

Appendix B

**Specialist Degree Checklist for School Psychology\***

**University of Wisconsin**

**410 South Third Street**

**RIVER FALLS**

**River Falls, WI 54022**

Department of Counseling and School Psychology

OFFICE PHONE 715.425.3889 FAX 715.425.3242

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone Number(s): Home \_\_\_\_\_ Business/Cell \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Student ID Number: \_\_\_\_\_

6. Minimum of 65 credits completed including three credits of SPSY 795.

**ATTACH:** 1) unofficial transcript 2) School Psychology Program Credits Checklist

7. Directed Research Project

a. Title: \_\_\_\_\_

b. Date IRB Approved: \_\_\_\_\_

c. Date Data Collected: \_\_\_\_\_

d. Date Study Completed: \_\_\_\_\_

e. Advisor's Signature: \_\_\_\_\_

f. Institutional Research Protocol Number: \_\_\_\_\_

g. Submission for Publication/Presentation to: \_\_\_\_\_

8. PRAXIS II Exam (school psychology portion)

a. Date Taken: \_\_\_\_\_ b. Score: \_\_\_\_\_ (**ATTACH** copy of score report)

\* To be submitted to School Psychology Program Director when the Graduation Application for the Specialist Degree is filed with the Graduate Office.