



SPECIAL EDUCATION PROGRAM
Master's Degree in Special Education
Emphasis Birth through Five/Preschool Special Education

Degree Objective: M.Ed.

Name: _____

Address: _____

Phone (Day): _____

Phone (Evening): _____

Student ID#: _____

Advisor: _____

E-Mail Address: _____

Matriculation: _____

Current Certification: _____

None

Degree(s) Held, Major(s) & Years Granted

BA BS _____ Yr _____

Institution: _____

MA MED _____ Yr _____

Institution: _____

Program of Study
36 Hours

_____ _____ SPED 7230 (3) Advanced Applied Behavior Analysis (SPED 3050 Prerequisite) (Fall)

ECSE /B-age 5 21 hours

_____ _____ SPED 7100 (3) Foundations & Assessment in ECSE (Fall)

_____ _____ SPED 7200 (3) Methods and Curriculum in Early Childhood Special Education (Spring)

_____ _____ SPED 7160 (3) Early Communication and Language Development in Young Children (Fall)

_____ _____ SPED 7170 (3) Programs and Curricula for Infants and Toddlers (Spring)

_____ _____ EPSY/SPED 7180 (3) Programs and Curricula for children 3-5 years (Fall)

_____ _____ Elective (3)

_____ _____ Elective (3)

Research Courses 6 hours

Any two of the following courses:

_____ _____ SPED 8370 (3) Single-Subject Research Methodology in Special Education (Summer & Fall)

_____ _____ ERSH 6200 (3) Methods of Research in Education

_____ _____ ERSH 6300 (3) Applied Statistical Methods in Education (Prereq: ERSH 6200)

_____ _____ QUAL 8400 (3) Qualitative Research Traditions (Prereq: ERSH 6200)

_____ _____ EDMS (EDEC) (QUAL) 7500 (3) Action Research (Prereq: Permission of Department)

Applied Practice and Research Project (6 hours)

- _____ SPED 7460 (3) Internship in Special Education **
- _____ SPED 7650 (3) Applied Project in Special Education

*****Internships must be processed through the COE Student Services Office. Student interns may not work as paraprofessionals or in other roles in the schools where they are placed unless specifically approved by their administration. Alternative paid Internships are allowed only if the student intern is certified as the teacher of record and has approval of the school's Principal.***

Committee Members: _____

Project Title: _____