Department of Human Services and Counseling

 **Intensive Teacher Institute (ITI-BE) in Bilingual Education** Code BIL1

 (Track 1)

 Number of Credits in Program: **15**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 X Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

 Date of Matriculation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Program Prerequisites: **This program can only be taken by students with initial certification in education.**

|  |  |  |
| --- | --- | --- |
| **Foundations (15 credits)** | Semester/Sequence | **Date Completed/****Grade**\*\* |
| EDU 9001: Foundations of Bilingual and Second Language Education |  |  |
| EDU 9002: Psychology and Sociology of Language and Bilingualism |  |  |
| EDU 9005: Teaching English to Speakers of Other Languages: Theory and Practice |  |  |
| EDU 9009: Teaching Strategies in the ESL and Bilingual Classroom: Science, Mathematics and Social Studies |  |  |
| EDU 9012: Methods of Language and Academic Assessment for English Language and Exceptional  Learners |  |  |

 **All ITI Bilingual Education Students must take the BEA for New York State Certification. Students should also indicate St. John’s University as a recipient of scores and submit a copy of their results to their advisor to be placed in their docket.**

 *Date of Advisor’s Review of ITI BOCES Acceptance Document:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

S

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Advisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_