**Curriculum Change Proposal Form**

Unit proposing the change: Education

Please check all that apply:

| 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. | Statements of academic philosophy or policy; additions or deletions of majors, minors, or other programs; degree requirements; additions, deletions, or change of category for Gen Ed courses. |
| 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. |
| Special courses or credit workshops. | 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.

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 457.**

   b) Course title: **Student Teaching in Secondary 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 9-12. 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: 4/10/15

Teacher Preparation Programs [Initial Licensure]: (if applicable) ____________________
- In favor or Opposed or Abstain (circle one)
- (Please attach comments)
- Date: 3/25/15

Division Chair: ____________________________
- Please attach summary of division discussion(s). [ ]
  - Division Vote:
    - In favor ___  Opposed ___  Abstentions ___
  - Presented to division - No discussion
- Date: 4/7/15
Undergraduate Curriculum Committee Chair (VPAA): ________________________
Curriculum Committee Vote:
   In favor ___   Opposed ___   Abstentions ___

Date: __/__/____