RHODE ISLAND COLLEGE

PLAN OF STUDY
FEINSTEIN SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT
GRADUATE STUDIES

Name ___________________________  ID# ___________________________  Date _______________
Email ___________________________  Phone ___________________________

Department ______________________________________________________________________
Program: Certificate of Advanced Graduate Study, School Psychology

Please submit a signed original to the Feinstein School of Education and Human Development (FSHED) Graduate Studies Office. Students should complete this form with the assistance of and approval of the Graduate Advisor. Although an applicant may be recommended for acceptance to a graduate program, the applicant cannot be considered an officially accepted degree candidate until an approved Plan of Study is on file in the FSEHD Graduate Studies Office. Changes in the Plan of Study can be made with the graduate advisor’s approval by completing the Change of Plan of Study Form.

I. Year One
   Fall Semester:
   CEP 603 Professional School Psychology
   CEP 601 Cognitive Assessment

   Spring Semester:
   CEP 604 Psychoeducational Assessment
   CEP 551 Behavioral Assessment and Intervention

   Summer 1
   ONE Course from
   ELED 534 Developmental Reading
   SPED 531 Instructional Approaches to Children with Special Needs in Regular Class

II. Year Two
   Fall Semester II:
   CEP 675 Consultation and Collaboration
   CEP 605 Practicum in School Psychology
   CEP 651 Academic Instruction, Interventions, and Supports

   Spring Semester II
   CEP 602 Social Emotional Assessment
   CEP 605 Practicum in School Psychology
   SPED 534 Involvement of Parents and Families who have children with disabilities

III. Year Three
   Fall Semester:
   CEP 629 Internship in School Psychology  6 hours
   (National School Psychology Examination)

   Spring Semester:
   CEP 629 Internship in School Psychology  6 hours
   (Submission of Performance Portfolio)

   Total Credits: 45

Student ___________________________________________  Date __________________________
Adviser ___________________________________________  Date __________________________
Department Chair _________________________________  Date __________________________
Director of Graduate Studies _________________________  Date __________________________