Independent Study Plan

self-designed educational experience for the enhancement of skill and knowledge

TRIXBRUCE

RID.org Independent Study Guidelines
Earning RID CEUs - Registry of Interpreters for the Deaf, Inc.

CMP Participant First Name: Last Name: RID Member #:

CMP Address:

CMP Email:

Activity Title:
(Required, specialized)

Date Start:
(Must be a certain date)

Date End:
(Must be a certain date)

1. What do I want to do? Describe the activity you are proposing. (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.)

2. Educational Objectives. What are my specific goals? Keep your goals measurable, observable, and tangible! (Ex: I will compare the problems and techniques of spoken language interpreters to those I have experienced.) (PDF Link attached: list of educational objectives, required.)

3. How will I show my sponsor what I learned? Describe your evaluation process. (Ex. I will write a 1-2 page report comparing spoken and signed translation work.)

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4. How many CEUs am I proposing and why? Remember, in an educational setting, 10 contact hours = 1 CEU. Non-traditional activities should follow a different ratio, which is outlined in the Standards & Criteria. A maximum of 2.9 CEUs can be earned for each project. (Larger projects may be broken into components and each component filed as a separate independent study project earning up to 2.0 CEUs each.)

5. When will this proposed project start and end? Project must be completed within twelve months.

6. To which CMP content area does this independent study apply? Choose:

Professional Studies

General Studies

Which Category (choose) in Professional Studies applies in your project? (list of categories that are acceptable (PDF link)

Advanced studies of language, culture, and human behavior

Theoretical and Experiential Studies

Specialization Studies

I agree to implement the Independent Study Activity as outlined in this plan and to submit all the neccessary documentation of successful completion to my Sponsor. I certify that this activity for CEU credit toward the RID CMP requirements represents a vailid and verifiable Continuong Education Experience that exceeds routine employment responsibilities.

Participant's Name: Date: Participant's Signature

I will insure that this Independent Study Activity will be overseen and evaluated by individual(s) with the relevant expertise. I, or my designee, have discussed the Independent Study Activity outline in this plan with the participant and agree that it represents a valid and verifiable Contiuing Education Experience. Further, I or my designee, agree to assess the documentation submitted to me by the participant upon completion of the Independent Study Activity and award the appropriate CEUs if completion is satisfactory.

Trix Bruce

Date Signature