Department of Human Services and Counseling

** Intensive Teacher Institute (ITI) Bilingual Special Education** Code BIL2

(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.**

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| **Foundations (15 credits)** | Semester/Sequence | **Date Completed/**  **Grade**\*\* |
| EDU 9001: Foundations of Bilingual, Multicultural and Second Language Education |  |  |
| EDU 9002: Psychology and Sociology of Language and Bilingualism |  |  |
| EDU 9005: Teaching English to Speakers of Other Languages |  |  |
| EDU 9009: Content Area Instruction for Linguistically/Culturally Diverse Learners (Early Childhood) |  |  |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

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