

Master of Education in Teaching and Learning Plan of Work

Concentration Area: Early Childhood

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 Wayne State University Graduate Bulletin and your Academic Advisor for assistance in completing this form.

Name	WSU ID Number (9 digits)	Ema	il
Address	City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Pho	ne Number

General Professional Requirements (6 credit hours)

University	Semester/Year	Course ID	Course Title	Sem. Hrs.	Grade
		TED 7030	Foundations of Teaching and Learning	3	
		TED 7060	Inclusive Education, Curriculum, and	3	
			Pedagogy		

Concentration Requirement (Use course list in your concentration area)

University	Semester/Year	Course ID	Course Title	Sem. Hrs.	Grade
		EDP 5450	Child Psychology	3	
		ELE 6010	Family Centered Collaboration EL Spec	3	
			Education		
		ELE 6020	Seminar in Early Childhood	3	
		ELE 6030	Assessment in Young Children	3	
		SED 6040	Introduction to ECSE	3	
		ELE 6100	Planning & Implementing Preschool	3	
			Curriculum		
		ELE 6050	Infant & Toddler Development Rel-Based		
			Curricula & Intervention		
		Or		3	
		ELE 6090	Introduction to Infant Mental Health		
			Theory and Practice		
		ELE 6340	Teaching Reading in Early Childhood	3	
		ELE 7020	Issues in Early Childhood	3	

Electives (Electives chosen in consultation with advisor)

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

Research Requirements (6 credit hours) Taken towards the end of program, in 2 consecutive semesters with the same instructor.

Semester/Year	Course ID	Course Title	Sem. Hrs.	Grade
	TED 7000	Introductory master's Seminar	3	
	ED 7999	Terminal Master's Seminar	3	

Total Semester Hours Required:

Confirmation of field experience: ______

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.