



## GRADUATE SCHOOL PLAN OF STUDY FOR GRADUATE CERTIFICATION BEHAVIOR INTERVENTION SPECIALIST

NAME	SOCIAL SECURITY NO.	DATE DEGREE EXPECTED
ADDRESS	EMAIL	WORK PHONE HOME PHONE
MAJOR SPECIAL EDUCATION	SEQUENCE BEHAVIOR INTERVENTION SPECIALIST	
Check One: <input type="checkbox"/> Certification Exam Passed <input type="checkbox"/> No LBS2 Certification Sought		

**TRANSFER COURSES**  
(will be equivalent to 300 level only\*)

University	Course number and Title	Sem Credit Hours	Grade	When taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ISU GRADUATE COURSES**

Dept. No. and Course No.	Course Title	Sem Hrs.	Grade	Sem/Yr
591/410	Educ. Asmt & Plan Ind. Dis.	3		
591/448	Applied Behavior Analysis	3		
591/449	Behavioral Consultation	3		
591/452	Behavior Issues in Autism	3		
591/454	Consult & Collaboration	3		

**DEFICIENCY COURSES**

Dept No. and Course No.	Course Title	Sem Hrs.	Grade
	NONE		

Total Hours Transferred \_\_\_\_\_

Total Graduate Hours 15

Signed \_\_\_\_\_  
Candidate

The above plan of study is approved.

Signed \_\_\_\_\_  
Candidate's Advisor

Signed \_\_\_\_\_  
Department/School Designee

Signed \_\_\_\_\_  
Graduate School

Date Approved \_\_\_\_\_

Submit the original and three copies to your advisor and then to the Graduate School, Hovey 309. One copy will be sent to the student at the above address and two copies will be returned to the department/school. (If additional space is needed, please use a second Plan of Study form.)