California State University, San Marcos
* Authorization To Offer Non-Degree Extension Credit Course Through Extended Studies*

<table>
<thead>
<tr>
<th>1. Desired Term Summer</th>
<th>Year of implementation: 2016</th>
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<tbody>
<tr>
<td>2a. Course abbreviation and Number: SLP 1618</td>
<td>2b. Abbreviated Title: CFA Clinical Ro (No more than 25 characters, including spaces)</td>
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<td>3. College: CEHHS</td>
<td>4. Number of Units: 1</td>
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<td>5. Billing Units: 1</td>
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<td>6. Allowed Student Levels: UG __ GR X EE (Default is to check all three levels)</td>
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7. Grading Method: 
- Normal (N) (Default is Letter Grade +/-, Students may request Credit/No Credit)
- Normal Plus Report-in-Progress (NP) (As for Normal; also allows Report-in-Progress)
- 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/cmn/data-elem dic/APDB-Transaction-DDB-SectionV.pdf for definitions of the Course Classification Numbers)

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<th>Type of Instruction</th>
<th>Number of Credit Units</th>
<th>Instructional Mode (Course Classification Number)</th>
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<tr>
<td>Lecture</td>
<td>1</td>
<td>c-06</td>
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<td>Activity</td>
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<tr>
<td>Lab</td>
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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.

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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
2. College Dean (or Designee) Date
3. Dean of Extended Studies (or Designee) Date
4. Vice President for Academic Affairs (or Designee) Date

(UNIVERSITY LEVEL)
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:** Clinic Rotation

- **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.)*

  Development of clinical skills in the diagnosis and treatment of a variety of communication disorders in children and/or adults through supervised clinical practice. Activities may include case history review, interview, test administration and interpretation, treatment plan design, treatment implementation, data collection and oral/written reporting.

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

  1. Conduct screening and prevention procedures for clients with CFA and resonance disorders.
  2. Select and administer appropriate high and low tech assessment batteries to clients with CFA and resonance disorders.
  3. Interpret results from assessments, make appropriate diagnoses and develop appropriate recommendations for intervention for clients with CFA and resonance disorders.
  4. Develop appropriate intervention plans with measurable and achievable goals
  5. Implement and administer intervention plans with selection of appropriate materials
  6. Measure and evaluate client with CFA performance and progress
  7. Adhere to the ASHA Code of Ethics

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

  Credit/No Credit; Midterm and final feedback from clinical supervisor.

- **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 a minimum of 30 hours clinical experience.

- **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.