

BEMIDJI STATE UNIVERSITY  
2004-2006 Undergraduate Catalog  
Records & Advising Services  
Graduation Planning Form

## Licensure: Emotional/Behavioral Disorders

Attach to Major planning document.  
PLEASE TYPE OR PRINT CLEARLY

Name:

SSN  
or  
BSU  
ID:

Last, First MI

## Requirements 2004-2006 Catalog

PLEASE NOTE: If you completed the required course listed, only fill out the 'Required' information for the course. An extra line has been included below the required course to accommodate substitutions.

REQUIRED INFORMATION

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## I. Core Skills for Teachers of Special Education

Dept./Course #	Course Title	Term/Year	Grade	Sem. Credits	Qtr. Credits
<a href="#">ED 3600/5600</a>	Study of the Learner with Special Needs			OR	
<a href="#">ED 3640/5640</a>	Due Process in Special Education				
<a href="#">ED 3650/5650</a>	Collaborative Techniques for Special Educators				
<a href="#">ED 4715/5715</a>	Curriculum Techniques with Special Populations				

## II. Subject Matter Skills for Learning Disabilities

Dept./Course #	Course Title	Term/Year	Grade	Sem. Credits	Qtr. Credits
<a href="#">ED 3201/5201</a> OR <a href="#">ED 6230</a>	Language Arts I Curriculum & Instruction in Developmental Reading in Elementary School				
<a href="#">ED 3221/5221</a> OR <a href="#">MATH 3052/5052</a>	Elementary Math Methods Math Models, Games, and Activities for the Elementary Classroom				
<a href="#">ED 3608/5608</a>	Mathematics for Learners with Special Needs				
<a href="#">ED 3630/5630</a>	Teaching the Learner with Emotional Behavioral Disorders I				

[ED 6237](#)      Diagnosis and Correction of Reading Difficulties

[ED 6608](#)      Language Development and Disabilities

[ED 6609](#)      Diagnosis and Assessment of Learners with  
Special Needs

[ED 6630](#)      Teaching the Learner with Emotional Learning  
Disabilities II

Total Credits:

Total Semester Credits Required for Emotional/Behavioral  
Disorders Licensure: 32-33

Praxis II (20353 - Education of Exceptional Students) results:

Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Coordinator's signature required on **all** course substitutions or transfers.*

Expected Completion Date: \_\_\_\_\_