

SUL ROSS STATE UNIVERSITY

A Member of the Texas State University System

MASTER'S DEGREE PLAN/EDUCATIONAL DIAGNOSTICIAN

Name: _____ Date: _____

Address: _____ SID#: _____

_____ M.Ed. Degree w/Certification: _____

SU Address: _____ Certification only: _____

Certification(s) now held: _____

Full Probational

Phone (Home): _____ E-mail: _____

COURSE REQUIREMENTS-30 sch

		ED 5306 Assessment of Individual Intelligence+			ED 5321 Foundations of Special Education Law
		ED 5307 Graduate Research OR ED 6376 *			ED 7318 Practicum in Special Education (instructor approval required for registration) +
		ED 5312 Advanced Survey, Exceptional Children			ED 5323 Appraisal of Educational Disabilities +
		ED 5322 Behavior Management -OR- ED 5325 Adv Educational Remediation			ED 6314 Diagnosis & Correction of Rdg Disabilities
		ED 5320 Advanced Methodology for Exceptional Children			ED 6308 Advanced Human Growth & Development

***Required for degree; must be taken within first twelve hours**

+ED 5306, ED 5323, and ED 7318 must be taken at Sul Ross State University

TRANSFERS/SUBSTITUTIONS

		for				for	
		for				for	

Program Requirements:	Certification Requirements:
<ol style="list-style-type: none"> 1. Apply for Portfolio Defense during last semester of coursework 2. Meet Certify Teacher Test Prep software requirements 3. Apply for graduation last semester of coursework 	<ol style="list-style-type: none"> 1. Successfully complete MEd program requirements 2. Three years of classroom teaching experience 3. Pass TExES #153

Portfolio Defense Pass/ Fail

Advisor _____ Date _____ Chair, Education Department _____ Date _____

COMMENTS: _____

A person providing information to Sul Ross State University by means of this form is entitled (with few exceptions) to request, receive, review, and if desired, correct information about him/her that is incorrect. *Texas Government Code, Chapter 559.*