

**MASTER OF SCIENCE IN SPECIAL EDUCATION**
**SPECIAL EDUCATOR I: EARLY CHILDHOOD/ELEMENTARY & MIDDLE/HIGH SCHOOL AUTHORIZATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

V-number \_\_\_\_\_

Email address: \_\_\_\_\_

 Phone: \_\_\_\_\_  Cell  Home  Work Advisor: \_\_\_\_\_

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

COURSES			Term	Grade	Credits
<b>I. PROFESSIONAL EDUCATION CORE</b>					
<b>Choose One:</b> SPED 616, ED 633, or ED 612					
SPED	616	Evaluating Special Education Research			3
ED	633	Educational Research			3
ED	612	Quantitative Research in Education			3
SPED 682		Contemporary Issues in Special Education			3
SPED 607		Seminar: Portfolio			3
<b>II. SPECIAL EDUCATION CONTENT CORE</b>					
SPED 607		Seminar: Final Supervised Field Experience Work Sample & edTPA			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 670		Collaboration: Supporting Exceptional Learners			3
SPED 649		Clinical Experience III			3
SPED 689		Clinical Experience IV			6
TOTAL QUARTER HOURS:					<b>48</b>

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 Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED: Dean of Graduate Studies and Research** \_\_\_\_\_ Date: \_\_\_\_\_  
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MASTER'S DEGREE COMPLETION DATE: \_\_\_\_\_

Portfolio Evaluation Date: \_\_\_\_\_