



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):	n/a
This Catalog Number (course number) is being replaced:	n/a

Change from:

Subject Area (prefix) & Catalog No. (course no.): EDC 475	Title: Practicum in 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 change course description and prerequisite requirements in the University Catalog for EDC 475: Practicum in Counseling. The Department wants to make the requirements of EDC 475 available to applicants and/or students in advance so they can prepare for the serious time commitment involved in this important clinical experience.

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)

Supervised counseling practice in agency and/or school settings. Emphasis on application of counseling theories and the integration of one's own counseling philosophy into practical applications. Basic requirements: 100 clock hours with at least 40 client contact hours, 1 hour per week of individual/triadic supervision, and 1½ hours per week of group supervision.

Note:
Department petition is required the semester prior to enrollment.

Prerequisites:
Prerequisites for all specializations: EDC 210, EDC 214, EDC 216, EDC 280. Additional prerequisites by specialization: **Career** – EDC 212+, EDC 218, EDC 219+, EDC 260, EDC 262+; **Community** – EDC 201, EDC 212+, EDC 218, EDC 219; **MFCC** – EDC 212, EDC 218+, EDC 219, EDC 234, EDC 252+, EDC 476; **School** – EDC 252+, EDC 270.

Co-requisite:
Co-requisites by specialization: **MFCC** – EDC 235; **School** – EDC 272.

CAN (California Articulation Number):

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

Course Classification (e.g., lecture, lab, seminar, discussion): **Title for SIS+/CMS (not more than 30 characters)**
Practicum in Counseling

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? 3

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 No ___

If yes, identify program(s): M.S. in Counseling Program (all specializations)

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).

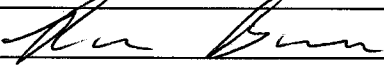
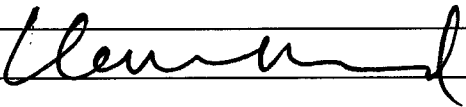
M.S. in Counseling (all specializations) program will be affected positively.

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: 	10/16/07
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.