

**School of Education  
Department of Exceptionality Programs**

**SPECIAL EDUCATION SUPERVISORY CERTIFICATE PROGRAM**

Name \_\_\_\_\_ Date Entered \_\_\_\_\_  
 Soc Sec # \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_

<b>Semester Hours Required</b>		Completed	Grade
6	<b>ADMINISTRATION</b> 60.573 – Intro. To Educ. Admin. 70.501 – Special Educ. Admin. _____	_____ _____ _____	_____ _____ _____
3	<b>SCHOOL LAW</b> 70.502 – Princ. Of Special Educ. Law _____	_____ _____	_____ _____
3	<b>CURRICULUM DEVELOPMENT</b> 70.503 – Curricular Design & Instruction for Inclusive Education _____	_____ _____	_____ _____
3	<b>CURRENT KNOWLEDGE</b> 70.575 – Current Issues in Sp. Ed. _____	_____ _____	_____ _____
6	<b>PRACTICUM FIELD EXPERIENCE</b> 70.595 – Internship _____	_____ _____	_____ _____
<u>Total</u> 21			

