



PROGRAM OF STUDY
EDUCATION SPECIALIST IN
SCHOOL PSYCHOLOGY

Graduate School

NAME: _____ **ID#** _____

Admitted students are required to file this form in the Graduate School no later than the completion of their first 9 semester hours. Complete, route for signatures, and deliver or email the completed form to: graduate@minotstateu.edu.

REQUIRED COURSES	SH	PROJECTED SEMESTER (YR)			Grade
		Fall	Spring	Summer	
ED 540 Reading: Advanced Diagnosis & Remediation	2			Year 1	
Ed 541 Clinical Practice Remedial Reading	2			Year 1	
SPED 517 Methods for Mild Disabilities	3		Year 1		
SPED 510 Law & Policy in Special Educaiton	3	Year 2			
PSY 503 Statistics I	3	Year 1			
PSY 511 Human Growth and Development	3	Year 1			
PSY 512 Research Design & Measurement	4		Year 1		
PSY 514 Individual Cognitive Assessment	4	Year 1			
PSY 515 Academic Assessment	4		Year 1		
PSY 518 Psychopathology for Children	3		Year 1		
PSY 525 Role and Function of the Sch. Psychologist	3	Year 1			
PSY 533 Social and Behavioral Interventions in Sch.	3	Year 2			
PSY 583 Diversity in the Schools	3			Year 1	
PSY 584 School Psychology Practicum I	3	Year 2			
PSY 585 School Psychology Practicum II	3		Year 2		
PSY 586 Clinical Experience	3		Year 2		
PSY 590 Counseling Skills	3	Year 2			
PSY 593 School Safety, Crisis Prep., & Crisis Response	3		Year 2		
PSY 594 Consultation and Collaboration	3		Year 2		
PSY 598 Internship	6	Year 3			
PSY 599 Internship	6		Year 3		
	REQUIRED CREDITS	70			
PSY 597 Thesis (optional track)	3				

SIGNATURES:

Student: _____ ID# _____ Date: _____

Program Director: _____ Date: _____

Department Chairperson: _____ Date: _____

***Maximum 7 year time limit to complete degree. Outside transfer credit must be approved with Program Director. See catalog policies for TIME REQUIREMENT & TRANSFER CREDIT.**

***Course Deviations requires the Program Director to submit a "Course Substitution" form to the Registrar's office.**

***Any changes to original plan requires an updated Program of Study to the Graduate School.**