

SEDG

Matriculation Semester (circle one):

Summer Fall Spring

(1) _____

(2) _____

THE COLLEGE OF NEW JERSEY
ACADEMIC EVALUATION

REQUIREMENTS for the **POST MASTER'S CERTIFICATION PROGRAM:**
LEARNING DISABILITIES TEACHER/CONSULTANT

NAME: _____ SS#: _____

PROGRAM COORDINATOR/ADVISOR: Dr. Shridevi Rao

Retain this sheet to record progress toward your degree. Eligibility for graduation requires:

- 1) Satisfactory completion of courses printed below;
- 2) A minimum of 12 graduate semester hours earned at The College of New Jersey
- 3) A minimum total of 15 graduate semester hours of core coursework
- 4) A cumulative Grade Point Average of 3.0
- 5) A grade of "B-" or better in SPED 682-Externship/LDT/C
- 6) Completion of all departmental requirements/prerequisites

PREREQUISITE COURSES:

12 S.H.

Candidates may apply up to 12 credits of graduate level coursework in **tests and measurements, foundations of education, psychology of learning** and/or **physiological bases of learning** from their completed master's degree program toward their prerequisites. If candidates do not have applicable courses in these specific areas of study, the applicable courses **must be taken** as part of the Post-Master's Certification Program at The College of New Jersey.

Program Specific Admission Requirements: Master's degree in Education or related field
Certification in Special Education
Three (3) years successful teaching experience

	S.H.	Grade	Term	Institution/ Course Number
EPSY 643 Measurement and Evaluation	_____	_____	_____	_____
EPSY 513 Psychology of Learning	_____	_____	_____	_____
SPED 625 Biophysical & Neurological Problems of Children /Youth	_____	_____	_____	_____
EDFN 520 Social Problems and Education	_____	_____	_____	_____

Required Courses

	S.H. Credit	Grade	Term Taken
SPECIALIZATION	12 S.H.		
SPED 624 Advanced Study of Learning Disabilities	3	_____	_____
SPED 680 Seminar & Practicum on Diagnostic Procedures	3	_____	_____
SPED 681 Seminar & Practicum of Remediation Techniques	3	_____	_____
SPED 682 Externship in LDT/C	3	_____	_____
ELECTIVES	3 S.H.		
SPED _____	3	_____	_____

Final Audit Date _____ Status _____ Auditor's Signature _____