

**PROGRAM OF STUDY  
EDUCATIONAL SPECIALIST DEGREE  
SCHOOL PSYCHOLOGY**

INSTRUCTIONS: Please complete this form and submit it to your academic adviser upon completion of 9 to 15 semester hours of graduate course work.					
1. NAME (Last) (First) (Middle)				2. SOCIAL SECURITY NO.:	
3. PRESENT ADDRESS (Street) (City) (State) (Zip)				4. PHONE:	
5. DATE OF START OF GRADUATE COURSE WORK: Month: Year:			6. CATALOG YEAR:		7. EMAIL ADDRESS:
DEPT.	NO.	COURSE TITLE	CREDITS	SEM/YR.	GRADE
<b>REQUIRED FIRST YEAR COURSES:</b>					
PSYC	610	ANALYSIS OF BEHAVIORAL DATA	3		
PSYC	631	COGNITIVE AND INTELLECTUAL ASSESSMENT TECHNIQUES	3		
PSYC	672	LEARNING THEORY APPROACHES TO BEHAVIOR MODIFICATION	2		
PSYC	636	CHILD PERSONALITY ASSESSMENT	3		
PSYC	665	SCHOOL PSYCHOLOGICAL SERVICES	3		
PSYC	632	BEHAVIORAL ASSESSMENT TECHNIQUES WITH CHILDREN	2		
<b>REQUIRED SECOND YEAR COURSES:</b>					
PSYC	611	METH. AND PROGRAM EVALUATION IN PSYCHOLOGY	3		
EDSP	622	COLLABORATION IN SCHOOL AND COMMUNITY	3		
PSYC	781	SCHOOL PSYCHOLOGY PRACTICUM I	4		
PSYC	782	SCHOOL PSYCHOLOGY PRACTICUM II	4		
PSYC	638	EARLY CHILDHOOD ASSESSMENT AND INTERVENTION	3		
<b>REQUIRED THIRD YEAR COURSES:</b>					
PSYC	795	SCHOOL PSYCHOLOGY INTERNSHIP	6		
PSYC	796	SCHOOL PSYCHOLOGY INTERNSHIP	6		
<b>OTHER REQUIRED COURSES:</b>					
EDSP	651	SURVEY OF PROGRAMS FOR EXCEPTIONAL CHILDREN	3	REQUIRED IF NOT HAD As UNDEGR.	
EDSP	672	MILD DISABILITIES	3		

EDSP	669	DIAGNOSTIC EDUC. PROCEDURES FOR EXCEPT. INDIVIDUALS	3		
PSYC	660	HUMAN GROWTH AND LIFESPAN DEVELOPMENT	3		
PSYC	663	CHILDHOOD PSYCHOPATHOLOGY	3		
PSYC	774	INTRO. TO PSYCHOPHARMACOLOGICAL MEDICATIONS	3		
PSYC	641	THEORIES OF COUNSELING	3		
PSYC	694	CLINICAL INTERVENTION WITH CHILDREN AND ADOLESCENTS	3		
PSYC	698	DIRECTED STUDY	2		
		ELECTIVE IN PSYCHOLOGY OR EDUCATION	3		
<b>TOTAL CREDITS:</b>			<b>71 -74</b>		
<input type="checkbox"/> YES, I intend to earn a M.S. degree in Psychology by completing 6 additional approved graduate hours. <input type="checkbox"/> NO, I do not intend to earn a M. S. degree in Psychology.					
COMPREHENSIVE EXAM IS REQUIRED. EXPECTED DATE OF COMPLETION:			ADVISER'S SIGNATURE:		DATE:
OTHER DEPARTMENTAL REQUIREMENTS:			DEPT. CHAIR/PROG. COORD. SIGNATURE:		DATE:
STUDENT'S SIGNATURE:		DATE:			