

PIEDMONT COLLEGE - MASTER OF ARTS (MA)
Special Education General Curriculum: Instructional and Behavioral Support Specialist

NAME _____ DATE ENTERED MA PROGRAM _____

PREVIOUS DEGREE _____ FROM _____ YEAR _____

EMAIL _____ PHONE _____

ADVISORS!! USE THIS FORM for teacher candidates who entered the program **SUMMER 2010** or after.
 Only two graduate courses from another program can be transferred to this program.

Program Prerequisites:

Clear renewable certification in any field of education

This course should be satisfied as soon as possible if not previously met.

_____ EDUC 655 Education of Exceptional Children (Or PLU's or Undergraduate Course)

<u>COURSE NUMBER AND NAME</u>	<u>HRS.</u>	<u>SEMESTER</u>	<u>GRADE</u>
CLUSTER A			
EDUC 600 Educational Assessment	<u>3</u>	_____	_____
SPED 602 Characteristics of Mild/Mod. Disabilities	<u>3</u>	_____	_____
SPED 606 Behavior Management for Special Educators	<u>3</u>	_____	_____
SPED 607 Single Case Research Methods	<u>3</u>	_____	_____
EDUC 638 Advanced Assessment & Instruction in Reading	<u>3</u>	_____	_____
SPED 633 Curriculum and Differentiated Inst.	<u>3</u>	_____	_____
EDUC 656 Essentials of Collaboration and Inclusion	<u>3</u>	_____	_____
EDUC 631 Reading Methods OR			
EDUC 630 Mathematics Methods in Education	3	_____	_____
SPED 684 Advanced Strategies for Behavior Management	<u>3</u>	_____	_____
EDUC 703 Social, Cultural, and Ethical Perspectives of Education	<u>3</u>	_____	_____
SPED 705 Policies and Legal Issues in Special Education	<u>3</u>	_____	_____
CLUSTER B			
SPED 740 Practicum	<u>3</u>	_____	_____
SPED 780 Capstone Seminar	<u>3</u>	_____	_____

Hours: 30 hours minimum

TO THE ADVISOR:

_____ All course substitutions must be approved by the Chair of the Department.

_____ Teacher candidates may take up to six (6) years to complete the program. No course older than six calendar years will be accepted to meet program requirements

FIELD EXPERIENCE DOCUMENTATION for MA Program should be attached to this form.

My advisor and I have discussed my program of study. I am fully aware of the requirements for graduation and certification.
 (To be signed at initial advising session)

TEACHER CANDIDATE SIGNATURE _____ DATE _____