Revised 8-05

INDIANA UNIVERSITY SOUTH BEND

MASTER OF SCIENCE DEGREE
INITIAL LICENSE IN MILD INTERVENTIONS
EARLY CHILDHOOLD/MIDDLE CHILDHOOD

FALL ADMISSION

STUDENT'S NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zip

			Credit Hours	Planned Enrollment Date	Date Completed	Grade
FIRST YEAR						
		TAKE AND PASS PRAXIS I				
Fall	K505	Introduction to Special Education for Grad.Students	3			
	E545	Adv. Study in the Teaching of Reading in Elem.Sch	3			
	P519	Psycho-Educational Assmt. of Exceptional Children	3			
Spring	xP503*	Introduction to Research	3			
	P510	Psychology in Teaching	3			
	K525	Survey of Mild Handicaps (P: K505, P519)	3			
Summer	H520	Education and Social Issues	3			
	E543	Adv. Study in the Teaching of Mathematics in the Elementary School	3			
SECOND YEAR						
Fall	P515	Child Development	3			
	E535	Elementary School Curriculum	3			
	K523*	Inclusive Strategies for Exceptional Students in the Elementary Classroom	3			
	File Application for K588					
Spring	K543	Education of the Socially & Emotionally Disturbed I (P: K505, P519)	3			
	K565*	Collaboration and Service Delivery	3			
	X504	Diagnosis of Reading Difficulties in the Classroom (P: E545, or S514 and P507)	3			
Summer	K501	Adapting Computers for the Handicapped	3			
	K553*	Classroom Management and Behavior Support (P: K505, P519, K525, 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

(Indiana will grant an emergency permit for 3 years only.)

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

_____ _____
Student Signature **Date** **Advisor Signature** **Date**