



**California State University, Sacramento**  
**College of Education, Department of Special Education, Rehabilitation,**  
**School Psychology, and Deaf Studies**  
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 www.edweb.csus.edu/eds

**Specialist in Education in School Psychology Degree (Ed.S.)**  
**(to be attached to Advancement to Candidacy)**

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Date*

<b>Counseling Sequence:</b>					
<b>Dept/Class #</b>	<b>Course Title</b>	<b>Units</b>	<b>Sem/Year Completed</b>	<b>Equivalency</b>	<b>Units</b>
EDS 250	Educational Research	3			
EDS 210	Multicultural/Ethnic Counseling	3			
EDS 248	Human Development and Learning	3			
EDS 231	Group Process in School Psychology	3			
<b>Counseling Sequence:</b>					
EDS 201	Legal Aspects of Special Education	3			
EDS ____	Spec. Ed. Instructional Course Elective*	3			
<b>Counseling Sequence:</b>					
EDS 240	Functional Assessment of Behavior	3			
EDS 241	Counseling & Psychotherapy for Sch Psy	3			
EDS 242A	Cognitive Assessment	3			
EDS 242B	Cognitive Assessment Lab	4			
EDS 244	Social, Emotional, & Behav. Assessment	3			
EDS 245	Psychology in Schools	3			
EDS 246A	Sem. in Prevent. Academic Interventions	3			
EDS 246B	Sem. in Prevent. Mental Health Interven	3			
EDS 247	Assessment of Special Needs	3			
EDS 440	Practicum in Individ. Couns./Sch. Psych.	3			
EDTE ____	Instructional Course Elective*	3			
<b>Counseling Sequence:</b>					
EDS 540,541,249	Master's Thesis, Project, or Exam	3-6			
<b>TOTAL</b>		<b>55-58</b>			

\*requires advisor's prior approval

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

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*Faculty Advisor's Signature*

\_\_\_\_\_  
*Date*

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*Graduate Coordinator/Department Chair's Signature*

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*Date*