



Program: _____
Total Hours: _____

**CLASS A PROGRAM CHECKLIST
FOR LIBRARY-MEDIA SPECIALIST, SCHOOL COUNSELING,
SCHOOL PSYCHOMETRY, SPEECH LANGUAGE PATHOLOGY OR SPORT
MANAGEMENT**

Institution: _____

Date Approved: _____
Date Expires: _____
Revisions: _____

Instructional Support Area:

Survey of Special Education Course: (If course was taken for prior level certification, another approved diversity course is required.)

OR

Internship:

Practicum required only for school counseling:

Additional Courses:

Dean of Education:

Date: _____