Course Change Proposal
Form A

Academic Group (College): Education
Academic Organization (Department): Counselor Education
Date: 10-4-07

Type of Course Proposal: New X Change _X_ Deletion ___
Department Chair: Rose Borunda
Submitted by: Marielle Brandt

Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes _X_ No ___
For Catalog Copy: Yes _X_ No ___
CCE: Yes _X_ No ___
Semester Effective: Fall _X_ 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

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

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 _X_ Credit/No Credit
Instructor Approval Required? Yes _X_ No ___

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

Cross Listed?
Yes _X_ 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? _1_

Can the course be taken for Credit more than once during the same term? Yes _X_ 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/acad/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.

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**For whom is this course being developed?**

- Majors in the Dept: X
- 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.*

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**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:**

<table>
<thead>
<tr>
<th>Department Chair:</th>
<th>[Signature]</th>
<th>Date: 10/15/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Dean or Associate Dean:</td>
<td>[Signature]</td>
<td>Date: 10/22/07</td>
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**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.