

**SAN FRANCISCO STATE UNIVERSITY / COLLEGE OF EDUCATION
PROGRAMS IN SPECIAL EDUCATION & COMMUNICATIVE DISORDERS**

CREDENTIAL APPROVED PROGRAM – Level I & CRS

Name _____ Date _____
 Address _____ SFSU ID: _____
 _____ Credential Objective: Education Specialist
 _____ *or* Clinical Rehabilitative Services
 E-Mail: _____ Emphasis: Language, Speech & Hearing
 Telephone [H] (____) _____ / [W] (____) _____
 Date of B.A./B.S. _____ from _____ College/University
 Proposed date of completion [month/year] _____ SFSU Bulletin for the year 2007-08

Course Prefix & Number	Course Title	Units	Grade	Term Registered	Institution Other than SFSU
CD701	Lang. Differences/Disorders in Children	3			
CD705	Seminar in Aural Rehabilitation	3			
CD706	Seminar in Counseling in CD	3			
CD708	Seminar in Neurogenic Disorders	3			
CD709	Seminar in Motor Speech Disorders	3			
CD715	Clin. Rehab. Experience in Schools	5-8			
CD725	Student Teaching Seminar	1			
CD756	Seminar in Advanced Diagnostics	3			
CD880	Advanced Communication Therapy	2			
CD880	Advanced Communication Therapy	2			
CD884	Advanced Diagnostic Practicum in CD	3			
CD711	Seminar in Therapy for CD	1			
SPED702	Professional, Legal, & Ethical Practices	3			
SPED803	Comm., Diversity, & Exceptionality	3			

____ 38-41 ____ Total Postgraduate Units

Program Advisor _____
 Print Last Name _____ Signature _____ Date _____