



SACRAMENTO
STATE

Course Change Proposal Form A



Academic Group (Health & Human Services):	Academic Organization: Kinesiology & Health Science	Date: February 15, 2007
Type of Course Proposal: New ___ Change <u>X</u> Deletion ___	Department Chair: Fred Baldini	Submitted by: Heather Diaz
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>X</u>	For Catalog Copy: Yes <u>X</u> No ___ CCE: Yes <u>X</u> No ___	Semester Effective: Fall <u>XX</u> Spring __, 2007

This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):	Not applicable
This Catalog Number (course number) is being replaced:	Not applicable

Change from:

Subject Area & Catalog No.	Title:	Units:
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Change to:

Subject Area & Catalog No. HLSC 144	Title: Community Health Planning and Evaluation	Units: 3
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JUSTIFICATION:

Addition of prerequisites, HLSC 118 Community Health and HLSC 148 Epidemiology or consent of instructor, will better prepare the students to satisfactorily complete HLSC 144 Community Health Planning and Evaluation.

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)

Introduces students to the process and practice of program planning and evaluation. Examines the social and physical determinants of health; the impact of the community structure on health status; and, the influence of personal health behavior on community health education practice. These concepts shall be applied in the planning, implementation and evaluation of health education services.
Prerequisites: HLSC 118 and HLSC 148 or instructor permission. 3 units

Note:

Prerequisite: HLSC 118 Community Health Education and HLSC 148 Epidemiology or consent of the instructor
Enforced at Registration: Yes XX No

Corequisite: Not applicable
Enforced at Registration: Yes ___ No

CAN (California Articulation Number):

Graded: Letter X Credit/No Credit ___ Instructor Approval Required? Yes ___ No XX

Course Classification : lecture Title for SIS+/CMS: COMMUNITY HLTH PLAN&EVAL

Cross Listed? Yes ___ No X 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? 1

Can the course be taken for Credit more than once during the same term? Yes ___ No X

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/acad/example.htm>

Not applicable since addition of prerequisites does not constitute a substantive change.

****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:

Assessment strategies remain the same.

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): Health Science Concentrations: Community Health Education and Health Care Administration

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). Not applicable

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:	4-17-07
College Dean or Associate Dean:	4-20-07
CPSP (for school personnel courses ONLY)	
Associate Vice President and Dean for Academic Programs	CONDITIONAL APPROVAL 4/23/07

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.