Sac State - College of Education

EARLY CHILDHOOD SPECIAL EDUCATION PROGRAM ADVISEMENT

Name: _____

Address: _____ Date: _____

_____ CSUS ID #: _____

Phone # (Home): _____ (Work): _____

Email: _____

COURSEWORK & FIELD WORK REQUIREMENTS

ECSE Preliminary		ECSE Certificate		Units	Date Completed or Anticipated	Equivalency
EDS 130A/B		EDS 130A/B		2/1		
EDS 201A/B		EDS 201A/B		2/1		
EDS 209A/B				3		
EDS 210A/B		EDS 210A/B		2/1		
EDS 211A/B		EDS 211A/B		2/1		
EDS 212A/B		EDS 212A/B		2/1		
EDS 216A/B				2/1		
EDS 230				2/1		
EDS 234		EDS 234		1		
EDS 474		EDS 474		3-5		
EDS 234		EDS 234		1		
EDS 475		EDS 475		3-5		

_____ _____ Initial Advisement Plan Approved

Advisor's Signature Date

_____ _____ Field Experience: Infants with Special Needs

Advisor's Signature Date

_____ _____ Field Experience Preschoolers with Special Needs

Advisor's Signature Date

Verification of Completion of Program --- ALL REQUIREMENTS MET: (for ECSE Advisor final approval)

_____ _____

Faculty Advisor Signature Date