**Course Change Proposal**

**Form A**

**Academic Group (College):**
- Education

**Academic Organization (Department):**
- Special Ed, Rehabilitation, School Psychology, and Deaf Studies

**Date:** 11/12/2010

**Type of Course Proposal:**
- New __ Change _X_ Deletion __

**Department Chair:**
- Bruce Ostertag

**Submitted by:**
- Kathy Gee, Coordinator, Mod/Severe Credential

**Does this course fulfill a requirement for single-subject or multiple subject credential students?**
- Yes __ No _X_

**For Catalog Copy:**
- Yes _✓_ No ___

**CCE:**
- Yes ___ No _✓_

**Semester Effective:**
- Fall _X_ Spring __, 2011

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

**Change from:**
- Subject Area (prefix) & Catalog No. (course no.):
  - EDS 218

**Title:**
- Advanced Methods: Mod/Severe

**Units:**
- 3

**Change to:**
- Subject Area (prefix) & Catalog No. (course no.):
  - EDS 218

**Title:**
- Instructional Strategies: Low Incidence Disabilities

**Units:**
- 3

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**JUSTIFICATION:**

This title more accurately describes the content of the course.

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**NEW COURSE DESCRIPTION:** (Not to exceed 80 words, and language should conform to catalog copy.)

See: [http://www.csus.edu/acaf/univmanual/crspsi.htm](http://www.csus.edu/acaf/univmanual/crspsi.htm) - Guidelines for Catalog Course Description

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**Note:**

**Prerequisite:** Enforced at Registration: Yes __ No _X_

**Corequisite:**
- Enforced at Registration: Yes __ No _X_

**Graded:** Letter _X_ Credit/No Credit __

**Instructor Approval Required?** Yes __ No _X_

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

**Title for CMS (not more than 30 characters):**
- Instr Strat Low Incid Dis

**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 ___ 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): Mod/Severe Specialist Credential

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.

Accessibility: Following course approval, and prior to the start of the semester in which the new or revised course will be taught for the first time, an accessibility checklist [available at http://www.csus.edu/accessibility/checklist.html] shall be completed and submitted to the appropriate Dean’s office. An accessible syllabus shall also be made available online, preferably prior to the start of that semester’s open registration period.

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:               11/29/10
College Dean or Associate Dean: 12/1/10
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.