Not sure how to access Canvas? <u>bit.ly/COSCanvasH</u>



## CRN: 15544 Course Name: AJ119 Criminal Identification

## Faculty Member: Laura Lathrop

This course will meet in a hybrid model. This means that the lecture/classroom part of the course will be online, while some or all of the lab components of the course will be instructed face-to-face in small groups, maintaining social distancing and in compliance with all Federal, State, and Local guidelines. This course will require students complete the appropriate health questionnaire (below) and wear required Personal Protective Equipment (PPE) including a mask and/or face shield.

**The plan for the laboratory portion of this course is outlined below.** The faculty member teaching this class will provide greater detail, via COS email or Canvas, on how the small group meetings will take place and how students are assigned to those meeting times prior to the first day of class. It is imperative you check both Canvas and your COS email as some info might not be available until the first class meeting.

Students who are not comfortable with face-to-face lab meetings should consider alternative courses to fulfill requirements. NOTE: there are a number of COS programs that are mandated by an outside agency to have required face-to-face labs for completion of the learning outcomes of the course. It is important to visit with a counselor or reviewing your Student Educational Plan before selecting new courses.

## **Details for Course:**

You will read the chapter prior to coming to lab. Lab 1: This will be an outside lab. Crime scene sketching and photography Sept. 3<sup>rd</sup>, Thur.

Lab 2: Outside lab Fingerprint processing. Sept. 17<sup>th</sup>, Thur.

Lab 3: Inside Sycamore IM205. Trace evidence lab with microscopes. Oct. 1, Thur.

Lab 4: Outside lab, Blood evidence lab. Oct. 15<sup>th</sup>, Thur.

Lab 5: Outside lab, impression evidence (shoe track, tool marks) Oct. 29<sup>th</sup>, Thur.

Final crime scene investigation: Outside Dec. 10<sup>th</sup>, Thur.

COS COVID-19 SCREENING QUESTIONNAIRE

Your Name (Please Print):		
Class Name:		Date:
In the past 2-14 days, have you experienced any of the following symptoms?		
Click Yes or No for each symptoms:		
Cough	Yes	No
Shortness of Breath	Yes	No
Fever	Yes	No
Chills	Yes	No
Repeated Shaking with Chills	Yes	No
Muscle Pain	Yes	No
Each student will need to bring his or her own mask or wear the one provided.		
For protection of others, I agree to wear my mask Yes No		

Your Signature: \_\_\_\_\_