M.A. in Special Education

**Instructional Strategist I**: Mild and Moderate (5-12) – LEVEL 1 & 2
(Students must hold a regular education endorsement.) EFFECTIVE FALL 2015

**REQUIRED** – minimum of 32 semester hours

___ 7E:102/EDTL:3002 Technology in the Classroom (Fall, Spring, Summer) 2 s.h.
(This course must be completed during the first semester of admission. Each student will be required to complete an ePortfolio.)

___ 7U:100/EDTL:4900 Foundations of Special Education (Fall, Spring, Summer) 3 s.h.

___ 7U:121/EDTL:4921 Transition and Related Issues (Spring) 3 s.h.

___ 7U:134/EDTL:4934 Parent-Teacher Communication (Fall, Summer, GIS) 3 s.h.

___ 7E:103/EDTL:3103 Assessment Instructional Planning & Practice (Fall, Spring) 3 s.h.

___ 7U:140/EDTL:4940 Characteristics of Disabilities (Fall, Spring) 3 s.h.

___ 7U:150/EDTL:4950 Behavioral and Social Interventions (Spring) 3 s.h.

___ 7U:182/EDTL:4982 Instructional Decision Making in Education (Fall) 3 s.h.

___ 7U:184/EDTL:4984 Academic Skills for Students with Special Needs (Spring) 3 s.h.

___ 7U:206/EDTL:6906 Practicum with Exceptional Persons (Fall, Spring) 3 s.h.

Application required - N258 LC

___ 7U:275/EDTL:6975 Explicit Instruction (Fall) 3 s.h.

One of the following options:

A. 7E:271/272/EDTL:6171/6172 Advanced Reading Clinic: Techniques/Practicum 4 s.h.
   (Offered summersession only; waiting list in N259 LC)

B. If the student has 3 semester hours of reading course work at the 7-12 level, no additional course work is required.

C. If the student has 3 s.h. of reading course work at the K-6 level, complete Option A or a 3 s.h. 7-12 reading course to be determined in consultation with the advisor (e.g., 07S:193/EDTL:3393 Reading and Teaching Adolescent Literature or 7S:194/EDTL:4394 Methods: Secondary Reading).

**Student Teaching** (Students must complete eight weeks of full-time student teaching; sixteen weeks if student teaching in own classroom) – Not available during summer. ALL LICENSURE COURSE WORK MUST BE COMPLETED.

___ 7U:209/EDTL:6909 Seminar: Graduate Supervised Teaching 1 s.h.

___ 7U:251/EDTL:6951 Strategist I Student Teaching Secondary 5 s.h.

Student teaching sites beyond a 60-mile radius of Iowa City will not be approved. Students should be prepared to student teach in a school district in eastern Iowa. Application information on next page.

Comprehensive exams are taken during this semester.

THIS IS A PROGRAM OF STUDY FOR

______________________________________________________________

(faculty signature/date)
The deadlines for applying for student teaching are: **February 15** for the following Fall semester and **September 15** for the following Spring semester. Student teaching applications are available on the world wide web (www.education.uiowa.edu/students/sfe/for-students.aspx) and in N259 Lindquist Center. You should have your advisor sign the application and deliver to Bobbie Bevins in N259 Lindquist Center.

Persons currently teaching with a Special Education temporary license may complete one student teaching assignment in their own classroom under the following conditions:

- The type of classroom in which the person teaches is consistent, relative to the age and disability of students, with the area of certification the student will be seeking;
- The local school district or AEA must be willing to assist on a regular basis with observation and supervision of the student;
- The student is willing to spend a full semester (16 weeks) completing this student teaching assignment; and
- The classroom/school is within 60 miles of Iowa City.

**THERE IS NO GUARANTEE THAT A STUDENT TEACHING PLACEMENT WILL BE AVAILABLE IN IOWA CITY. YOU MUST BE PREPARED TO DRIVE TO AN OUT OF TOWN STUDENT TEACHING SITE. WE CANNOT PROVIDE TRANSPORTATION.**

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**Comprehensive Examination**

Students will complete 6 hours of comprehensive examinations. (Not available during summer)

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**STUDENT TEACHING INFORMATION**

Semester and Year Completed: ____________________________________________

School and District: ______________________________________________________

Cooperating Teacher(s): __________________________________________________

College Supervisor(s): ____________________________________________________

Grade/Age Level of Students: _____________________________________________

Brief Description of Experience (Disability Types, Classroom Structure, etc.):

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________________________________________________________________________

________________________________________________________________________

Program Completed (date): ___________ ADVISOR SIGNATURE: ______________

Student Signature ________________________________________________________