

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching - Special Education (0808)
Option 1 - Students without related undergraduate professional education preparation
School of Education

Student Name: _____	ID#: _____
Complete Mailing Address: _____ (incl street, city, state, zip)	Telephone: _____
Email Address: _____	Advisor: _____
Catalog Authority: <u>2016-17</u>	Date Admitted to Graduate School: _____
Teaching Field: _____ (24-36 credit hours approved by NM Dept. of Ed.)	Date Admitted to MAT Program: _____

Core Knowledge (9)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
EDUC 500 Methods of Research (3)	_____	_____
or EDUC 503 Action Research (3)	_____	_____
EDUC 506 Hist & Phil of Educatio (3)	_____	_____
EDUC 528 Student Growth/Dev (3)	_____	_____

Contextual Knowledge (10)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
EDUC 511 Foundtn of Education (1)	_____	_____
EDUC 534 Integr Technl in Curric (3)	_____	_____
SPED 508 Intro to Except Children (3)	_____	_____
SPED 555 Fam/Schl/Cm/Cltr/Excp C (3)	_____	_____

Professional Education Requirements (28)

1. Foundation (9)

RDG 510 Teaching of Reading (3)	_____	_____
RDG 511 Corrective Reading Instr (3)	_____	_____
SPED 570 Nature & Needs Pers LI (3)	_____	_____

2. Application & Reinforcement (16)

BLED 545 ESL Mthds/Content Lit (3)	_____	_____
EDUC 547 Field Experience Lab (1)	_____	_____
SPED 528 Curr & Methds Spec Ed (3)	_____	_____
EDUC 547 Field Experience Lab (1)	_____	_____

Application & Reinforcement - cont.

SPED 551 Behavior Mgmt Appl (3)	_____	_____
or EDUC 536 Classroom Mgmt. (3)	_____	_____
SPED 554 Evaluation & Assessmn (3)	_____	_____
SPED 569 or SPED 576 Nature & Needs Pers ID or E&BD	_____	_____
Course: _____ (3)	_____	_____

3. Capstone (2)

SPED 541 Practice Teaching-Sp Ed (1-6)	_____	_____
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NES Essential Academic Skills	Score: _____	NES Elem or Scnd Prof. Knowledge	Score: _____
		NES SPED Content Knowledge	Score: _____

Total Credit Hours: _____	Exit Exam: _____	Date: _____
(minimum of 47 required)		

Copy to Registrar on: Date: _____	Grad. Audit sent on: Date: _____
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Student Signature: _____	Date: _____
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Advisor Signature _____	Date: _____
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Associate Dean, School of Education: _____	Date: _____
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Dean, College of Professional Studies: _____	Date: _____
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Dir of Graduate Division: _____	Date: _____
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Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.