

<b>First Name:</b>	<b>Last Name:</b>	<b>Z Number:</b>
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Cell Phone #:</b>	<b>FAU Email:</b>	<b>Year Admitted to</b>

  

<i>Courses</i>	<i>Fall 1 (12 credits)</i>	<i>Cr. Semester/Year/Grade</i>
(BECE) EEX 3201	Typical/Atypical Child Development: Birth - Age 8	3
(BECE) EEC 3214	Designing and Imp. a Blended Curriculum: Birth - Age 8	3
(COE) LAE 4353	Language Arts and Literature: Birth - Grade 8	3
(COE) EDF 3430	Educational Measurement & Evaluation	3
<i>Courses</i>	<i>Spring 1 (14 credits)</i>	<i>Cr. Semester/Year/Grade</i>
EEX 3226 (BECE)	Assessment of All Young Children (Prereq. EDF 3430; EEX 3201; Programmed Major)	3
EEX 3754 (BECE)	Building Family, Community and School Partnerships	2
(Open) Elective		
(Open) Elective		
(Program) Elective		
<i>Courses</i>	<i>Summer 1 (9 credits)</i>	<i>Cr. Semester/Year/Grade</i>
EEX 3603 (BECE)	Positive Behavior Supports in Inclusive Early Childhood Settings (Prereq. EEX 3201; EEX 3226; Programmed Major)	3
EEX 4112 (BECE)	Language Development and Intervention in Young Children (Prereq. EEX 3226; Programmed Major)	3
(Program) Elective		3
<i>Courses</i>	<i>Fall 2 (13 credits)</i>	
EEC 4313	Blended Early Childhood Methods: Birth - Age 5 (Prereq. EEX 3226, EEC 3214; Programmed Major)	4
(Program) Elective		
(Open) Elective		
(Open) Elective		
<i>Courses</i>	<i>Spring 2 (12 credits)</i>	<i>Cr. Semester/Year/Grade</i>
(COE) RED 4308	Reading Development I: Birth – Grade 3 (Prereq. LAE 4353)	3
(COE) TSL 4080	Intro to Theories and Practices of TESOL	3
(Open) Elective		
(Program) Elective		

**University Deficiencies:**

Have you ever been arrested, charged with and/or convicted of a misdemeanor or felony? Failure to disclose this information will result in dismissal from the program. (Note: Florida child care agencies require all providers to be fingerprinted and screened for felony convictions.) No \_\_\_\_ Yes \_\_\_\_ (Student Initial One)

**Student Signature / Date** Please note: Student signature here indicates acknowledgement and acceptance of the BECE program requirements as delineated on this program sheet.

\_\_\_\_\_  
OASS BECE Advisor Signature / Date

\_\_\_\_\_  
BECE Faculty Advisor Signature / Date

\_\_\_\_\_  
Department Chairperson Signature / Date

\_\_\_\_\_  
Approved for Admission by OASS / Date