

M.Ed. or C.A.E.S. / Teacher of Students with Severe and Multiple Disabilities

CLASS ENTERING 2018 TO BE SUBMITTED DURING 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 _____ **M.ED. C.A.E.S.** COMPREHENSIVE EXAM DATE _____
MONTH/YEAR

Choose One:

Initial License: I am seeking an initial license and will take items checked in Column A*

Already Licensed: I have an initial teaching license and will take items checked in Column B**

Course Number and Title	A	B	Credits	Summer	Fall	Spring	T/W***
APSY 7418 Applied Child Development	X		3				
EDUC 7435 Social Contexts of Education	X		3				
EDUC 7438 Instruction of Students with Special Needs and Diverse Learners	X		3				
EDUC 6495 Human Development and Disability		X	3				
EDUC 7520 Mathematics and Technology: Teaching, Learning and Curriculum in the Elementary School	X		3				
EDUC 7542 Teaching Reading	X		3				
EDUC 7546 Teaching about the Natural World	X		3				
EDUC 6374 Management of the Behavior of Students with Special Needs	X	X	3				
EDUC 6384 Teaching Strategies for Students with Multiple Disabilities	X	X	3				
EDUC 6389 Assessment of Students with Low-Incidence and Multiple Disabilities	X	X	3				
EDUC 6497 Interventions for Students with Autism Spectrum Disorders	X	X	3				
EDUC 6540 Ed. Implications / Sensory, Motor, and Health Impairments	X	X	3				
EDUC 6686 Augmentative Communication for Individuals with Disabilities	X	X	3				
EDUC 7431 Graduate Inquiry Seminar I	X	X	1				
EDUC 7429 Graduate Pre-Practicum Experience	X		1				
EDUC 7432 Graduate Inquiry Seminar II	X	X	2				
EDUC 7610 Clinical Experience	X	X	6				
EDUC 8100 Master's Comprehensive Examination	X	X	0				
Total Credits	46	30					

ARE YOU CURRENTLY ENROLLED IN A BOSTON COLLEGE CERTIFICATE OR SPECIALIZATION PROGRAM? YES NO

STUDENT SIGNATURE _____

DATE _____

APPROVAL ADVISOR YES NO _____
NAME

SIGNATURE

ASSOCIATE DEAN OF GRADUATE STUDIES YES NO _____
NAME

SIGNATURE

IF YES, PLEASE LIST THE PROGRAM:

NOTES:

*Completing these courses of study does not guarantee licensure. For teaching in Massachusetts, you must pass the Massachusetts Test of Educational Licensure and apply for licensure from the Massachusetts Department of Education. Other rules apply in other states and countries.

**After consultation with an advisor and review of the undergraduate transcript.

***Insert a T (transfer) or W (waiver) as appropriate. If seeking a transfer of credits, you must fill out a "transfer request form" available online. If requesting a waiver, you must attach an official transcript to this form. Students are strongly discouraged from applying for waivers for the pre-practicum experience. Waivers will only be granted to students with extensive teaching experience.

****Students will be considered full-time during the semester they are registered for EDUC/APSY/ERME/ELHE810001, Master's Comprehensive Exam.