Continuing Education Individual or Group Study Request Form

Please complete this form and return it to the Interpreter Program Coordinator, allowing a minimum of three (3) weeks for revision and review. Our purpose in requesting this detailed information is to be clear in our expectations at the outset so as to avoid disappointment at the conclusion.

individual or Group Study Sponsor						
Name	Daytime Phone	Email (to which the reply will be sent)				
Individual or Crown Study Dropped						
Individual or Group Study Proposal						
Project Title						
Brief Project Description						
Learning Goals (3 to 5 goals the individual or group hopes to achieve)						
Learning Goals (5 to 5 goals the marriadal or group hopes to deflieve)						
Means the individual or aroun will use to achi	ieve these anals (means include ty	pe and scope of work as well as resources to consult,				
people to interview, seminars or workshops to		pe and scope of work as well as resources to consult,				
people to intervien, command or memorie to						
Measures of progress the individual or group	will use during the study (research	h notes annotated hibliographies interviews				
Measures of progress the individual or group will use during the study (research notes, annotated bibliographies, interviews conducted, journals, reflection papers, presentations)						
consumers, particular, regreenen papere, present						
Marke and burnelink the singlification or arrange will	do un o portugato uno o otivo a tibo sia acondo	and abiastica				
Method by which the individual or group will demonstrate meeting their goals and objectives						

Washington Court Interpreter Program

Additional Study Details						
Projected Start and Finish Dates				Number of Credits		
				being Requested		
Schedule of Meeting Times						
Address of the Location where the Interpret	ors will most for the St	udu				
Address of the Location where the interpret	ers will meet for the sti	uuy				
Individuals Participating in Group Study (aside from the sponsor)						
Name			Email			
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Name	Daytime Phone		Email			
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Approval (to be completed by the Cour	t Interpreter Prograi	m Coordinator)				
		Date				
Plan Approved Plan Rejected						
Comments or Suggestions for Change						
Number of Credits Approved Signature of CIPC						
Number of creates Approved		signature of on o				
Please submit this form to the Court Interpreter Program Coordinator using one of the following methods:						
Court Interpreter Program						
Attn: Katrin Johnson		FAX: (360) 956-7600				
PO Box 41170		Email: <u>katrin.johnson@courts.wa.gov</u>				
Olympia, WA 98504-1170						