



COLLEGE OF EDUCATION

**MASTER OF EDUCATION SPECIAL EDUCATION GENERALIST
PLAN OF STUDY**

Name: _____

Address: _____

Student ID#: _____

Email Address: _____

Advisor: _____

Catalog Year: _____

☐ I have read the graduate catalog.

COURSES	Credits	Grade	Term
I. Prerequisite			
Introduction to Special Education	3	_____	_____
II. Professional Core (6 Credits)			
SPED 502 Research in Special Programs OR	3	_____	_____
EDF 501 Research Design and Interpretation	3	_____	_____
EDF 530 Advanced Human Development and Learning	3	_____	_____
III. Professional Preparation (27 credits)			
RD 517 Diagnostic Aspects of Reading Difficulties	3	_____	_____
SPED 505 Assessment of Students with Special Needs	3	_____	_____
SPED 510 Special Education Law, Procedures & Practices	3	_____	_____
SPED 530 Curricular Adaptations for Special Populations	3	_____	_____
SPED 550 EBPs for Students with Emotional/Behavioral Disorders	3	_____	_____
SPED 560 EBPs for Students with Learning Disabilities	3	_____	_____
SPED 570 EBPs for Students w/ Intellectual & Developmental Disabilities	3	_____	_____
SPED 600 Facilitating Positive Behavior	3	_____	_____
IV. Professional Practice (6 credits)			
SPED 584 Student Teaching	6	_____	_____
_____	_____	_____	_____

TOTAL MINIMUM SEMESTER CREDITS 36

Advisor: _____

Date: _____

Student: _____

Date: _____

Licensure Specialist: _____

Date: _____

Chair: _____

Date: _____

Dean: _____

Date: _____

APPROVED: Director of Graduate Studies: _____ Date: _____

MASTER'S DEGREE COMPLETION DATE: _____ SIX YEAR EXPIRATION: _____