



California State University, Sacramento
 College of Education, Department of Special Education, Rehabilitation,
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**Specialist in Education in School Psychology Degree (Ed.S.)
 (to be attached to Advancement to Candidacy)**

Student's Name

Date

Completion of Coursework for MA in Education (School Psychology)

Yes

No

Semester/Year of Completion: _____ 20 _____

Dept/Class #	Course Title	Units	Sem/Year Completed	Equivalency	Units
EDS 243	Assessment Practicum (1 st semester)	3			
EDS 243	Assessment Practicum (2 nd semester)	3			
EDS 439	Early Fieldwork in School Psychology	3-6			
EDS 441	Internship (1 st semester)	15			
EDS 441	Internship (2 nd semester)	15			
EDS 239	Education Specialist Seminar	3			
EDS 540/542	Education Specialist Thesis/Project	4-6			
TOTAL		46-51			

Student's Signature

Date

Faculty Advisor's Signature

Date

Graduate Coordinator/Department Chair's Signature

Date