

**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>2015-16</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)**

**Contextual Knowledge (13)**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
EDUC 500 Methods of Research (3)	_____	_____	EDUC 511 Foundtn of Education (1)	_____	_____
or EDUC 503 Action Research (3)	_____	_____	EDUC 534 Integr Technl in Curric (3)	_____	_____
EDUC 506 Hist & Phil of Educatio (3)	_____	_____	SPED 508 Intro to Except Children (3)	_____	_____
EDUC 528 Student Growth/Dev (3)	_____	_____	SPED 555 Fam/Schl/Cm/Cltr/Excp C (3)	_____	_____

**Professional Education Requirements (28)**

**1. Foundation (9)**

**Application & Reinforcement - cont.**

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

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

**2. Application & Reinforcement (17)**

**3. Capstone (2)**

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

SPED 541 Practice Teaching-Sp Ec ( )	_____	_____
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NES Essential Academic Skills	Score: _____	NES Elem or Scnd Teacher Competency Score: _____
		NES SPED Content Knowledge: Score: _____

<b>Total Credit Hours:</b> _____	<b>Exit Exam:</b> _____	<b>Date:</b> _____
<small>(minimum of 50 required)</small>		

<b>Copy to Registrar on:</b> Date: _____	<b>Grad. Audit sent on:</b> Date: _____
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<b>Student Signature:</b> _____	Date: _____
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<b>Advisor Signature</b> _____	Date: _____
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<b>Associate Dean, School of Education:</b> _____	Date: _____
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<b>Dir of Graduate Division:</b> _____	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.