

DEGREE PLAN: Master of Science
Instructional Specialist: Reading Specialist PK-12 (Reading Recovery)
Emporia State University
Department of Elementary Education/Early Childhood/Special Education

Name: _____ E-Mail Address: _____

Mailing Address: _____

Student ID #: _____ Phone: _____ 2nd Phone: _____

Admission Requirements: Graduate School Application Completed Admission Date: _____
 3.0 or above GPA (last 60 hrs.)
 Statement of Introduction
 2 Disposition Assessments & Signature Page
 2 References

* All courses (core, concentration, and electives) are required for the Reading Specialist license in Kansas.

Required Core Courses (17 credit hours)

Substitutions

DEPT	#	COURSE TITLE	HRS	GRADE	SEMESTER	DEPT	#	COURSE TITLE	HRS	GRADE
EL	751	Application of Developmental Theories	3							
EL	810	Information Literacy	3							
EL	725	Differentiating Instruction	2							
EL	828	Instructional Leadership and Coaching	2							
EL/ED	892	Teaching/Learning Models	3							
ER	752	Analysis of Research	3							
EL	829	Leadership and Coaching Practicum (pre-req. EL828) (Capstone - to be taken at the end of coursework)	1							

Concentration Courses (12 credit hours)

Substitution

DEPT	#	COURSE TITLE	HRS	GRADE	SEMESTER	DEPT	#	COURSE TITLE	HRS	GRADE
EL	721	Reading Theory & Literacy Practices: Elementary	3							
EL	723	Reading Theory & Literacy Practices: Secondary	3							
EL	823	Analysis and Instruction of Reading I (pre-req. EL721)	3			EL	717	R. R. Teacher Training I	3	
EL	825	Analysis and Instruction of Reading II (pre-req. EL723)	3							

Elective Courses (6 credit hours)

Substitutions

DEPT	#	COURSE TITLE	HRS	GRADE	SEMESTER	DEPT	#	COURSE TITLE	HRS	GRADE
*EL	821	Literacy Curriculum and Standards	1							
*EL	827	Assessing and Instructing Learners (practicum with pre-req. EL823 & EL 825)	3			EL	718	R.R. Teacher Training II	3	
*EL	854	Action Research in the Classroom (Practicum)	2							

*Required electives for a Kansas Reading Specialist License

Transfer Credits (9 hour maximum)

University or College	Transfer Course # & Name	Hrs	Grade	Semester	ESU Course

Advisor Signature: _____ Date: _____

Chair Signature: _____

Copies to:	<input type="checkbox"/> Student	<input type="checkbox"/> Graduate Office	<input type="checkbox"/> Dept. Hard Copy File
------------	----------------------------------	--	---