R&R 2007-2008 **Graduate Program Planner**

SEDG (1)_____

Matriculation Semester (circle one):

Summer Fall Spring (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: **Certification in Special Education**
Three (3) years Successful Teaching

	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 _____