

**PLAN OF STUDY FORM - 99/00**  
**EARLY CHILDHOOD EDUCATION - 056305**  
**SPECIAL EDUCATION OPTION**  
**CERTIFICATE PROGRAM**  
**CREDITS REQUIRED - 30**

**MOHEGAN CAMPUS - TRCTC**

NAME: \_\_\_\_\_  
 First Last

STUDENT ID# \_\_\_\_\_

Advanced Credits:

Transfer Credits \_\_\_\_\_  
 #CLEP/DANTIES \_\_\_\_\_  
 #Credit by Exam \_\_\_\_\_  
 #APL Credits \_\_\_\_\_  
 #Military credits \_\_\_\_\_

Name(s) of transfer college(s) \_\_\_\_\_

<u>DEPT &amp; NO.</u>	<u>TITLE OF COURSE</u>	<u>CREDITS</u>	<u>SEMESTER COMPLETED</u>	<u>TO BE COMPLETED</u>
CDV K111	Introduction to Childhood Education	3	_____	_____
CDV K117	Child Development	3	_____	_____
CDV K126	Observing & Recording the Development of Young Children	3	_____	_____
CDV K129* OR CDV K130	Play and Creative Art for Young Children OR Math & Science for Young Children	3	_____	_____
CDV K137	Introduction to Special Education	3	_____	_____
CDV K216*	Practicum in Early Childhood Education with Seminar I	3	_____	_____
CDV K219*	The Exceptional Child	3	_____	_____
CDV K238*	Instructional Methods in Special Education	3	_____	_____
ENG K111*	College Composition	3	_____	_____
HLT K111	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 \_\_\_\_\_