Division of Teacher Education

College of Education

5425 Gullen Mall, Detroit, MI 48202

313-577-0902 education.wayne.edu/teaching-curriculum

**Plan of Work for Teacher Certification**

**Master of Education: Teaching and Learning**

**Special Education: Autism Spectrum Disorder**

**First Special Education Endorsement**

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| Name | | |  | WSU Access ID | | |  | | E-mail Address | | | |
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| Address |  | City | | |  | State | |  | | Zip Code |  | Primary Phone # |
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This document includes requirements for the M.Ed. in Teaching and Learning with a concentration in Special Education: Autism Spectrum Disorder (P-12). This Plan of Work is for those seeking their first Special Education Endorsement. Candidates in this program must have a teaching certificate, as it is added on to an initial general education teacher certification. **Schedule an appointment with your academic advisor the semester before the SED Internship for a pre-audit of your PoW.**

Per WSU policy, all program required coursework must be completed within 6 years of completing the first course in the program. Please see notation near the bottom of this PoW for caveats related to MDE requirements. Furthermore, candidates must attain a GPA of 3.0 or higher. Note that the clinical course is graded as satisfactory and unsatisfactory and thus does not contribute to candidates’ GPA.

Prior to starting the Internship, all candidates must successfully complete all course requirements: SED: 5000; 5075; 5080; 5090; 6021; 6030; 6050; 6060; **and** 6070.

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| **Pref** | **#** | **M.Ed. Program Core Courses** | **CH** | **Grade** | **Completed/Equivalent** |
| TED | 7030 | Foundations of Teaching and Learning | 3 |  |  |
| TED | 7060 | Inclusive Teaching, Curriculum, and Pedagogy | 3 |  |  |
| TED | 7000 | Introductory Master's Seminar | 3 |  |  |
| TED | 7999 | Master's Seminar and Essay or Project | 3 |  |  |
|  |  | **Total Core Credit Hours** | **12** |  |  |

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| **Pref** | **#** | **Special Education Foundation Courses** | **CH** | **Grade** | **Completed/Equivalent** |
| SED | 5000 | History, Philosophy, and Ethics of Teaching Students w/Disabilities | 2 |  |  |
| SED | 5075 | Consultation and Collaboration for Inclusive Teaching | 2 |  |  |
| SED | 5080 | Supportive Environments, Engaged Learning | 2 |  |  |
| SED | 5090 | Transitions for Students with Disabilities | 2 |  |  |
|  |  | **Total Concentration Credit Hours** | **8** |  |  |

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| **Pref** | **#** | **Special Education: Autism Spectrum Disorder Courses** | **CH** | **Grade** | **Completed/Equivalent** |
| SED | 6021 | Introduction to Teaching Students with Autism Spectrum Disorder | 3 |  |  |
| SED | 6030 | Teaching Students with Cognitive, Behavior, & Communication Differences | 3 |  |  |
| SED | 6050 | Teaching Students with Communication Differences | 3 |  |  |
| SED | 6060 | Teaching Students with Movement and Sensory Differences | 2 |  |  |
| SED | 6070 | Assessment and Evaluation of Students with Autism | 3 |  |  |
| TED | 6795 | Graduate Special Education Internship  (8-weeks) **\*** | 4 |  |  |
|  |  | **Total ASD Credit Hours** | **18** |  |  |

**\***Clinical classes require candidates to submit a clinical application in Exxat during the semester PRIOR to taking the course. Fall clinical applications are due in February of that year; Winter clinical applications are due in September of the previous year.

Wayne State University requires that all requirements for the master’s degree must be completed within 6 years after completion of the first course to be applied toward the degree. While WSU allows students 6 years for the degree as described previously, this is distinct from the Michigan Department of Education Certification/Endorsement requirements. Depending on MDE changes and timelines, students may be required to complete all endorsement and/or program requirements **and** MDE requirements for certification (including, but not limited to, the MTTC) in less than 6 years. All MDE changes will be communicated to students in advance so that students can plan accordingly. Students are encouraged to meet with their advisor each semester to stay updated on program changes and to confirm course plans.

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| **Plan of Work Advisor Approval** |  |  |  |  |  |
|  | Advisor’s Name |  | Advisor’s Signature |  | Date |
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| **Plan of Work Student** |  |  |  |  |  |
|  | Student’s Name |  | Student’s Signature |  | Date |



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| **Program Completion Date** |  |  |  |  |  |
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| **MTTC Pass Date** |  |  |  |  |  |
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| **Petition for Candidacy** |  |  |  |  |  |
|  | Student’s Name |  | Student’s Signature |  | Date |
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|  |  |  |  |  |  |
| **Candidacy Authorization** |  |  |  |  |  |
|  | COE Academic Services Office |  | Date |  |  |



**Advisor Comments:**