Please complete this form and attach a copy of the syllabus for new courses. Forward it as an email attachment to the Secretary of the Graduate Council. A printed copy of the form with signatures should be brought to the Graduate Council Meeting. Complete the Coordinator Form on page 2, if changes in this course will affect other units.

Please indicate: _____ NEW  ___X__ MODIFY  _____ DELETE

Local Unit: College of Education and Human Development

Course Abbreviation: EDCI  Course Number: 520

Full Course Title: Assessment in Bilingual/English as a Second Language Settings

Abbreviated Course Title (24 characters max.):

Credit hours: 3  Program of Record: CRIN/CISL/CIMM

Repeatable for Credit?  ___ D=Yes, not within same term  Up to hours
  ___ T=Yes, within the same term  Up to hours
  ___ X N=Cannot be repeated for credit

Grade Type:  ___GR: graduate grading, normal (A, A-, B+, B, C, F, IN, AB)

Activity Code (please indicate):  ___X_ Lecture (LEC)  ___ Lab (LAB)  ___ Recitation (RCT)
  ___ Studio (STU)  ___ Internship (INT)  ___ Independent Study (IND)

Catalog Credit Format 3 : 3 : 0  Course Level: GF(500-600)  ___X__ GA(700+)

Maximum Enrollment: 25  For NEW courses, first term to be offered:
Prerequisites or co-requisites: EDCI 516, EDCI 519

Catalog Description (35 words or less): Please use catalog format and attach a copy of the syllabus for new courses. Examines innovative approaches to assessing language minority students and English language learners. Topics include identification, placement, monitoring of student progress, development of authentic performance-based measures, design of portfolios.

For MODIFIED or DELETED courses as appropriate:
Last term offered: 04F  Previous Course Abbreviation: NA  Previous number: NA

Description of modification: Change grade type to Special GT grading including “IP”

APPROVAL SIGNATURES:
Submitted by:  ____ Lynn Walker Levy  ___ email: lwalker3

Department/Program:  ____ Lynn Walker Levy  Date: 2/8/05

College Committee:  ____ Joan Isenberg  Date: 2/23/05

Graduate Council Representative: __________________________ Date: __________________
Approval from other units:

Please list those units outside of your own who may be affected by this new, modified, or deleted course. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

<table>
<thead>
<tr>
<th>Unit:</th>
<th>Head of Unit’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Language and Culture</td>
<td>Lorraine Valdez Pierce/ESL Coordinator</td>
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<tr>
<td>Unit:</td>
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</tbody>
</table>

Graduate Council approval: ___________________________________________________________________________ Date: __________

Graduate Council representative: ___________________________________________________________________ Date: __________

Provost Office representative: ____________________________________________________________ Date: __________