

## Master of Arts Coursework Plan 2022-2023 Early Childhood Special Education

NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

<b>CORE KNOWLEDGE BASE AND FOUNDATIONS</b>			
<b>Developmental and Psychological Foundations</b>		Credits	Completed
CFSP 4304	Diversity in School and Community Settings	3	
CFSP 4310	Early Childhood Development	3	
CFSP 4311	Child & Adolescent Development	3	
CFSP 4312	Learning Application and Analysis	3	
CFSP 4305	Exceptionalities in Education: High Incidence Disabilities	3	
CFSP 4338	Exceptionalities in Education: Low Incidence Disabilities	3	
<b>Required Credits</b>		<b>18</b>	
<b>Legal, Ethical and Professional Foundations</b>		Credits	Completed
CFSP 4302	Legal Issues in Special Education & Gifted Education	3	
CFSP 4315	Professional, Leadership, and Ethical issues in Special Education: Birth to 21	3	
<b>Required Credits</b>		<b>6</b>	
<b>PROFESSIONAL SKILLS AND TRAINING</b>			
<b>Evaluation and Assessment</b>		Credits	Completed
CFSP 4320	Early Childhood Assessment: Formal & Standardized	3	
CFSP 4326	Early Childhood Assessment: Informal & Play-based	3	
CFSP 4308	Early Academic Competencies & Intervention	3	
RMS 4900	Educational Research & Measurement	4	
<b>Required Credits</b>		<b>13</b>	
<b>Collaborative Consultation with Families and Schools</b>		Credits	Completed
CFSP 4330	Family-School Partnering and Consultation	3	
CFSP 4335	Infant & Family Interventions	3	

CFSP 4336	Preschool Interventions	3	
CFSP 4337	School-Age Competencies & Intervention	3	
	<b>Required Credits</b>	<b>12</b>	
<b>APPLIED COURSEWORK (6 credits)</b>			
<b>Applied Courses</b>		<b>Credits</b>	<b>Completed</b>
CFSP 4357	EC Practicum (600-800 minimum hours taken over the course of the program covering infant, toddler, preschool and/or kindergarten-3 <sup>rd</sup> grade)	6	
	Praxis Exam—Special Education: Preschool/Early Childhood (Test Code: 5691, Qualifying Score: 159)	PASS	
	<b>Required Credits</b>	<b>6</b>	
<b>Total Minimum Total Credits</b>		<b>55</b>	

<b>M.A. DEGREE</b>	<b>CREDITS/SCORE</b>	<b>SIGNATURE</b>	<b>DATE</b>
Program Requirements			
Transfer Credits			
Comprehensive Exam Score			

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor \_\_\_\_\_ Advisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_