University of Connecticut
Department of
Allied Health Sciences

AH 4288: Instructional Assistant in
Allied Health Sciences

Learning Agreement
and
Student Forms
University of Connecticut  
Department of Allied Health Sciences  
Instructional Assistant in Allied Health Learning Agreement Form

Directions:  
2) Complete student section (Part I) of this form.  
3) Meet with the faculty instructor and complete Part II of this form and obtain signature on the Independent Study Authorization Form.  
4) Obtain faculty advisor signature (Part III) on this form and on the Independent Study Authorization Form.  
5) Submit the Instructional Assistant Learning Agreement and the Independent Study Authorization Form to the Dept of Allied Health Science’s Main Office for Department Head approval (Part IV).  
6) Submit the signed Independent Study Authorization form to the Registrar’s Office. Authorization and Agreement forms must be completed by the add/drop deadline; refer to the Instructional Assistant in Allied Health: AH 4288 Guidebook for required dates for department approval.  
7) The original signed Learning Agreement remains in the student’s file in the main office.

Part I: To be completed by student: The student assumes the responsibility to coordinate and ensure this form is complete prior to submitting it to the faculty Instructor and the Department head.

Student Name: ____________________________  Student ID: ______________________

Address: ___________________________________________________________________  

Student phone: _______________  Student email address: ____________________________

Program: __________________________  Concentration (if applicable): ______________________________________________________

Credit standing: ____________  Faculty Advisor: __________________________________

My signature verifies that I am capable of and committed to participation as the Instructional Assistant as described below. I also agree to abide by the policies and procedures as outlined to me as a University of Connecticut student. I understand that failure (including but not exclusive) to meet objectives, effective requirements, institution requirements and/or attendance policies may result in an unsatisfactory grade for this Instructional Assistant course.

Student Signature: ____________________________  Date: ______________________

Part II: To be completed by Faculty Instructor: Complete after Part I has been completed and signed.

Faculty Instructor (print name): ____________________________

Faculty Instructor phone: __________________ email: ____________________________

Course Catalog number: ____________  Section number: ____________  Credit hours*: (variable 1-3 credits): ______

Semester: ____________________________  Grading: graded

*Students may not count Instructional Assistant credits toward their major (Group A and B) requirements.

Title of the Instructional Assistant (as it will appear on the transcript): ____________________________

Dates of participation (hourly, weekly): ___________________________________________________________________

Total hours for Instructional Assistant: ______________________ (approximately 3-4 hours/ week is equivalent to 1 credit)

2
Part II: To be completed by Faculty Instructor: continued

Below is provided as an example of the level of detail expected on this agreement. Please complete this section or attach a separate explanation of learning objectives. Objectives must be specific, clearly defined and measurable:

<table>
<thead>
<tr>
<th>Learning Objectives (What will the student learn?)</th>
<th>Activities (How will the objective be accomplished?)</th>
<th>Evaluation (How will the student know the objective is met?)</th>
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</tbody>
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Basis of Evaluation /grading criteria:

<table>
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<tr>
<th>Evaluation Method</th>
<th>Submission Date</th>
<th>Grade %</th>
<th>Grading Scale</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>90.0-92.9 = A-</td>
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<td>80.0-82.9 = B-</td>
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<td>70.0-72.9 = C-</td>
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<td>60.0-62.9 = D-</td>
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</table>

Faculty Instructor Signature  Date

My signature verifies that I assume responsibility to oversee the academic components (academic integrity, grade submission, etc.) of this Instructional Assistant. I also deem this Instructional Assistant appropriate for this student to be included in the plan of study pending successful completion.

Part III: Part I: To be completed by student’s faculty advisor: Complete after Parts I and II have been completed and signed. The student assumes the responsibility to coordinate and ensure this form is complete prior to submitting it to the Department head.

Faculty Advisor Signature  Date

I verify that the Instructional Assistant described above is consistent with program objectives and pending successful (Satisfactory) completion can be included in the student’s plan of study.

Part IV: To be completed by Department Head. Submit after Parts I, II, and III have been completed and signed.

Department Head Signature  Date

My signature verifies that this independent study meets the guidelines of this department as it relates to academic integrity and student participation as an Instructional Assistant and that this Instructional Assistant is appropriate for this student to be included in the plan of study pending successful completion.
Name of Student: _________________________________________________________________

(Student Signature)

Student ID #: __________________    Program: _________________________________________

Course number: ______________   Semester:  __________________

By signing this form, I am accepting the statements indicated below:

1) I acknowledge that participation as an Instructional Assistant is not mandatory for completion of the Allied Health Sciences major.

2) I acknowledge that the College of Agriculture, Health and Natural Resources, the Department of Allied Health Sciences, and participating faculty assume no responsibility as it relates to my personal being and that I assume full responsibility for participation as an Instructional Assistant.

3) I acknowledge that I have received a copy of the Instructional Assistant Guidebook.

4) I understand that it is my responsibility to read the policies and requirements as stated in this Guidebook.

5) I have had an opportunity to review and ask questions regarding the contents of the Guidebook and the requirements of the Instructional Assistant.

6) I accept participation as the Instructional Assistant and will abide by to the policies and requirements as outlined in the Guidebook.

__________________________________________________________________________

Student Signature                                           Date

Please return this form along with the Instructional Assistant Learning Agreement Form.
AH 4288: Instructional Assistant in Allied Health Sciences

**Personal Property Waiver Form**

Name of Student: _________________________________________________________________

(PRINT NAME)

Student ID #: __________________

Independent Study Course number: (i.e. AH 4288)______________   Semester: ________________

My signature below signifies that I understand that during my participation as an Instructional Assistant:

1) The Department of Allied Health Sciences is not responsible for loss, damage or theft to my personal property while traveling to or during an event associated with the Instructional Assistant course.
2) If I am at a designated facility or agency, they are not responsible for loss, damage or theft to my personal property.
3) If I bring any personal property as an Instructional Assistant, I understand that I assume all responsibility if it is lost, stolen, and/or damaged.

____________________________________________________   ____________________
Student Signature                                        Date

Please return this form along with the Instructional Assistant Learning Agreement Form.
Confidentiality Form

Name of Student:________________________________________

Student netID ________________________ Semester of course:__________________

By signing this form, I am accepting the statements indicated below:

1. I acknowledge that I may be exposed to or work with student, confidential or proprietary information and I have a moral, ethical and legal responsibility to maintain the confidential nature of this information.
2. I understand that I may be required to sign separate documents from the instructor regarding confidentiality and proprietary information.
3. I acknowledge that my access to the HuskyCT site for the course may be restricted in order to protect the confidentiality of students in the course.
4. I acknowledge that any unauthorized release of confidential information to unauthorized personnel will be grounds for my immediate dismissal from the Instructional Assistant course. Additional disciplinary action may apply depending on the nature of the violation (i.e. failure of the course, University or other disciplinary action).

____________________________________  __________________
Student Signature                      Date