

SPECIAL EDUCATOR I: EARLY CHILDHOOD/ELEMENTARY & MIDDLE SCHOOL LICENSE/AUTHORIZATION

Name: _____ Address: _____
 V-number _____
 Email address: _____
 Phone: _____ Cell Home Work Advisor: _____

**Students must complete all courses below in order to receive their authorizations.

COURSES		Term	Grade	Credits
II. SPECIAL EDUCATION CONTENT CORE				
SPED 607	Seminar			3
SPED 618	Introduction to Special Education			3
SPED 622	Literacy Methods for the Diverse Learner			3
SPED 623	Behavior Support			3
SPED 625	Assessment for Instruction			3
SPED 628	Math Methods for the Diverse Learner			3
SPED 630	Instructional Methods for Learners with Extensive Support Needs			3
SPED 642	Standardized Assessment			3
SPED 646	Law and Special Education			3
SPED 649	Clinical Experience III			3
SPED 689	Clinical Experience IV			3
SPED 670	Collaboration: Supporting Exceptional Learners			3

TOTAL QUARTER HOURS: **39**

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 Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

APPROVED: Dean of Graduate Studies and Research _____ Date: _____

License Completion Date: _____