Course Change Proposal
Form A

<table>
<thead>
<tr>
<th>Academic Group (College): Health and Human Services</th>
<th>Academic Organization (Department): Recreation, Parks and Tourism Administration</th>
<th>Date: 8/2/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Course Proposal:</td>
<td>Department Chair: Dana Kivel</td>
<td>Submitted by: Jennifer Piatt and Greg Shaw</td>
</tr>
<tr>
<td>New ___ Change X__ Deletion ___</td>
<td>For Catalog Copy: Yes X__ No ___</td>
<td>Semester Effective:</td>
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<tr>
<td>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes ___ No X__</td>
<td>CCE: Yes ___ No X__</td>
<td>Fall ___ Spring X__, 2011</td>
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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.): RPTA 106 | Title: Inclusive and Therapeutic Recreation | Units: 3 |

| Change to: Subject Area (prefix) & Catalog No. (course no.): RPTA 106 | Title: Recreation Therapy and Inclusion | Units: 3 |

JUSTIFICATION:
This course change is part of a TR curriculum change throughout the CSU system. To be consistent across the CSU campuses we are re-titling coursework so that the same terminology can be used at each campus. This program title change is also consistent with 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.

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)

Course description remains the same.

Note:

Prerequisite: None
Enforced at Registration: Yes ___ No X__
Corequisite:
Enforced at Registration: Yes ___ No

CAN (California Articulation Number):

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

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

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? ___1___

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 __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 _X_ 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 _X___
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). _______ N/A

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>
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<tbody>
<tr>
<td>Department Chair:</td>
<td>9/22/10</td>
</tr>
<tr>
<td>College Dean or Associate Dean:</td>
<td>9/23/10</td>
</tr>
<tr>
<td>CPSP (for school personnel courses ONLY)</td>
<td></td>
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<td>Associate Vice President and Dean for Academic Programs</td>
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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.