



**Special Education Autism Spectrum Disorder Endorsement-Only (1st Endorsement)
Plan of Work**

Concentration Area: Special Education 1st Endorsement: Teaching Students with Autism Spectrum Disorders.

Students are responsible for meeting pre-requisite requirements for courses on this Plan of Work. Courses completed for undergraduate credit or in post bachelor status cannot be included in the Plan of Work. Consult the current University Graduate Bulletin and your Academic Advisor for assistance in completing this form.

Name: _____ WSU ID Number (9 Digits) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

General Education	Special Education	Semester/Year	Course ID	Course Title	Sem. Hrs.	Gr.
			SED 5000	History, Philosophy, Ethics of Teaching Students with Disabilities (prerequisite for all SED courses)	2	
			SED 5010 OR TED 7060	Inclusive Teaching (recommended for undergraduate) Inclusive Education, Curriculum, Pedagogy (best for graduate)	2 OR 3	
			SED 5080	Engaged Learners, Supportive Environments	2	
			SED 5090	Transitions for Students with Disabilities	2	
			SED 5600	Consultation and Collaboration	2	

Concentration Area Requirements (17 credits)

University	Semester/Year	Course ID	Course Title	Sem. Hrs.	Gr.
		SED 6021	Introduction to Teaching Students with ASD	3	
		SED 6030	Teaching Students with Cognitive and Behavior Differences	3	
		SED 6050	Teaching Students with Communication Differences	3	
		SED 6060	Teaching Students with Movement and Sensory Differences	2	
		SED 7770	Assessment and Evaluation of Students with ASD	3	



		SED 7800	Practicum (180 direct service hours in endorsement area)	3	
--	--	----------	--	---	--

Electives (Elective chosen in consultation with advisor, 3 credits)

University	Semester/Year	Course ID	Course Title	Sem. Hrs.	Gr.

Total Semester Hours Required (30-31 Credit Hours Required): _____

All degree requirements and coursework must be completed by: _____

(Within six (6) years following the date of the first recorded course used for the Master’s Degree)

Petition for admission to candidacy: _____
Student’s Signature Date

Plan of Work and candidacy recommended by: _____
Advisor’s Signature Date

Plan of Work approved and candidacy authorized by: _____
Graduate Auditor’s Signature Date

The Plan of Work is submitted to the Graduate Education Office (489 Education Bldg.) for review and approval.