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FOR OFFICE USE ONLY		
Admitted _____	ID# _____	
_____ E _____ C _____ S _____ A		
Grad. Appl. Term _____	2nd MEd _____	
Auditor _____	Date _____	Released _____

STUDENT NAME _____ SSN# _____
 Home Address _____
 Employing School District _____ Cell Phone No. () _____
 Home Phone No. () _____ Work Phone No. () _____ E-Mail _____

PREKINDERGARTEN SPECIAL NEEDS ENDORSEMENT

The following program will provide the student with an endorsement in Prekindergarten Special Needs. The program meets the state approval course requirements and has a minimum total of 21 semester hours as required by state standards.

Course Number	Sem. Hours	Course Title	_____ Specialty Area Test Required
____ EDEC 580	3	Early Childhood Intervention Foundations	
____ EDEC 593	3	Bio-Medical Issues for Childhood Professionals	
____ EDEC 603	3	Early Intervention and Integration for Young Children with Special Needs	
____ EDEC 638	3	Advanced Classroom and Individual Management	
____ EDEC 669	3	Assessment and Evaluation of Young Children w/Special Needs	
____ EDCI 507	3	Language/Communication Disorders in Children & Intervention*	
____ EDEC 793	3	Advanced Clinical Teaching: Early Education of Children with Special Needs	
OR			
____ EDEC 794	(3)	Education of Young Children w/Diverse Abilities	
Total	21		

*The prerequisite for EDCI 507 is EDEC 580.

NOTE: The validation must be attached to one of the following:

____ Prekindergarten, PreK-3
 ____ Education of the Handicapped Certification, Intervention Specialist License
 ____ Other certification or licensure held: _____

*Students must fulfill prerequisites and concurrent coursework

Licensure Program Evaluator: _____ Date _____