

**Department of Special Education and Rehabilitation**

**All Departmental Forms for Doctoral Program**

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## Doctoral Program Requirements Checklist

Student \_\_\_\_\_ Advisor \_\_\_\_\_

<i>Course Work</i>	Semester
EDUC 6600 Measurement, Design & Analysis I (3 cr.)	
EDUC 6610 Measurement, Design & Analysis II (3 cr.)	
EDUC 7700 Single Subject Research Methods (3 cr.)	
SPED 7720 Advanced Behavior Analysis (3 cr.)	
SPED 7920 Professional Seminar (3 cr.)	
SPED 7060 Research Internship (2 cr.*2=4)	
SPED 7940 Journal Reading Group (2 cr.*4=8)	

<i>Preliminary Examination</i>	Semester
SPED 7820 ST: Preliminary Exams (3 cr.)	
a. Applied Behavior Analysis	
b. Single subject design	
c. Single subject critique	

<i>Products and Experiences</i>	Semester
SPED 7930: Conference Presentation (2 cr.)	
SPED 7930: Publication (2 cr.)	
SPED 7930: Review of Literature (2 cr.)	
SPED 7070: Grant (2 cr.)	
SPED 7340: College Teaching Internship (2 cr.)	
SPED 7330: Supervision Internship (2 cr.)	

<i>Specialization Courses (18 credits)</i>	Semester

<i>Dissertation</i>	Semester
SPED 7970: Dissertation	

<i>Non-Credit Requirements</i>	<i>Deadlines</i>	<i>Semester</i>
Annual Planning Form	September 30 each year	----
Annual Review Form	One week after end of spring sem each year	----
Supervisory Committee Form	By end of 3 <sup>rd</sup> semester	
Program of Studies Form	By end of 3 <sup>rd</sup> semester	
Dissertation Proposal Approved	After completion of courses and products	
Appointment for Examination (Defense)	At least ten working days before defense	
Dissertation Defense Passed	See Graduate Calendar for deadlines	
All Incomplete Grades Resolved	See Graduate Calendar for deadlines	
Graduation Forms Completed & Fees Paid	See Graduate Calendar for deadlines	

Please see USU General Catalog for details on Graduate School Requirements.

**Annual Planning Form**

(Complete by September 30)

Student Name:

Advisor Name:

Program of Study Approval Date:

Copy attached: Yes ( ) No ( )

Vita attached (review only): Yes ( ) No ( )

**Fall Semester**

Year:

Courses:

Dept & No.	Name	Credits	Notes

Internships &amp; Independent Study

Dept & No.	Name	Credits	Supervisor	Notes

*Independent Study Course Planning Form completed. Yes ( ) No ( ) N/A ( )*

Total Credits:	
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Prelim Exam &amp; Products (Conf. Pres., Pub., Lit. Review, College Teach., Supervision, Grant Writing)

Product	Supervisor	Topic & Notes

*Independent Study Course Planning Form completed. Yes ( ) No ( ) N/A ( )*

Additional Professional Development Experiences (10 hours/wk. required for Leadership Grant)

Activity	Hours	Supervisor	Notes

*Independent Study Course Planning Form completed. Yes ( ) No ( ) N/A ( )*

Proposal and/or Dissertation Status

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Other Relevant Activities &amp; Carryover Responsibilities

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**Spring Semester**

Year:

Courses:

Dept & No.	Name	Credits	Notes

Internships & Independent Study

Dept & No.	Name	Credits	Supervisor	Notes

*Independent Study Course Planning Form completed. Yes ( ) No ( ) N/A ( )*

Total Credits:	
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Prelim Exam & Products (Conf. Pres., Pub., Lit. Review, College Teach., Supervision, Grant Writing)

Product	Supervisor	Topic & Notes

*Independent Study Course Planning Form completed. Yes ( ) No ( ) N/A ( )*

Additional Professional Development Experiences (10 hours/wk. required for Leadership Grant)

Activity	Hours	Supervisor	Notes

*Independent Study Course Planning Form completed. Yes ( ) No ( ) N/A ( )*

Proposal and/or Dissertation Status

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Other Relevant Activities & Carryover Responsibilities

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**Summer Semester**

Year:

Courses:

Dept & No.	Name	Credits	Notes

Internships & Independent Study

Dept & No.	Name	Credits	Supervisor	Notes

*Independent Study Course Planning Form completed. Yes ( ) No ( ) N/A ( )*

Total Credits:	
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Prelim Exam & Products (Conf. Pres., Pub., Lit. Review, College Teach., Supervision, Grant Writing)

Product	Supervisor	Topic & Notes

*Independent Study Course Planning Form completed. Yes ( ) No ( ) N/A ( )*

Additional Professional Development Experiences (10 hours/wk. required for Leadership Grant)

Activity	Hours	Supervisor	Notes

*Independent Study Course Planning Form completed. Yes ( ) No ( ) N/A ( )*

Proposal and/or Dissertation Status

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Other Relevant Activities & Carryover Responsibilities

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**Annual Review of Progress Form**

Student Name:  
Year:

Advisor Name:

Please write a review (approximately one page) of your progress for this past academic year in the space below. *Student review and advisor comments are due two weeks after the end of spring semester. Committee recommendations are due at the beginning of fall semester to allow for planning the next academic year.*

Student Review <i>(due one week after the end of spring semester):</i>
Advisor Comments <i>(due two weeks after the end of spring semester):</i>
Committee Recommendations <i>(due beginning of fall semester):</i>
Action Plan:

Student Signature: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Doctoral Committee Chair Signature: \_\_\_\_\_

**College Teaching Responsibility Form**

(The following assignment is negotiable at the start of each semester and considered a working document during the semester)

Student Name:

Faculty Supervisor:

Teaching Assistant (Professional Development) ( ) College Teaching Internship (SPED 7340 - 1, 2, or 3 credits) ( ) Additional Compensation ( )

Course: Day(s): Time:

ACTIVITY	Yes	EXPLANATION	Frequency	Time Estimate
<b><i>In-class Responsibilities</i></b>				
Attend class				
Present lecture				
<b><i>Evaluate Performance</i></b>				
Grade Assignments				
Grade Quizzes				
Grade Exams				
Database entry				
Supervise field projects				
<b><i>Develop Curricula Materials</i></b>				
Prepare syllabus				
Lecture notes				
Overheads/Power point slides				
Study guides				
Develop/copy handouts				
Library reserve materials/media				
Electronic documents				
Course evaluation materials				
<b><i>Communications</i></b>				
Arrange speakers/mtgs./field sites				
Office hours				
Email/E-discussions/phone work				
Meet with faculty				
<b><i>Research</i></b>				
Research course documents				
Summarize content				
Other:				
<b>Signatures:</b> Professor _____ Student _____			<b>Estimated hours per week:</b>	

**Department of Special Education and Rehabilitation**  
**Individual Study Course Planning Form**

(use for SPED 4910, 5900, 5910, 6900, 6910, 6930, 6990, 7050, 7060, 7070, 7330, 7340, 7900, 7910, 7930, 7990)

Student	Student #	Semester:
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Supervisor for this individual study course	Year
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Advisor (if different)
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Course SPED	Credit Hours	Type of grade:
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Title of course/project
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Will there be a required product?
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If yes, describe briefly
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Briefly describe activities to be undertaken (what, when, where, with whom)
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Will there be ongoing supervision through the quarter?
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If yes, on what schedule?
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How will the work/product be evaluated for purposes of assigning a grade? If there are specific criteria, please state them.
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If the work is not completed by the end of the quarter, what grade will be assigned? (e.g., IC, IF)
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Supervisor's signature	Students' signature
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**Grades will not be reported unless a complete copy of this form is submitted to the department head by the end of the 3rd week of the quarter. Give one copy to department secretary in room EDUC 313 and one to the instructor.**

\* Thesis and dissertations do not need to fill out this form. In addition, in-depth descriptions of activities and requirements are not necessary. Make certain that your chairperson's name is listed.

**DEPARTMENT OF SPECIAL EDUCATION  
DOCTORAL COMPETENCY APPROVAL FORM:**

**PRELIMINARY EXAM--SPED 7820**

Student:	Date:
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Comments:
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Supervisory Committee:

Name	Signature	Date Approved
Advisor		
Member		
Member		
Member		
Member		
Disability Disciplines Doctoral Chair		

**DEPARTMENT OF SPECIAL EDUCATION  
DOCTORAL COMPETENCY APPROVAL FORM:**

**REVIEW OF LITERATURE--SPED 7930**

Student:	Date:
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Title of Review:
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Brief Synopsis:
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Supervisory Committee:

Name	Signature	Date Approved
Advisor		
Member		
Member		
Member		
Member		
Disability Disciplines Doctoral Chair		

Comments:
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**Please attach the review paper.**

**DEPARTMENT OF SPECIAL EDUCATION  
DOCTORAL COMPETENCY APPROVAL FORM:**

**GRANT APPLICATION--SPED 7070**

Student:	Date:
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Title of Grant:
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Brief Synopsis:
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Type of Grant (e.g., student-initiated, model development):
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Funding Agency:	Amount Requested:
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Date Submitted to Agency:
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Student's Role in Preparing Grant Application:
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Supervisory Committee:

Name	Signature	Date Approved
Advisor		
Member		
Member		
Member		
Member		
Disability Disciplines Doctoral Chair		

Comments:
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**DEPARTMENT OF SPECIAL EDUCATION  
DOCTORAL COMPETENCY APPROVAL FORM:**

**JOURNAL ARTICLE--SPED 7930**

Student:	Date:
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Title of Article:
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Authorship:
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Type of Article (research report, review, etc.):
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Brief Synopsis:
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Student's Role in Preparing Article:
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Supervisory Committee:

Name	Signature	Date Approved
Advisor		
Member		
Member		
Member		
Member		
Disability Disciplines Doctoral Chair		

Comments:
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**Please attach the journal article.**

**DEPARTMENT OF SPECIAL EDUCATION  
DOCTORAL COMPETENCY APPROVAL FORM:  
PROFESSIONAL PRESENTATION--SPED 7930**

Student:	Date:
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Title of Presentation:
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Brief Synopsis:
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Presented at:
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Faculty Member(s) who Observed the Presentation:
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Supervisory Committee:

Name	Signature	Date Approved
Advisor		
Member		
Member		
Member		
Member		
Disability Disciplines Doctoral Chair		

Comments:
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**DEPARTMENT OF SPECIAL EDUCATION  
DOCTORAL COMPETENCY APPROVAL FORM:**

**COLLEGE TEACHING--SPED 7340**

Student:	Date:
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Faculty Member Supervisor:
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Synopsis of Teaching Internship:
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Supervisory Committee:

Name	Signature	Date Approved
Advisor		
Member		
Member		
Member		
Member		
Disability Disciplines Doctoral Chair		

Comments:
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**DEPARTMENT OF SPECIAL EDUCATION  
DOCTORAL COMPETENCY APPROVAL FORM:**

**STUDENT SUPERVISION--SPED 7330**

Student:	Date:
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Faculty Member Supervisor:
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Synopsis of Supervision Internship:
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Supervisory Committee:

Name	Signature	Date Approved
Advisor		
Member		
Member		
Member		
Member		
Disability Disciplines Doctoral Chair		

Comments:
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