

PLAN OF STUDY FORM - 98/99
 EARLY CHILDHOOD EDUCATION - 056305
 SPECIAL EDUCATION OPTION
 CERTIFICATE PROGRAM
 CREDITS REQUIRED - 30

MOHEGAN CAMPUS - TRCTC
 NAME: _____
 First Last
 STUDENT ID# _____

Advanced Credits:
 Transfer Credits _____ Name(s) of transfer college(s) _____
 #CLEP/DANTES _____
 #Credit by Exam _____
 #APL Credits _____
 #Military credits _____

<u>DEPT & NO.</u>	<u>TITLE OF COURSE</u>	<u>CREDITS</u>	<u>SEMESTER COMPLETED</u>	<u>TO BE COMPLETED</u>
CDV 111	Introduction to Childhood Education	3	_____	_____
CDV 117	Child Development	3	_____	_____
CDV 126	Observing & Recording the Development of Young Children	3	_____	_____
CDV 129* OR CDV 130	Play and Creative Art for Young Children OR Math & Science for Young Children	3	_____	_____
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 _____
 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 _____