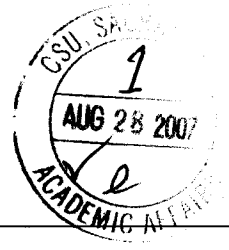




# Course Change Proposal Form A



<b>Academic Group (College):</b> <b>Education</b>	<b>Academic Organization (Department):</b> <b>Child Development</b>	<b>Date:</b> <b>5/3/07</b>
<b>Type of Course Proposal:</b> New ___ Change <u>X</u> Deletion ___	<b>Department Chair:</b> <b>Karen Horobin</b>	<b>Submitted by:</b> <b>Karen O'Hara</b>
<b>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No <u>X</u></b>	<b>For Catalog Copy: Yes <u>X</u> No ___</b> <b>CCE: Yes ___ No <u>X</u></b>	<b>Semester Effective:</b> <b>Fall <u>X</u> Spring __, 2008 __</b>

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

**Change from:**

<b>Subject Area (prefix) &amp; Catalog No. (course no.):</b> <b>CHDV 138</b>	<b>Title:</b> <b>Social and Emotional Development</b>	<b>Units:</b> <b>4</b>
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**Change to:**

<b>Subject Area (prefix) &amp; Catalog No. (course no.):</b>	<b>Title:</b>	<b>Units:</b>
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**JUSTIFICATION:**

**With the addition of a new methods course, this major requirement in the program requires the addition of that new course as a second pre- or co-requisite. Students are now given a choice of one methods course (CHDV 123 or CHDV 133) as a pre- or co-requisite. Either course will provide appropriate skills in writing and scientific reading necessary for CHDV 138.**

**NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/acad/univmanual/crspsl.htm> - Guidelines for Catalog Course Description)**

<b>Note:</b> Not to be taken the same semester as CHDV 137	
<b>Prerequisite:</b> CHDV 030 or CHDV 035, and CHDV 133 or CHDV 123, either of which may be taken concurrently <b>Enforced at Registration:</b> Yes <u>X</u> No ___	
<b>Corequisite:</b> <b>Enforced at Registration:</b> Yes ___ No <u>X</u>	
<b>CAN (California Articulation Number):</b>	
<b>Graded:</b> Letter ___ Credit/No Credit ___	<b>Instructor Approval Required?</b> Yes ___ No ___
<b>Course Classification (e.g., lecture, lab, seminar, discussion):</b>	<b>Title for SIS+/CMS (not more than 30 characters)</b>
<b>Cross Listed?</b> Yes ___ No ___	<b>If yes, do they meet together and fulfill the same requirement, and what is the other course.</b>
<b>How Many Times Can This Course be Taken for Credit?</b> _____	
<b>Can the course be taken for Credit more than once during the same term?</b> Yes ___ No ___	

**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 X

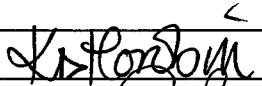
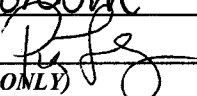
If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). \_\_\_\_\_ None \_\_\_\_\_

***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: 	5/23/07
College Dean or Associate Dean: 	8/20/07
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.