

Request for Calendar Change Form

Tracking No:
(Senate Secretary's Office
use only)

Date:

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Dr. John O'Meara	Education
	Department the change relates to	
	Undergraduate Studies in Education	
	Contact Person	
	Dr. Teresa Socha	

Is the proposed calendar change Undergraduate

Instructions:

1. In all cases please complete and attach section 1 and 2
2. If the calendar change affect other departments/schools/faculties complete and attach section 3
3. If the answer to any of the questions below is yes, explain. Attach separate sheets with reference to the question

- | | | |
|--|---------------------------------|---|
| 1. Do the proposed changes affect other departments/ schools/faculties in terms of their calendar change? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 2. Is a transition plan needed for student in progress? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 3. Are the proposed changes likely to affect student enrollment in your department/school/faculty? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 4. Are the proposed changes likely to affect student enrollment in other departments/schools/faculties at Lakehead University? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 5. Will the proposed changes require additional teaching space and/or teaching staff and/or equipment and/or other resources? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 6 Will the proposed changes affect existing teaching loads within your department/school/faculty? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 7. Will the proposed changes increase demand for teaching support services such as the library, computing services and technical staff ? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 8. Will the proposed change require direct or in-kind support from outside the academic unit? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 9. Do the proposed changes include change in course(s) which is/are required core course(s) for a major? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 10. Do the proposed changes include a change in course which is | Yes | No |

- service/required course(s) in another program? Yes No
11. Do the proposed changes include change in course(s) which is/are open elective available to any student in any program? Yes No
12. Do the proposed changes include change in course(s) which is/are elective in a major i.e. restricted to students in a major? Yes No

Signatures:

Date approved by faculty council

18/11/2011

Section 1

Description of the Proposed Calendar Change:

To change the course description for EDUC 4018 (Curriculum and Instruction in Health and Physical Education (Primary-Junior)

Rationale of the Proposed Calendar Change(s):

(Corresponding to Section 2 where required)

1

The proposed course description addresses new terminology in the field "physical literacy" and adds a social justice focus to the course.

Section 2

Existing Calendar Entries:
(Page reference based on hard copy or
URL based on electronic version of
calendar)

Proposed Calendar Entries/Addition/ Deletion
-If only addition, specify page number and
placement in university calendar
-If only deletion, write Deleted

<http://mycoursecalendar.lakeheadu.ca/pg149.html#14267>

Provides a critical examination of the Ontario Ministry of Education Documents and the methods and techniques used in teaching primary and junior health and physical education.

Through experiential and interdisciplinary learning, this course provides a critical study of health and physical education programming at the Primary-Junior level. Using a holistic approach to Health and Physical Education and a focus on physical literacy and social justice, students will examine the Ontario Ministry of Education Documents and the methods and techniques used in teaching primary and junior health and physical education.

Section 3

The Faculty(ies) affected by the proposed calendar change

Education

I have been consulted regarding the attached calendar change and understand the academic and budgetary implication on my Dept./School/Faculty.

I agree to this calendar change proposal

Yes

No

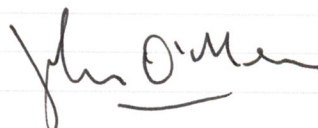
Name:

Dr. John O'Meara

Faculty:

Education

Date:



Signature of Dean