

Certificate / Special Education Practices

All students must meet with the Certificate Program Director, **Dr. David Scanlon**, prior to submitting the Certificate Program of Study. Please see below for additional certificate guidelines.

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.

Certificate Guidelines➤ **Certificate Only Students:**

- Should meet with the Certificate Program Coordinator prior to registering for certificate courses.
- Certificate Program of Study should be submitted during the second term of enrollment in a certificate only program, prior to the opening of registration for the third term of enrollment.

➤ **Graduate Program Students:**

- The Certificate Program of Study must be submitted in the semester the certificate is declared.
- Certificates **cannot** be added to your record without meeting with the Certificate Program Director and submitting a signed Certificate Program of Study.

Program Information

- Have you met with the Certificate Program Director? YES NO
- Are you currently an enrolled Boston College Master's or Doctoral Student? YES NO
- If yes, please list the program: _____

Signatures/Approval_____
STUDENT SIGNATURE_____
Date_____
CERTIFICATE PROGRAM DIRECTOR_____
SIGNATURE_____
ASSOCIATE DEAN, GRADUATE STUDENT SERVICES_____
SIGNATURE

COMMENTS: