# Course Change Proposal
## Form A

**Academic Group** (College): Health and Human Services

**Academic Organization** (Department): Recreation, Parks and Tourism Administration

**Date:** 8/24/07

**Department Chair:** Beth Kivel

**Submitted by:** Jennifer Piatt

**Type of Course Proposal:**
- New __ Change __ Deletion X

**Does this course fulfill a requirement for single-subject or multiple subject credential students?**
- Yes __ No X

**For Catalog Copy:**
- Yes X__ No __

**CCE:**
- Yes __ No __

**Semester Effective:**
- Fall __ Spring X__, 2008

This course replaces experimental course **Subject Area (prefix) and Catalog Number (course number):**

This Catalog Number (course number) is being replaced:

**JUSTIFICATION:**

The TR curriculum has been reviewed to reflect the job task analysis and knowledge areas identified by the National Council on Therapeutic Recreation Certification (NCTRC) as core knowledge students graduating with a degree in therapeutic recreation should have. Two new classes, RPTA 117 - Therapeutic Recreation and Contemporary Aspects of Disability and RPTA 118 - Facilitation Techniques in Therapeutic Recreation have been designed to replace the course work covered in this class and in RLS 124 and RLS 126.

**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)

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**Prerequisite:**

**Enforced at Registration:** Yes __ No __

**Corequisite:**

**Enforced at Registration:** Yes __ No __

**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):

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). __________________________________________________________________________

*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:**

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<th>Department Chair:</th>
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<tr>
<th>College Dean or Associate Dean:</th>
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<tr>
<td>Marlyn Heidke</td>
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**CPSP (for school personnel courses ONLY)**

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**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.