REQUEST FOR A COURSE CHANGE
University of Central Oklahoma

Course Subject (Prefix), Number, and Title:

Existing: SLP 5352 Cleft Palate

Proposed: SLP 5352 Craniofacial Anomalies

Proposed change(s) to this course: Mark all that apply.

Credit Hour Level Title Description Prerequisite Enrollment Restriction

Other: Course Objectives

CIP Code If changing, what is the new code?

For more information regarding CIP codes contact your department chair or visit:
http://www.uco.edu/academic-affairs/ir/program_inventory.asp.

Course description:

As it appears in the current catalog. (required)
This course presents an in-depth examination of the anatomy, embryology, and etiology and classification related to clefts of the lip and palate. Topics include the evaluation of the effects of cleft palate on speech and the evaluation and treatment of cleft palate speech.

Existing:

As it will appear in the next catalog or indicate no change. (Please use standard American English including full sentences.) Course descriptions only. Do not include prerequisites or enrollment restrictions, these should be added under questions 9-15.
This course presents an in-depth examination of the anatomy, embryology, and etiology and classification related to cleft palate and craniofacial anomalies associated with genetic and congenital diseases. Topics include the evaluation of the effects of craniofacial anomalies and cleft palate on speech and the evaluation and treatment of speech influenced by craniofacial anomalies and cleft palate.

Proposed:

Craniofacial Anomalies & Cleft Palate

Donna Nigh Department of Advanced and Special Services
Department submitting the proposal

Linda R. Sealey
Person to contact with questions

Approved by:

Department Chairperson Date

College Dean Date

Effective term for this course change
(Assigned by the Office of Academic Affairs)

Office of Academic Affairs Date
1. Does this course have an undergraduate / graduate counterpart?
   - Yes  x No

2. Is this proposal part of a larger submission package including a program change?
   - Yes  x No

3. Does this course affect a teacher preparation program? (All courses required for any teacher preparation program must have approval from the Council on Teacher Education (CTE) before approval from AACC or Graduate Council.)
   - Yes  x No  If yes, send copy of proposal to the Education Curriculum Committee Chair, Dr. Darla Fent

4. Is this course currently listed in the University Core?
   - Yes  x No

5. Is this course a prerequisite for any other course(s)?
   - Yes  x No  If this change affects the prerequisite, complete course change proposal to delete or change prerequisite.

6. Is this course a requirement in any major or minor?
   - Yes  x No  If this change impacts the requirement of any major or minor, complete program change proposal.

7. Does this course affect majors or minors outside the department?
   - Yes  x No  If yes, provide name(s) of department chair(s) contacted, the dates, and the results of the discussion.

8. List all majors or minors which include this changed course as a requirement or elective.
   (list major or minor by title not major code)
   **Speech-Language Pathology**

9. Prerequisite courses:
   Will the prerequisite courses change?  - Yes  x No  If yes, fill out below, if no leave blank.

   **NOTE:** Adding a "new course" as a prerequisite to an existing course will likely cause enrollment problems.
   As listed at the end of the course description in the current catalog. (Required)

   **Existing:**
   **Proposed:**
   Example 1: MATH 1213 and (MATH 2165 or MATH 2185) and CHEM 1213
   Example 2: (ACC 2113 and 2213) and (MGMT 3013 or 3613)
   Example 3: 8 hours of biology including BIO 1404

10. Co-requisite(s): Prerequisite courses that may be taken in the same semester.
    Will the co-requisite(s) change?  - Yes  x No  If yes, fill out below, if no leave blank.

    **Existing:**
    **Proposed:**
    As listed at the end of the course description in the current catalog. (Required)

11. Concurrent enrollment: Courses that must be taken the same semester. Example: lab courses.
    Will the concurrent enrollment change?  - Yes  x No  If yes, fill out below, if no leave blank.

    **Existing:**
    **Proposed:**
    As listed at the end of the course description in the current catalog. (Required)

12. Does this course currently have enrollment restrictions?  - x Yes  __ No

    If adding or changing enrollment restrictions answer questions 13-15. If not changing or add enrollment restrictions leave questions 13-15 blank.

---

Academic Affairs Form
August, 2015

(undergraduate proposals only)
13. Specify which major(s) may or may not take this course.
Will the major(s) restriction change?  ____ Yes  ____ No  If yes, fill out below, if no leave blank.

Specifying a major, excludes all other majors from enrolling.
Existing (as appears in current catalog)
Check one:  May  ____ May not  ____
Major Code:  

Proposed (if changing)
Check one:  May  ____ May not  ____
Major Code:  

14. Which of the following student classification(s) may enroll in this course?
Will the classification restriction change?  ____ Yes  ____ No  If yes, fill out below, if no leave blank.

Existing (as appears in current catalog)  Proposed (if changing)
Graduate  (2) 19 + hours  Graduate  (2) 19 + hours
Graduate  (1) 0-18 hours  Graduate  (1) 0-18 hours
Post Baccalaureate  ____________  Post Baccalaureate  ____________
Senior  ____________  Senior  ____________
Junior  ____________  Junior  ____________
Sophomore  ____________  Sophomore  ____________
Freshman  ____________  Freshman  ____________

15. Specify other restrictions for this course, if any.
Will other restrictions change?  ____ Yes  ____ No  If yes, fill out below, if no leave blank.

Existing (as appears in current catalog)  Proposed (if changing)
Admission to Graduate Programs  ____________  Admission to Graduate Programs  ____________
Admission to Nursing Program  ____________  Admission to Nursing Program  ____________
Admission to Teacher Education  ____________  Admission to Teacher Education  ____________
Other:  ____________  Other:  ____________

16. Course objectives for this course: (Please refer to instructional objectives documents at:
http://www.uco.edu/academic-affairs/faculty-staff/aacc.asp#FAQ/Helpful%20Hints.)
If previously approved objectives will be used without any changes, check here  
As they appear in the course syllabus.
Existing:  
4. Students will demonstrate knowledge of the classifications, incidence, and etiologies of various clefts of the lip and palate. ASHA: IV.C.1,3.; OCTP-SLP: 1.1, 1.2., 2., 3., 4. UCO Conceptual Framework: Responsive.
5. Students will demonstrate knowledge of the structural and anatomical effects of clefts of the lip and palate. ASHA: IV.C.1,3.; OCTP-SLP: 1.1, 1.2., 2., 3., 4. UCO Conceptual Framework: Responsive.
Framework: Reflective, Responsive.


As they will appear in the updated syllabus.

Proposed:


5. Students will demonstrate knowledge of the structural and anatomical effects of craniofacial anomalies and clefts of the lip and palate. ASHA: IV.C.1.,3; OCTP-SLP: 1.1, 1.2.,2., 3., 4. UCO Conceptual Framework: Reflective, Responsive.


9. Students will demonstrate knowledge of principles and procedures applicable to the evaluation of communication disorders associated with craniofacial anomalies and cleft palate/velopharyngeal insufficiency. ASHA: IV.D.; OCTP-SLP: 1.1, 1.2., 2., 3., 4. UCO
17. Please provide a concise, yet comprehensive, statement that explains the specific reasons for requesting the change(s). Include any documentation or assessment information available supporting this specific request.

The change in course title, description, and Course Objectives reflects the incorporation of content beyond Cleft Palate, genetic and congenital disorders associated with craniofacial anomalies. The expansion of the content area more closely reflects the requirements of content knowledge required in certification standards and clinical practice. The additional content area previously had been included in an undergraduate course (Special Populations in SLP) which is changing its focus to more fully prepare students to work with patients with Autism and Autism spectrum disorders as well as other special populations, yet will now exclude disorders associated with craniofacial anomaly.

18. Clearly explain how the characteristics of this course meet or exceed those outlined in Course Level Characteristics. Complete this question only if requesting a course level change. (Copy and paste table from "Course Level Characteristics" document for the appropriate course level of proposed course. Document may be found on: http://www.ucr.edu/academic-affairs/files/aacc/forms/CLC_table2015.pdf.)