

# Certificate / Autism Spectrum Disorder

**Instructions for Completion:**

All Certificate students must meet with the Certificate Program Director, **Dr. Kristen Bottema-Beutel**, in their first semester of enrollment to discuss their Program of Study. Please submit a completed Program of Study by the end of your first semester in the program.

Please note degree seeking students should not submit a Certificate Program of Study. Students in select graduate programs may declare this program of study as a concentration as a part of their graduate program. Please refer to your graduate degree Program of Study.

Name \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_ SEMESTER/YEAR

BC ID \_\_\_\_\_ ➤ Have you met with the Certificate Program Director? YES NO

| Course Number and Title   | Credits   | Summer | Fall | Spring | Notes |
|---|-----------|--------|------|--------|-------|
| <b>Required Courses<sup>1</sup></b>                             |           |        |      |        |       |
| EDUC6495 Human Development and Disabilities                     | 3         |        |      |        |       |
| EDUC6496 Foundations of Autism                                  | 3         |        |      |        |       |
| EDUC6497 Educating Autistic Students                            | 3         |        |      |        |       |
| EDUC6498 Autism Spectrum Disorder Field Experience <sup>1</sup> | 1         |        |      |        |       |
| <b>Total Credits</b>  | <b>10</b> |        |      |        |       |

1. The field experience can be waived if students have had significant direct experience with students with ASD. See program coordinator for details.
2. Students cannot transfer credits to fulfill the requirements for this specialization.

**Signatures/Approval**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
CERTIFICATE PROGRAM DIRECTOR

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ASSOCIATE DEAN, GRADUATE STUDENT SERVICES

\_\_\_\_\_  
SIGNATURE

COMMENTS: