

Date: _____	Master of Education Special Education Intervention	Catalog: _____
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Full Name: _____ SID#: _____

Address: _____ Cell Phone: _____

Professional Studies: Email: _____

<u>Course#</u>	<u>Course Title</u>	<u>Sem. Hrs.</u>	<u>Completed/Grade</u>
EDUC 640	Educational Research	3	
SPED 613	Issues and Trends in Special Education	3	
SPED 618	Facilitating K-Postsecondary Transition and Support	3	
SPED 663	Advanced Academic Interventions	3	
SPED 671	Advanced Formative Assessment in School-Based Intervention	3	
SPED 694	Advanced Studies in School-Based Intervention	3	

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Specialty Studies:

<u>Course#</u>	<u>Course Title</u>	<u>Sem. Hrs.</u>	<u>Completed/Grade</u>
SPED 561	Characteristics of Students with Learning Disabilities	3	
SPED 610	Positive Behavior Intervention and Support	3	
SPED 680	Mathematics Interventions	3	
READ 620	Literacy Strategies for Struggling Learners	3	

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Program Goal(s): _____

Student date Advisor date

Department Chair date Graduate Studies, COE date

Records & Registration date