsletter)?

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## Assessment Method and Satisfactory Completion

Describe the method you and the Provider have agreed that you will use (e.g., written exam; demonstration; other) and what you will do to demonstrate that you have successfully completed this learning experience. Several examples include: provide evidence of your test score showing successful completion of the course; provide a copy of a new clinical protocol that you developed as part of your IS; provide a draft of an article that has been written as part of your IS; present a power point presentation you created as part of your IS.

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*CEA signature*

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*Date*

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*Participant signature*

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*Date*

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**STOP. This section should be filled out by the participant and CE Administrator AFTER the completion of the Independent Study learning of the IS Plan.**

**Satisfactory Completion** (to be completed by CEA)

The IS participant has provided the agreed upon materials described in the IS Plan for proof of completion of this IS course.

- Yes
- No

**Participant Evaluation** (to be completed by participant)

Was your IS plan effective in meeting your learning outcome goals?

- Extremely effective
- Slightly effective
- Very effective
- Not at all effective
- Moderately effective

Is there anything you would do differently?

**CEA Evaluation** (to be completed by CEA)

As a CEA offering participants IS opportunities, did you have the resources you needed to provide oversight and monitor the independent study?

- Yes
- No

If no, what type of resources might be useful for you?

\_\_\_\_\_  
*CEA signature*

\_\_\_\_\_  
*Date*