**Course Change Proposal**  
**Form A**

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<th>Academic Group (College):</th>
<th>Academic Organization (Department):</th>
<th>Date: March 17, 2009</th>
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<tbody>
<tr>
<td>Education</td>
<td>Special Education, Rehab., Sch. Psych., &amp; Deaf Studies</td>
<td>Submitted by: Leslie Cooley</td>
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**Type of Course Proposal:**  
New ______ Change ____X__ Deletion ____

**Does this course fulfill a requirement for single-subject or multiple subject credential students?**  
Yes ____ No ____ PPS Credential

**For Catalog Copy:**  
Yes _X__ No ____

**CCE (Extension):**  
Yes ____ No ____

**Semester Effective:**  
Fall _X__ Spring ___, 2009____

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

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<th>Yes <em>X</em>_</th>
<th>No ____</th>
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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.

**Change from:**  
Subject Area (prefix) & Catalog Nbr (course no.): EDS 439  
Title: Early Fieldwork in School Psychology  
Units: 1-5

**Change to:**  
Subject Area (prefix) & Catalog Nbr (course no.): N/A  
Units: 1-10

**JUSTIFICATION:**  
Students typically take this class 2 semesters. Students may take this class more than 2 semesters. Currently, they re-register for the same class, but catalog copy does not presently indicate that re-registering is possible. The requested change is to reflect current practice and correct catalog copy.

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

**NOTE: NO CHANGE IN CURRENT DESCRIPTION:** Fieldwork experience is designed to allow students to explore roles in public schools and to gain experience in the organization and operation of schools, classrooms, and special services. The field placement allows students to work with pupils in public school settings that offer individual and group counseling, consultation with teachers, parents, and other school staff and special accommodations for students with special needs. Students will work under the supervision of a credentialed school psychologist or school counselor at local school sites. A faculty supervisor from the School Psychology training program will work closely with students and the field supervisor. May be repeated for credit for a maximum of 10 units. Graded credit/no credit. 1-10 units.

**Note:**

**Prerequisite:**  
Enforced at Registration: Yes _X__ No ____ Satisfactory completion of first year coursework

**Corequisite:**  
Enforced at Registration: Yes ____ No _X__

**Graded:** Letter ______ Credit/No Credit ____X__

**Instructor Approval Required?** Yes ____ No ____

**Course Classification (e.g., lecture, lab, seminar, discussion):**

**Seminar plus school site experience**

**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?**  
4

**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/acai/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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<th>College Dean or Associate Dean:</th>
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<th>CPSP (for school personnel courses ONLY)</th>
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<th>Associate Vice President and Dean for Academic Programs</th>
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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.