

**COVER SHEET
PROGRAMS IN SPECIAL EDUCATION
Council for Exceptional Children**

Please submit two copies of this cover sheet.

SUBMITTED BY: Eastern Illinois University
(Name of College/University)

Department of Special Education
600 Lincoln Avenue; Charleston IL 61920
(Address)

CHIEF COMPILER: Kathlene S. Shank

DATE: _____ PHONE: 217-581-5315

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DATE OF ON-SITE VISIT: Fall 2001

Program Areas (Please specify areas and levels by using an **I** for initial programs and an **A** for advanced programs):

Areas of Specialization	Bachelors	Masters	Specialist	Doctorate
Deaf and Hard of Hearing	_____	_____	_____	_____
Early Childhood Special Education	<u>I</u>	_____	_____	_____
Emotional & Behavioral Disorders	_____	_____	_____	_____
Gifts & Talents	_____	_____	_____	_____
Learning Disabilities	_____	_____	_____	_____
Mental Retardation/Developmental Disabilities	_____	_____	_____	_____
Physical & Health Disabilities	_____	_____	_____	_____
Visual Impairments	_____	_____	_____	_____
Other	_____	_____	_____	_____
<u>Mild (L.D., M.R., B.D.)</u>	<u>I</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Checklist of materials included with this program review document:

- X Section I: "Section I: Overview and Scope Checklist" form plus response and documentation requested on checklist.
- X Section II: "Section II: Overview and Scope Checklist for Initial Programs" form plus response and documentation requested on the checklist. (Be sure to include appropriate matrices for each program area offered.)

____ Section III: "Section III: Overview and Scope Checklist for Advanced Programs" form plus response and documentation requested on checklist. (Be sure to include appropriate matrices for each program area offered.)

I verify that the information provided in this **program review document** is accurate and true:

_____	Kathlene S. Shank
Signature	Name (please print)

_____	217-581-5315
Professor and Chair	Telephone
Position	

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Address