

**University of Illinois at Urbana-Champaign  
Special Education Application: Master's Degree Form**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

**(Circle one):** U.S. Citizen          Permanent Resident          International

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am a full-time teacher: *(check one)*    \_\_\_ Yes    \_\_\_ No  
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***Please check the appropriate box:***

I am interested in the M.S. degree (thesis required)

I am interested in the Ed.M. degree (no thesis required)

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***Please indicate if you are interested in either full or part-time study:***

I am interested in full-time study

I am interested in part-time study

**Master's Emphases**

***Please indicate the Master's Program to which you are applying:***  
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**Early Childhood Special Education Master's Degree**  
(Early Childhood Special Education Approval could be obtained if the applicant has previous teacher certification in regular early childhood education).

***Please circle area of early childhood specialization***

Infancy Specialization (age 0-3) *(Project PREP)*

Early Childhood Preschool (ages 3-6)

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- Initial Certification Master’s Program (LBSI)**  
(leads to Learning and Behavior Specialist-I certification ages kindergarten through 21 years)

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- Learning and Behavior Specialist II (LBS-II) Certification Program**  
(requires previous initial certification in special education; may lead to Advanced Certificate in Special Education)

*\*Those interested in the LBS II Certification Program should select ONE of the following areas of concentration:*

- Behavior Intervention** (collaborates with other professionals and parents to design behavior support plans for students with challenging behaviors)
- Curriculum Adaptation** (designs accommodations and adaptations in order for students with disabilities to access the general education curriculum)
- Multiple Disabilities** (specializes in addressing the educational, social, and vocational needs of students with multiple disabilities (e.g., cognitive, physical, and/or other health impairments))
- Transition Specialist** (facilitates school to work transitions for young adults with disabilities)

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- General Master’s Degree**  
(students selecting this degree do not receive any teacher certification)

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- Research Practitioner**  
(students selecting this master’s degree do not receive any teacher certification)

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**Type of teacher certificates held (e.g., elementary) and issuing state:**

**Description of my interests:**

**Description of my experiences:**

*Please see the Experience Statement for Master's Applicants*

***Submit Form to:***

Admissions Secretary  
University of Illinois  
Department of Special Education  
Room 288 Education Building  
1310 S. Sixth St.  
Champaign, IL 61820