



**2ND TEACHER LICENSURE PROGRAM:
INTERVENTION SPECIALIST MILD/MODERATE
2019-2020 CATALOG**

Advising Questions:
419.289.5486 or email
COE-advising@ashland.edu

The initial review of all transfer credit associated with this checksheet is nonbinding and unofficial until the courses have been approved by the Office of Records and Registration.

EVALUATION FOR (Name): _____ STUDENT ID# _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

DEGREE _____ DATE _____ COLLEGE/UNIVERSITY _____ GPA _____

AU ADVISOR: _____ DATE: _____

PROGRAM CANDIDACY: Admission to the 2nd Teacher Licensure Program in Intervention Specialist Mild/Moderate program occurs at entry to the Graduate School at AU. This program is available to licensed teachers only.

CONTINUED CANDIDACY IN PROGRAM: Candidates are to maintain a cumulative grade point average of 3.0 or above.

RECOMMENDATION FOR LICENSURE:

APPLICATION DEADLINE Once a candidate has completed the required coursework for a given program, he or she must apply for licensure within one year in order to be recommended by Ashland University.

REQUIRED TESTS: The following licensure test(s) must be passed before AU will recommend a candidate to the Ohio Department of Education (ODE) for this license. This list is subject to change by the ODE. Ohio Assessment for Educators (OAE) Tests:

<ul style="list-style-type: none"> • <i>Assessment of Professional Knowledge: PK-12 (004)</i> (Not required if an APK test previously taken and passed) 	<ul style="list-style-type: none"> • <i>Foundations of Reading (090)</i> • <i>Special Education (043)</i>
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TRANSFER POLICY:

- Up to 3 semester hours of transfer coursework may be applied to the *Education Coursework* on the following page. If the hours are also used within an M.Ed. program, they count toward the 12 hours of transfer credit that may be applied to that program.
- Excluding EDIS 579, all transferred courses must have been completed within 7 years of beginning the program. EDIS 579, which includes special education law must have been taken with 5 years of beginning the licensure program.
- Graduate courses must have a grade of B or above to qualify for transfer.
- Course syllabi may be required for transfer credit.
- Official transcripts from originating accredited institution(s) are required.
- After entering the program, approval must be obtained for any courses taken from another accredited institution prior to enrolling in the course(s). The *Transient Student Form* must be completed and approved by the Office of Records and Registration. No transfer credit will be given until an official transcript from the originating accredited institution has been submitted to Ashland University.

I have read and understand all pages of this document.

STUDENT'S SIGNATURE: _____

DATE: _____

Please sign and return this first page to your AU advisor

REQUIRED EDUCATION COURSEWORK:

PREREQUISTE COURSEWORK: *These prerequisites must be taken prior to taking the EDIS methods courses (EDIS 535, EDIS 541, & EDIS 548).*

_____	EDIS 546	INTRODUCTION TO EDUCATIONAL INTERVENTION	(3)	_____
_____	EDEC 564	CURRICULUM & METHODS OF EARLY CHILDHOOD MATHEMATICS	(3)	_____
12 Semester Hours of Reading, Including 3 Hours of Phonics:				
_____	EDEC 540	PHONICS & THE ENGLISH LANGUAGE	(3)	_____
_____			(3)	_____
_____			(3)	_____
_____			(3)	_____

NUMBER	TITLE	HRS	If transferred, list course number, title, institution name, and grade
EDIS 535	CURRICULUM/METHODS FOR CAREER/DAILY LIVING SKILLS <i>(Prerequisite: EDIS 546)</i>	3	_____
EDIS 541	CREATING EFFECTIVE LEARNING ENVIRONMENTS <i>(Prerequisite: EDIS 546)</i>	3	_____
EDIS 542	COMMUNICATION, CONSULTATION, & TEAMING SKILLS	3	_____
EDIS 548	ASSESSING & TEACHING CHILDREN WITH MILD/MODERATE EDUCATIONAL Needs <i>(Prerequisite: EDIS 546)</i>	3	_____
EDIS 507	LANGUAGE/COMMUNICATION DISORDERS IN CHILDREN & INTERVENTION <i>(Prerequisite: EDIS 546)</i>	3	_____
EDIS 579	SPECIAL EDUCATION LAW, POLICIES, & PROCEDURES FOR INTERVENTION SPECIALIST	3	_____
EDIS 593	CLINICAL EXPERIENCE IS M/M <i>(Prerequisite: Admission to field)</i>	1	These course credits must be received from Ashland University.
TOTAL HOURS OF REQUIRED EDUCATION COURSEWORK:		19	

A current certificate in first aid and CPR is strongly recommended at time of program completion.

No more than one 3-credit-hour course may be transferred from another regionally accredited institution for the 2nd Licensure Intervention Specialist Mild/Moderate program. Appropriate coursework that has been approved may be transferred to AU for the program's prerequisite courses.

TRANSFER CREDIT RECOMMENDED BY DEPARTMENT CHAIR/APPROPRIATE FACULTY: _____ **DATE:** _____

TRANSCRIPT EVALUATOR'S SIGNATURE: _____ **DATE:** _____

IMPORTANT NOTES:

- Program Checksheets completed prior to an individual's acceptance to the university are nonbinding and unofficial. The student's Program Checksheet is simply a list of the required courses for the degree or licensure. If the individual's application to the university is not submitted and approved within one semester of the date on the Checksheet, or the requirements for a given program have changed, he or she will be required to sign a new Program Checksheet. It is the student's responsibility to notify the university should he or she change from one degree, licensure, or endorsement program to another or add an additional program.
- It is the student's responsibility to submit all appropriate transcripts required for transfer credit. This should be completed within the first semester. Transfer credit noted on a Program Checksheet is not official until it has been reviewed and approved by the Office of Records and Registration. The student needs to monitor the status of his or her transfer credit.
- Students are to contact the Financial Aid Office when a change in the program occurs. Changes may result in an increase in the number of hours required to complete a program and may result in potential changes in financial obligations due to a change in the academic program.

I have reviewed all pages of this document with the individual requesting this Program Checksheet.

AU ADVISOR SIGNATURE: _____ **DATE:** _____