

Childhood Education Program Planner

Your name: _____ College: _____

Email address: _____ Graduating (MM/YYYY): _____

Major: _____

Educational Foundations	Course #	Course Title	Semester/Year
A			

Psychology	Course #	Course Title	Semester/Year
B			

Pedagogical Core	Course #	Course Title	Semester/Year
C	EDUC BC 3025	Inclusive Approaches to Teaching Literacy: Theory and Practice	
C	EDUC BC 3053	Multicultural Elementary Pedagogy	
C	EDUC BC 3063	Elementary Student Teaching in Urban Schools	
C	EDUC BC 3064	Critical Inquiry in Urban Teaching	
C	EDUC BC 3061	Performance Assessment of Teaching	

Pedagogical Elective	Course #	Course Title	Semester/Year
D			

Liberal Arts and Sciences	Please attach a completed Liberal Arts and Sciences Audit Form to this sheet.		
E			