

La Roche College
AUTISM SPECTRUM DISORDER ENDORSEMENT PROGRAM GUIDE
 DEGREE: Certification Department: Education

Student Name _____ First Year Student _____ Transfer _____
 I.D. Number _____ Change of Major _____ Readmit _____

Unofficial Eval Completed by/date: _____

This is the **unofficial evaluation** of your credits to date including transfer credits (if applicable) in your chosen major. **This evaluation is official when all official transcripts for all previous college work are received; and reviewed and approved for transferability by the Registrar's Office.** Beginning with your first semester of enrollment, your Degree Audit Report in My.LaRoche will automatically track your progress toward your degree, and guide you in planning future class schedules. Review your updated Degree Audit Report with your advisor prior to registering each semester.

PURPOSE: To provide Pennsylvania certified teachers with the opportunity to add an endorsement focused on Autism Spectrum Disorders (ASD). Successful completion of the required twelve credits will allow Pennsylvania certified teachers to apply for the ASD endorsement from the Pennsylvania Department of Education, after meeting the required competency standards set by the Pennsylvania Department of Education.

REQUIREMENTS: To successfully complete the Autism Spectrum Disorder Endorsement, the following coursework is required:

- 12 credits of required coursework

		<u>Credits</u>	<u>Transfer Course #/Comments</u>
REQUIREMENTS: 12 CREDITS			
_____	EDSP5040 Introduction to Education of Persons with Autism Spectrum Disorder	3	_____
_____	EDSP5045 Advanced Studies in Behavior	3	Prerequisite: EDPS540
_____	EDSP5050 Communication and Social Skills Instruction for Persons with Autism Spectrum Disorder	3	Prerequisite: EDPS540
_____	EDSP5055 Advanced Topics for Persons with Autism Spectrum Disorder: Curriculum and Instruction	3	Prerequisite: EDPS540

FOR REGISTRAR USE ONLY:	<u>TOTAL</u>	<u>Completed</u>	<u>Need</u>	<u>COMMENTS:</u>
Major Component	12	_____	_____	_____
La Roche College Credit	_____	_____	_____	_____
Total	_____	_____	_____	_____

Registrar Signature _____ **Date** _____

Advisor Signature _____ **Date** _____
 (When signed by Advisor, all required coursework/credits have been completed for graduation.)