



Department of Health, Physical and Secondary Education
Licensure Only in Health and Physical Education
Track 1 with Clinical Experience in the Secondary School
Program of Study
2021-2022

Name:	Banner #:
Date:	Expected Program Completion Date:

Course Number	Course Title	Credit Hours	Semester Final Grade	Advisor's Signature
Professional Education Courses		30		
EDUC 211	Laboratory Experiences in Area Schools	3		
EDUC 310	Foundation of Education	3		
EDUC 330	Educational Psychology and Measurement	3		
EDUC 331	Instructional Design and Assessment	3		
**EDUC 455	Classroom Management & Principles of Secondary Education	3		
**EDUC 464	Methods and Materials in Health & Physical Education K-12	3		
**READ 320	Teaching Reading in the Content Areas	3		
**Admission to Teacher Education is required to enroll in these courses.				
++EDUC 497	Clinical Experience in the Secondary School	11		
++EDUC 490	Professional Education Seminar	1		
++Admission to Student Teaching is required to enroll in these courses.				
EDUC 470 or EDUC 480 and PRAXIS I and/or Core Academic Skills for Educators test: May be waived with a cumulative undergraduate GPA of 2.7, a current employment contract, and a valid/active provisional license or temporary permit at the completion of the licensure program. (License and contract must be submitted at time of evaluation).				
Health and Physical Education Core		31		
HEED 112	Health and Wellness	2		
HEED 310	Mental & Emotional Health	3		
HEED 321	Health in Early Childhood Education	3		
Or HEED 322	Health in Intermediate Grades	3		
HEED 372	First Aid & Safety	3		
HEED 420	Nutrition	3		
PEDU 205 or PEDU 215	Net/Wall & Field/Striking Games Target & Invasion Games	1		
PEDU 302	Motor Learning	2		
PEDU 310	Rhythms and Movement Concepts for Physical Education	2		
PEDU 311	History & Principles	3		
PEDU 360	Theories and Principles of PE	3		
**PEDU 431	Adapted Physical Education	3		
**PEDU 450	Physiology of Exercise and Kinesiology	3		

**Admission to Teacher Education is required to enroll in these courses.				
TOTAL # Of CREDITS		64		

Approval Recommended: _____

(Signature of Student)

(Advisor)

(Date)

(Chairperson)

(Date)