

Name: _____ V-number: _____

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

| | | Term | Grade | Credits |
|-----------------------------|---|------|-------|-----------|
| I. CORE COURSES | | | | |
| ED 681 | Principles and Practices of ESOL and Bilingual Education | | | 3 |
| SPED 607 | Seminar | | | 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 | 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 647 | Clinical Experience I | | | 3 |
| SPED 648 | Clinical Experience II | | | 3 |
| SPED 649 | Clinical Experience III | | | 3 |
| SPED 689 | Clinical Experience IV | | | 3 |
| TOTAL QUARTER HOURS: | | | | 48 |

Student's Signature: _____ Date: _____

Program Coordinator's Signature: _____ Date: _____

**Please keep a copy of this program plan for your records.*

PROGRAM PLAN PROCESSED BY GRADUATE STUDIES, NOTE MADE IN BANNER: _____

ENDORSEMENT COMPLETION DATE: _____

**Students completing an endorsement, certificate, or specialization only are not eligible for federal financial aid.*