



**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
<u>I. Prerequisite</u>			
Introduction to Special Education	3	_____	_____
<u>II. Professional Core (6 Credits)</u>			
EDCI 501 Research Design and Interpretation OR	3	_____	_____
SPED 502 Research in Special Programs	3	_____	_____
EDF 530 Advanced Human Development and Learning	3	_____	_____
<u>III. Professional Preparation (27 credits)</u>			
RD 517 Aspects of Reading Difficulties	3	_____	_____
SPED 504 Multi-tiered Systems of Support	3	_____	_____
SPED 505 Assessment of Students with Special Needs	3	_____	_____
SPED 510 Legal and Current Issues in Special Education	3	_____	_____
SPED 530 Curricular Adaptations for Special Populations	3	_____	_____
SPED 550 Best Practices in Teaching Students w/ Emot. Disturbances	3	_____	_____
SPED 560 Best Practices in Teaching Students with Learning Disabilities	3	_____	_____
SPED 570 Best Practices in Teaching Students w/ Intell. and Dev. Disab.	3	_____	_____
SPED 600 Facilitating Positive Behaviors in the Classroom Environment	3	_____	_____
<u>IV. Professional Practice (6 credits)</u>			
SPED 584 Student Teaching	6	_____	_____
<u>Substitutions (write below if needed)</u>			
_____	_____	_____	_____

TOTAL MINIMUM SEMESTER CREDITS	39
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Advisor: _____

Date: _____

Student: _____

Date: _____

Licensure Officer: _____

Date: _____

Chair: _____

Date: _____

Dean: _____

Date: _____

APPROVED: Director of Graduate Studies: _____ Date: _____

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