**Curriculum Change Proposal Form**

Unit proposing the change: Education

Please check all that apply:

| X Changes to academic major or minor; course titles, descriptions, number changes within level; prerequisites | □ Course additions, cross-listings or deletions; course level changes; change in course credit hours; change in grading S/U to A-F and A-F to S/U |
| Requires:* Dept. Chair or Program Coord. Signature(s) (Copy to Div. Chair.) | Requires:* Dept. Chair or Program Coord. Signature(s) (copy to Div. Chair) AND Division Discussion and Signature. |

□ Student-designed majors, non-credit workshops.

Requires:* Dept. Chair or Program Coord. Signature(s) (copy to Div. Chair.)

□ Special courses or credit workshops.

Requires:* Dept. Chair or Program Coord. Signature(s) (Copy to Div. Chair) AND Division Discussion and Signature.

□ Other (Explain in 1 below)

Requires:* Dept. Chair or Program Coord. Signature(s) (copy to Div. Chair) AND Division Discussion and Signature.

See VPAA for details regarding approval requirements.

*Required prior to submission to the Undergraduate Curriculum Committee

NOTE: See APAP section 110 for more information regarding changes to curriculum.

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1. Detailed description of the proposed change: Course description to **include “and/or health setting”** since the student teaching may be for a double major – Physical Education AND Health

2. Justification for change: National review by the Specialized Professional Association: AAHE - the America Association of Health Educators requires that student teaching/clinical experiences weeks to be included for a health license program of preparation. As a provider, we need to confirm this will be included and currently the catalog does not stipulate “and/or health” in the language.

3. Proposed term of initial offering or implementation date: fall 2015 catalog change

4. As applicable, please provide or attach the following information:

   a) Course subject and number (or proposed number): **EDUC 455.**

   b) Course title: **Student Teaching in Early/Middle Level Physical and/or Health Education**

   c) Credit hours: **5**

   d) Recommended level: **FR SO JR SR**

   e) Prerequisites or other special conditions (if any): **all other licensure courses completed prior to student teaching**

   f) Requirements it will satisfy (major, minor, Gen Ed), **licensure**
g) Proposed catalog description: "...supervised experience under the guidance of a cooperating teacher and university faculty member in a minimum of six-weeks clinical placement involved in planning for instruction, creating an environment for student learning, teaching for student learning and reflecting on students’ performance completed in a primary or middle school physical education and/or health setting, grades K-3 or grades 4-8. Experience must be completed in area(s) for which licensure is sought. Part of the professional semester."

h) Describe any potential impact(s) of this change, such as course prerequisites, majors/minors, interdisciplinary programs, licensure requirements, etc.: **no potential impact as this is current practice for any double major in physical education and health**

➤ **REQUIRED:** Attach documentation of notification of affected parties. [ ]

i) Staffing considerations:
   - [ X ] Can be taught by present staff
   - [ ] Will require additional staff

j) Anticipated frequency of offering:
   - [X] Every semester
   - [ ] Once a year
   - [ ] Alternate years

k) Resources required (facilities, equipment, supplies, library materials, etc.):
   - **current resources already provided through the education department as a part of the professional semester**

5. Signatures:

   **Department Chair or Program Coordinator:**
   ➤ Please attach summary of department discussion. [ ]

   **Department Vote:**
   In favor ___  Opposed ___  Abstentions ___

   **Date:** __/__/___

   **Vice President of Graduate and Continuing Studies (if applicable):**
   In favor or Opposed or Abstain (circle one)
   (Please attach comments)

   **Date:** __/__/___

   **Teacher Preparation Programs [Initial Licensure] (if applicable):**
   In favor or Opposed or Abstain ___ (circle one)
   (Please attach comments)

   **Date:** __/__/___

   **Division Chair:**
   ➤ Please attach summary of division discussion(s). [ ]

   **Division Vote:**
   In favor ___  Opposed ___  Abstentions ___

   **Date:** __/__/___

   **Division did not have questions.**
Undergraduate Curriculum Committee Chair (VPAA):

Curriculum Committee Vote:
   In favor ___   Opposed ___   Abstentions ___

Date: ____/____/____