

**MASTER OF SCIENCE IN SPECIAL EDUCATION**
**SPECIAL EDUCATOR II: 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>9</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>					<b>51</b>
SPED 607	Seminar: Final Supervised Field Experience Work Sample & edTPA				3
ED 681	Principles and Practices of ESOL and Bilingual Education				3
SPED 617	Theory & Philosophy of Teaching Exceptional Learners				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	Low Incidence Methods				3
SPED 642	Standardized Assessment				3
SPED 646	Law and Special Education				3
SPED 670	Collaboration: Supporting Exceptional Learners				3
SPED 647	Clinical Experience I				3
SPED 648	Clinical Experience II				3
SPED 649	Clinical Experience III				3
SPED 689	Clinical Experience IV				6
<b>TOTAL QUARTER HOURS:</b>					<b>60</b>

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

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

**APPROVED: Dean of Graduate Studies and Research** \_\_\_\_\_ Date: \_\_\_\_\_  
 .....

MASTER'S DEGREE COMPLETION DATE: \_\_\_\_\_

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