Course Change Proposal
Form A

Academic Group (College): SSIS
Academic Organization (Department): PSYCHOLOGY
Date: APRIL 1, 2009

Type of Course Proposal:
New ___ Change ___ X_ Deletion ___

Department Chair: BRUCE BEHRMAN
Submitted by: MARYA ENDRIGA

Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No ___
For Catalog Copy: Yes ___ X_ No ___
CCE (Extension): Yes ___ X_ No ___
Semester Effective: Fall ___ Spring ___ X_, 2010 ___

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):
If changing an existing course, should new version be considered a repeat of the original version? If so, the same Course ID will be maintained. If not, a new Course ID will be assigned. Note: In PeopleSoft terminology, the Course ID is the unique system identifier, not the Catalog Nbr.
Yes ___ X_ No ___

Change from:
Subject Area (prefix) & Catalog Nbr (course no.): PSYC 185
Title: PSYCHOLOGY OF EXCEPTIONAL CHILDREN
Units: 3

Change to:
Subject Area (prefix) & Catalog Nbr (course no.):
Title:
Units:

JUSTIFICATION:
This proposal changes the course prerequisites to replace obsolete course(s) PSYC 1 and/or PSYC 5 with a new course PSYC 2 (Introductory Psychology). This change is accompanied by a new course proposal for PSYC 2 and a program change proposal (Form B) that provides further rationale for the proposed changes to the major.

NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See http://www.csus.edu/umanual/acad.htm - Guidelines for Catalog Course Description)

PSYC 185. Psychology of Exceptional Children. Examines characteristics, special needs, and problems of children who differ from the group norm because of their level of abilities, physical handicaps, or other deviations.
Note:
Prerequisite: PSYC 2
Enforced at Registration: Yes ___ X_ No ___
Corequisite:
Enforced at Registration: Yes ___ No ___
Graded: Letter ___ X_ Credit/No Credit ___
Instructor Approval Required? Yes ___ X_ No ___
Course Classification (e.g., lecture, lab, seminar, discussion):
Title for CMS (not more than 30 characters)
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/aca/ example.htm

N/A

**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:

N/A

For whom is this course being developed? N/A
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.

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Chair:</td>
<td>4/22/09</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>4/24/09</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY):</td>
<td></td>
</tr>
</tbody>
</table>

Associate Vice President and 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.

9/10/2008