

Term Information

Effective Term Spring 2023
Previous Value Spring 2021

Course Change Information

What change is being proposed? (If more than one, what changes are being proposed?)

We are requesting that the course be approved as a GE course under the Health and Wellbeing Theme area.

What is the rationale for the proposed change(s)?

The course is an appropriate fit for the ELOs of the H&WB Theme. It currently draws students from Speech and Hearing Science, as well as several other major programs across campus. Therefore, it is a good fit for obtaining status as a GE course.

What are the programmatic implications of the proposed change(s)?

(e.g. program requirements to be added or removed, changes to be made in available resources, effect on other programs that use the course)?

Speech and Hearing Science BA students can currently use the course to help fulfill a requirement for two upper division elective courses in SHS. Students will be able to overlap the major requirement with the GE Theme requirement if they choose to do so.

Is approval of the request contingent upon the approval of other course or curricular program request? No

Is this a request to withdraw the course? No

General Information

Course Bulletin Listing/Subject Area	Speech and Hearing Science
Fiscal Unit/Academic Org	Speech & Hearing - D0799
College/Academic Group	Arts and Sciences
Level/Career	Undergraduate
Course Number/Catalog	4530
Course Title	Introduction to Autism
Transcript Abbreviation	Intro to ASD
Course Description	This course provides an overview of the identification and diagnosis of autism, scientific perspectives on etiology, and the neurobiological underpinnings of autism, as well as treatment components of autism.
Semester Credit Hours/Units	Fixed: 3

Offering Information

Length Of Course	14 Week
Flexibly Scheduled Course	Never
Does any section of this course have a distance education component?	Yes
Is any section of the course offered	100% at a distance
Grading Basis	Letter Grade
Repeatable	No
Course Components	Lecture
Grade Roster Component	Lecture
Credit Available by Exam	No
Admission Condition Course	No
Off Campus	Never
Campus of Offering	Columbus, Lima, Mansfield, Marion, Newark, Wooster

Previous Value

Columbus

Prerequisites and Exclusions

Prerequisites/Corequisites

Exclusions

Electronically Enforced

No

Cross-Listings

Cross-Listings

Subject/CIP Code

Subject/CIP Code

51.0202

Subsidy Level

Baccalaureate Course

Intended Rank

Junior, Senior

Requirement/Elective Designation

Health and Well-being

The course is an elective (for this or other units) or is a service course for other units

Previous Value

The course is an elective (for this or other units) or is a service course for other units

Course Details

Course goals or learning objectives/outcomes

- 1. Students will develop an understanding of the characteristics of autism and how autism is identified.
- 2. Students will develop an understanding of genetic and neurobiological underpinnings of autism.
- 3. Students will develop an understanding

Content Topic List

- Introduction to autism
 - Diagnosis of autism
 - Characteristics of autism
 - Etiology of autism
 - Neurobiology of autism
 - Theories of autism
 - Intervention
 - Autism in the media

Sought Concurrence

No

COURSE CHANGE REQUEST
4530 - Status: PENDING

Last Updated: Vankeerbergen, Bernadette
Chantal
11/26/2022

Attachments

- 4530_online_syllabus_Spring 2023_HealthandWellness_GE.docx: Course Syllabus - DL
(Syllabus. Owner: Bielefeld, Eric Charles)
- GE_submission-health-well-being_4530.pdf: GE ELOs/activities template
(Other Supporting Documentation. Owner: Bielefeld, Eric Charles)
- Revised_4530_online_syllabus_Spring 2023_HealthandWellness_GE.docx: Revised course syllabus
(Syllabus. Owner: Bielefeld, Eric Charles)
- Bean_4530 GE response letter.docx: Revision response cover letter
(Cover Letter. Owner: Bielefeld, Eric Charles)

Comments

- Please see Panel feedback email sent 09/28/2022. *(by Hilty, Michael on 09/28/2022 08:36 AM)*
- Course is already approved for DL delivery. The only requested change is for the addition of GE approval. Thanks!
(by Bielefeld, Eric Charles on 05/05/2022 03:06 PM)

Workflow Information

Status	User(s)	Date/Time	Step
Submitted	Bielefeld, Eric Charles	05/05/2022 03:06 PM	Submitted for Approval
Approved	Fox, Robert Allen	06/13/2022 03:14 PM	Unit Approval
Approved	Vankeerbergen, Bernadette Chantal	09/06/2022 12:31 PM	College Approval
Revision Requested	Hilty, Michael	09/28/2022 08:36 AM	ASCCAO Approval
Submitted	Bielefeld, Eric Charles	10/06/2022 08:58 AM	Submitted for Approval
Approved	Fox, Robert Allen	10/28/2022 02:24 PM	Unit Approval
Approved	Vankeerbergen, Bernadette Chantal	11/26/2022 08:55 PM	College Approval
Pending Approval	Cody, Emily Kathryn Jenkins, Mary Ellen Bigler Hanlin, Deborah Kay Hilty, Michael Vankeerbergen, Bernadette Chantal Steele, Rachel Lea	11/26/2022 08:55 PM	ASCCAO Approval



Dear GE Reviewing faculty,

Thank you for taking the time to review and provide feedback on my course *Introduction to Autism*, which I submitted for consideration as a GE course under the Health and Wellbeing theme. The reviewing faculty noted that they would:

- 1) Like to see a stronger connection to the GEN Theme of Health and Wellbeing. The course description and objectives do not include any language surrounding the idea of health and wellbeing and it is unclear how course assignments will be used to meet the Goals and ELOs of the category. The reviewing faculty, therefore, ask that the language of Health and Wellbeing be more thoroughly woven throughout the course and that language from the GE submission form be incorporated within the course syllabus (such as from the answers to ELO 3.1 and 3.2).

I have rewritten the course description and learning outcomes so they include language surrounding the idea of health and wellbeing. In addition, I have more thoroughly woven the language of Health and wellbeing throughout the syllabus.

- 2) Additionally, the reviewing faculty ask that it further be explained how, specifically, the reflection assignments (as found on page 6 of the syllabus) will engage with the topic of health and wellbeing.

Sincerely,

Allison Bean, Ph.D., CCC-SLP
Associate Professor
Department of Speech and Hearing Science
The Ohio State University
bean.61@osu.edu



SYLLABUS

SPHHRNG 4530

Introduction to Autism
Spring 2023 – Online

COURSE OVERVIEW

Instructor

Instructor: Allison Bean, Ph.D., CCC-SLP

Email address: bean.61@osu.edu

Phone number: 614-292-5664

Office hours: using CarmenZoom Tuesday 9-10am & Thursday 4-5pm

Course description

This course provides students with an overview of autism through the lens of health and wellbeing. In addition to learning about the characteristics of autism, students will take a critical look at how the social and medical disability models differ in their approach to health in wellbeing in neurodiverse individuals (including individuals with autism).

Course learning outcomes

By the end of this course, students should successfully be able to:

- Define health and wellbeing
- Describe how the social model and medical model of disability differ in how they consider health and wellbeing
- Understand the characteristics of autism including how social-communication development in autistic individuals differs from social-communication development in neurotypical people
- Identify the genetic and neurobiological underpinnings of autism
- Describe current interventions and services used to treat autistic people
- Critically evaluate the impact that behavioral interventions have on the emotion and mental health and wellbeing of autistic people

GE Health and wellbeing theme outcomes

Goal 1: Successful students will analyze an important topic or idea at a more advanced and in-depth level than the foundations.

- 1.1 Engage in critical and logical thinking about the topic or idea of health and wellbeing.
- 1.2 Engage in an advanced, in-depth, scholarly exploration of the topic or idea of health and wellbeing

Activities to achieve goal: students will complete reflection papers and research paper. For reflection paper 1, students will describe two ways in which health and wellbeing may be measured and will reflect on whether there should be a difference in how health and wellbeing is measured based on your neurotype (i.e., neurotypical or neurodivergent). For reflection paper 2, students will reflect on the differences in how the medical model and social model approach the concept of health and wellbeing and the drawbacks and benefits of each model. In addition, students will consider what model is most often used in their life and how that has impacted their own health and wellbeing. For reflection paper 3, students will reflect on the impact of social camouflaging on the health and wellbeing of autistic people and reflect on their own experiences with social camouflaging and the impact that it has had on their own health and wellbeing. Students will also complete a research paper that details the history of behavioral interventions (including how health and wellbeing are considered within this particular intervention), the goal of behavioral interventions (including how this intervention addresses the health and wellbeing of autistic people), the impact of behavioral interventions on autistic people's health and wellbeing, and how we may need to reconceptualize the tenants of evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing.

Goal 2: Successful students will integrate approaches to the theme by making connections to out-of classroom experiences with academic knowledge or across disciplines and/or to work they have done in previous classes and that they anticipate doing in future.

- 2.1 Identify, describe, and synthesize approaches or experiences as they apply to health and wellbeing.
- 2.2 Demonstrate a developing sense of self as a learner through reflection, self-assessment, and creative work, building on prior experiences to respond to new and challenging contexts

Activities to achieve goal: students will complete reflection papers and a research paper. Within reflection paper 2, students will reflect on what model (medical model or social model) is most often used in their life and how that has impacted their own health and wellbeing. Within reflection paper 3, students will reflect on their own experiences with social camouflaging and the impact that it has had on their own health and wellbeing. For reflection paper 4, students

will discuss how their concept of health and wellbeing has changed over the course of the semester and describe how these changes will impact how they approach their future careers.

Students will demonstrate a developing sense of self as learner by considering what health and wellbeing means and, based on their emerging and evolving conceptual understanding of health and wellbeing how health and wellbeing should be incorporated into the development of interventions that are used with autistic people.

Goal 3: Students will explore and analyze health and wellbeing through attention to at least two dimensions of wellbeing. (Ex: physical, mental, emotional, career, environmental, spiritual, intellectual, creative, financial, etc.).

3.1 Explore and analyze health and wellbeing from theoretical, socio-economic, scientific, historical, cultural, technological, policy, and/or personal perspectives.

3.2 Identify, reflect on, or apply strategies for promoting health and wellbeing

Activities to achieve goal: students will complete reflection papers and a research paper.

Within reflection paper 1, students will describe how emotional and mental health and wellbeing is measured and reflect on whether there should be a difference in how health and wellbeing is measured based on your neurotype (i.e., neurotypical or neurodivergent). Within reflection paper 2, students will reflect on the differences in how the medical model and social model approach the concept of emotional and mental health and wellbeing and the drawbacks and benefits of each model.

HOW THIS COURSE WORKS

Mode of delivery: This course is 100% online. There are no required sessions when you must be logged in to Carmen at a scheduled time.

Pace of online activities: This course is divided into **weekly modules** that are released one week ahead of time. Students are expected to keep pace with weekly deadlines but may schedule their efforts freely within that time frame.

Credit hours and work expectations: This is a **3-credit-hour course**. According to [Ohio State policy](#), students should expect around 3 hours per week of time spent on direct instruction (instructor content and Carmen activities, for example) in addition to 6 hours of homework (reading and assignment preparation, for example) to receive a grade of (C) average.

Attendance and participation requirements: Because this is an online course, your attendance is based on your online activity and participation. The following is a summary of everyone's expected participation:

- **Participating in online activities for attendance: AT LEAST ONCE PER WEEK**
You are expected to log in to the course in Carmen every week. (During most weeks you will probably log in many times.) If you have a situation that might cause you to miss an entire week of class, discuss it with me *as soon as possible*.
- **Office hours and live sessions: OPTIONAL**
All live, scheduled events for the course, including my office hours, are optional

COURSE MATERIALS AND TECHNOLOGIES

Textbooks

REQUIRED BOOKS

Sicile-Kira, C. (2014). *Autism Spectrum Disorder: The complete guide to understanding autism*. New York, NY: Penguin Group.

This link will bring you directly to the required book on the OSU Bookstore website.

<https://tinyurl.com/W21-SPHHRNG-4530-28827>

REQUIRED READINGS (LOCATED ON CARMEN)

Case-Smith, J., Weaver, L. L., & Fristad, M. A. (2015). A systematic review of sensory processing interventions for children with autism spectrum disorders. *Autism, 19*(2), 133-148.

Courchesne, E. (2004). Brain development in autism: Early overgrowth followed by premature arrest of growth. *Mental Retardation and Developmental Disabilities Research Reviews, 10*(2), 106-111.

Cynthia, C., Duck, M., McQuillan, R., Brazill, L., Malik, S., Hartman, L., . . . Jachyra*, P. (2019). Exploring the role of physiotherapists in the care of children with autism spectrum disorder. *Physical & Occupational Therapy in Pediatrics, 39*(6), 614-628.

Fakhoury, M. (2015). Autistic spectrum disorders: A review of clinical features, theories and diagnosis. *International Journal of Neuroscience, 43*, 70-77.

Gernsbacher, M. A., Morson, E. M., & Grace, E. J. (2016). Language development in autism. *Neurobiology of language* (pp. 879-886) Elsevier.

- Haegele, J.A. & Hodge, S. (2016) Disability Discourse: Overview and Critiques of the Medical and Social Models. *Quest*, 68(2), 193-206.
- Levy, A., & Perry, A. (2011). Outcomes in adolescents and adults with autism: A review of the literature. *Research in Autism Spectrum Disorders*, 5(4), 1271-1282.
- Petrina, N., Carter, M., & Stephenson, J. (2014). The nature of friendship in children with autism spectrum disorders: A systematic review. *Research in Autism Spectrum Disorders*, 8(2), 111-126.
- Sandoval-Norton, A.H., Shkedy, G., & Shkedy, D. (2021). Long-term ABA therapy is abusive: A response to Gorycki, Ruppel and Zane. *Advances in Neurodevelopmental Disorders*, 5, 126-134.
- Stewart Brown, S. (2013). Public Mental Health: Global Perspectives. In Knifton, L & Quinn, N. (Eds) *Public Mental Health: Global Perspectives* (pp.33-43). McGraw-Hill Education
- Wu, C., & Chiang, C. (2014). The developmental sequence of social-communicative skills in young children with autism: A longitudinal study. *Autism*, 18(4), 385-392.
- Yates, K., & Le Couteur, A. (2016). Diagnosing autism/autism spectrum disorders. *Paediatrics and Child Health*, 26(12), 513-518.
- Yin, J., & Schaaf, C. P. (2017). Autism genetics—an overview. *Prenatal Diagnosis*, 37(1), 14-30.

Course technology

For help with your password, university email, Carmen, or any other technology issues, questions, or requests, contact the OSU IT Service Desk. Standard support hours are available at <https://ocio.osu.edu/help/hours>, and support for urgent issues is available 24/7.

- **Self-Service and Chat support:** <http://ocio.osu.edu/selfservice>
- **Phone:** 614-688-HELP (4357)
- **Email:** 8help@osu.edu
- **TDD:** 614-688-8743

BASELINE TECHNICAL SKILLS FOR ONLINE COURSES

- Basic computer and web-browsing skills
- Navigating Carmen: for questions about specific functionality, see the [Canvas Student Guide](#).

REQUIRED TECHNOLOGY SKILLS SPECIFIC TO THIS COURSE

- CarmenZoom text, audio, and video chat
- Recording a slide presentation with audio narration
- Recording, editing, and uploading video

REQUIRED EQUIPMENT

- Computer: current Mac (OS X) or PC (Windows 7+) with high-speed internet connection
- Webcam: built-in or external webcam, fully installed and tested
- Microphone: built-in laptop or tablet mic or external microphone
- Other: a mobile device (smartphone or tablet) or landline to use for BuckeyePass authentication

REQUIRED SOFTWARE

- [Microsoft Office 365](#): All Ohio State students are now eligible for free Microsoft Office 365 ProPlus through Microsoft's Student Advantage program. Full instructions for downloading and installation can be found [at go.osu.edu/office365help](https://go.osu.edu/office365help).

CARMEN ACCESS

You will need to use [BuckeyePass](#) multi-factor authentication to access your courses in Carmen. To ensure that you are able to connect to Carmen at all times, it is recommended that you take the following steps:

- Register multiple devices in case something happens to your primary device. Visit the [BuckeyePass - Adding a Device](#) help article for step-by-step instructions.
- Request passcodes to keep as a backup authentication option. When you see the Duo login screen on your computer, click "Enter a Passcode" and then click the "Text me new codes" button that appears. This will text you ten passcodes good for 365 days that can each be used once.
- Download the [Duo Mobile application](#) to all of your registered devices for the ability to generate one-time codes in the event that you lose cell, data, or Wi-Fi service.

If none of these options will meet the needs of your situation, you can contact the IT Service Desk at 614-688-4357 (HELP) and the IT support staff will work out a solution with you.

GRADING AND FACULTY RESPONSE

How your grade is calculated

ASSIGNMENT CATEGORY	POINTS
Quizzes (5 in total – 10 points each)	50
Post-assessments (4 in total -10 points per week)	40
Case study	10
Reflection papers (4 in total - 15 points each)	60
Research paper	40
Total	200

See course schedule below for due dates.

Assignment Descriptions

Quizzes and post-assessments – the quizzes and post-assessments are designed to assess your learning. The quizzes, which are open book, may be taken up to two times. All of the quizzes must be completed by Friday at 11:59 pm. **Late quizzes will not be accepted.**

Case Study – the case study is designed to assess your ability to apply the knowledge that you have learned to a video of a real individual with autism. The case study is worth 10 points and must be uploaded to Carmen by Friday at 11:59 pm.

Reflection Papers – the reflection papers are designed to provide you with an opportunity to reflect on the information from the week. Each paper will have a specific prompt and should be no longer than one page. All of the quizzes must be completed by Friday at 11:59 pm. **Late reflection papers will not be accepted.**

Research paper – the research paper is designed to provide you with an opportunity to consider how health and wellbeing are addressed within behavioral interventions, the impact of behavioral interventions on autistic people's health and wellbeing, and how we may need to reconceptualize the tenants of evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing.

Late assignments

Late submissions can receive up to 50% up to one week after the submission deadline. After one week, you will receive a grade of "0".

Grading scale

93–100% (186-200 points): A

90–92.9% (180 - 185 points) : A-

87–89.9%(174 - 179 points): B+

83–86.9% (166 - 173 points): B

80–82.9% (160 - 165 points): B-

77–79.9% (154 - 159 points): C+

73–76.9% (146 - 153 points) : C

70 –72.9% (140 - 145 points): C-

67 –69.9% (134 - 139 points): D+

60 –66.9% (120 - 133 points) : D

Below 60% (0-119 points): E

Faculty feedback and response time

I am providing the following list to give you an idea of my intended availability throughout the course. (Remember that you can call **614-688-HELP** at any time if you have a technical problem.)

- **Grading and feedback:** For large weekly assignments, you can generally expect feedback within **7 days**.
- **Email:** I will reply to emails within **48 hours on days when class is in session at the university**.

OTHER COURSE POLICIES

Academic integrity policy

POLICIES FOR THIS ONLINE COURSE

- **Quizzes and exams:** You must complete the quizzes exams yourself, without any external help or communication.

- **Written assignments:** Your written assignments should be your own original work. You are encouraged to ask a trusted person to proofread your assignments before you turn them in—but no one else should revise or rewrite your work.
- **Reusing past work:** In general, you are prohibited in university courses from turning in work from a past class to your current class, even if you modify it. If you want to build on past research or revisit a topic you've explored in previous courses, please discuss the situation with me.
- **Collaboration and informal peer-review:** The course includes many opportunities for formal collaboration with your classmates. While study groups and peer-review of major written projects is encouraged, remember that comparing answers on a quiz or assignment is not permitted. If you're unsure about a particular situation, please feel free just to ask ahead of time.

OHIO STATE'S ACADEMIC INTEGRITY POLICY

Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational and scholarly activities. Thus, The Ohio State University and the Committee on Academic Misconduct (COAM) expect that all students have read and understand the University's [*Code of Student Conduct*](#), and that all students will complete all academic and scholarly assignments with fairness and honesty. Students must recognize that failure to follow the rules and guidelines established in the University's *Code of Student Conduct* and this syllabus may constitute "Academic Misconduct."

The Ohio State University's *Code of Student Conduct* (Section 3335-23-04) defines academic misconduct as: "Any activity that tends to compromise the academic integrity of the University, or subvert the educational process." Examples of academic misconduct include (but are not limited to) plagiarism, collusion (unauthorized collaboration), copying the work of another student, and possession of unauthorized materials during an examination. Ignorance of the University's *Code of Student Conduct* is never considered an excuse for academic misconduct, so I recommend that you review the *Code of Student Conduct* and, specifically, the sections dealing with academic misconduct.

If I suspect that a student has committed academic misconduct in this course, I am obligated by University Rules to report my suspicions to the Committee on Academic Misconduct. If COAM determines that you have violated the University's *Code of Student Conduct* (i.e., committed academic misconduct), the sanctions for the misconduct could include a failing grade in this course and suspension or dismissal from the University.

If you have any questions about the above policy or what constitutes academic misconduct in this course, please contact me.

Other sources of information on academic misconduct (integrity) to which you can refer include:

- The Committee on Academic Misconduct web pages ([COAM Home](#))
- *Ten Suggestions for Preserving Academic Integrity* ([Ten Suggestions](#))
- *Eight Cardinal Rules of Academic Integrity* (www.northwestern.edu/uacc/8cards.htm)

Copyright disclaimer

The materials used in connection with this course may be subject to copyright protection and are only for the use of students officially enrolled in the course for the educational purposes associated with the course. Copyright law must be considered before copying, retaining, or disseminating materials outside of the course.

Statement on Title IX

Title IX makes it clear that violence and harassment based on sex and gender are Civil Rights offenses subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories (e.g., race). If you or someone you know has been sexually harassed or assaulted, you may find the appropriate resources at <http://titleix.osu.edu> or by contacting the Ohio State Title IX Coordinator, Kellie Brennan, at titleix@osu.edu

Your mental health

A recent American College Health Survey found stress, sleep problems, anxiety, depression, interpersonal concerns, death of a significant other, and alcohol use among the top ten health impediments to academic performance. Students experiencing personal problems or situational crises during the quarter are encouraged to contact Ohio State University Counseling and Consultation Service (614-292-5766; www.ccs.osu.edu) for assistance, support and advocacy. This service is free and confidential.

ACCESSIBILITY ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

Accommodations

Students with disabilities (including mental health, chronic or temporary medical conditions) that have been certified by the Office of Student

Life Disability Services will be appropriately accommodated and should inform the instructor as soon as possible of their needs. The Office of Student Life Disability Services is located in 098 Baker Hall, 113 W. 12th Avenue; telephone 614- 292-3307, slds@osu.edu; slds.osu.edu.

Requesting accommodations

If you would like to request academic accommodations based on the impact of a disability qualified under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, contact your instructor privately as soon as possible to discuss your specific needs. Discussions are confidential.

In addition to contacting the instructor, please contact the Student Life Disability Services at [614-292-3307](tel:614-292-3307) or ods@osu.edu to register for services and/or to coordinate any accommodations you might need in your courses at The Ohio State University.

Go to <http://ods.osu.edu> for more information.

Accessibility of course technology

This online course requires use of Carmen (Ohio State's learning management system) and other online communication and multimedia tools. If you need additional services to use these technologies, please request accommodations with your instructor.

- [Carmen \(Canvas\) accessibility](#)
- Streaming audio and video
- Synchronous course tools

Academic and Student Services offered on the OSU Main Campus

An overview of and contact information for student academic services offered on the OSU main campus can be found here <http://advising.osu.edu/welcome.shtml>

An overview of and contact information for student services offered on the OSU main campus can be found here <http://ssc.osu.edu>

COURSE SCHEDULE

Week	Dates	Topics, Readings, Assignments, Deadlines
1	1/9	<p>What is autism (Ch. 1) The myths and history of autism (Ch. 2)</p> <p>Quiz must be completed by Friday 1/14 by 11:59 pm</p>
2	1/16	<p>Health and Wellbeing</p> <p>Reading(s): Stewart Brown (2013) World Health Organization(WHO) Definition Of Health - Public Health</p> <p>Assignment: Students will engage in critical and logical thinking about health and wellbeing by describing two ways in which health and wellbeing may be measured and reflecting on whether there should be a difference in how health and wellbeing is measured based on your neurotype (i.e., neurotypical or neurodivergent).</p> <p>Reflection paper 1 must be uploaded by Friday 1/20 at 11:59pm</p>
3	1/23	<p>How medical model and social models of disability consider health and wellbeing</p> <p>Reading(s): Haegele & Hodge (2016)</p> <p>Assignment: Students will engage in critical and logical thinking about health and wellbeing by reflecting on the differences in how the medical model and social model approach the concept of health and wellbeing.</p> <p>Reflection paper 2 must be uploaded by Friday 1/27 at 11:59 pm</p>
4	1/30	<p>Neurodiversity Social Camouflaging</p> <p>Reading(s): den Houting (2019) Mandy (2019)</p> <p>Assignment: Students will engage in critical and logical thinking about health and wellbeing by reflecting on the impact of social camouflaging on the health and wellbeing of autistic people</p> <p>Reflection paper 3 must be uploaded by Friday 2/3 at 11:59 pm</p>

Week	Dates	Topics, Readings, Assignments, Deadlines
5	2/6	<p>Diagnosis and classification Complete the Autism in Toddlers course through Autism Navigator</p> <p>Reading(s): Yates & LeCouteur (2016)</p> <p>Assignment: Students will understand the characteristics of autism and consider how these differences may impact the health and wellbeing of neurodivergent people. Quiz must be completed by Friday 2/10 at 11:59 pm</p>
6	2/13	<p>Social development in autism Complete the Sharing Attention Module Complete the Learning through Imitation Module</p> <p>Reading(s): Wu & Chiang (2014)</p> <p>Assignment: Students will understand how social development in autistic individuals differs from social development in neurotypical individuals and consider how these differences may impact the health and wellbeing of neurodivergent people. Quiz must be completed by Friday 2/17 at 11:59 pm</p>
7	2/20	<p>Language development in autism Complete the Language development during the first-year module Complete the language development after the first-year module Complete the Language and communication Autism Internet Module</p> <p>Reading(s): Gernsbacher et al. (2016)</p> <p>Assignment: Students will understand how language development in autistic individuals differs from language development in neurotypical individuals and how these differences may impact the health and wellbeing of neurodivergent people. Language and Communication post-assessment must be uploaded on Friday 2/24 by 11:59 pm</p>
8	2/27	<p>Restricted Repetitive Behaviors Complete the Restricted Patterns of Behavior, Interest and Activities Autism Internet Module</p> <p>Reading(s): Boyd et al. (2012)</p>

Week	Dates	Topics, Readings, Assignments, Deadlines
		Assignment: Students will understand what restricted, repetitive behaviors are and the how they impact the health and wellbeing of autistic individuals. Upload your post-assessment to Carmen on Friday 3/3 by 11:59 pm
9	3/6	Etiology and Risk Factors for Autism Neurobiology of autism Reading(s): Chapter 3 Ecker et al. (2015) Assignment: Students will understand the underlying etiology and risk factors for autism Upload your case study by Friday 3/10 at 11:59 pm Quiz must be completed by Friday 3/10 at 11:59 pm
10	3/13	No Class Spring Break
11	3/20	Overview of evidence-based interventions and how health and wellbeing are considered within each intervention Reading(s): Chapter 5 Assignment: Students learn about interventions that are widely used to address the social-communication differences observed in autistic people and consider the impact that these interventions can have on an autistic person's health and wellbeing Quiz must be completed on Friday 3/24 by 11:59 pm
12	3/27	Applied Behavior Analysis (Sandoval-Norton et al., 2021) Assignment: Students learn about the history of applied behavior analysis and the negative impact that this intervention has had on the health and wellbeing of autistic people. Quiz must be completed on Friday 3/31 by 11:59 pm
13	4/3	Communication and Social Interventions (ASHA, n.d. & National Research Council, 2001) Complete of one of the Social Intervention Autism Internet Modules Assignment: Students learn about communication and social interventions and consider the impact that these interventions may have on the health and wellbeing of autistic people Upload your post-assessment to Carmen by Friday 4/7 at 11:59 pm
14	4/10	Sensory and Motor Interventions (Case-Smith et al., 2015) Complete the Sensory Differences Autism Internet Module

Week	Dates	Topics, Readings, Assignments, Deadlines
		<p>Assignment: Students learn about sensory and motor interventions and consider the impact that these interventions may have on the health and wellbeing of autistic people</p> <p>Upload your post-assessment to Carmen by Friday 4/14 at 11:59 pm</p>
15	4/17	<p>Thoughts from autistic activists</p> <p>Research paper must be uploaded by Friday 4/21 at 11:59pm</p>
Finals Week		<p>Assignment: students will discuss how their concept of health and wellbeing has changed over the course of the semester and describe how these changes will impact how they approach their future careers.</p> <p>Reflection paper 4 must be uploaded by Tuesday 4/25 at 11:59pm</p>

Reflection Paper Rubric

Points	Description
10 - Excellent	Information is well organized with well-constructed paragraphs. The information clearly relates to the main topic and includes several supporting details and/or examples. There are no grammatical, spelling or punctuation errors.
9	Information is well organized with well-constructed paragraphs. The information clearly relates to the main topic and includes several supporting details and/or examples. Almost no grammatical, spelling or punctuation errors.
8	Information is well organized with well-constructed paragraphs. The information clearly relates to the main topic and includes several supporting details and/or examples. A few grammatical, spelling or punctuation errors.
7	Information is well organized with well-constructed paragraphs. The information clearly relates to the main topic and provides 1-2 supporting details and/or examples. There are no grammatical, spelling or punctuation errors.
6	Information is well organized with well-constructed paragraphs. The information clearly relates to the main topic and provides 1-2 supporting details and/or examples. Almost no grammatical, spelling or punctuation errors.
5 – Average	Information is well organized with well-constructed paragraphs. The information clearly relates to the main topic and provides 1-2 supporting details and/or examples. A few grammatical, spelling or punctuation errors.
4	Information is disorganized. The information clearly relates to the main topic and provides 1-2 supporting details and/or examples. There are no grammatical, spelling or punctuation errors
3	Information is disorganized. The information clearly relates to the main topic and provides 1-2 supporting details and/or examples. Almost no grammatical, spelling or punctuation errors.
2	Information is disorganized. The information clearly relates to the main topic and provides 1-2 supporting details and/or examples. A few grammatical, spelling or punctuation errors.
1	Information is disorganized. The information clearly relates to the main topic and provides 1-2 supporting details and/or examples. Multiple grammatical, spelling or punctuation errors.
0 - Needs Improvement	Information is not related to the prompt.

Case Study Rubric

Points	Description
Description of behavior	
10 - Excellent	<p>Provides a comprehensive description (i.e., at least 4 examples) of the individual's behavior across the following areas:</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors <p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change • Highly restricted, fixated interests that are abnormal in intensity or focus • Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment
9	<p>Provides a comprehensive description (i.e., includes 3-4) of the individual's behavior across the following areas:</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors <p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change • Highly restricted, fixated interests that are abnormal in intensity or focus • Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment
8	<p>Provides a comprehensive description (i.e., includes 2-3) of the individual's behavior across the following areas:</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors <p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects

	<ul style="list-style-type: none"> • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change • Highly restricted, fixated interests that are abnormal in intensity or focus <p>Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment</p>
7	<p>Provides a comprehensive description (i.e., includes multiple examples) of the deficits in social communication and interaction but only one or two examples of RRBs</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors <p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change • Highly restricted, fixated interests that are abnormal in intensity or focus <p>Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment</p>
6	<p>Provides a comprehensive description (i.e., includes multiple examples) of the individual's RRBs but only one or two examples of deficits in social communication and interaction</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors <p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change • Highly restricted, fixated interests that are abnormal in intensity or focus • Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment
5 – Average	<p>Provides a description (i.e., 1 or 2 examples) of the individual's behavior across the following areas:</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors

	<p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change • Highly restricted, fixated interests that are abnormal in intensity or focus • Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment
4	<p>Provides a description (i.e., 1 or 2 examples) of deficits in social communication and interaction and provides 2 examples of one type of RRB or one example of two types of RRBs</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors <p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change • Highly restricted, fixated interests that are abnormal in intensity or focus • Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment
3	<p>Provides a description (i.e., 1 or 2 examples) of the individual's behavior in social-emotional reciprocity or nonverbal communicative behaviors and provides 1 or 2 examples of RRBs</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors <p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change • Highly restricted, fixated interests that are abnormal in intensity or focus • Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

2	<p>Provides a description (i.e., 1 or 2 examples) of the individual's behavior in social-emotional reciprocity or nonverbal communicative behaviors and does not provide any examples of RRBs</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors <p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change • Highly restricted, fixated interests that are abnormal in intensity or focus • Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment
1	<p>Provides a description (i.e., 1 or 2 examples) of the individual's behavior for a (deficits in social communication and interaction) or b (RRBs)</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors <p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change • Highly restricted, fixated interests that are abnormal in intensity or focus • Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment
0 - Needs Improvement	<p>Does not provide a description of the individual's behavior across the following areas:</p> <p>a) Deficits in social communication and interaction</p> <ul style="list-style-type: none"> • Social-emotional reciprocity • Nonverbal communicative behaviors <p>b) RRBs</p> <ul style="list-style-type: none"> • Stereotyped or repetitive speech, motor movements or use of objects • Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change

- | | |
|--|--|
| | <ul style="list-style-type: none">• Highly restricted, fixated interests that are abnormal in intensity or focus• Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment |
|--|--|

Research Paper Rubric

Your research paper will be comprised of 4 sections. Use the rubric to determine what information should be present in each section.

<p>Section 1: History of behavioral interventions (10 points) Provide a comprehensive description of behavioral interventions (i.e., who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]), how they have changed over time and a discussion of the evidence base that underlies the interventions (i.e., research evidence that behavioral interventions are effective for teaching autistic individuals)</p>	
10	Provides a comprehensive description of behavioral interventions (i.e., who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]), how they have changed over time and a comprehensive discussion of the evidence base that underlies the interventions (i.e., a discussion of at least 5 research articles that provide evidence that behavioral interventions are effective for teaching autistic individuals)
9	Provides a comprehensive description of behavioral interventions (i.e., who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]), how they have changed over time and a comprehensive discussion of the evidence base that underlies the interventions (i.e., a discussion of 4 research articles that provide evidence that behavioral interventions are effective for teaching autistic individuals)
8	Provides a comprehensive description of behavioral interventions (i.e., who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]), how they have changed over time and a comprehensive discussion of the evidence base that underlies the interventions (i.e., a discussion of 3 research articles that provide evidence that behavioral interventions are effective for teaching autistic individuals)
7	Provides a description of behavioral interventions (i.e., only addresses 4 of the following parts of the intervention - who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]) and how they have changed over time and a comprehensive discussion of the evidence base that underlies the interventions (i.e., a discussion of 3 research articles that provide evidence that behavioral interventions are effective for teaching autistic individuals)
6	Provides a description of behavioral interventions (i.e., only addresses 4 of the following parts of the intervention - who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]) and a comprehensive discussion of the evidence base that underlies the interventions (i.e., a discussion of 3 research articles that provide evidence that behavioral interventions are effective for teaching autistic individuals). No information is provided regarding how these interventions have changed over time.

5	Provides a description of behavioral interventions (i.e., only addresses 3 of the following parts of the intervention - who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]) and how they have changed over time and a comprehensive discussion of the evidence base that underlies the interventions (i.e., a discussion of 3 research articles that provide evidence that behavioral interventions are effective for teaching autistic individuals). No information is provided regarding how these interventions have changed over time.
4	Provides a description of behavioral interventions (i.e., only addresses 3 of the following parts of the intervention - who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]) and how they have changed over time and a comprehensive discussion of the evidence base that underlies the interventions (i.e., a discussion of 2 research articles that provide evidence that behavioral interventions are effective for teaching autistic individuals). No information is provided regarding how these interventions have changed over time.
3	Provides a description of behavioral interventions (i.e., only addresses 2 of the following parts of the intervention - who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]) and how they have changed over time and a comprehensive discussion of the evidence base that underlies the interventions (i.e., a discussion of 2 research articles that provide evidence that behavioral interventions are effective for teaching autistic individuals). No information is provided regarding how these interventions have changed over time.
2	Provides a description of behavioral interventions (i.e., only addresses 1 of the following parts of the intervention - who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]) and how they have changed over time and a comprehensive discussion of the evidence base that underlies the interventions (i.e., a discussion of 2 research articles that provide evidence that behavioral interventions are effective for teaching autistic individuals). No information is provided regarding how these interventions have changed over time.
1	Provides a description of behavioral interventions (i.e., only addresses 1 of the following parts of the intervention - who developed them, the theory that underlies the intervention, who implements the intervention, where the intervention is implemented, intervention dosage [how frequently the intervention is provided]) and how they have changed over time and a comprehensive discussion of the evidence base that underlies the interventions (i.e., a discussion of 1 research article that provide evidence that behavioral interventions are effective for teaching autistic individuals). No information is provided regarding how these interventions have changed over time.
Section 2: Health and wellbeing within behavioral interventions (8 points) Provide a comprehensive definition of health and wellbeing, discuss which model of disability underlies this intervention (i.e., medical or social), detail the goal of this intervention (i.e., what skills are addressed within this intervention and what outcomes clinicians hope to achieve when the implement this intervention), and indicate how the goal of intervention does or does not align with supporting the development of individuals' health and wellbeing	
8	Provides a comprehensive definition of health and wellbeing, identifies which model of disability underlies this intervention (i.e., provides at least 3 reasons indicating why this intervention falls under a particular model of disability), detail the goal of this intervention (i.e., discusses at least 4 research articles that indicate what skills are

	addressed within this intervention and what outcomes clinicians hope to achieve when the implement this intervention), and indicate how the goal of intervention does or does not align with supporting the development of individuals' health and wellbeing (i.e., provides at least 3 examples of how this intervention does or does not address health and provides at least 3 examples of how this intervention does or does not address wellbeing).
7	Provides a comprehensive definition of health and wellbeing, identifies which model of disability underlies this intervention (i.e., provides at least 3 reasons indicating why this intervention falls under a particular model of disability), detail the goal of this intervention (i.e., discusses 3 research articles that indicate what skills are addressed within this intervention and what outcomes clinicians hope to achieve when the implement this intervention), and indicate how the goal of intervention does or does not align with supporting the development of individuals' health and wellbeing (i.e., provides at least 3 examples of how this intervention does or does not address health and provides at least 3 examples of how this intervention does or does not address wellbeing).
6	Provides a comprehensive definition of health and wellbeing, identifies which model of disability underlies this intervention (i.e., provides 2 reasons indicating why this intervention falls under a particular model of disability), detail the goal of this intervention (i.e., discusses 3 research articles that indicate what skills are addressed within this intervention and what outcomes clinicians hope to achieve when the implement this intervention), and indicate how the goal of intervention does or does not align with supporting the development of individuals' health and wellbeing (i.e., provides at least 3 examples of how this intervention does or does not address health and provides at least 3 examples of how this intervention does or does not address wellbeing).
5	Provides a comprehensive definition of health and wellbeing, identifies which model of disability underlies this intervention (i.e., provides 2 reasons indicating why this intervention falls under a particular model of disability), detail the goal of this intervention (i.e., discusses 2 research articles that indicate what skills are addressed within this intervention and what outcomes clinicians hope to achieve when the implement this intervention), and indicate how the goal of intervention does or does not align with supporting the development of individuals' health and wellbeing (i.e., provides at least 3 examples of how this intervention does or does not address health and provides at least 3 examples of how this intervention does or does not address wellbeing).
4	Provides a comprehensive definition of health and wellbeing, identifies which model of disability underlies this intervention (i.e., provides 2 reasons indicating why this intervention falls under a particular model of disability), detail the goal of this intervention (i.e., discusses 2 research articles that indicate what skills are addressed within this intervention and what outcomes clinicians hope to achieve when the implement this intervention), and indicate how the goal of intervention does or does not align with supporting the development of individuals' health and wellbeing (i.e., provides 2 examples of how this intervention does or does not address health and provides 2 examples of how this intervention does or does not address wellbeing).
3	Provides a comprehensive definition of health and wellbeing, identifies which model of disability underlies this intervention (i.e., provides 2 reasons indicating why this intervention falls under a particular model of disability), detail the goal of this intervention (i.e., discusses 1 research article that indicate what skills are addressed within this intervention and what outcomes clinicians hope to achieve when the

	implement this intervention), and indicate how the goal of intervention does or does not align with supporting the development of individuals' health and wellbeing (i.e., provides 2 examples of how this intervention does or does not address health and provides 2 examples of how this intervention does or does not address wellbeing).
2	Provides a comprehensive definition of health and wellbeing, identifies which model of disability underlies this intervention (i.e., provides 1 reason indicating why this intervention falls under a particular model of disability), detail the goal of this intervention (i.e., discusses 1 research article that indicate what skills are addressed within this intervention and what outcomes clinicians hope to achieve when the implement this intervention), and indicate how the goal of intervention does or does not align with supporting the development of individuals' health and wellbeing (i.e., provides 2 examples of how this intervention does or does not address health and provides 2 examples of how this intervention does or does not address wellbeing).
1	Provides a comprehensive definition of health and wellbeing, identifies which model of disability underlies this intervention (i.e., provides 1 reason indicating why this intervention falls under a particular model of disability), detail the goal of this intervention (i.e., discusses 1 research article that indicate what skills are addressed within this intervention and what outcomes clinicians hope to achieve when the implement this intervention), and indicate how the goal of intervention does or does not align with supporting the development of individuals' health and wellbeing (i.e., provides 1 example of how this intervention does or does not address health and provides 1 example of how this intervention does or does not address wellbeing).
Section 3: Impact of behavioral interventions on autistic individual's health and wellbeing (8 points) Provide a comprehensive discussion of the impact of behavioral interventions on autistic individuals' health and wellbeing	
8	Provides a comprehensive of the impact of behavioral interventions on autistic individuals' health and wellbeing (i.e., a discussion of at least 5 articles that describe the impact that behavioral interventions on autistic individuals' health and wellbeing)
7	Provides a comprehensive of the impact of behavioral interventions on autistic individuals' health and wellbeing (i.e., a discussion of 4 articles that describe the impact that behavioral interventions on autistic individuals' health and wellbeing)
6	Provides a comprehensive of the impact of behavioral interventions on autistic individuals' health and wellbeing (i.e., a discussion of 3 articles that describe the impact that behavioral interventions on autistic individuals' health and wellbeing)
5	Provides a comprehensive of the impact of behavioral interventions on autistic individuals' health and wellbeing (i.e., a discussion of 2 articles that describe the impact that behavioral interventions on autistic individuals' health and wellbeing)
4	Provides a comprehensive of the impact of behavioral interventions on autistic individuals' health and wellbeing (i.e., a discussion of 4 articles that describe the impact that behavioral interventions on autistic individuals' health or wellbeing)
3	Provides a comprehensive of the impact of behavioral interventions on autistic individuals' health and wellbeing (i.e., a discussion of 3 articles that describe the impact that behavioral interventions on autistic individuals' health or wellbeing)
2	Provides a comprehensive of the impact of behavioral interventions on autistic individuals' health and wellbeing (i.e., a discussion of 2 articles that describe the impact that behavioral interventions on autistic individuals' health or wellbeing)
1	Provides a comprehensive of the impact of behavioral interventions on autistic individuals' health and wellbeing (i.e., a discussion of 1 article that describe the impact that behavioral interventions on autistic individuals' health and/or wellbeing)

Section 4: Reconceptualizing Evidence-Based Practices (10 points) describe how we may need to reconceptualize the tenants of evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing.	
10	Provides a comprehensive description of evidence-based practice (i.e., defines evidence based practice, describes the three pillars of evidence-based practice, describes which – if any – of the pillars is weighted the most heavily, describe the different levels of evidence that exist within the scientific literature), identify which of the following tenants of evidence-based practice may potentially fall under (i.e., discuss whether - under the current definition- health and wellbeing are considered and provide at least 3 reasons why health and wellbeing falls under that particular pillar), describe how we may need to reconceptualize evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing (i.e., provides a detailed description of how health and wellbeing should be accounted for, indicate how this represents a shift from current evidence-based practices and provides at 4 examples of how this would represent a shift).
9	Provides a comprehensive description of evidence-based practice (i.e., defines evidence based practice, describes the three pillars of evidence-based practice, describes which – if any – of the pillars is weighted the most heavily, describe the different levels of evidence that exist within the scientific literature), identify which of the following tenants of evidence-based practice may potentially fall under (i.e., discuss whether - under the current definition- health and wellbeing are considered and provide at least 3 reasons why health and wellbeing falls under that particular pillar), describe how we may need to reconceptualize evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing (i.e., provides a detailed description of how health and wellbeing should be accounted for, indicate how this represents a shift from current evidence-based practices and provides 3 examples of how this would represent a shift).
8	Provides a comprehensive description of evidence-based practice (i.e., defines evidence based practice, describes the three pillars of evidence-based practice, describes which – if any – of the pillars is weighted the most heavily, describe the different levels of evidence that exist within the scientific literature), identify which of the following tenants of evidence-based practice may potentially fall under (i.e., discuss whether - under the current definition- health and wellbeing are considered and provide at least 3 reasons why health and wellbeing falls under that particular pillar), describe how we may need to reconceptualize evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing (i.e., provides a detailed description of how health and wellbeing should be accounted for, indicate how this represents a shift from current evidence-based practices and provides 2 examples of how this would represent a shift).
7	Provides a comprehensive description of evidence-based practice (i.e., defines evidence based practice, describes the three pillars of evidence-based practice, describes which – if any – of the pillars is weighted the most heavily, describe the different levels of evidence that exist within the scientific literature), identify which of the following tenants of evidence-based practice may potentially fall under (i.e., discuss whether - under the current definition- health and wellbeing are considered and provide at least 2 reasons why health and wellbeing falls under that particular pillar), describe how we may need to reconceptualize evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing (i.e., provides a detailed description of how health and wellbeing should be accounted for, indicate how

	this represents a shift from current evidence-based practices and provides 2 examples of how this would represent a shift).
6	Provides a comprehensive description of evidence-based practice (i.e., defines evidence based practice, describes the three pillars of evidence-based practice, describes which – if any – of the pillars is weighted the most heavily, does not include a description of the different levels of evidence that exist within the scientific literature), identify which of the following tenants of evidence-based practice may potentially fall under (i.e., discuss whether - under the current definition- health and wellbeing are considered and provide at least 2 reasons why health and wellbeing falls under that particular pillar), describe how we may need to reconceptualize evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing (i.e., provides a detailed description of how health and wellbeing should be accounted for, indicate how this represents a shift from current evidence-based practices and provides 2 examples of how this would represent a shift).
5	Provides a comprehensive description of evidence-based practice (i.e., defines evidence based practice, describes the three pillars of evidence-based practice, does not describe which – if any – of the pillars is weighted the most heavily, does not include a description of the different levels of evidence that exist within the scientific literature), identify which of the following tenants of evidence-based practice may potentially fall under (i.e., discuss whether - under the current definition- health and wellbeing are considered and provide at least 2 reasons why health and wellbeing falls under that particular pillar), describe how we may need to reconceptualize evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing (i.e., provides a detailed description of how health and wellbeing should be accounted for, indicate how this represents a shift from current evidence-based practices and provides 2 examples of how this would represent a shift).
4	Provides a comprehensive description of evidence-based practice (i.e., defines evidence based practice, describes the two of the three pillars of evidence-based practice, does not describe which – if any – of the pillars is weighted the most heavily, does not include a description of the different levels of evidence that exist within the scientific literature), identify which of the following tenants of evidence-based practice may potentially fall under (i.e., discuss whether - under the current definition- health and wellbeing are considered and provide at least 2 reasons why health and wellbeing falls under that particular pillar), describe how we may need to reconceptualize evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing (i.e., provides a detailed description of how health and wellbeing should be accounted for, indicate how this represents a shift from current evidence-based practices and provides 2 examples of how this would represent a shift).
3	Provides a comprehensive description of evidence-based practice (i.e., defines evidence based practice, describes the two of the three pillars of evidence-based practice, does not describe which – if any – of the pillars is weighted the most heavily, does not include a description of the different levels of evidence that exist within the scientific literature), identify which of the following tenants of evidence-based practice may potentially fall under (i.e., discuss whether - under the current definition- health and wellbeing are considered and provide at least 2 reasons why health and wellbeing falls under that particular pillar), describe how we may need to reconceptualize evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing (i.e., provides a detailed description of how health and

	wellbeing should be accounted for, indicate how this represents a shift from current evidence-based practices and provides 1 example of how this would represent a shift).
2	Provides a comprehensive description of evidence-based practice (i.e., defines evidence based practice, describes the two of the three pillars of evidence-based practice, does not describe which – if any – of the pillars is weighted the most heavily, does not include a description of the different levels of evidence that exist within the scientific literature), identify which of the following tenants of evidence-based practice may potentially fall under (i.e., discuss whether - under the current definition- health and wellbeing are considered and provides 1 reason why health and wellbeing falls under that particular pillar), describe how we may need to reconceptualize evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing (i.e., provides a detailed description of how health and wellbeing should be accounted for, indicate how this represents a shift from current evidence-based practices and provides 1 example of how this would represent a shift).
1	Provides a comprehensive description of evidence-based practice (i.e., defines evidence based practice, describes one of the three pillars of evidence-based practice, does not describe which – if any – of the pillars is weighted the most heavily, does not include a description of the different levels of evidence that exist within the scientific literature), identify which of the following tenants of evidence-based practice may potentially fall under (i.e., discuss whether - under the current definition- health and wellbeing are considered and provides 1 reason why health and wellbeing falls under that particular pillar), describe how we may need to reconceptualize evidence-based practice to account for the impact that interventions may have on a person's health and wellbeing (i.e., provides a detailed description of how health and wellbeing should be accounted for, indicate how this represents a shift from current evidence-based practices and provides 1 example of how this would represent a shift).
Formatting	
4	Correctly uses APA 7 style guidelines for in text and reference list citations, follows the structured outline, and no grammatical or spelling mistakes are present.
3	Correctly uses APA 7 style guidelines for in text and reference list citations, follows the structured outline, and some grammatical or spelling mistakes are present.
2	Correctly uses APA 7 style guidelines for in text or reference list citations, follows the structured outline, and multiple grammatical or spelling mistakes are present.
1	Does not correctly use APA 7 style guidelines for in text or reference list citations, does not follow the structured outline, and multiple grammatical or spelling mistakes are present.

GE THEME COURSES

Overview

Courses that are accepted into the General Education (GE) Themes must meet two sets of Expected Learning Outcomes (ELOs): those common for all GE Themes and one set specific to the content of the Theme. This form begins with the criteria common to all themes and has expandable sections relating to each specific theme.

A course may be accepted into more than one Theme if the ELOs for each theme are met. Courses seeing approval for multiple Themes will complete a submission document for each theme. Courses seeking approval as a 4-credit, Integrative Practices course need to complete a similar submission form for the chosen practice. It may be helpful to consult your Director of Undergraduate Studies or appropriate support staff person as you develop and submit your course.

Please enter text in the boxes to describe how your class will meet the ELOs of the Theme to which it applies. Please use language that is clear and concise and that colleagues outside of your discipline will be able to follow. You are encouraged to refer specifically to the syllabus submitted for the course, since the reviewers will also have that document. Because this document will be used in the course review and approval process, you should be *as specific as possible*, listing concrete activities, specific theories, names of scholars, titles of textbooks etc.

Accessibility

If you have a disability and have trouble accessing this document or need to receive it in another format, please reach out to Meg Daly at daly.66@osu.edu or call 614-247-8412.

Course subject & number

General Expectations of All Themes

GOAL 1: Successful students will analyze an important topic or idea at a more advanced and in-depth level than the foundations.

Please briefly identify the ways in which this course represents an advanced study of the focal theme. In this context, “advanced” refers to courses that are e.g., synthetic, rely on research or cutting-edge findings, or deeply engage with the subject matter, among other possibilities. (50-500 words)

Course subject & number

ELO 1.1 Engage in critical and logical thinking about the topic or idea of the theme. Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. (50-700 words)

ELO 1.2 Engage in an advanced, in-depth, scholarly exploration of the topic or idea of the theme. Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. (50-700 words)

Course subject & number

GOAL 2: Successful students will integrate approaches to the theme by making connections to out-of-classroom experiences with academic knowledge or across disciplines and/or to work they have done in previous classes and that they anticipate doing in future.

ELO 2.1 Identify, describe, and synthesize approaches or experiences as they apply to the theme.

Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. (50-700 words)

ELO 2.2 Demonstrate a developing sense of self as a learner through reflection, self-assessment, and creative work, building on prior experiences to respond to new and challenging contexts.

Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. (50-700 words)

Course subject & number

Specific Expectations of Courses in Health & Wellbeing

GOAL Students will explore and analyze health and wellbeing through attention to at least two dimensions of wellbeing. (Ex: physical, mental, emotional, career, environmental, spiritual, intellectual, creative, financial, etc.).

ELO 1.1 Explore and analyze health and wellbeing from theoretical, socio-economic, scientific, historical, cultural, technological, policy, and/or personal perspectives. Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. (50-700 words)

ELO 1.2 Identify, reflect on, or apply strategies for promoting health and well-being. Please link this ELO to the course goals and topics and indicate *specific* activities/assignments through which it will be met. (50-700 words)