

**School Transition Specialist  
Special Services Certificate**  
University of Nebraska-Lincoln  
Department of Special Education and Communication Disorders

Date: \_\_\_\_\_ Advisor: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ ID#: \_\_\_\_\_ S.S.# \_\_\_\_\_  
 City, St., Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Current certification is: \_\_\_\_\_

Name of College or University	Major	Dates	Degree
1			
2			
3			

The following program of studies is designed to meet the requirements for a Special Services Certificate as a **School Transition Specialist**. ADVISOR: Write number(s) and credits of the course(s) completed. Indicate the school number from above if including transfer credit.

Required Professional Courses				Equiv or Sub courses	Hours	
					Completed	Needed
<b>Choose one of the following (3 credits)</b>						
SPED	800	3	Psychology of Exceptional Children			
<b>OR</b>						
SPED	834	3	Voc Educ and Spec Needs Students			
<b>Complete each of the following (12 Credits)</b>						
SPED	807	3	Teach Disabled Students in Sec Schls			
SPED	808	3	Issues in Secondary Programs			
SPED	896T	3	Directed Field Experience			
SPED	908	3	Resource Consultation Services			
<b>Choose one of the following (3 credits)</b>						
SPED	835	3	Dev & Imp Sp Voc Needs Programs			
<b>OR</b>						
SPED	836	3	Career Ed for Sp Voc Needs Students			
				<b>Sub Total:</b>		
Total: 18 cr.				<b>Program Total:</b>		

THIS PROGRAM IS OFFERED ON A NON-DISCRIMINATORY BASIS  
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