



SACRAMENTO
STATE

Course Change Proposal Form A

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| Academic Group (College): Education | Academic Organization (Department): Child Development | Date: 11/28/06 |
| Type of Course Proposal: New ___ Change <input checked="" type="checkbox"/> Deletion ___ | Department Chair: Karen Horobin | Submitted by: Karen Horobin |
| Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <input checked="" type="checkbox"/> | For Catalog Copy: Yes ___ No <input checked="" type="checkbox"/> CCE: Yes ___ No <input checked="" type="checkbox"/> | Semester Effective: Fall ___ Spring <input checked="" type="checkbox"/> 2007 |

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| This course replaces experimental course Subject Area (prefix) and Catalog Number (course number): | |
| This Catalog Number (course number) is being replaced: | |

Change from:

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|---|--|---------------------------|
| Subject Area (prefix) & Catalog No. (course no.): CHDV 132 | Title: Fieldwork in Child Development | Units: 2 |
|---|--|---------------------------|

Change to:

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| Subject Area (prefix) & Catalog No. (course no.): | Title: | Units: |
|--|---------------|---------------|

JUSTIFICATION:

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| <p>This is a 2-unit fieldwork class where students complete 40-hours of directed field experience in settings related to their career choices (e.g., classrooms, counseling centers, clinical settings). The class currently has a classification activity code of "03" (lecture-composition) and this request is to change the activity code to "36" (fieldwork) to more accurately reflect student requirements in the course and the supervisory responsibilities of the instructor.</p> |
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NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/acaf/univmanual/crspsl.htm> - Guidelines for Catalog Course Description)

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| Note: | |
| Prerequisite: | |
| Corequisite: | |
| CAN (California Articulation Number): | |
| Graded: Letter ___ Credit/No Credit ___ | Instructor Approval Required? Yes ___ No X |
| Course Classification (e.g., lecture, lab, seminar, discussion): S36 | Title for SIS+/CMS (not more than 30 characters) Fieldwork Child Development |
| Cross Listed? Yes ___ No <input checked="" type="checkbox"/> | If yes, do they meet together and fulfill the same requirement, and what is the other course. |
| How Many Times Can This Course be Taken for Credit? 2 | |
| Can the course be taken for Credit more than once during the same term? Yes ___ No X | |
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FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

Description of the Expected Learning Outcomes: Describe outcomes using the following format: “Students will be able to: 1), 2), etc.” See the example at <http://www.csus.edu/acaf/example.htm>

**Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

For whom is this course being developed?

Majors in the Dept Majors of other Depts ___ Minors in the Dept ___ General Education ___ Other ___

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes No ___

If yes, identify program(s): BA in Child Development (Major A) and BA in Child Development Subject Matter (Major B)

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes ___ No ___

If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). _____

The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.

Approvals: If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

Signatures:

Date

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| Department Chair: | |
| College Dean or Associate Dean: | |
| CPSP (for school personnel courses ONLY) | |
| Associate Vice President and Dean for Academic Programs | |

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.