**Fall 2020**

**Early Childhood Education Supplemental Endorsement**

**(18 hrs. + 1 hr. internship) (Minimum 12 hrs. must be current UNO credits)**

**PART I: Required Courses** (18 credit hours):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course No. | Course Title | Grade | Hours | Sem Taken/Planned |
| TED 8240 | Family, School, and Community Partnerships |  | 3 |  |
| TED 8200 | Social Worlds of Young Children |  | 3 |  |
| TED 8260 | Advanced Curriculum in ECE |  | 3 |  |
| TED 8810 | STEM in ECE |  | 3 |  |
| TED 8170 | Developmental Assessment of the Young Child |  | 3 |  |
| TED 8220 | Play as a Learning Medium |  | 3 |  |

**PART II: Required internship** (1 credit hour) – Deadline to apply is **October 1 or Feb 15** in the semester PRIOR to when you intend to do this internship by contacting the Office of Student Services, RH 204, 402/554-2717

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course No. | Course Title | Grade | Hours | Sem Taken/Planned |
| TED 8980-001Internship: Early Childhood Educ | Site:Length: Coop. Teacher:  |  | 1 |  |

**Transfer Credit:** (Official transcript for completed hours must be on file with the Office of Graduate Studies before this plan of study can be approved.)

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Date | Course Number & Name | Grade /Credits |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



## Teacher Education Department Graduate Plan of Study

**Early Childhood Education Supplemental Endorsement**

**Personal Data**

Name: Previous Name:

Address:

City: State: Zip:

Email: NU ID #:

## Valid Elementary Education teaching certificate (required): yes no

**Early Childhood Education Supplemental Endorsement is 18 hrs. + 1 hr. internship. A minimum 12 hours must be current UNO credits.**

After completion of the courses on this plan of study, you must apply to the Nebraska Department of Education to add this endorsement and then contact the College of Education’s Student Services Office (unocertification@unomaha.edu) to request that institutional verification be sent to NDE.

Any changes to this plan of study must be approved, in writing, by your advisor and the TED Chair of the Graduate Program Committee.

# Signatures

**Student Date Graduate Program Chair Date**

**Advisor Date Department Chair Date**