Revised August 2005

FALL ADMISSION

INDIANA UNIVERSITY SOUTH BEND

ADDITIONAL LICENSE IN MILD INTERVENTIONS
EARLY Childhood/MIDDLE Childhood
For students already licensed as elementary teachers

STUDENT'S NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zip

			Credit Hours	Planned Enrollment Date	Date Completed	Grade
FIRST YEAR						
Fall	P519	Psycho-Educational Assmt. of Exceptional Children	3			
	K505	Introduction to Special Education for Grad Students	3			
Spring	P515	Child Development	3			
	P510	Psychology in Teaching	3			
	K525	Survey of Mild Handicaps (P: K505, P519) **File Application for K588**				
Summer	E535	Elementary School Curriculum	3			
	H520	Education and Social Issues				
	K501	Adapting Computers for the Handicapped	3			
			3			
SECOND YEAR						
Fall	K543	Education of the Socially & Emotionally Disturbed I (P: K505, K525, P519)	3			
	K565*	Collaboration and Service Delivery	3			
	K523*	Inclusive Strategies for Elementary Schools	3			
Spring	K553*	Classroom Management and Behavior Support	3			
	K588*	Supervised Teaching in Special Education	3			
***Designated Checkpoint Courses**						

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

Date of original conference: _____

Advisor: _____

Student: _____

Subsequent Advising Sessions:

Date	Advisor