Department of Human Services and Counseling

** Intensive Teacher Institute (ITI) Bilingual Pupil Personnel** Code BIL3

 (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 a Bachelor’s Degre.**

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| **Foundations (15 credits)** | Semester/Sequence | **Date Completed/****Grade**\*\* |
| EDU 9001: Foundations of Bilingual, Multicultural and Second Language Education |  |  |
| EDU 9006: Human Development in Cross-Curricular Perspective |  |  |
| EDU 9012: Methods of Language and Academic Assessment for English Language and Exceptional  Learners |  |  |
| EDU 6122: Orientation Counseling |  |  |
|   **OR** |  |  |
| EDU 9002: Psychology and Sociology of Language and Bilingualism |  |  |
| EDU 6530: Multicultural Counseling |  |  |

\ **All ITI Bilingual Education PPS 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.**

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

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

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