

La Roche College  
**ADVANCED STUDIES IN AUTISM CERTIFICATE PROGRAM GUIDE 2014**  
 DEGREE: Certificate 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 post baccalaureate students, without a PA state certification in Education, the opportunity to develop skills and competencies in working with Persons with Autism Spectrum Disorders (ASD) and their families.

**REQUIREMENTS:** To successfully complete the Autism Spectrum Disorder Certificate Program, the following coursework is required:

- 12 credits of required coursework

	<u>Credits</u>	<u>Transfer Course #/Comments</u>
<b><u>REQUIREMENTS: 12 CREDITS</u></b>		
____ 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

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

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