



SACRAMENTO
STATE

Course Change Proposal Form A



Academic Group (College): Education	Academic Organization (Department): Counselor Education	Date: 9-27-07
Type of Course Proposal: New ___ Change <u>X</u> Deletion ___	Department Chair: Rose Borunda	Submitted by: Marielle Brandt
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 ___ No <u>X</u>	Semester Effective: Fall <u>X</u> Spring __, 2008

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.): EDC 242	Title: Play and Art Therapy with Children	Units: 3
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Change to:

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

The proposal seeks to update the course description and prerequisites for EDC 242: Play and Art Therapy. The course content has been updated since the current Catalog description was written and it is important that the new Catalog accurately reflects those important additions. Also, since there is an emphasis on counseling theories and their application to play and art therapy, it is important for students to have completed the required Counseling Theories (EDC 216) and Practicum and Communication (EDC 280), which both focus on working with adult clients.

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)

Explores the ways children use fantasy, play, and art as means for communication, growth and healing. Emphasis is placed on clinical skills, therapeutic limit setting, counseling theory and developmentally appropriate interventions. Purchase of some basic art supplies is required.	
Note:	
Prerequisites: EDC 216, EDC 280, classified student in the School Counseling Specialization. Other Counselor Education students may be permitted to enroll when space is available.	
Co-requisite:	
CAN (California Articulation Number):	
Graded: Letter <u>X</u> Credit/No Credit ___	Instructor Approval Required? Yes No <u>X</u>
Course Classification (e.g., lecture, lab, seminar, discussion):	Title for SIS+/CMS (not more than 30 characters) Play/Art Therapy with Children
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? ___ <u>1</u> ___	
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**

If yes, identify program(s): M.S. in Counseling: School Specialization

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? **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).

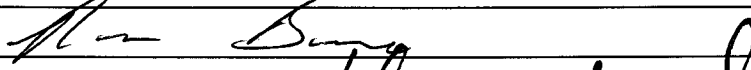
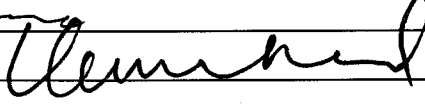
School Specialization will be affected positively.

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:		10/15/07
College Dean or Associate Dean:		10/22/07
CPSP (for school personnel courses ONLY)		
Associate Vice President / 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.