

**AUGUSTA STATE UNIVERSITY**  
**COLLEGE OF EDUCATION**  
 Department of Educational Leadership, Counseling, and Special Education  
**MASTER OF EDUCATION - SPECIAL EDUCATION, ADAPTED CURRICULUM**  
**PROGRAM OF STUDY – 36 Hours**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Last First MI  
 Address \_\_\_\_\_  
Street City State Zip  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Advisor \_\_\_\_\_ Admission to Graduate Program \_\_\_\_\_

***Professional Core Courses (9 hrs)***

Course	Title	Hrs	Sem/Year	Grade	Advisor's Comments
EDUC 6140	Advanced Educational Psychology	3			
EDUC 6021	Introduction to Educational Research	3			
SPED 6205	Capstone in Special Education	3			

***Special Education Core (15 hours)***

Course	Title	Hrs	Sem/Year	Grade	Advisor's Comments
SPED 6001	Policies and Procedures in Special Education	3			
SPED 6003	Classroom Management and Applied Behavioral Analysis	3			
SPED 6004	Facilitating Inclusive Instruction	3			
SPED 6006	Educational Assessment in Special Education	3			
SPED 6011	Language Development and Communication Disorders	3			

***Specialized Core (12 hours)***

Course	Title	Hrs	Sem/Year	Grade	Advisor's Comments
SPED 6014	Characteristics of Students with Severe Disabilities	3			
SPED 6015	Methods for Students with Severe Disabilities	3			
*EDTD 6011	Educational Technology	3			
SPED 6013	Internship in Special Education	3			

Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

The purpose of this form is to help students and their advisors track the student's progress through the program. It should be used when meeting with a qualified program advisor.

**Last updated: 03/04/2009**

