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| For Academic Affairs and Research Use Only |
| Proposal Number |  |
| CIP Code:  |  |
| Degree Code: |  |

**NEW OR MODIFIED COURSE PROPOSAL FORM**

**[ ] Undergraduate Curriculum Council**

**[X] Graduate Council**

|  |
| --- |
| **[ ]New Course, [ ]Experimental Course (1-time offering), or [X]Modified Course (Check one box)** |

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

|  |  |
| --- | --- |
| Christine E Wright 3/12/2021**Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**COPE Chair (if applicable)** |
| Christine E Wright 3/12/2021**Department Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Head of Unit (if applicable)**   |
| Shanon Brantley 3/29/2021**College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Undergraduate Curriculum Council Chair** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Director of Assessment (new courses only)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Graduate Curriculum Committee Chair** |
| \_\_Susan Hanrahan 3/30/21\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**College Dean** | \_\_Alan Utter\_\_\_\_\_\_ 4/28/21**Vice Chancellor for Academic Affairs** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**General Education Committee Chair (if applicable)**   |  |

1. **Contact Person (Name, Email Address, Phone Number)**

Christine Wright

cwright@astate.edu

(870) 972-2274

1. **Proposed starting term and Bulletin year for new course or modification to take effect**

Fall 2021

**Instructions:**

*Please complete all sections unless otherwise noted. For course modifications, sections with a “Modification requested?” prompt need not be completed if the answer is “No.”*

|  |  |  |
| --- | --- | --- |
|  | **Current (Course Modifications Only)** | **Proposed (New or Modified)** *(Indicate “N/A” if no modification)* |
| **Prefix** | **OTD** | **N/A** |
| **Number\*** | **5012** | **5013** |
| **Title** | **History Occupational Science** | **OT History, Language and Process** **OT History Lang and Process** |
| **Description\*\*** | Development of occupational therapy (OT) and occupational science (OS) at beginning of the 1900’s/21st century respectively. Development of the profession and the science related to the sociology of professions and disciplinary and professional status related to societal need. | **The purpose of this course is for students to learn how the profession developed, the language of the profession, and the process of occupational therapy service delivery.** |

 ***\**** (Confirm with the Registrar’s Office that number chosen has not been used before and is available for use. For variable credit courses, indicate variable range. *Proposed number for experimental course is 9*. )

\*\*Forty words or fewer as it should appear in the Bulletin.

1. **Proposed prerequisites and major restrictions** **[Modification requested? No]**

(Indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).

1. **Yes** Are there any prerequisites?
	1. If yes, which ones?

Admission to the OTD program. Students must meet all requirements to be admitted to the OTD program.

* 1. Why or why not?

 This course is part of the OTD curriculum.

1. **Yes**  Is this course restricted to a specific major?
	1. If yes, which major? Occupational Therapy
2. **Proposed course frequency [Modification requested? No]**

(e.g. Fall, Spring, Summer; if irregularly offered, please indicate, “irregular.”) *Not applicable to Graduate courses.*

Fall

1. **Proposed course type [Modification requested? No**

Will this course be lecture only, lab only, lecture and lab, activity (e.g., physical education), dissertation/thesis, capstone, independent study, internship/practicum, seminar, special topics, or studio? Please choose one.

Lecture

1. **Proposed grade type [Modification requested? No**

What is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])

Standard letter

1. **No** Is this course dual-listed (undergraduate/graduate)?
2. **No** Is this course cross-listed?

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross-listed course.)*

**a.** – If yes, please list the prefix and course number of the cross-listed course.

 Enter text...

 **b.** – **Yes / No** Can the cross-listed course be used to satisfy the prerequisite or degree requirements this course satisfies?

 Enter text...

1. **No** Is this course in support of a new program?

a. If yes, what program?

 Enter text...

1. **No** Will this course be a one-to-one equivalent to a deleted course or previous version of this course (please check with the Registrar if unsure)?

a. If yes, which course?

Enter text...

**Course Details**

1. **Proposed outline** **[Modification requested? No]**

(The course outline should be topical by weeks and should be sufficient in detail to allow for judgment of the content of the course.)

1. **Proposed special features** **[Modification requested? No]**

(e.g. labs, exhibits, site visitations, etc.)

Enter text...

1. **Department staffing and classroom/lab resources**

Classroom with sufficient space to hold 30 students.

1. Will this require additional faculty, supplies, etc.?

 **No**

1. **Yes** Does this course require course fees?

 *If yes: please attach the New Program Tuition and Fees form, which is available from the UCC website.*

COLLEGE SUPPORT ASSESSMENT FEE PER CREDIT HOUR

*Additional cost per credit hour for non-general education courses.*

|  |  |
| --- | --- |
|  | **Graduate** |
| **College of Business** | $57.00 |
| **College of Engineering & Computer Science** | $57.00 |
| **College of Nursing & Health Professions** | $57.00 |
| **College of Sciences & Mathematics** | $57.00 |

**Justification**

**Modification Justification (Course Modifications Only)**

1. Justification for Modification(s)

The proposed modification renames the course. Instead of History of Occupational Therapy and Occupational Science, the course will be titled OT History, Language, and Process. This new title is more reflective of the course content. The modified course description indicates that this course teaches students how the profession developed, the language of the profession, and the process of occupational therapy service delivery. The ACOTE standards covered in this class (B.3.1. and B.3.2.) align with the new course title. The content focused on the theories of Occupational Therapy moved to the modified course OTD 5103 OT Philosophy and Theory.

**New Course Justification (New Courses Only)**

1. Justification for course. Must include:

 a. Academic rationale and goals for the course (skills or level of knowledge students can be expected to attain)

 Enter text...

b. How does the course fit with the mission of the department? If course is mandated by an accrediting or certifying agency, include the directive.

 Enter text...

c. Student population served.

Enter text...

d. Rationale for the level of the course (lower, upper, or graduate).

**Assessment**

**Assessment Plan Modifications (Course Modifications Only)**

1. **No** Do the proposed modifications result in a change to the assessment plan?

 *If yes, please complete the Assessment section of the proposal*

**Relationship with Current Program-Level Assessment Process (Course modifications skip this section unless the answer to #18 is “Yes”)**

1. What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

Enter text...

1. Considering the indicated program-level learning outcome/s (from question #19), please fill out the following table to show how and where this course fits into the program’s continuous improvement assessment process.

*For further assistance, please see the ‘Expanded Instructions’ document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

|  |  |
| --- | --- |
| **Program-Level Outcome 1 (from question #19)** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Assessment Measure | Please include direct and indirect assessment measure for outcome.  |
| Assessment Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

 *(Repeat if this new course will support additional program-level outcomes)*

 **Course-Level Outcomes**

1. What are the course-level outcomes for students enrolled in this course and the associated assessment measures?

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| --- | --- |
| **Outcome 1** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Which learning activities are responsible for this outcome? | List learning activities. |
| Assessment Measure  | What will be your assessment measure for this outcome?  |

*(Repeat if needed for additional outcomes)*

**Bulletin Changes**

|  |
| --- |
| **Instructions**  |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Please include a before (with changed areas highlighted) and after of all affected sections.** **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.**  |

**From 2020–2021 Graduate Bulletin: Page 252**

 **(BEFORE)**

**Occupational Therapy**

**Doctor of Occupational Therapy**

|  |  |
| --- | --- |
| **University Requirements:** |  |
| See Graduate Degree Policies for additional information (p. 38) |  |
| **Fall, Year 1** | **Sem. Hrs.** |
| ~~OTD 5012, History of Occupational Therapy and Occupational Science~~ OTD 5013, OT History, Language and Process | ~~2~~ 3 |
| OTD 5023, Pathology and Disease | 3 |
| OTD 5043, Clinical and Technological Skills Training | 3 |
| OTD 5121 Theory of Occupational Adaptation | 1 |
| OTD 7113, Gross Anatomy | 3 |
| OTD 7323, Process to Practice: Scope of Occupational Therapy | 3 |
| **Sub-total** | **15** |
| **Spring, Year 1** | **Sem. Hrs.** |
| OTD 5074, Practice I: Pediatrics | 4 |
| OTD 5092, Research I: Research in Occupational Science | 2 |
| OTD 5183, Fundamentals of Occupational Therapy I | 3 |
| OTD 5202, Fieldwork for Pediatrics | 2 |
| OTD 7224, Neuroscience | 4 |
| **Sub-total** | **15** |
| **Summer, Year 1** | **Sem. Hrs.** |
| OTD 5173, Practice II:  Adolescence and Adulthood | 3 |
| OTD 5283, Fundamentals of Occupational Therapy II | 3 |
| OTD 6182, Research II: Experimental Research | 2 |
| OTD 7252, Health Care Delivery Systems | 2 |
| OTD 7353, Implementing Behavioral Strategies | 3 |
| **Sub-total** | **13** |
| **Fall, Year 2** | **Sem. Hrs.** |
| OTD 6164, Practice III: Aging Adults | 4 |
| OTD 6183, Fundamentals of Occupational Therapy III | 3 |
| OTD 6192, Level I Fieldwork: Aging Adults | 2 |
| OTD 6222, Research III: Descriptive and Qualitative Research | 2 |
| OTD 7271, Capstone Preparation | 1 |
| OTD 7363 Concepts of Occupational Therapy Instructional Design | 3 |
| **Sub-total** | **15** |
| **Spring, Year 2** | **Sem. Hrs.** |
| OTD 6103, Practice IV: Psychosocial | 3 |
| OTD 5152, Level I Fieldwork: Psychosocial | 2 |
| OTD 6243, Professional Practice Seminar | 3 |
| OTD 6283, Fundamentals of Occupational Therapy IV | 3 |
| OTD 7222, Research IV: Scholarship of Application | 2 |
| OTD 7281, Capstone Preparation | 1 |
| OTD 7373 Business Principles in Occupational Therapy | 3 |
| **Sub-total** | **17** |

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 **(After)**

|  |  |
| --- | --- |
| **Fall Year 1** | **Sem. Hrs.** |
| OTD 5013, OT History, Language and Process | 3 |
| OTD 5053: Occupation, Health and Wellness | 3 |
| OTD 5061: Introduction to Documentation | 1 |
| OTD 5092, Scholarly Inquiry I | 2 |
| OTD 5183, Clinical Reasoning and Skills I  | 3 |
| OTD 7113, Gross Anatomy and Neuroscience | 3 |
| **Sub-total** | **15** |
| **Spring Year 1** | **Sem Hrs.** |
| OTD 5112: Orthopedics Practice | 2 |
| OTD 5123, OT Philosophy and Theory | 3 |
| OTD 5283: Clinical reasoning and skills II: | 3 |
| OTD 6164 : Older Adult Practice | 4 |
| OTD 6182, Scholarly Inquiry II | 2 |
| OTD 6192, Fieldwork I: Older Adults | 2 |
| **Sub-total** | **16** |
| **Summer Year 1** | **Sem Hrs.** |
| OTD 5174: Neurorehabilitation Practice | 4 |
| OTD 5252: Fieldwork I: Neurorehabilitation  | 2 |
| OTD 6083 Clinical Reasoning and Skills III  | 3 |
| OTD 7252, Health Care and Social Systems | 2 |
| **Sub-total** | **11** |
| **Fall Year 2** | **Sem Hrs.** |
| OTD 5152, Fieldwork I: Psychosocial  | 3 |
| OTD 6103, Psychosocial Practice | 2 |
| OTD 6222, Scholarly Inquiry III | 2 |
| OTD 6302, Intra and Interprofessional Practice | 2 |
| OTD 7271, Capstone Preparation I | 1 |
| OTD 7363 OT Instructional Design | 3 |
| **Sub-total** | **13** |
| **Spring Year 2** | **Sem Hrs.** |
| OTD 5074, Practice I: Pediatrics | 4 |
| OTD 5202, Fieldwork for Pediatrics | 2 |
| OTD 6183: Clinical Reasoning and Skills IV | 2 |
| OTD 7222, Scholarly Inquiry IV: Scholarship of Application | 1 |
| OTD 7223, Population Health Practice | 3 |
| OTD 7281, Capstone Preparation II | 3 |
| **Sub-total** | **15** |

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**From 2020–2021 Graduate Bulletin: Page 382**

 **(BEFORE)**

**Occupational Therapy (OTD)**

**~~OTD 5012.~~****~~History of Occupational Therapy and Occupational Science~~** ~~Development~~

 ~~of occupational therapy (OT) and occupational science (OS) at beginning of the 1900’s/21st~~

 ~~century respectively. Development of the profession and the science related to the sociology~~

 ~~of professions and disciplinary and professional status related to societal need. Prerequisite,~~

 ~~Admission to the OTD Program.~~

**OTD 5013. OT History, Language and Process** The purpose of this course is for
 students to learn how the profession developed, the language of the profession, and
 the process of occupational therapy service delivery.

**OTD 5023**. **Pathology and Disease** Provides an overview of clinical conditions commonly

 seen in the practice of occupational therapy across the lifespan. Students will learn disease

 epidemiology, signs, symptoms, pathophysiology, psychopathy, disease course and prognosis.

 Prerequisite, Admission to the OTD Program.

The bulletin can be accessed at <https://www.astate.edu/a/registrar/students/bulletins>
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**From 2020–2021 Graduate Bulletin: Page 382**

 **(After)**

**Occupational Therapy (OTD)**

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