

## Plan of Study

### Visual Impairment Consortium for Teacher Preparation (VICTP) Program

Name: Last four digits of your Social Security #

Address:

City: State: Zip:

Phone: (H) (W)

Fax: (H) (W)

Email: (H) (W)

Applicant Signature: \_\_\_\_\_

The following must be submitted to the Western Michigan University (WMU) Advisor for the Visual Impairment Consortium for Teacher Preparation (VICTP) for consideration to participate in this program:

Bachelor's degree: Submit copy of transcript.  
Copy of Valid (or pending) Michigan teaching certificate.

In addition to the above requirements students seeking an initial endorsement in special education must provide evidence of completing the approved foundation courses in special education. Please check with WMU VICTP advisor on specific courses that fulfill this requirement prior to enrollment in the program.

#### Participating Universities:

Western Michigan University

University of Massachusetts Boston

University of Kentucky

The University of Arizona

## VISUAL IMPAIRMENT ENDORSEMENT: CORE COURSES

**\*\*It is highly recommended that students enroll in Instructional Strategies and Assessment for Students with Visual Impairment and Methods of Teaching Students with Visual Impairment at the same University.**

**Introduction to Visual Impairment** (Must take this course first semester)

University/Course#      Title

\_\_\_\_\_  
Advisor Initials

**Braille Codes and Communication (I)** (Required prior to taking Braille Code and Communication (II))

University/Course#      Title

\_\_\_\_\_  
Advisor Initials

**Anatomy and Physiology of the Eye**

University/Course#      Title

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Advisor Initials

**Assistive Technology for Students with Visual Impairment**

University/Course#      Title

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Advisor Initials

**\*\*Instructional Strategies and Assessment for Students with Visual Impairment**

University/Course#      Title

\_\_\_\_\_  
Advisor Initials

**Braille Codes and Communication (II)**

University/Course#      Title

\_\_\_\_\_  
Advisor Initials

**\*\*Methods of Teaching Students with Visual Impairment**

University/Course#      Title

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Advisor Initials

**Principles of Orientation and Mobility**

University/Course#      Title

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Advisor Initials

**Implications of Low Vision**

University/Course#      Title

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Advisor Initials

**\*Practicum**

University/Course#      Title

\_\_\_\_\_  
Advisor Initials

*\*Practicum (Final course of program--all other course work must be completed, see requirements as stated on Practicum form.)*

(Must be signed by the Western Michigan University VICTP advisor)

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Advisor Name: \_\_\_\_\_