



SACRAMENTO
STATE

Course Change Proposal Form A



Academic Group (College): Education	Academic Organization (Department): Counselor Education	Date: 10-4-07
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 272	Title: Seminar: Counseling Children and Youth	Units: 3
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Change to:

Subject Area (prefix) & Catalog No. (course no.):	Title: Counseling Children and Youth	Units:
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JUSTIFICATION:

This proposal seeks to modify the title and course description of EDC 272 so that they accurately reflect the actual classification and content of the course. The class cap has been increased in this course over the last several years in order to help meet departmental FTES objectives. Therefore, the course has evolved from a "seminar" style to a "lecture" style course. Also objectives of the course have been updated to effectively address contemporary issues in counseling children/youth and to meet National/State standards for counseling programs.

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)

Provides students with a theoretical foundation and working knowledge of contemporary issues and interventions for children and youth. A variety of presenting problems and treatment strategies are explored.

Note:

Prerequisites:
EDC 216, EDC 280, classified student in Counselor Education program. School specialization: EDC 242: Play and Art Therapy with Children.

Co-requisite:
School counseling specialization: EDC 475.

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) Counseling Children and Youth
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? 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/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): Counselor Education: 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).

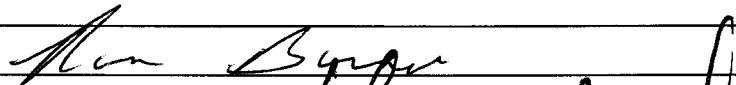
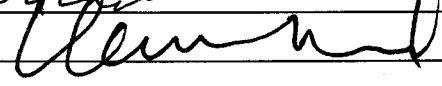
School Specialization

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: 	10/18/07
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.