

Curriculum Change Form
(Present only one proposed curriculum change per form)
(Complete only the section(s) applicable.)

Part I

<input type="checkbox"/> (Check one)	Department Name	Special Education
<input checked="" type="checkbox"/> New Course (Parts II, IV)	College	Education
<input type="checkbox"/> Course Revision (Parts II, IV)	*Course Prefix & Number	SED 530
<input type="checkbox"/> Hybrid Course ("S," "W")	*Course Title	Technology/Strategies for MSD
<input type="checkbox"/> New Minor (Part III)	*Program Title	
<input type="checkbox"/> Program Suspension (Part III)		
<input type="checkbox"/> Program Revision (Part III)	*Provide only the information relevant to the proposal.	If Certificate, indicate Long-Term (University) or Short-Term (Departmental)

Proposal Approved by:	<u>Date</u>		<u>Date</u>
Departmental Committee	11/25/2013	Council on Academic Affairs	2/20/2014
College Curriculum Committee	12/02/2013	Faculty Senate**	NA
General Education Committee*	NA	Board of Regents**	NA
Teacher Education Committee*	12/10/2013	EFFECTIVE ACADEMIC TERM***	Fall 2014
Graduate Council*	NA		

*If Applicable (Type NA if not applicable.)
**Approval needed for program revisions or suspensions.
***To be added by the Registrar's Office after all approval is received.

Completion of A, B, and C is required: (Please be specific, but concise.)

<p>A. 1. Specific action requested: (Example: Increase the number of credit hours for ABC 100 from 1 to 2.) Create new course.</p> <p>A. 2. Proposed Effective Academic Term: (Example: Fall 2012) Fall 2014</p> <p>A. 3. Effective date of suspended programs for currently enrolled students: (if applicable)</p>
<p>B. The justification for this action: The department is in the process of making the Early Childhood Special Education program amenable to a completer program that will service community college students transferring to ECU and will enable the revision of the current ECSE IECE program. This course will be used in both. Content in this new course merges content from two current courses. Those courses will be dropped.</p>
<p>C. The projected cost (or savings) of this proposal is as follows:</p> <p>Personnel Impact: Existing personnel will teach the new course.</p> <p>Operating Expenses Impact:</p> <p>Equipment/Physical Facility Needs:</p> <p>Library Resources:</p>

Part II. Recording Data for New, Revised, or Dropped Course

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~strikethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised* Catalog Text

(*Use ~~strikethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

SED 530 Technology/Strategies for MSD. (3)II. Cross-listed as SED 730. The implementation of computer technology and assistive/adaptive devices and strategies for students with multiple and severe disabilities including dual sensory. The use of Milieu language strategies and symbolic/non-symbolic communication in natural environments and daily routines. Credit will not be awarded to students who have credit for SED 730.

Part III. Recording Data for Revised or Suspended Program

1. For a revised program, provide the current program requirements using ~~strikethrough~~ for deletions and underlines for additions.
2. For a suspended program, provide the current program requirements as shown in catalog. List any options and/or minors affected by the program's suspension.

Revised* Program Text

(*Use ~~strikethrough~~ for deletions and underlines for additions.)

Part IV. Recording Data for New or Revised Course (Record only **new or changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Academic Term (Example: Fall 2012)	College/Division:	Dept. (4 letters)*
SED	530	Fall 2014	AS _____ HS _____ BT _____ JS _____ ED X _____ UP _____	SPED
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. _____	
3	Lecture 3	Laboratory _____	Other _____	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Cip Code (first two digits only)	
1, W, B	3	N	Class Restriction, if any: (undergraduate only)	
			FR _____	JR X _____
			SO X _____	SR X _____
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>		
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

CoRequisites and Prerequisites **See definitions on following page**

Co-Requisite(s): (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.	
Course Prefix and No.	

Prerequisite(s): (List prerequisites only. List combinations below. Use "and" and "or" literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Co-requisite(s) and/or Prerequisite(s) Combination (Use "and" and "or" literally.) (Specific minimum grade requirements should be placed in () following courses. Default grade is D-.)

Course Prefix and No.	
Test Scores	
Minimum GPA (when a course grouping or student cumulative GPA is required)	

Equivalent Course(s): (credit will not be awarded for both...; or formerly...)

Course Prefix and No.	
Course Prefix and No.	
Course Prefix and No.	

Proposed General Education Element: Please mark (X) in the appropriate Element or Elements (e.g. – 4B(3) X).

Element 1 (9)	Element 2 (3)	Element 3 (6)	Element 4 (6)	Element 5 (6)	Element 6 (6)
1A (3)	2 (3)	3A (3)	4A (3)	5A (3)	6 (6)
1B (3)		3B (3)	4B (3)	5B (3)	
1C (3)		or 3A/B Integrated A&H(6)	or 4A/B Integrated Sciences(6)		

NOTE: Do not forward validation tables with curriculum form.

(*Use Validation Tables.)