

**SPRINGFIELD COLLEGE GRADUATE LEVEL INITIAL LICENSURE PROGRAM
SUBJECT MATTER KNOWLEDGE TRANSCRIPT REVIEW
EARLY CHILDHOOD**

Candidate's Name

Undergraduate Institution

_____/_____/_____
Date of Graduation

Undergraduate Major

G.P.A.

This form is to be used when reviewing candidates' transcripts who are seeking entrance into the Graduate Level Initial Teaching Licensure Program. The transcript review process allows Springfield College faculty the opportunity to determine whether the student meets the Massachusetts Department of Education subject matter knowledge requirements.

Note: Students must pass all required MTEL tests to be eligible to do a practicum.

THE EFFECTIVE TEACHER OF EARLY CHILDHOOD DEMONSTRATES KNOWLEDGE OF:

| Subject Matter Knowledge (Arts & Sciences coursework) | Documented Courses, Work Experience or Tests | Still needed |
|---|--|--------------|
| English Language Arts (Children's literature: genres, literary elements, literary techniques and vocabulary demands; approaches for developing skills in using writing tools; writing process and formal elements of writing) | | |
| Mathematics (Basic principles and concepts related to PreK-2 grade mathematics in number sense and numeration, patterns and functions, geometry and measurement, and data analysis) | | |
| Physical and Life Sciences (Basic principles and concepts appropriate to the PreK-2 grades) | | |
| History, Geography, Government, and Economics (Basic principles and concepts appropriate to the PreK-2 grades) | | |
| Child Development. (Basic theories of cognitive, social, physical, language, and emotional development in children and adolescents, including learning through play, as they apply to children with and without disabilities.) | | |
| Preparation, implementation and evaluation of Individualized Education Programs (IEPs) | | |
| Visual and Performing Arts (Basic principles and concepts in art, music, drama/theatre, dance) | | |
| Physical Education (Basic principles and practices) | | |
| Health (Basic principles and practices related to personal and family health) | | |

Comments:

Education Department Advisor

Date: ____/____/____

Arts and Sciences Faculty Reviewer (if necessary)

Date: ____/____/____

Director, Educator Preparation & Licensure

Date: ____/____/____