WESTERN WASHINGTON UNIVERSITY
SPECIAL EDUCATION PROGRAM
SPED 441/442 – Learning Activities Agreement

Name: ___________________________ Student # _____________
Address: ___________________________________________________
Phone: (day) _______________ (eve) _____________________________
Quarter: ______________________ Year: _________________________
Course No. SPED 441/442 Grading Option: S/U Credits: _____________
Title: ___________________________________________________________________
E-mail: ____________________________________________________________

Goals: (What I hope to Learn)

Learning Activities: (What I plan to do – read, write, discuss, etc.)

Evaluation: (How I plan to measure my growth)

Instructor’s Signature __________________ Date _____________
Student’s Signature __________________ Date _____________