

Directed Study Proposal Form

Course No. _____

Credits _____

Minimum Total Hours _____ (Each credit requires 40 clock hours of activity)

Date _____

Name _____ Student # _____

1. Project Title and Description:

2. Learning Objectives:

3. Activities:

4. Final Products: (e.g., course outline, lesson plans, evaluation, progress reports).
List ALL components that you will submit for grading.

5. Time Schedule: (List proposed dates for three progress reports and a final report).

Report	Date
1 st Interim	
2 nd Interim	
3 rd Interim	
Final	

Final reports are to be turned in by the Friday preceding "Dead Week" of each semester.

Student Signature

Email

Phone

Advisor Signature

Email

Phone

Evaluation Form for Teaching/Training Projects
Department of Organizational Learning and Performance
(To be completed for the training portion of directed study, if applicable)

Please rate the presenter and presentation being evaluated, using the Likert Scale form below, with a "1" being Well Below Expectations, "2" being Below Expectations, "3" being Average, "4" being Above Expectations, and "5" being Well Above Expectations. You are welcome to add comments at the bottom of the form. Thanks for your cooperation.

Name of person being evaluated _____ Date _____

Name of evaluator (Project Supervisor) _____

Likert Scale Items

	Well Below	Below	Average	Above	Well Above
Evidence of preparation to teach	1	2	3	4	5
Organization of the lesson plan	1	2	3	4	5
Stating of the lesson objective(s)	1	2	3	4	5
Introduction of the subject(s)	1	2	3	4	5
Knowledge of subject being taught	1	2	3	4	5
Use of visual aids	1	2	3	4	5
Use of handouts	1	2	3	4	5
Giving of directions	1	2	3	4	5
Clarity and volume of voice	1	2	3	4	5
Use of the English language	1	2	3	4	5
Answering of student questions	1	2	3	4	5
Eye contact with learners (trainees)	1	2	3	4	5
Overall enthusiasm	1	2	3	4	5

General Comments