

**PROFESSIONAL LEVEL II EDUCATION SPECIALIST INDUCTION PLAN
VISUAL IMPAIRMENTS (VI)**

NAME _____

SFSU STUDENT ID # _____

ADDRESS _____

() _____
STUDENT HOME PHONE

CURRENT EMPLOYMENT _____ LEVEL _____

() _____
STUDENT WORK PHONE

EMPLOYER DESIGNATED SUPPORT PROVIDER _____

() _____
SUPPORT PROVIDER PHONE

UNIVERSITY FACULTY ADVISOR _____

() _____
UNIVERSITY ADVISOR PHONE

ADMISSION REQUIREMENT: Completion of Preliminary Level I Education Specialist Credential Program and verified employment in the area of Visual Impairments.

Induction Plan Development and Implementation: 2 units.	COMPLETED
SPED 740 Induction Plan Development and Implementation (1) First Semester in Program _____ Exit Semester in Program _____	
Specialized Standards (5 units)	
SPED 735 Technology for Learners with Visual Impairments (2)	_____
SPED 752 Issues in Visual Impairments (3)	_____
Individualized Requirements (3 units)	
Determined in collaboration with Employer, designated Support Provider and university Advisor, and included in professional Portfolio. Possible course options, 3 units each, include: SPED 737; SPED 738; SPED 743; SPED 745; SPED 746; SPED 747; SPED 762; SPED 763; SPED 770; SPED 777; SPED 779; SPED 780; SPED 781; and SPED 789	
	NON-IHE EQUIVALENT COMPLETED
_____	_____
_____	_____
_____	_____
_____	_____
<i>and</i> English Learner Goals & Field Experience	_____
ADDITIONAL STATE REQUIREMENTS	
	COURSE NON-IHE EQUIVALENT COMPLETED
Health (H ED 630, or S ED 635, or other health education course)	_____
CPR	_____
Technology (SPED 735 fulfills requirement for VI (other by advisement: SPED 715, or SPED 716, or other)	_____

SIGNATURES

STUDENT _____

DATE _____

EMPLOYER DESIGNATED SUPPORT PROVIDER _____ DATE _____

UNIVERSITY FACULTY ADVISOR _____ DATE _____