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**CRN: 13267**

**Course Name: AG 003 - Economic Entomology**

**Faculty Member: Allison Ferry-Abee, Ph.D.**

*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) for each class meeting 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:**

**Ag 003 - Economic Entomology**

**CRN: 13267**

**Schedule for In-Person Labs (all other activities on-line and asynchronous)**

Fall 2020

Please Note: Because of COVID-19, this schedule may change. In case of state-wide or county-wide stay-at-home orders, an equivalent lab activity will be scheduled to be completed alone. In-home lab activities may require scheduling a time with Dr. Ferry-Abee to pick up a lab kit or go to SAgE farm to complete the activity.

Week	Dates	Location	Group	Date	Time
Week 1	August 17-21	Field and Lab Safety <i>Room B225</i>	Group 1	Mon, Aug 17	5:10-6:00
			Group 2	Mon, Aug 17	6:10-7:00
			Group 3	Mon, Aug 17	7:10-8:00
Week 2	August 24-28	Introduction to Insect Collection <i>Room B225</i>	Group 1	Mon, Aug 24	5:10-6:00
			Group 2	Mon, Aug 24	6:10-7:00
			Group 3	Mon, Aug 24	7:10-8:00
Week 3	August 31- September 4	Pest Monitoring Methods <i>SAGe Farm</i>	Group 1	Mon, Aug 31	5:10-6:00
			Group 2	Mon, Aug 31	6:10-7:00
			Group 3	Mon, Aug 31	7:10-8:00
Week 4	September 7-11 *Monday, Sept. 7 is a holiday	No Lab: Holiday			
Week 5	September 14-18	ID Using Dichotomous Keys <i>Room B225</i>	Group 1	Mon, Sept 14	5:10-6:00
			Group 2	Mon, Sept 14	6:10-7:00
			Group 3	Mon, Sept 14	7:10-8:00

Week 6	September 21-25	Field Collection <i>SAG E Farm</i>	Group 1	Mon, Sept 21	5:10-6:00
			Group 2	Mon, Sept 21	6:10-7:00
			Group 3	Mon, Sept 21	7:10-8:00
Week 7	September 28- October 2	Insect ID and Classification, Part I, <i>Room B225</i>	Group 1	Mon, Sept 28	5:10-6:00
			Group 2	Mon, Sept 28	6:10-7:00
			Group 3	Mon, Sept 28	7:10-8:00
Week 8	October 5-9	Insect ID and Classification, Part II, <i>Room B225</i>	Group 1	Mon, Oct 5	5:10-6:00
			Group 2	Mon, Oct 5	6:10-7:00
			Group 3	Mon, Oct 5	7:10-8:00
Week 9	October 12-16	Insect Pinning, Part I <i>Room B225</i>	Group 1	Mon, Oct 12	5:10-6:00
			Group 2	Mon, Oct 12	6:10-7:00
			Group 3	Mon, Oct 12	7:10-8:00
Week 10	October 19-23	Insect Pinning, Part II <i>Room B225</i>	Group 1	Mon, Oct 19	5:10-6:00
			Group 2	Mon, Oct 19	6:10-7:00
			Group 3	Mon, Oct 19	7:10-8:00
Week 11	October 26-30	Field Collection using Lights <i>Room B225</i>	Group 1	Mon, Oct 26	5:10-6:00
			Group 2	Mon, Oct 26	6:10-7:00
			Group 3	Mon, Oct 26	7:10-8:00

# GIANTS protecting GIANTS

COS COVID-19 SCREENING QUESTIONNAIRE

FALL 2020



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                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of Breath          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fever                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repeated Shaking with Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle Pain                  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: \_\_\_\_\_