



PLAN OF STUDY
 FEINSTEIN SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT
 GRADUATE STUDIES

Name _____ ID# _____ Date _____

Email _____ Phone _____

Department _____

Program: **Certificate of Graduate Study in Autism Education**

Please submit a signed original to the Feinstein School of Education and Human Development (FSHED) Graduate Studies Office. Students should complete this form with the assistance of and approval of the Graduate Advisor. Although an applicant may be recommended for acceptance to a graduate program, the applicant cannot be considered an officially accepted degree candidate until an approved Plan of Study is on file in the FSEHD Graduate Studies Office. Changes in the Plan of Study can be made with the graduate advisor's approval by completing the Change of Plan of Study Form.

PLAN OF STUDY

Dept. Course # Course Title Credits

Required Core Content

SPED	561	Understanding Autism Spectrum Disorders	3
SPED	562	Practicum I in Autism	1
SPED	563	Curriculum and Methodology: Students with Autism	3
SPED	564	Building Social and Communication Skills	3
SPED	565	Practicum II in Autism	1
SPED	566	Autism and Positive Behavior Supports	3
			14

Selected Strand Coursework

Not for Program Credit

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Credits Transferred _____

Total Credits 14

Thesis-----Yes _____ No X

Comprehensive Assessment -----Yes ___ No X

Student _____

Date _____

Advisor _____

Date _____

Program Director _____

Date _____

Department Chairperson _____

Date _____

Director of Graduate Studies _____

Date _____