



**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: _____

Licensure Officer: _____

Date: _____

Chair: _____

Date: _____

Dean: _____

Date: _____

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

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