



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

Name _____ ID# _____ Date _____

Email _____ Phone _____

Department _____

Program: M.Ed. in Special Education Severe Intellectual Disabilities (SID)

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 NO. COURSE TITLE CREDITS

Professional Education Component

Table with 4 columns: DEPT., COURSE NO., COURSE TITLE, CREDITS. Rows include SPED 435, 436, 513/520, 415, 525, 526, 534, 665.

Foundations Components

Table with 4 columns: DEPT., COURSE NO., COURSE TITLE, CREDITS. Rows include FNED 502/520, SPED 648, ELED 510.

Not for Program Credit Requirement for Rhode Island Special Education Severe Profound Certification
[] SPED 300: Intro to Special Education or equivalent
[] SPED 310 or 503: Behavior Mgmt or equivalent

Credits Transferred _____
Total Credits _____

Thesis-----Yes _____ No ___X___

Comprehensive Assessment -----Yes ___X___ No _____

Student _____

Date _____

Advisor _____

Date _____

Program Director _____

Date _____

Department Chairperson _____

Date _____

Director of Graduate Studies _____

Date _____