1. Desired Term: Summer Year of implementation: 2016
2a. Course abbreviation and Number: SLP 617
2b. Abbreviated Title: CFA Guided Practice
(No more than 25 characters, including spaces)
3. College: CEHHS
4. Number of Units: 1
5. Billing Units: 1
6. Allowed Student Levels: UG GR X EE (Default is to check all three levels)
7. Grading Method: 
   Normal (N) (Default is Letter Grade +/-, Students may request Credit/No Credit)
   Credit/No Credit Only (C)
   Credit/No Credit or Report-in-Progress Only (CP)
8. Mode of Instruction:
(See pages 17-23 at http://www.calstate.edu/academic-departments/recordkeeping/courses/online-learning/credit/no-credit.html for definitions of the Course Classification Numbers)

<table>
<thead>
<tr>
<th>Type of Instruction</th>
<th>Number of Credit Units</th>
<th>Instructional Mode (Course Classification Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>1</td>
<td>C-05</td>
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<tr>
<td>Activity</td>
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<tr>
<td>Lab</td>
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</tbody>
</table>

9. Attributes: Course Requires Consent for Enrollment? ___Yes ___X__No
   Faculty ________ Credential Analyst ________ Dean ________ Program/Department - Director/Chair '

Prerequisites: ____________________________

Co-requisites: ____________________________

10. Does this course impact other discipline(s)? (If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.) ___Yes ___X__No
   If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

   Discipline __________ Signature __________ Date ___Support ___Oppose

   Discipline __________ Signature __________ Date ___Support ___Oppose

Important: Please Complete

1. Instructor Lori Heisler
2. TBD
3. Please complete the Extension Course Proposal Form
   http://www.csusm.edu/academic_programs/Curriculum_Forms/index.html

SIGNATURES: (COLLEGE LEVEL)
1. Program Director/Chair __________ Date 4/27/15
2. College Dean (or Designee) __________ Date

(SIGNATURES: (UNIVERSITY LEVEL)
3. Dean of Extended Studies (or Designee) __________ Date 5/15/15
4. Vice President for Academic Affairs (or Designee) __________ Date

[Signature]
5/15/15
OFFICE OF EXTENDED STUDIES
EXTENSION COURSE PROPOSAL FORM

In planning the components of our Extended Studies program at Cal State San Marcos, this office consults closely with the academic colleges and departments to determine the suitability of course content, teaching methods and instructor qualifications. To assist us in evaluating your proposed course for credit, please submit this completed form—along with Form X: New Course Non-degree Credit—to our office as soon as possible. Questions before you submit? Call (760)750-4020.

- **Course Title:** Craniofacial Anomalies – Decision Making and Guided Practice

- **Course Description:** *(Please provide a short paragraph describing the purpose, topics and audience for your course. Be sure to include the benefits for students who take your course. An edited version of this description will be used for promotional copy.)*

  This course will expose students to reflective practice and problem solving in client case management. Students will present client cases in the audience of peers and faculty. Discussion will center around chosen course of treatment, and Q & A. Students will be taught to and encouraged to reflect on their practice and consider whether or not the chosen plan was the most effective, or if changes are recommended, why and what they would be.

- **Course Objectives:** *(Provide specific student learning outcomes and how they will be achieved.)*

  1. Students will apply content knowledge to independently and collaboratively analyze and interpret presented case studies and findings.
  2. Students will present client cases in a grand rounds format, including details of case history, diagnosis, goals and treatment plan
  3. Students will discuss alternative approaches to clinical reasoning and problem solving, including alternative methods of assessment, behavioral management, treatment techniques and targeting goals.

- **Evaluation:** *(What will be the basis for grades? How will you know that the students have achieved the course objectives?)*

  Total of 100 points:

  - Case Study #1: School-Age Cleft Lip/Palate: 20 points
  - Case Study #2: School-Age Syndromic Craniofacial Anomaly: 20 points
  - Case Study #3: Adolescent Cleft Lip/Palate: 20 points
  - Problem Solving Scenario: 20 points
  - Presentation of Case: Oral and written: 20 points

- **Course Length:** *(How many actual contact hours in class? Note: Credit courses must contain a minimum of fifteen 50-minute contact hours for each semester unit of credit, and outside of class work by students is required.)*

  Class to be scheduled in summer session for five three-hour sessions.

- **Proposed Date(s):**

  Dates TBD
• **Location:** (Indicate if you are proposing this course to be scheduled and offered in our facilities, or if this course is to be held at an off-campus location, such as a school, district or county office, company, etc.)

  Smart classroom required

• **Support Needs:** (Please indicate any special services you will need, such as audio-visual equipment, photocopying, room set-up, etc.)

  Smart classroom required; Cougar Courses container required

• **Comments:** (Please add any other relevant information, such as whether or not the course has been taught elsewhere successfully, why the course is needed in our area, marketing suggestions, etc.)

  This course is required as part of the OSEP grant which is funded through the Department of Speech-Language Pathology.