

PLAN OF STUDY FORM - 97/98

MOHEGAN CAMPUS - TRCTC

DEVELOPMENTAL DISABILITIES AIDE - 025605

NAME: _____
First Last

CERTIFICATE PROGRAM
CREDITS REQUIRED - 33

SS#: _____ / _____ / _____

Advanced Credits:

Name(s) of transfer college(s) _____

Transfer Credits _____

#CLEP/DANTES _____

#Credit by Exam _____

#APL Credits _____

#Military Credit _____

#A combined maximum of 30 credits may be used to satisfy degree requirements.

Computer Literacy Requirement met by: _____

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	Intro 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:

PLAN OF STUDY REVIEWED BY:

Writing Workshop _____
Date

Advisor _____ Date

Effective Reading _____
Date

Student _____ Date

Basic Math Skills _____
Date

Graduation Audit Completed by:
Signature _____ Date

Other _____
Date