# 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>
</table>

| Type of Course Proposal: | Department Chair: Dana Kivel | Submitted by: Jennifer Piatt and Greg Shaw |

<table>
<thead>
<tr>
<th>New <em>X</em> Change <em>X</em> Deletion <em>X</em></th>
<th>For Catalog Copy: Yes <em>X</em> No</th>
<th>Semester Effective: Fall <em>X</em> Spring <em>X</em> 2011</th>
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| Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes _X_ No _X_ | CCE: Yes _X_ No _X_ | |

This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):  
This Catalog Number (course number) is being replaced:

## Change from:

<table>
<thead>
<tr>
<th>Subject Area (prefix) &amp; Catalog No. (course no.):</th>
<th>Title:</th>
<th>Units: 3</th>
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## Change to:

<table>
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<tr>
<th>Subject Area (prefix) &amp; Catalog No. (course no.):</th>
<th>Title: Recreation Therapy Assessment and Documentation</th>
<th>Units: 3</th>
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| RPTA 115 | |

## JUSTIFICATION:

The National Council on Therapeutic Recreation now requires students to take a class based on Assessment and Documentation. This course will provide content necessary for students to enter the recreation therapy, including the recreation therapy process (APIE), basic assessment skills and how to complete medical documentation.

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

Assessment procedures and instruments used to assure competence in assessment of client function in leisure. Documentation, assessment, regulations in different settings (i.e., community, hospital, and clinical settings), protocols and development of individual treatment plans. Students are exposed to the Recreation Therapy process (APIE) in a variety of both clinical and community settings.

### Note:

Prerequisite: RPTA 106 or concurrent enrollment  
Enforced at Registration: Yes _X_ No _X_

Corequisite:

Enforced at Registration: Yes _X_ No _X_

**CAN (California Articulation Number):**

- **Graded:** Letter _X_ Credit/No Credit _X_  
  Instructor Approval Required? Yes _X_ No _X_

- **Course Classification (e.g., lecture, lab, seminar, discussion):** C-02  
  Title for SIS+/CMS (not more than 30 characters)  
  RT Assmnt. & Doc

- Cross Listed Yes _X_ 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 _X_ 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/acat/example.htm
- Describe the need for and use of client assessment tools, procedures and resources.
- Utilize a variety of data gathering techniques (e.g., interviewing, observations, etc.) for assessment purposes.
- Evaluate therapeutic recreation assessment instruments.
- Design components of an assessment that are connected to a comprehensive program plan.
- Design an individualized treatment program plan based on assessment results for the purpose of placing clients into programs.
- Design an individualized progress note to record client regression / stabilization or progression toward treatment goals.
- Design an individualized discharge / referral summary to record a summary of services and evaluate the effectiveness of treatment received at a facility.
- Discuss the need for client referrals to and from therapeutic recreation services.
- Understand the clinical supervision process.

**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:

- Assessment Reviews (3 during the semester)
- Exam 1
- Assessment Presentation
- Assessment Development
- Treatment Plan
- Mock Treatment Plan
- Final Exam
- Quizzes, In-Class Assignments

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):
- Recreation Therapy Degree Option

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). ____________________________

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>9/22/10</td>
</tr>
<tr>
<td>College Dean or Associate</td>
<td>9/23/10</td>
</tr>
<tr>
<td>CPSP (for school personnel</td>
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<tr>
<td>programs ONLY)</td>
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<tr>
<td>Associate Vice President</td>
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<td>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.