

**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) Completion of all departmental requirements/prerequisites

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

	<b>3 S.H.</b>	<b>S.H. Credit</b>	<b>Grade</b>	<b>Term Taken</b>
<b>RESEARCH</b>				
SPED 664 Research in Special Education		<u>  3  </u>	_____	_____
 <b>SPECIALIZATION</b>	 <b>21 S.H.</b>			
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>	_____	_____
 <b>FIELD EXPERIENCE</b>	 <b>6 S.H.</b>			
SPED 695 Internship II: Student Teaching		<u>  6  </u>	_____	_____

**Graduate Program Planner  
R&R 2006-2007  
SEDB**

**Name:** \_\_\_\_\_

**SID:** \_\_\_\_\_

<b>ELECTIVE</b>	<b>3 S.H.</b>	<b>S.H. Credits</b>	<b>Grade</b>	<b>Term Taken</b>
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 \_\_\_\_\_