

Lincoln Memorial University
Master of Education in Initial Teacher Licensure
Program of Study – Physical Education K-12

Student Name: _____ **ID#:** _____ **Date:** _____

Undergraduate coursework must have a grade of C or better to count toward Major Core.

Care/Prevention of Athletic Injuries	_____
Health Programs/Services	_____
Drug Awareness	_____
Foundations of PE, Sports, Fitness	_____
Anatomy & Physiology	_____
Kinesiology and Biomechanics	_____
Measurements and Evaluation in Ath. Training	_____
Psychomotor Development in Children	_____
Games, Gymnastics, and Rhythmic Activities	_____
Administration of Sports/PE/Coaching	_____
Safety, First Aid, and CPR	_____
Adapted Physical Activity	_____
Total Hours:	36

Professional Education Core

EDUC 570 Intro to Teaching/Learning (6 hours)	_____
EDUC 571 Extending/Refining Knowledge of Teaching/Learning (6 hours)	_____
EDUC 509 Content Literacy (3 hours)	_____
EDUC 580 Secondary Methods in Teaching (3 hours)	_____
EDUC 591 Enhanced Student Teaching (6 hours)	_____

All program requirements, including deficiency coursework and PRAXIS® exams must be passed before applying for EDUC 591

Total MEDITL hours to be recommended for licensure: 24

Master of Education Electives

EDUC 501 Foundations of American Education (3 hours)	_____
EDUC 511 Research and Statistics (3 hours)	_____
CI 501 Curriculum, Instruction, and Assessment (3 hours)	_____
EDUC 572 Child Development (3 hours)	_____
<i>Complete 6 hours from the following courses:</i>	
CI 516 Motivational Theory/Environment (3 hours)	_____
CI 512 Educational Practice and Innovation (3 hours)	_____
EDUC 592 Diversity and Equity Issues OR *IL 541 School/Community Partnerships (3 hours)	_____

**Or similar course(s) approved by Program Director*

Total Number of Master of Education Elective hours: 18

Total MEDITL hours for Master degree PLUS recommendation for licensure: 42

- **Successful Completion of edTPA Portfolio**
- **Required PRAXIS® Exam: Physical Education: Content and Design (5095)**

Transcript Analysis continued

Name _____ ID# _____

Area of Certification _____ GPA _____ Test Requirement _____

Campus _____ Beginning Semester _____

Degree/Institution/Date

Deficiency Coursework/Conditions/Comments

TOTAL REQUIRED HOURS FOR INITIAL TEACHER LICENSURE _____

TOTAL REQUIRED HOURS FOR MASTER OF EDUCATION DEGREE _____

By signing this document, I agree that I understand I must complete the above requirements in order to apply for EDUC 591/student teaching.

Student Signature Date

Director Signature Date