

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: _____ Telephone: _____

(incl street, city, state, zip) _____

Email Address: _____ Advisor: _____

Catalog Authority: 2011-12 Date Admitted to Graduate School: _____

Teaching Field: _____ Date Admitted to MAT Program: _____

(24-36 credit hours approved by NM Dept. of Ed.)

Core Knowledge (9)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
EDUC 500 Methods of Research (3)	_____	_____
EDUC 506 Hist & Phil of Education (3)	_____	_____
EDUC 528 Student Growth/Dev (3)	_____	_____
NMTA Basic Skills test passed	<input type="checkbox"/>	yes

Contextual Knowledge (13)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
BLED 545 ESL Mthds/Content Lit (3)	_____	_____
EDUC 534 Integr Technl in Curric (3)	_____	_____
EDUC 564 TEP Field Experience (1)	_____	_____
SPED 508 Intro to Except Children (3)	_____	_____
SPED 528 Curr & Methds Spec Ed (3)	_____	_____

Professional Education Requirements (29)

1. Foundation (9)

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

2. Application & Reinforcement (18)

EDUC 536 Classroom Management (3)	_____	_____
SPED 551 Behavior Mgmt Appl (3)	_____	_____
SPED 552 Famil, School, Commun (3)	_____	_____

Application & Reinforcement - cont.

SPED 554 Evaluation & Assessmnt (3)	_____	_____
SPED 556 Culturally Divrs Excp Ch (3)	_____	_____
SPED 569 or SPED 576 Nature & Needs Pers ID or E&BD		
Course: _____ (3)	_____	_____

3. Capstone (2)

SPED 541 Practice Teaching-Sp Ed ()	_____	_____
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Content Knowledge Area: _____

NMTA Teacher Competency test passed yes
 NMTA Content Knowledge test passed yes

Total Credit Hours: _____ **Exit Exam:** _____ **Date:** _____
 (minimum of 51 required)

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

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

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

Assoc VP Academic Affairs/
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.