

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Arts in Teaching Initial Licensure - Special Education (0808)
School of Education

Student Name: _____ ID# _____
 Complete Mailing Address: _____ Telephone: _____
 (incl street, city, state, zip) _____ Expected Completion: _____
 Email Address: _____ Advisor: _____
 Catalog Authority: 2018-19 _____ Date Admitted to Graduate School: _____
 Teaching Field: _____ Date Admitted to MAT Program: _____
 (24-36 credit hours approved by NM Dept. of Ed.)

Contextual Knowledge (3)

SPED 508 Intro to Except Childre (3) _____ EDUC 529 TK20 Orientation (0) _____

Professional Education Requirements (36)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
<u>1. Foundation (6)</u>			<u>Application & Reinforcement - cont.</u>		
SPED 555 Fam/Schl/Cm/Cltr/Excp C (3)	_____	_____	SPED 554 Evaluation & Assessmn (3)	_____	_____
SPED 570 Nature & Needs w/LD (3)	_____	_____	SPED 569 Nature & Needs ID (3)	_____	_____
			SPED 576 Nature & Needs E&BD (3)	_____	_____
<u>2. Application & Reinforcement (26)</u>			SPED 528 Curr & Methds Sped. Ed (3)	_____	_____
BLED 545 ESL Mthds/Content Lit (3)	_____	_____	EDUC 547 Field Experience Lab (1)	_____	_____
EDUC 547 Field Experience Lab (1)	_____	_____			
RDG 510 Teaching of Reading (3)	_____	_____	<u>3. Capstone (4)</u>		
RDG 511 Corrective Reading Instr (3)	_____	_____	SPED 541 Practice Teaching-Sp Ed (3)	_____	_____
SPED 551 Behavior Mgmt App w/I (3)	_____	_____	SPED 596 Practice Teaching Semina (1)	_____	_____
NES Essential Academic Skills	Reading Score: _____		NES Prof. Knowledge: Elem or Send	Score: _____	
	Writing Score: _____		NES SPED Content Knowledge	Score: _____	
	Math Score: _____				

Total Credit Hours: _____ **Exit Exam:** _____ **Date:** _____
 (minimum of 39 required)

Copy to Registrar on: Date: _____ **Grad. Audit sent on:** Date: _____

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Associate Dean, School of Education: _____ **Date:** _____

Dean, College of Professional Studies: _____ **Date:** _____

Dir of Graduate Division: _____ **Date:** _____

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.