PLAN OF STUDY FORM - 98/99

MOHEGAN CAMPUS - TRCTC

DEVELOPMENTAL DISABILITIES AIDE - 025605
CERTIFICATE PROGRAM
CREDITS REQUIRED - 33

NAME: _____
First Last
STUDENT ID# _____

Advanced Credits:
Transfer Credits _____
#CLEP/DANTES _____
#Credit by Exam _____
#APL Credits _____
#Military credits _____

Name(s) of transfer college(s) _____

DEPT & NO.	TITLE OF COURSE	CREDITS	SEMESTER COMPLETED	TO BE COMPLETED
CDV 219*	The Exceptional Child	3		
ENG 111*	College Composition	3		
HLT 111	Personal Health	3		
HSV 110	Introduction to Human Services	3		
HSV 131	Behavior Modification	3		
HSV 140	Introduction to Developmental Disabilities	3		
HSV 141	Introduction to Job Coaching for the Developmentally Disabled	3		
HSV 219*	Practicum in Human Service	3		
PSY 111	Introduction to Psychology	3		
PSY 212*	Developmental Psychology	3		
SOC 112	Current Social Problems	3		

* Course has a prerequisite. Students should check course description in the catalog or semester class schedule.

DEVELOPMENTAL COURSES COMPLETED:

Writing Workshop _____
Semester/Year

Effective Reading _____
Semester/Year

Basic Math Skills _____
Semester/Year

Basic Algebra _____
Semester/Year

PLAN OF STUDY REVIEWED BY:

_____
Advisor Date

_____
Student Date

Graduation Audit Completed by:

_____
Signature Date