

Advising Checklist
Department of School Psychology
Ed.S. in School Psychology

Name: _____ Bear Number: _____

Address: _____ Advisor's Name: _____

Telephone: _____ (home) Email: _____
 _____ (work)

PROGRAM REQUIREMENTS

	<u>Date Completed</u>
Plan of Study (end of first spring semester)	_____
Internship Clearance (prior to applying for internship)	_____
Comprehensive Exam: School Psychology exam	_____

PREQUISITE COURSEWORK

	<u>Semester Completed</u>	<u>Check/Initial If Waived</u>
Abnormal Psychology	_____	_____

REQUIRED COURSEWORK

	<u>Semester Completed</u>	<u>Check/Initial If Waived</u>
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Psychological and Educational Foundations (43 hours)

APCE 747 Psychological Aspects of Acad Programs & Interventions (3)	_____	_____
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APCE 625 Applied Developmental Science (3)	_____	_____
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APCE 607 Theories of Counseling (3)	_____	_____
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APCE 628 Concepts & Principles of Applied Behavior Analysis (3)	_____	_____
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APCE 629 Measurement & Experimental Design in Applied Behavior Analysis (3)	_____	_____
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APCE 640 School-Based Psychological Consultation (3)	_____	_____
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APCE 655 Family, School & Community Contexts (3)	_____	_____
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APCE 656 Systems-Based Behavioral Health (3)
APCE 667
