

PLAN OF STUDY FORM - 97/98

MOHEGAN CAMPUS - TRCTC

**EARLY CHILDHOOD EDUCATION - 056305
SPECIAL EDUCATION OPTION
CERTIFICATE PROGRAM**

NAME: _____
First Last

CREDITS REQUIRED - 30

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 111 | Introduction to Childhood Education | 3 | _____ | _____ |
| CDV 117 | Child Development | 3 | _____ | _____ |
| CDV 126 | Observing & Recording the Development of Young Children | 3 | _____ | _____ |
| CDV 129* | Play and Creative Art for Young Children | 3 | _____ | _____ |
| or | or | | | |
| CDV 130 | Math & Science for Young Children | | | |
| CDV 137 | Introduction to Special Education | 3 | _____ | _____ |
| CDV 216* | Practicum in Early Childhood Education with Seminar I | 3 | _____ | _____ |
| CDV 219* | The Exceptional Child | 3 | _____ | _____ |
| CDV 238* | Instructional Methods in Special Education | 3 | _____ | _____ |
| ENG 111* | College Composition | 3 | _____ | _____ |
| HLT 111 | Personal Health | 3 | _____ | _____ |

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

DEVELOPMENTAL COURSES COMPLETED:

Writing Workshop _____
Date _____
Effective Reading _____
Date _____
Basic Math Skills _____
Date _____
Other _____
Date _____

PLAN OF STUDY REVIEWED BY:

Advisor _____ Date _____
Student _____ Date _____
Graduation Audit Completed by: _____
Signature _____ Date _____