

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

COURSE MODIFICATION PROPOSAL

PROGRAM AREA SPECIAL EDUCATION

1. Catalog Description of the Course. *[Follow accepted catalog format.]*
(If Cross-listed please submit a form for each prefix being modified)

OLD				NEW			
Prefix SPED	Course# 542	Title Managing Learning	Units (3)	Prefix	Course#	Title	Units ()
3 hours 1 per week				hours per week			
<input checked="" type="checkbox"/> Prerequisites SPED 345, ENGL 475, EDUC 510, EDUC 512				<input checked="" type="checkbox"/> Prerequisites Admission to the Education Specialist: Mild/Moderate Disabilities Credential Program			
<input type="checkbox"/> Corequisites				<input checked="" type="checkbox"/> Corequisites SPED 562 or SPED 570 or SPED 580			
Description				Description			
<input type="checkbox"/> Gen Ed Categories		<input type="checkbox"/> CR/NC		<input type="checkbox"/> Repeatable for up to		<input type="checkbox"/> Gen Ed Categories	
<input type="checkbox"/> Lab Fee Required		<input checked="" type="checkbox"/> A - Z		units		<input type="checkbox"/> A - Z	
		units				units	

2. Mode of instruction

<u>Existing</u>					<u>Proposed</u>				
	Units	Hour Per Unit	Benchmark Enrollment	CS# Units (filled out by Dean)		Units	Hour Per Unit	Benchmark Enrollment	CS# Units (filled out by Dean)
Lecture	<u>3</u>	<u>1</u>	<u>25</u>	_____	Lecture	_____	_____	_____	_____
Seminar	_____	_____	_____	_____	Seminar	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____	Laboratory	_____	_____	_____	_____
Activity	_____	_____	_____	_____	Activity	_____	_____	_____	_____

3. Course Content in Outline Form if Being Changed. *[Be as brief as possible, but use as much space as necessary]*

OLD	NEW
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4. Justification and Learning Objectives for the Course. (Indicate whether required or elective, and whether it meets University Writing, and/or Language requirements) *[Use as much space as necessary]*

OLD	NEW
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5. References. *[Provide 3-5 references on which this course is based and/or support it.]*

OLD	NEW
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6. Indicate Changes and Justification for Each. *[Check all that apply and follow with justification. Be as brief as possible but, use as much space as necessary.]*

- Course title
- Prefix/suffix
- Course number
- Units
- Staffing formula and enrollment limits
- Prerequisites/corequisites
- Catalog description
- Course content
- References
- GE

Other

Justification This course requires participatory observation and/or student teaching in a selected school under the supervision of a classroom teacher and university supervisor.

7. If this modification results in a GE-related change indicate GE category affected and Attach a GE Criteria Form:

- A (English Language, Communication, Critical Thinking)**
- A-1 Oral Communication
 - A-2 English Writing
 - A-3 Critical Thinking
- B (Mathematics, Sciences & Technology)**
- B-1 Physical Sciences
 - B-2 Life Sciences – Biology
 - B-3 Mathematics – Mathematics and Applications
 - B-4 Computers and Information Technology
- C (Fine Arts, Literature, Languages & Cultures)**
- C-1 Art
 - C-2 Literature Courses
 - C-3a Language
 - C-3b Multicultural
- D (Social Perspectives)**
- E (Human Psychological and Physiological Perspectives)**
- UD Interdisciplinary**

8. New Resources Required. YES NO

If YES, list the resources needed and obtain signatures from the appropriate programs/units on the consultation sheet below.

- a. Computer (data processing), audio visual, broadcasting needs, other equipment)

- b. Library needs

- c. Facility/space needs

9. Will this course modification alter any degree, credential, certificate, or minor in your program? YES NO

If, YES attach a program modification form for all programs affected.

Maria K. Denney

Proposer of Course Modification

3/14/05

Date