

Plan of Study

Deaf and Hard of Hearing Consortium for Teacher Preparation (DHHCTP)

Name: _____ Last four digits of your Social Security# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____

Fax: (H) _____ (W) _____

Email: (H) _____ (W) _____

Applicant Signature: _____

The following must be submitted to the Aquinas College Advisor for the Deaf and Hard of Hearing Consortium for Teacher Preparation (DHHCTP) for consideration to participate in this program:

Bachelor's degree: Submit official transcripts from each institution attended.

Copy of valid or pending Michigan teaching certificate

American Sign Language I and II from the approved Consortium ASL course list are required before applying for the practicum unless the student can document a Level 2 on the American Sign Language Proficiency Interview.

Candidates must maintain an overall GPA of 3.0 or higher.

DHH ENDORSEMENT:

FOUNDATION COURSES IF REQUIRED:

University/Course	Title	Advisor/Initials
_____	_____	_____

AMERICAN SIGN LANGUAGE COURSES

ASL 1

University/Course	Title	Advisor/Initials
_____	_____	_____

ASL II

University/Course	Title	Advisor/Initials
_____	_____	_____

DEAF AND HARD OF HEARING ENDORSEMENT: CORE COURSES

Introduction to Deaf Education (Must take this course prior to all other courses but may take another course simultaneously.)

University/Course	Title	Advisor Initials
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Audiology and Instructional Auditory Management

University/Course	Title	Advisor Initials
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Language Instruction Throughout the Curriculum

University/Course	Title	Advisor Initials
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Literacy Assessment and Intervention

University/Course	Title	Advisor Initials
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Structure of English and ASL

University/Course	Title	Advisor Initials
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Cognition, Instruction, and Learning

University/Course	Title	Advisor Initials
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Consultation and Collaboration

University/Course	Title	Advisor Initials
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Early Intervention

University/Course	Title	Advisor Initials
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***Practicum**

University/Course	Title	Advisor Initials
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**Practicum (Final course of program--all other course work must be completed, see requirements as stated on Practicum form.)*

(Must be signed by the Aquinas College DHHCTP advisor)

Advisor Signature: _____ Date: _____

Printed Advisor Name: _____