

Specialization / Special Education Practices

TO BE SUBMITTED BY THE SECOND TERM OF ENROLLMENT IN THE PROGRAM, PRIOR TO THE OPENING OF REGISTRATION FOR THE THIRD TERM OF ENROLLMENT

NAME _____ ANTICIPATED COMPLETION DATE _____ SEMESTER/YEAR _____

BC ID _____

Course Number and Title	Credits	Summer	Fall	Spring
Required Courses - Pick 1				
EDUC6384 Teaching Strategies for Students with Multiple Disabilities	3			
EDUC6497 Educating Autistic Students	3			
EDUC6589 Teaching and Learning Strategies	3			
Required Courses - Pick 2				
EDUC6495 Human Development and Disabilities	3			
EDUC7438 Educating Learners with Disabilities	3			
EDUC6540 Ed. Implications / Sensory, Motor, and Health Impairments	3			
EDUC6686 Augmentative Communication for Individuals with Disabilities	3			
EDUC6374 Supporting Positive Behaviors in Schools and Community	3			
EDUC6384 Teaching Strategies for Students with Multiple Disabilities	3			
EDUC6595 Assessment and Instruction of Students with Reading Difficulties	3			
EDUC6497 Educating Autistic Students	3			
EDUC6589 Teaching and Learning Strategies Inclusive	3			
TOTAL CREDITS	9			

1. Students cannot transfer credits to fulfill the requirements for this specialization.

HAVE YOU MET WITH THE CERTIFICATE FACULTY PROGRAM DIRECTOR? YES NO

ARE YOU CURRENTLY AN ENROLLED BOSTON COLLEGE MASTER'S OR DOCTORAL STUDENT? YES NO

STUDENT SIGNATURE _____ DATE _____

APPROVAL
PROGRAM
COORDINATOR

NAME

SIGNATURE

ASSOCIATE
DEAN OF
GRADUATE
STUDIES

NAME

SIGNATURE