

THE COLLEGE OF NEW JERSEY
ACADEMIC EVALUATION

REQUIREMENTS for the **MASTER OF EDUCATION** DEGREE PROGRAM:
SPECIAL EDUCATION
(LEADS TO SPECIAL EDUCATION CERTIFICATION)

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 27 graduate semester hours earned at The College of New Jersey
- 3) A minimum total of 33 graduate semester hours
- 4) A cumulative Grade Point Average of 3.0
- 5) A grade of "B-" or better for SPED 695-Internship II
- 6) Completion of all departmental requirements/prerequisites

Program Specific Admission Requirements: Certification in Educational Area Other than Special Ed

	3 S.H.	S.H. Credit	Grade	Term Taken
RESEARCH				
SPED 664 Research in Special Education		<u> 3 </u>	_____	_____
 SPECIALIZATION	 21 S.H.			
SPED 501 Students with Disabilities in our Schools		<u> 3 </u>	_____	_____
SPED 605 Language and Reading Strategies For Students with Disabilities		<u> 3 </u>	_____	_____
EDUC 513 Collaboration, Consultation, & Partnerships		<u> 3 </u>	_____	_____
EDUC 614 Creating and Sustaining Classroom Communities		<u> 3 </u>	_____	_____
SPED 624 Advanced Study of Learning Disabilities		<u> 3 </u>	_____	_____
SPED 626 Teaching Students with Severe Disabilities		<u> 3 </u>	_____	_____
SPED 521 Assistive Technology		<u> 3 </u>	_____	_____
 FIELD EXPERIENCE	 6 S.H.			
SPED 695 Internship II: Student Teaching		<u> 6 </u>	_____	_____

**Graduate Program Planner
R&R 2005-2006
SEDB**

Name: _____

SID: _____

ELECTIVE	3 S.H.	S.H. Credits	Grade	Term Taken
SPED 647 Communication Development of Students with Significant Disorders OR		<u>3</u>	_____	_____
SPED 648 Positive Behavioral Supports for Extreme Behavior OR		<u>3</u>	_____	_____
SPED 697 Independent Study _____ (must be department approved to meet elective criteria)		<u>3</u>	_____	_____

SPED 700 - COMPREHENSIVE EXAMINATION

Date Taken _____ Result _____

Final Audit Date _____ Status _____ Auditor's Signature _____