Checklists are subject to change without further notice in order to follow federal or state guidelines for teacher certification.

CLASS A EDUCATION PROGRAM CHECKLIST
FOR TEACHING FIELD
(Not Alternative Fifth-Year)
Proposed Program of Study

Institution: University of North Alabama
Catalog Year: Degree Seeking
Date Submitted: Certification Only

STUDENT NAME
ADDRESS

TOTAL HOURS

STUDENT #
PHONE

TEACHING FIELD (12 hrs): At least 1/3 of the program shall be teaching field courses. English Language Arts, General Science, and General Social Science programs shall require at least one course in two areas within the broader field.

Course Number/Title Term Gr
12 hrs of advisor-approved graduate coursework in physics (at least 6 hours must be at the 600-level)

Course Number/Title Term Gr
ED 000 Ed Grad Program Orient
ED 601 Methods Ed Research
ED 603 Trends Issues Diversity
ED 605 Curr Development
ED 634 Adv Methods of Teach
ED 644 Ethics or CHD 604 Hum Gr
ED 655 Eval in Modern Ed

ADDITIONAL COURSES (18 hrs):
Course Number/Title Term Gr
ED 000 Ed Grad Program Orient (O)
ED 601 Methods Ed Research (3)
ED 603 Trends Issues Diversity (3)
ED 605 Curr Development (3)
ED 634 Adv Methods of Teach (3)
ED 644 Ethics or CHD 604 Hum Gr (3)
ED 655 Eval in Modern Ed (3)

SURVEY OF SPECIAL EDUCATION (3 hrs):
Required if not previously completed.
Course Number/Title Term Gr
EEX 605 Survey Stu with Dis (O-3)

Additional teaching field course or 3 hr advisor-approved elective (required if survey of special education was previously completed)

Course Number/Title Term Gr

INTERNSHIP (if required): Successful completion of an internship shall be required in English for Speakers of Other Languages, reading specialist, and speech and language impaired.

Course Number/Title Term Gr

PRACTICUM (if required): Successful completion of a practicum shall be required for initial certification in all special education teaching fields except speech and language impaired.

Course Number/Title Term Gr

Candidate's Signature __________________________ Date __________________________
Advisor's Signature __________________________ Date __________________________
Dean's Signature __________________________ Date __________________________

SBE APPROVED

Date Approved 5/14/14 Date Expires 5/31/21

Revisions __________________________ Dean of Education __________________________ Date 3-20-14

Dean of Education __________________________