

**SOUTHERN OREGON UNIVERSITY
PROPOSED PROGRAM OF STUDIES: ASD SPECIALIZATION**

Name _____ ID# _____ Phone _____

Address/City/State/Zip _____

Email _____

| COURSES | Course No. | Credit | Grade | Term |
|---------------------------------------|-------------------|---------------|--------------|-------------|
| Foundations of Autism | SPED 561 | 3 | | |
| Assessment of ASD | SPED 562 | 3 | | |
| Assessment of ASD Lab | SPED 562L | 1 | | |
| ASD Strategies and Intrvn I | SPED 563 | 3 | | |
| ASD Strategies and Intrvn I Lab | SPED 563L | 1 | | |
| ASD Strategies and Intrvn II | SPED 564 | 3 | | |
| ASD Strategies and Intrvn II Lab | SPED 564L | 1 | | |
| Coaching, Collab, and Consult for ASD | SPED 565 | 3 | | |
| ASD Portfolio | SPED 566 | 1 | | |

TOTAL CREDITS: 19

REQUIRED PROGRAM RUBRICS/ASSESSMENTS:

| | |
|------------------------------------|--------------------------|
| <input type="checkbox"/> Portfolio | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | |

PROGRAM APPROVALS:

SOE Advisor _____

Date: _____

Director of Teacher Education _____

Date: _____