

INDIANA UNIVERSITY SOUTH BEND
MASTER OF SCIENCE DEGREE
INITIAL LICENSE IN MILD INTERVENTIONS
EARLY ADOLESCENT/YOUNG ADULT

STUDENT'S NAME: _____ DATE: _____

ADDRESS: _____
 Street City State Zip

FIRST YEAR			Credit Hours	Planned Enrollment Date	Date Completed	Grade
TAKE AND PASS PRAXIS I						
Fall	xP503*	Introduction to Research	3			
	P519	Psycho-Educational Assmt. of Exceptional Children	3			
	K505	Introduction to Special Education for Grad Students	3			
Spring	P516	Adolescent Behavior and Development	3			
	P510	Psychology in Teaching	3			
	K525	Survey of Mild Handicaps (P: K505, P519)	3			
Summer	S503	Secondary School Curriculum OR	3			
	S530	Junior High and Middle School Curriculum				
	H520	Education and Social Issues	3			
	K501	Adapting Computers for the Handicapped	3			

SECOND YEAR						
Fall	S517	Advanced Study in the Teaching of Secondary Schl. Math				
	S514	Advanced Study in Teaching of Reading in Jr. and Sec. Sch	3			
	K524*	Exceptional Learner in the Secondary School	3			
	FILE APPLICATION FOR K588		3			
Spring	X504	Diagnosis of Reading Difficulties in the Classroom	3			
	K565*	Collaboration and Service Delivery	3			
	K543	Education of the Socially & Emotionally Disturbed I (P: K505, K525, P519)	3			
Summer	K553*	Classroom Management and Behavior Support (P: K505, K525, P519, K543)	3			

THIRD YEAR						
TAKE AND PASS PRAXIS II						
Fall	xK500	Topical Workshop in Special Education	3			
	xY511*	Action Research II: Independent Study	3			
Spring	K588*	Supervised Teaching in Special Education	(3-10)			
xCourses required for Master of Science Degree						
*Designated Checkpoint Courses						

PLEASE NOTE: YOU CANNOT RECEIVE A MASTER'S DEGREE IF NOT ELIGIBLE FOR LICENSURE

Date Admitted to Program: _____ TOTAL: _____ GPA: _____

Date of original conference: _____	Subsequent Advising Sessions:	
Advisor: _____	Date _____	Advisor _____
Student: _____	_____	_____