Course Change Proposal
Form A

Academic Group (College): Health and Human Services

Academic Organization (Department): Recreation, Parks and Tourism Administration

Date: 8/2/2010

Type of Course Proposal:
New Change _X_ Deletion _

Department Chair: Dana Kivel

Submitted by: Jennifer Piatt and Greg Shaw

Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes _x_ No _

CCE: Yes _x_ No _

For Catalog Copy: Yes _x_ No _

Semester Effective: Fall _x_ Spring _x_, 2011

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 195D
Title: Therapeutic Recreation Internship Units: 3

Change to:
Subject Area (prefix) & Catalog No. (course no.): RPTA 195D
Title: Recreation Therapy Internship 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/acafr/unionmanual/crspl.htm - Guidelines for Catalog Course Description

Same as before

Note:
Prerequisite: RPTA 106, 115, 116, 117, 118, & 119
Enforced at Registration: Yes _x_ No _

Corequisite:
Enforced at Registration: Yes _x_ No _

CAN (California Articulation Number):
Graded: Letter _x_ Credit/No Credit _
Instructor Approval Required? Yes _x_ No _

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

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 _

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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

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 _X_ 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). 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.

Signatures: ___________________________ Date: __________

Department Chair:

College Dean or Associate Dean: ___________________________ Date: __________

CPSP (for school personnel courses ONLY)

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.