ADDITIONAL DESIGNATION IN INCLUSIVE EDUCATION PLANNER

As per CSB Policy # 11-11 Assignment of an Additional Designation in Inclusive Education

FIRST NAME:	**MIDDLE NAME:**	**LAST NAME:**

5 SPECIFIED AREAS	**Course Code**	**Course Name**	**University**	**# credit hours**
Required: Assessment of the Individual Learner				
Area 1: Nature and Characteristics of Exceptional Learners: Intellectual Disabilities; Emotional/Behavioral Disorders; Learning Disabilities; Giftedness; Autism Spectrum Disorder; Fetal Alcohol Spectrum Disorder; Attention Deficit and Hyperactivity Disorder				
Area 2: Inclusive Practices for Students with: Mild, Moderate and/or Severe Intellectual Disabilities: Autism Spectrum Disorder, Behavioural Challenges, Learning Disabilities, Communication and Language Disabilities, Speech Language Disorders, Hearing Loss or Visual Impairments;				
Area 3: Collaborative Practice: Planning for Students with Diverse Leaning Needs: Teaching Strategies for Students with Disabilities; Transition Planning for Students with Diverse Learning Needs; Individual Educational Programming; Functional Behaviour Assessment and Planning				
Area 4: Additional Areas: Using Assistive Technology to Support Students with Intellectual and Physical Disabilities; Leadership in Special Education; Legal Issues in Special Education; Understanding Behavioural Pharmacological Interventions; Special Education for School Administrators.				