



**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 OR	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	3	_____	_____
And choose two of the following courses:			
SPED 503 Assistive Technology*	3	_____	_____
SPED 504 Multi-tiered Systems of Support*	3	_____	_____
SPED 520 Applied Behavior Analysis*	3	_____	_____
SPED 580 Autism Spectrum Disorders: Characterizations and Interventions*	3	_____	_____
OR			
SPED 599 Thesis	6	_____	_____
And choose one of the above*			
_____	3	_____	_____

Total Minimum Semester Credits **33**

Advisor: _____ **Date:** _____

Student: _____ **Date:** _____

Chair: _____ **Date:** _____

Dean: _____ **Date:** _____

APPROVED: Director of Graduate Studies: _____ **Date:** _____

MASTERS DEGREE COMPLETION DATE: _____ **SIX YEAR EXPIRATION:** _____