Appendix B

Specialist Degree Checklist for School Psychology*

<table>
<thead>
<tr>
<th>University of Wisconsin</th>
<th>410 South Third Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIVER FALLS</td>
<td>River Falls, WI  54022</td>
</tr>
<tr>
<td>Department of Counseling and School Psychology</td>
<td></td>
</tr>
<tr>
<td>OFFICE PHONE 715.425.3889  FAX  715.425.3242</td>
<td></td>
</tr>
</tbody>
</table>

1. Name: ________________________________

2. Address: ________________________________

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

4. Email Address: ________________________________

5. Student ID Number: ________________________________


7. Directed Research Project
   a. Title: ________________________________
   b. Date IRB Approved: ________________________________
   c. Date Data Collected: ________________________________
   d. Date Study Completed: ________________________________
   e. Research Advisor’s Signature, indicating completion of project: ________________________________
   f. Institutional Research Protocol Number: ________________________________
   g. Submission for Publication/Presentation to: ________________________________

8. Signature of advisor, indicating approval of Ed.S. portfolio: ________________________________

9. PRAXIS II exam (school psychology content test)
   a. Date Taken: ________________________________
   b. Score: ________________________________ (Attach a 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.