

M.Ed. or C.A.E.S. / Reading / Literacy Education

CLASS ENTERING 2005

TO BE SUBMITTED BY END OF FIRST SEMESTER IN PROGRAM

NAME _____ PROGRAM COMPLETION DATE _____
SEMESTER/YEAR

BC ID _____ DONOVAN ELL COMPREHENSIVE EXAMS DATE _____
MONTH/YEAR

COURSE NUMBER AND TITLE	CREDITS	SUMMER	FALL	SPRING	T/W*
ED 346 Teaching Bilingual Students	3				
<input type="checkbox"/> ED 436 Curriculum Theories and Practice If ELL <input type="checkbox"/> ED 62I Bilingualism, Second Language and Literacy Development	3				
ED 495 Human Development and Disability	3				
ED 447 Literacy and Assessment in Secondary Education	3				
ED 542 Teaching Reading	3				
ED 543 Teaching Language Arts	3				
ED 592 Language and Literacy Development	3				
ED 595 Assessment and Instruction of Students with Reading Difficulty	3				
<i>One of the following</i> <input type="checkbox"/> ED 363 Survey of Children's Literature <input type="checkbox"/> ED 517 Survey of Children's Literature in the Elementary and Middle School	3				
DONOVAN PROGRAM ONLY ED 435.08 Social Contexts of Education ED 438.08 Instruction of Students with Special Needs and of Diverse Learners	6				
ELL ONLY EN 12I/SL 323/ED 589 Linguistic Structure of English	3				
ED 431 Graduate Inquiry Seminar	1				
ED 432 Graduate Inquiry Seminar	2				
ED 420 Initial License Practicum	6				
ED 888 Master's Comprehensive Examinations	0				
Total credits	36 (ELL 39, DONOVAN 42)				

* Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must also fill out a "transfer request form" available online. If requesting a waiver, you must attach an official transcript to this form.

ELL: Participants are expected to work with ELL students during the course of their studies. Consult with your advisor.

Following the completion of requirements for this program, ELL participants must pass the Massachusetts Tests for Educator Licensure (MTEL), including the subject matter test for English Language Learners, to apply for ELL licensure.

STUDENT SIGNATURE _____ DATE _____

APPROVAL

ADVISOR YES NO _____
NAME

SIGNATURE

DEPT CHAIR YES NO _____
NAME

SIGNATURE