



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
- Eastern Michigan University
- 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 _____
Advisor Initials

Assistive Technology for Students with Visual Impairment

University/Course# Title _____
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 _____
Advisor Initials

Principles of Orientation and Mobility

University/Course# Title _____
Advisor Initials

Implications of Low Vision

University/Course# Title _____
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: