

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# | 546 | Prefix | Course# | Title | Units () |
| Communication with Families and Professionals Units (3) | | | | | | | |
| 3 hours 1 per week | | | | hours per week | | | |
| <input checked="" type="checkbox"/> Prerequisites SPED 541, SPED 542, SPED 543, SPED 570 | | | | <input checked="" type="checkbox"/> Prerequisites Admission to the Education Specialist: Mild/Moderate Disabilities Credential Program | | | |
| <input type="checkbox"/> Corequisites Description | | | | <input checked="" type="checkbox"/> Corequisites SPED 562 or SPED 570 Description | | | |
| <input type="checkbox"/> Gen Ed Categories | | <input type="checkbox"/> Graded CR/NC | | <input type="checkbox"/> Gen Ed Categories | | <input type="checkbox"/> Graded CR/NC | |
| <input type="checkbox"/> Lab Fee Required | | <input type="checkbox"/> Repeatable for up to units | | <input type="checkbox"/> Lab Fee Required | | <input type="checkbox"/> Repeatable for up to units | |
| | | <input checked="" type="checkbox"/> A - Z | | | | <input type="checkbox"/> A - Z | |

- 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**

- 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**

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

OLD **NEW**

- 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

Approvals

| | |
|---------------|------|
| Program Chair | Date |
|---------------|------|

| | |
|----------------------------|------|
| Curriculum Committee Chair | Date |
|----------------------------|------|

| | |
|------|------|
| Dean | Date |
|------|------|

California State University Channel Islands
Course Modification Consultation Sheet

1. Course Title: SPED 546

2. Program Area: SPECIAL EDUCATION

Recommend Approval

| Program Area/Unit | Program/Unit Chair | YES | NO (attach objections) | Date |
|--------------------------|---------------------------|------------|-------------------------------------|-------------|
| Art | | | | |
| Biology | | | | |
| Business & Economics | | | | |
| Education | | | | |
| English | | | | |
| History | | | | |
| Liberal Studies | | | | |
| Mathematics & CS | | | | |
| Multiple Programs | | | | |
| Psychology | | | | |
| | | | | |
| Library | | | | |
| Information Technology | | | | |
| | | | | |
| | | | | |
| | | | | |