

CALIFORNIA STATE UNIVERSITY, EAST BAY

DESIGNATION CODE: **2008-09 CAPR 17**

DATE SUBMITTED: April 10, 2009

TO: The Academic Senate

FROM: The Committee on Academic Planning and Review (CAPR)

SUBJECT: Minor in Recreation Therapy

PURPOSE: For Action by the Academic Senate

ACTION

REQUESTED: Approval of the Minor in Recreation Therapy ~~in the Bachelors of Science in Recreation;~~
effective for the 2010-11 catalog

BACKGROUND

INFORMATION: At the April 9, 2009 meeting of CAPR, the members approved the request for a Minor in Recreation Therapy.

The rationale and course descriptions are explained in the formal request.

CALIFORNIA STATE UNIVERSITY, EAST BAY

Effective Date Quarter: Fall Year: 2010

REQUEST FOR APPROVAL OF MINOR IN RECREATION THERAPY

1. Name of the **campus** submitting the request and the full exact title of the proposed aggregate of courses, whether it is an option or minor.
California State University, East Bay Minor In Recreation Therapy
2. Full and exact **title** of the degree and major program under which the option will be offered.
Bachelors of Science in Recreation
3. **Options already existing** under the major program for which the new aggregate of courses is proposed. (Not applicable to minors.)
4. **Department(s)** to offer the aggregate of courses: Department of Leadership in Hospitality and Leisure Services
5. **Purpose** of the proposed aggregate of courses.
This minor will provide students who are completing another major the courses necessary for national and state certification to qualify for the alternative certification pathway if they meet the other requirements.
6. **Need** for the proposed aggregate of courses:
Most people going for certification as a Recreation Therapist (CTRS) need a BS in Recreation with option in Recreation Therapy. It is possible, however, to get qualified for certification if you have experience in the field and have a major other than Recreation. This minor will provide those students with the required courses necessary to qualify for the exam. The minor includes all courses required by the certification bodies at this moment in time. Students will need to check with their recreation therapy advisor and the National Council for Therapeutic Recreation Certification for specific requirements at the time of application.
7. List of all **requirements** including the **courses**, by catalog prefix number, title, and units of credit, as well as **total units** to be required under the proposed **option** or **minor**.

Total Units Required: 29

BIOL 2010 Human Physiology and Anatomy I (or 2011) (5)
HDEV 3800 Human Development and Interaction **or** PSYC 4420 Developmental Psychology (4)
PSYC 4410 Abnormal Psychology (4)
REC 3800 Introduction to Recreation Therapy (4)
REC 4600 Recreation Therapy Documentation and Assessment (4)
REC 4601 Recreation Therapy Treatment and Program Planning (4)
REC 4605 Recreation Therapy: Diagnostic Groups (4)

8. List of all **requirements** including **courses**, by catalog prefix, number, title, and units of credit, as well as **total units** to be required **for the major** in which the proposed option is to be included. (Not applicable to minors.)

9. **New courses** to be developed and existing **courses** to be **modified** with the nature of the modification indicated.
All courses are already in place.

10. **Additional instructional resources**--faculty, space, equipment, library volumes, computers, etc.--needed to implement and sustain the proposed aggregate of courses. List all resources needed for the first five years beyond those currently projected, including specific resources, cost, and source of funding.
We are using all courses already in the major and minors that are incorporated into regular course sections.

11. **Consultation.**
All departments in the college of Education and Allied Studies have been consulted and there were no objections. The departments of Biological Sciences, Human Development, and Psychology were also consulted and there were no objections.

12. **Approval of college dean and college faculty review body.**

Interim Associate Dean _____ Original signed by Dr. Storms _____ **Date:** 12-09-08
Interim Associate Dean, Barbara Storms, Ed.D.

Faculty Review Body: _____ Original signed by Dr. Servatius _____ **Date:** 12-09-08
Interim Dean, Jodi Servatius, Ed.D.