



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__ Deletion <u>X</u>	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 276	Title: Consultation and Supervision in School Counseling	Units: 3
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Change to:

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

This proposal seeks to "delete" EDC 276. Some of the EDC 276 objectives are irrelevant to the actual work our graduates will be doing in the community and several of the objectives overlap with the other school counseling courses, making the experience somewhat redundant for students. Any pertinent objectives from EDC 276 will be transferred to the "revised" course, EDC 274: Guidance and Consultation in School Counseling. These important changes will streamline the School Counseling courses and the program, bringing program in line with National accreditation standards (CACREP), the American School Counseling Association's (ASCA) National Model for school counselors and the California Commission on Teacher Credentialing (CCTC) Standards.

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:	
Prerequisites:	
Co-requisite:	
CAN (California Articulation Number):	
Graded: Letter Credit/No Credit ____	Instructor Approval Required? Yes No
Course Classification (e.g., lecture, lab, seminar, discussion):	Title for SIS+/CMS (not more than 30 characters)
Cross Listed? Yes__ No	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? ____	
Can the course be taken for Credit more than once during the same term? 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): 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.)? Yes ___ N ___

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).

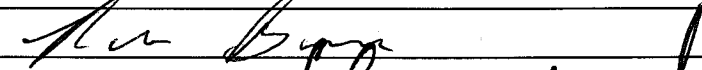
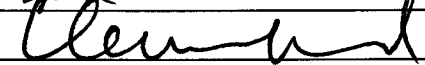
Counselor Education program will be affected positively.

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:		10/19/07
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.