Appendix B

Specialist Degree Checklist for School Psychology*

1. Name: __________________________________________

2. Address: __________________________________________

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

4. Email Address: __________________________________________

5. Student ID Number: __________________________________________

6. Minimum of 65 credits completed: **ATTACH:** 1) unofficial transcript 2) Appendix C

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.