

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:

- 1) Obtain an Independent Study Authorization Form (www.registrar.uconn.edu/indstudy.doc).
- 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:** _____

Student Signature

Date

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.

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)

UNIVERSITY OF CONNECTICUT
DEPARTMENT OF ALLIED HEALTH SCIENCES

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Rights and Responsibilities Form

Name of Student: _____
(PRINT NAME)

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.

UNIVERSITY OF CONNECTICUT
DEPARTMENT OF ALLIED HEALTH SCIENCES

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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

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UNIVERSITY OF CONNECTICUT
DEPARTMENT OF ALLIED HEALTH SCIENCES

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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