

## Education Specialist Certification Plan of Work

WSU #: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Term/Year Admitted: \_\_\_\_\_ Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

University	Semester	Determent	Course Number	Course Title	Semester Hours	Grade
WSU		EDP	5450	Child Psychology	3	
WSU		ELE	6010	Family Centered Collaboration EL Spec Edu	3	
WSU		ELE	6020	Seminar in Early Childhood	3	
WSU		ELE	6030	Assessment of Young Children	3	
WSU		SED	6040	Introduction to ECSE	3	
WSU		ELE	6050	Inf & Tod Devel Rel-Based Curricula	3	
	<b>OR</b>		6090	Intro to Inf Mental Health Theory & Practice		
WSU		ELE	6100	Planng & Implemtg Preschool Curriculum	3	
WSU		ELE	6340	Teaching Reading in Early Childhood	3	
WSU		ELE	7020	Issues in Early Childhood	3	
<b>Elective Courses</b>						
WSU		TED	7030	Foundations: Teaching & Learning	3	
		TED	7060	Inclusive Ed Curriculum & Pedagogy		
<b>Total Semester Hours</b>					<b>30</b>	

Completion Date: \_\_\_\_\_ (All requirements must be met by this date)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Graduate Officer's signature indicates an official and approved Plan of Work