1. *Degree/Major Title:*

**M. Ed. / School Counseling**

1. *Contact person:* Robert Kenny, Ph.D./Abbe Finn, Ph.D.

*College*: Education

*Department/School*: LCET

*Telephone*: 239-590-1147

1. *Briefly describe the proposed revision(s)*.

 The Program faculty propose to replace one course in the M.Ed. School Counseling Program with another. We wish to replace MHS 6605 Special Needs Counseling and Consultation with MHS 6420 Counseling- Special Populations. MHS 6420 Counseling Special Populations more consistantly meets the requirements of the Florida Department of Education diversity requirements in their revised 2010 Florida Educator Accomplished Practices. In addition, the statement regarding admission policies and procedures are changed in the catalog to achieve greater clarity because of changes to the GRE.

The faculty also want to clarify the language of the admission policy to more clearly and acurately describe the evaluation process for the personal statement and the interview.

1. *Effective date*: Fall 2013

*Changes are effective in the fall of the year. Exceptions are approved only in unusual circumstances with adequate justification.*

1. *Briefly explain the rationale for the proposed revision.*

*Link the proposed revision to assessment and institutional effectiveness activities (feedback from students, market demands, program evaluation, resource allocation, etc.).*

The Counseling faculty propose the removal of a course from the M. Ed. School Counseling Program. The faculty want to replace MHS 6605 Special Needs Counseling and Consultation with MHS 6420 Counseling Special Populations Counseling. MHS 6420 Counseling Special Populations more consistantly meets the requirements of the Florida Department of Education diversity requirements in their revised 2010 Florida Educator Accomplished Practices.

The faculty also want to clarify the language of the admission policy to more clearly and acurately describe the evaluation process for the personal statement and the interview.

The revision of the statement regarding 1000 for the GRE is based on the fact that the testing service has gone to a new scoring table and data on the value of requiring minimum scores are in the process of being established. This wording is consistent with new uiniversity policies.

1. *Describe additional library resources needed to support this revision? Explain rationale for response, even if answer is None*.

None. This does not change the use of the library by students.

1. *Describe additional faculty resources needed to support this revision? Explain rationale for response, even if answer is None.*

None. This change is consistant with the content already taught by the faculty.

The personal statement and interview are already required for admission. How they were used and evaluated, however, was less clear.

1. *Describe additional technology, facility, laboratory, or other resources needed to support this revision? Explain rationale for response, even if answer is None.*

None. No additional use of technology.

1. *What impact will the proposed revision have on other colleges, units, or programs?*

There should be none.

1. *New courses*:

[x]  No new courses are required.

[ ]  New courses are needed. List prefix/number/title below. Complete a Course Add Form for each from the Curriculum Management System - <https://midas.fgcu.edu/acadaff/scns/>.

1. *Change to existing courses*:

[x]  No existing courses are being changed.

[ ]  Existing courses are being changed. List prefix/number/title below. Complete a Course Change Form for each from the Curriculum Management System - <https://midas.fgcu.edu/acadaff/scns/>.

MHS 6420 already exists.

1. *Termination of existing courses*:

[x]  No existing courses are being deleted from the FGCU course inventory.

[ ]  Courses are being terminated. List prefix/number/title below. Complete a Course Terminate Form for each course from the Curriculum Management System - <https://midas.fgcu.edu/acadaff/scns/>.

1. *Catalog copy*:

Attach an edited, tracked copy in color of the catalog display for this Degree/Major showing all revisions using the online catalog copy from the current academic year - <http://www.fgcu.edu/catalog/>.

GRADUATE PROGRAMS ONLY:  Contact the Office of Graduate Studies regarding the review/approval process for proposed policy changes including changes to admission requirements.

**Reminder:**  The prefix/number for a new course is handled one way in the CMS and another way in the catalog copy.  In the CMS, a new course is identified by entering the suggested prefix/number.  In the catalog copy, the same new course is listed with the suggested prefix, the course level, and XXX (e.g, 2XXX or 4XXX).  When final approval for the course prefix/number is received from SCNS, the catalog copy will be updated.

1. *Additional remarks*:

**APPROVALS** *(required prior to submission)*

Department/Program Chair/Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does another department or unit provide related expertise or offer similar courses? [ ]  No [ ]  Yes (*If yes, have the other department complete the following. Attach a separate sheet if needed.)*

 Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Supports this proposal [ ]  Does not support this proposal [ ]  Defers Recommendation

Authorizing signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

FGCU Undergraduate Curriculum Team or Graduate Curriculum Team

 [ ]  Approves [ ]  Approves w/conditions [ ]  Does not approve

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Conditions: