

M.S. in Education Special Education (36 S.H. required to complete the degree)

Name: _____ Phone: _____ Date: _____

Address: _____ E-mail: _____



Foundational Courses (6 S.H.)		
ED 576 Learning, Coaching, and Reflective Practices	3	
ED 593 Standards, Mandates, and Legal Issues in Education	3	
Foundational Knowledge in Special Education (24 S.H.)		
ED 525 Teaching Students with Learning Disabilities	3	
ED 545 Teaching Students with Emotional and Behavioral Disorders	3	
ED 548 Analysis of Reading Difficulties	3	
ED 557 Technology in Special Education	3	
ED 606 Teaching Students with Multiple and Severe Disabilities	3	
ED 617 Assessments in Special Education	3	
ED 618 Collaborative Program Planning	3	
ED 619 Theory and Practice in Bilingual Education	3	

Clinical Component (6 S.H.)		
ED 620 Practicum in Teaching Special Education Students Grades K-5	3	
ED 621 Practicum in Teaching Adolescent Students w/ Special Needs Gr 6-12	3	

Literacy Strand Option for NY State Certification		
ED 517 Development of Reading in the Elementary School	3	

TRANSFER CREDITS		
WCSU Course: Course/School:		
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NOTES:

Admission requirements have been explained to me and I understand my obligations to read the graduate catalog.

*Student Signature*_____
*Date*_____
*Coordinator Signature*_____
Date