



# ASHA CE

Continuing Education

## Independent Study (IS) Participant Worksheet

If you have determined that an Independent Study is the type of continuing education learning experience you want to pursue, you need to prepare for your Independent Study activity planning session. Please fill out as much information as you can at this time. You will have the opportunity to work with the Approved IS Provider to discuss how best to answer all the questions when you meet to finalize your IS plan.

Name: \_\_\_\_\_

ASHA Number: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

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

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

1. **Learning Outcomes.** In conducting your Independent Study, what is your professional learning need(s)? What new knowledge and skills do you need to acquire? Describe 3 -5 new skills you will acquire through conducting this Independent Study. (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.)

2. **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.
  
3. **Course Description:** Please describe your learning activity. Since this description will be listed on your transcript, you should use past tense. (Limit 400 characters) See [sample descriptions](#).
  
  
  
  
  
  
  
  
  
  
4. What specific **subject area(s)** of professional practice would this be considered? (Several examples might include: dysphagia, dysfluency, auditory processing, supervision, or building a privatepractice.) Please use the four digit code found [here](#).

What **level** of training will be learned?  
(introductory, intermediate or advanced).

And what is the **content area**? (professional or related.)

5. **What type of Independent Study** are you proposing? (For example, attend a seminar not offered ASHA CEUs, course design, research and publication, study group, online instruction, literature review). For definitions see this link: <http://www.asha.org/ce/independent-study/#types>
  
  
  
  
  
  
  
  
  
  
6. What **structure/resources** will you use as part of your Independent Study? Be specific. (For example: attend a workshop, read a textbook, mentoring by a content expert, or observe a therapy session.)

7. **Date of Activities & Location.** What is the timeframe for your IS? When will you begin and how long do you intend to conduct this learning experience? (IS plans must be completed by December 31<sup>st</sup> of the year they were started. If your IS plan runs into another calendar year, you need to work with the ASHA Approved IS Provider to develop a separate plan for the next year.)

Start date:

End date:

Location:

8. **ASHA CEU calculation.** Do you have an estimate of the amount of time you plan to spend on your IS learning experience? 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

9. How will you use the information you acquire from your Independent Study? (To cite a few examples: do you intend to develop a new therapy protocol, develop a presentation for your co-workers, or to write an article for a related newsletter?)

10. **Assessment method.** Describe the method you and the CE Provider have agreed that you will use (written, oral or other) and what you will do to demonstrate that you have successfully completed this learning experience. (Several examples include: provide a certificate of attendance for a related workshop you attended as part of your Independent Study; provide a copy of a new clinical protocol that you developed as part of your Independent Study; provide a draft of an article that has been written as part of your Independent Study; present a power point presentation you created as part of your Independent Study.)

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CEA signature

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Participant signature

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Date

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Date

**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**

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

**Participant Evaluation**

Was your IS plan effective in meeting your learning outcome goals? Check your response.

Extremely effective

Very effective

Moderately effective

Slightly effective

Not at all effective

Is there anything you would do differently?

**CE Administrator Evaluation**

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

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

\_\_\_\_\_  
CE Administrator signature

\_\_\_\_\_  
Date