

ID Code# _____

Date Admitted to Graduate School _____

Date Admitted to Program _____

PROPOSED PROGRAM OF STUDY FOR SPECIAL EDUCATION ENDORSEMENT

Name _____ SSN _____

Address _____
Street City State Zip

Home Phone # _____ Work Phone # _____ Email Address _____

Highest Degree Held: _____ Date: _____ Institution: _____ Major: _____

Oregon Teaching License(s) currently held (Level: Elementary or Secondary and endorsement) _____

License Type: Initial I/Initial II/Continuing _____ Basic/Standard _____

Standard/Continuing License Only _____ Master's of Arts or Science in Education _____

Endorsement Option: Elementary _____ Secondary _____

COURSE OF STUDY		Institution / Instructor	Term	Grade	Credit (If not at SOU)
SPED 530 (4 cr.)	LAW AND POLICY				
SPED 531 (3 cr.)	FAMILY AND COMMUNITY SERVICES				
SPED 532 (3 cr.)	ADMINISTRATION AND INTERPRETATION OF ASSESSMENTS				
SPED 533 (3 cr.)	BEHAVIOR MANAGEMENT				
SPED 534 (3 cr.)	INTERVENTIONS IN ACADEMIC SKILLS - MATH				
SPED 535 (3 cr.)	INTERVENTIONS IN FUNCTIONAL SKILLS				
SPED 536 (3 cr.)	IEP DEVELOPMENT				
SPED 538 (3 cr.)	CHARACTERISTICS OF EXCEPTIONALITIES				
SPED 539 (3 cr.)	INTERVENTIONS IN ACADEMIC SKILLS - READING				
SPED 511 (8 cr.)	INTERNSHIP				

Additional Requirements:

Work Sample (with Internship) _____

Professional Portfolio _____

PRAXIS II: Special Education: Knowledge-Based Core Principles (#20353): Score (162 required) _____

Program Approvals:

Advisor _____ Date _____

Coordinator of Post-Licensure Programs _____ Date _____

Dean of Education _____

Date _____

This Special Education Program of Study is to be submitted before the completion of 9 credits of coursework. If you are simultaneously working on a Master’s Degree and Standard or Continuing Teaching License program or on a Standard License/Continuing Teaching License program, this Program of Study should be submitted to the Coordinator of Post-Licensure Programs for inclusion into your file.

Identify the classification of your Special Education Program of Study under one of the following categories:

_____ I am working to add a Special Education endorsement to my current license. I am not working on any additional graduate or teacher licensing programs at this institution.

_____ I am working on an Elementary Standard License or Continuing Teaching License program with Special Education as the “Selected Option” on that program.

_____ I am working on a Secondary Standard License or Continuing Teaching License program with Special Education as the “Selected Option” on that program.

_____ I am working on an Elementary Master’s Degree and Standard License or Continuing Teaching License program with Special Education as the “Selected Option” on that program.

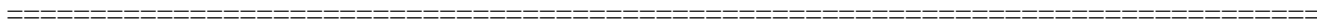
_____ I am working on a Secondary Master’s Degree and Standard License (or Continuing Teaching License) program with Special Education as the “Selected Option” on that program.



_____ I am currently mis-assigned to a special education position in the _____ School District; at _____ School. My assignment is in () Resource / () Site-Based / () Self-Contained (check one).

_____ I am not working in a special education setting. NOTE: If you check this, you will need a foundations of special education course (SOU’s course is ED 570: The Exceptional Child)

If you are not currently in a special education setting, additional requirements may be added to this Program of Study in the form of “Lab” courses. The Labs are field components associated with specific courses. Determination of which Labs may be required will be done in consultation with your advisor and Coordinator of Post-Licensure Programs.



Endorsement Completion Date: _____