



**MASTER OF SCIENCE SPECIAL EDUCATION ADVANCED STUDIES  
PLAN OF STUDY**

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

**Student ID #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_

**Catalog Year** \_\_\_\_\_

**I have read the graduate catalog**

**COURSES** Credits Grade Term

**I. Professional Core (6 Credits)**

EDF 501 Research Design and Interpretation <b>OR</b>	3	_____	_____
SPED 502 Research in Special Programs	3	_____	_____
EDF 530 Advanced Human Development and Learning	3	_____	_____

**II. Professional Specialization (18 credits)**

SPED 510 Professional and Legal Issues in Special Education	3	_____	_____
SPED 530 Curricular Adaptations for Special Programs	3	_____	_____
SPED 551 Assessment and Program Planning for Special Populations	3	_____	_____
SPED 574 Data-Based Instruction	3	_____	_____
SPED 600 Facilitating Positive Behavior	3	_____	_____
SPED 650 Current Practices for Students with Disabilities	3	_____	_____

**III. Professional Practice (9 credits)**

SPED 590 Internship Special Education	3	_____	_____
And choose two of the following courses:			
SPED 503 Assistive Technology*	3	_____	_____
SPED 504 Collaborative Supports in Educational Settings*	3	_____	_____
SPED 520 Applied Behavior Analysis*	3	_____	_____
SPED 580 Autism Spectrum Disorders: Characterizations and Interventions*	3	_____	_____

**OR**

SPED 599 Thesis	6	_____	_____
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And choose one of the above\*

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**Total Minimum Semester Credits** **33**

**Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVED: Director of Graduate Studies:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**MASTERS DEGREE COMPLETION DATE:** \_\_\_\_\_ **SIX YEAR EXPIRATION:** \_\_\_\_\_