

Augusta State University
Department of Teacher Education
Master of Arts in Teaching: Initial Certification Track
Health and Physical Education Concentration

Name: _____ Advisor: _____

Student ID#: _____

<u>Prerequisites:</u>	Planned	Completed	Grade
SPED 2000	_____	_____	_____
EDTD 3011 (or test out)	_____	_____	_____
Current state certification exam	_____	_____	_____

Certification Exam scores will be used to determine content needs. If the Certification Exam is passed, content is deemed to be satisfactory. Areas of content weakness will be addressed as prerequisites.

<u>Program Area (36 hours):</u>		Planned	Completed	Grade
EDTD 6364 Integrated Curriculum	(3)	_____	_____	_____
EDTD 6432 Multicultural Ed .	(3)	_____	_____	_____
KNHS 6411 Motor Learning	(3)	_____	_____	_____
KNHS 6413 Adv. Meas. & Eval.	(3)	_____	_____	_____
KNHS 6333 Curriculum Devel.	(3)	_____	_____	_____
KNHS 6334 Instructional Strategies	(3)	_____	_____	_____
A Foundations Course:				
EDTD _____	(3)	_____	_____	_____
Elective _____	(3)	_____	_____	_____
Elective _____	(3)	_____	_____	_____
Elective _____	(3)	_____	_____	_____
Elective _____	(3)	_____	_____	_____
EDTD 6910 Practicum	(3)	_____	_____	_____

Elective Courses may be any graduate courses offered on campus.

Successful Completion of Masters Portfolio: signatures of portfolio committee members

 Committee chair Portfolio Score: _____

 Advisor Portfolio Score: _____

 Committee member Portfolio Score: _____

Final Portfolio Score: _____

Revised: 9/28/2005

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Master of Arts in Teaching: Initial Certification Track
P-12 Health and Physical Education

PROGRAM WEAKNESS IDENTIFICATION SHEET

Name: _____ Student ID #: _____

State Certification Exam Sub-Scores : Test # _____ Score _____

Test # _____ Score _____

Test # _____ Score _____

The following courses have been identified to assist the student in the remediation of the areas of content weaknesses as documented by student scores on the State Certification Exam. These courses may be counted as a part of the Program of Study, or as prerequisites, depending on the discipline.

Areas of need: _____

Course _____	Planned	Completed	Grade
Course _____	_____	_____	_____
Course _____	_____	_____	_____
Course _____	_____	_____	_____
Course _____	_____	_____	_____

Departmental Evaluator: _____ Date: _____

Student Signature: _____ Date: _____

A copy of this form is to be filed in:

- College of Education department _____
- Student's file _____
- Application for Graduation _____