



SACRAMENTO
STATE

Course Change Proposal Form A

Academic Group (College): Education	Academic Organization (Department): Child Development	Date: 11/28/06
Type of Course Proposal: New ___ Change <u>X</u> 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 <u>X</u>	For Catalog Copy: Yes ___ No <u>X</u> CCE: Yes ___ No <u>X</u>	Semester Effective: Fall ___ Spring <u>X</u>, 2007

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

Change from:

Subject Area (prefix) & Catalog No. (course no.): CHDV 144	Title: Community Service Learning in Developmental and Educational Settings	Units: 1-3
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Change to:

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

<p>The change in course activity code from “02” (lecture-discussion) to “36” (fieldwork) is requested to more accurately reflect student requirements in the course and the supervisory responsibilities of the instructor. This is a service learning course designed to provide students with a range of directed and supervised experiences in community-based developmental and educational settings. Students may register for 1-3 units of credit each semester, based on the number of field hours they choose to complete. The supervised field experiences are complemented with classroom activities designed to mediate students’ understanding of the children, families and contexts in which they provide service.</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

Note:	
Prerequisite:	
Corequisite:	
CAN (California Articulation Number):	
Graded: Letter ___ Credit/No Credit <u>X</u>	Instructor Approval Required? Yes <u>X</u> No ___
Course Classification (e.g., lecture, lab, seminar, discussion): S36	Title for SIS+/CMS (not more than 30 characters) Com Srv Lrn Dvt + Edu Setting
Cross Listed? Yes ___ No <u>X</u>	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? 4	
Can the course be taken for Credit more than once during the same term? Yes ___ No <u>X</u>	

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):

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

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.