

Master of Education in Visual Impairments (grades PK-12) Program Sheet

Name:

Advisor:

Student ID:

Second Reader:

Content Area:

Requirement	Course Completed	Grade	SM/YR	Cr. Hrs.
1. Reading Foundations	EDUTL 5468			3
2. Language and Word Study for All Learners	EDUTL 5469			3
3. Composing Print and Digital Multimodal Texts	EDUTL 5226			3
4. Diverse Literature and Comprehension	EDUTL 5225			3
5. Inclusion: Philosophical, Social, and Practice Issues **1-5 can be completed as prerequisites or throughout program	EDUTL 5501			3
6. Reading and Writing Braille	EDUTL 5506 ^{L*}		AU	3
7. Visual Process	EDUTL 5507 ^{L*}		AU	3
8. Educational Assessment of Students with Mild/Moderate Disabilities OR Educational Assessment in Early Childhood Special Education	ESSPED 5743* OR 5760*		AU	3
9. Mathematics Methods	EDUTL 5108*, 5270*, or 7701*		AU	3
10. Professional Development	EDUTL 5530 ^{L*}		AU	3
11. Curriculum & Instruction for Children with Sensory	EDUTL 5525 ^{L*}		SP	3
12. Classroom Based Inquiry	EDUTL 6052*		SP	3
13. Planned Field Experience	EDUTL 5189*		SP	2
14. Reflective Seminar	EDUTL 5195		SP	1
15. Modes of Communication	EDUTL 5508 ^{L*}		SU	1
16. Orientation and Mobility	ESSPED 5510 ^{L*}		SU	2
17. Equity and Diversity in Education	EDUTL 5005*		SU	3
18. Science Methods	EDUTL 5129*, 5275*, or 7702*		AU	3
19. Planned Field Experience	EDUTL 5189*		AU	2
20. Reflective Seminar	EDUTL 5195		AU	1
21. Supervised Student Teaching	EDUTL 5191**		SP	8
22. Reflective Seminar	EDUTL 5195		SP	1
				57

*Minimum grade requirement B-

** Minimum grade requirement B

L Courses fulfill the Visual Impairment License requirement

Continued on page 2...

I have reviewed this document and understand that all courses listed above. I also understand that all coursework above, prerequisite content coursework (typically completed prior to admission to M.Ed.), and Ohio Assessment for Educator Exams must be successfully completed prior to The Ohio State University recommendation is sent for my Ohio Teaching License.

Student Signature	
--------------------------	--

OFFICE USE ONLY

Semester/ Year of Graduation:

OAS Licensure Clearance:

<i>Initial License:</i>	
<i>GSS Signature:</i>	(___ / ___ / ___)