Completion of this program authorizes instruction of students with hearing loss from birth to age 21. Applicants to this program must first be admitted to an elementary or secondary Teacher Education Program or be the holder of an Iowa Teaching License with an endorsement in regular education.

One of the following:
- 158:100 History of the American Deaf Community 3 s.h.
- 158:103 American Sign Language Literature 3 s.h.
- 158:104 Issues in ASL & Deaf Studies 3 s.h.

All of the following:
- 158:11 American Sign Language I 4 s.h.
- 158:12 American Sign Language II 4 s.h.
- 3:140 Manual Communication 1 s.h.
- 3:110 Phonetics: Theory & Applications 3 s.h.
- 3:111 Basic Acoustics for Speech & Hearing 3 s.h.
- 3:112 Anatomy & Physiology of Speech Production 4 s.h.
- 3:113 Introduction to Hearing Science 4 s.h.
- 3:185 Hearing Loss & Audiology 3 s.h.
- 3:118 Language Development 3 s.h.
- 7E:182 Language & Learning 3 s.h.

For Students Teaching Deaf and Hard of Hearing Students:
- 158:110 Teaching Deaf and Hard of Hearing Students 3 s.h.

Practicum Experience:
A pre-student teaching experience must be completed in hearing impaired. This will be in addition to the practicum completed as part of the regular education program.

Student Teaching Experience:
This experience must span both the K-6 and 7-12 age levels. If the experience is primarily at one level, there must be planned activities which incorporate interactive experiences at the other level.

7E:192 Special Area Student Teaching Arr.

A copy of this program guide must be submitted when making application for this endorsement. Check off the courses completed above. If courses have been substituted, please provide a note of explanation. Student teaching information (below) must also be documented. On the back of this sheet, or on a separate sheet of paper, please the planned activities at the level other than your main placement. For example, if you had an elementary level placement, explain the activities completed at the 7-12 level.

Deaf/Hard of Hearing Student Teaching Experience:

School _____________________________________________________________________________________

Grade Level_________________________ Dates of Experience________________________________________

Class size___________________ # of Hearing Impaired Students in Classroom ___________________________

Cooperating Teacher __________________________________University Supervisor ______________________

Hearing Impaired Adviser Signature____________________________________Date______________________

Student Signature___________________________________________________Date______________________