**The Graduate School of Education**

Name of Program: **Early Childhood/Field Change** Initial: **ECF**

Number of Credits in Program: **36 Credits**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

X Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Foundations Courses:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDU Number** | **Course Title** |  |  | **Date Completed****(Sem./Yr./Grade)** | **Comments** |
|  EDU 7000 | Psychological Foundations of Learning |  |  |  |  |
| \*EDU 7126 | Observing and Recording the Behavior of Young Children |  |  |  |  |
|  EDU 7127 | School, Family and Community Partnership |  |  |  |  |
| \*EDU 7128 | Integrated Curriculum in Early Childhood |  |  |  |  |
| \*EDU 7122 | Programs in ECE: Play, Social Learning & EC Environments |  |  |  |  |

**Required Special Education Courses: (Choose one)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDU Number** | **Course Title** |  |  | **Date Completed****(Sem./Yr./Grade)** | **Comments** |
| EDU 9711 | Education of Individuals with Exceptionalities |  |  |  |  |
| EDU 9737 | Early Childhood Special Education |  |  |  |  |

**Required Methods Courses:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDU Number** | **Course Title** |  |  | **Date Completed****(Sem./Yr./Grade)** | **Comments** |
| \*EDU 3200 | Language Acquisition & Literacy Dev for General Ed/English Lang. Learners (ELL) |  |  |  |  |
|  EDU 7124 | Literature in Early Childhood Education |  |  |  |  |
| \*EDU 7123 | Creative Arts in Early Childhood Education |  |  |  |  |
|  EDU 7129 | Mathematics & Science in Early Childhood Education |  |  |  |  |

**Required Research Methodology (Taken in last 6 credits of the program):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDU Number** | **Course Title** |  |  | **Date Completed****(Sem./Yr./Grade)** | **Comments** |
| EDU 7585 | Assessment and Evaluation in the Teaching/Learning Process |  |  |  |  |

**Student Teaching (Taken in last 6 credits of program):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDU Number** | **Course Title** |  |  | **Date Completed****(Sem./Yr./Grade)** | **Comments** |
| EDU 7114/7114i | Early Childhood Associate Teaching (Student Teaching/Internship) Prerequisite: Must pass EAS,ALST and CST and complete required workshops |  |  |  |  |

**Required Examinations: \*\* Required Workshops:**

 **EAS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Abuse Seminar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Violence Prevention Seminar\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DASA Workshop \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Fingerprinting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**edTPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\* Please indicate SJU a recipient of scores and submit official NYSED score report to your advisor for your docket**

**Notes: 1)** \*Field experiences courses require participation in school. Minimum 20 hours each. Course instructor will outline requirements. **2)** Course titles have been abbreviated **3)** Upon completion of the program, student and advisor signatures are required below **4)** New York State Required Examinations must be passed prior to enrollment in Student Teaching **5) edTPA will be completed during Student Teaching**

**STUDENTS MUST HAVE A 3.0 GPA TO SUCCESSFULLY COMPLETE THE MASTERS DEGREE**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_