San Francisco State University / College of Education

### Programs in Special Education

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| --- | --- |
| Name: | Date: |
| Address: | Student #: |
| Phone: | Credential: Clinical Rehabilitative Services – O&M |
| E-Mail: | Credential Emphasis: **Orientation & Mobility** |
| Bachelors, Date & School: | Date of Credential Completion: |

***CANDIDATES MUST BE FORMALLY ADMITTED TO CLINICAL REHABILITATIVE SERVICES CREDENTIAL[[1]](#footnote-1) IN ORIENTATION & MOBILITY TO FILE THIS CAP***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Prefix & Number** | **Course** **Title** | **Units** | **Grade** | **Term****Registered** | **Institution Other****Than SFSU** |
| SPED 788 | Law, Ethics, Collaboration, Technology & Instructional Planning | 3 |  |  |  |
|  |  |  |  |  |  |
| SPED 747 | Phys. Disabilities-Implications & Mgmt. | 3 |  |  |  |
|  |  |  |  |  |  |
| SPED 655 | Basic O&M for the Visually Impaired | 3 |  |  |  |
| SPED 749 | Medical, Educational, and Rehabilitative Implications of Visual Impairments | 4 |  |  |  |
| SPED 753 | Living Skills Assessment and Instruction for Learners with Visual Impairments | 3 |  |  |  |
| SPED 757 | Visual Impairment: Special Populations | 3 |  |  |  |
| SPED 756 | Orientation and Mobility Seminar | 3 |  |  |  |
| SPED 760 | Methods in Orientation and Mobility: I | 3 |  |  |  |
| SPED 792 | Methods in Orientation and Mobility: II | 3 |  |  |  |
| SPED 822 | Methods in Orientation and Mobility: III | 3 |  |  |  |
| SPED 823 | Methods in Orientation and Mobility: IV | 3 |  |  |  |
|  |  |  |  |  |  |
| SPED 726 | Seminar: Student Teaching for O&M  | 3 |  |  |  |
| SPED 731 | SPED Student Teaching (Child) | 3 |  |  |  |
| SPED 730 | SPED Student Teaching (Adult) | 9 |  |  |  |

 \_\_\_\_ **Total Postgraduate Units (49 units)**

**** **COPY OF PASSING SCORE FOR BASIC SKILLS ATTACHED** (*current Preliminary or Clear Credential may be substituted*)

** COPY OF CERTIFICATE OF CLEARANCE ATTACHED** (*>=5 years old; current Preliminary or Clear Credential may be substituted*)

** COPY OF NEGATIVE TB TEST RESULTS** (>=2 years old; *current Preliminary or Clear Credential may be substituted*)

Program Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Print Last Name Signature Date

1. Candidates admitted only to the Special Education ***Master’s Degree program must be approved for student teaching***. [↑](#footnote-ref-1)