

RHODE ISLAND COLLEGE
PLAN OF STUDY
 FEINSTEIN SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT GRADUATE STUDIES

Name:
Email:

ID#

Date:
Phone:

Department: Early Childhood and Special Education

Program: CGS in Early Childhood Special Education

Please submit a signed original to the Feinstein School of Education and Human Development (FSHED) Graduate Studies Office. Students should complete this form with the assistance of and approval of the Graduate Advisor. Although an applicant may be recommended for acceptance to a graduate program, the applicant cannot be considered an officially accepted degree candidate until an approved Plan of Study is on file in the FSEHD Graduate Studies Office. Changes in the Plan of Study can be made with the graduate advisor's approval by completing the Change of Plan of Study Form.

Not for Program Credit

Prerequisites include:
1. Bachelor Degree

For certification: Copy of your Rhode Island Department of Education (RIDE) applicable Praxis tests ETS/PRACTIS Examinee Score Report (p. 1-3) *Special Education Preschool/Early Childhood (5692) and Early Childhood (5025)*. Passing score of 159 or higher. Submit **prior** to student teaching (ECSE 669).

Department	Course #	Course Title	Credit Hours	Semester Course offered
ECSE	510	ECE Neurotypical and Neurodiverse Learning/Development	3	Fall/Spring
ECSE	520	Supporting Diverse Family and Community Relationships	3	Fall/Spring
ECSE	530	Comprehensive Assessment in Inclusive ECE Settings	3	Summer/Fall/Spring
ECSE	540	Comprehensive Literacy in Inclusive ECE Settings	3	Summer/Fall/Spring
ECSE	550	SEL/Social Studies in Inclusive ECE Settings	3	Summer/Fall/Spring
ECSE	560	STEAM in Inclusive ECE Settings	3	Summer/Fall/Spring
ECSE	639	Student Teaching in Inclusive ECE Settings	3	Fall/Spring
ECSE	669	Best Practices in Inclusive ECE Settings	1	Fall/Spring

Thesis: Yes _____ No X _____ Comprehensive Assessment: Yes _____ No X _____

Credits Transferred: 0
Total Credits: 22

Student: _____

Signature: _____

Date: _____

Advisor: _____

Signature: _____

Date: _____

Program Director: _____

Signature: _____

Date: _____

Department Chairperson: _____

Signature: _____

Date: _____

Director of Graduate Studies: _____

Signature: _____

Date: _____