

COURSE IMPLEMENTATION DATE: { Jan-90 }  
 COURSE REVISED IMPLEMENTATION DATE: { \_\_\_\_\_ }  
 COURSE TO BE REVIEWED: { Mar-07 }  
 (FOUR (4) YEARS AFTER IMPLEMENTATION DATE) MONTH / YEAR

**OFFICIAL COURSE OUTLINE INFORMATION**

Students are advised to keep course outlines in personal files for future use.  
 Shaded headings are subject to change at the discretion of the department and material will vary  
 - see course syllabus available from instructor

<b>FACULTY/DEPARTMENT:</b>	<u>School of Social Work and Human Services</u>	
<b>COURSE NAME/NUMBER</b>	<b>FORMER COURSE NUMBER</b>	<b>UCFV CREDITS</b>
<u>HSER 190</u>	<u>SSSW 190</u>	<u>3</u>
<b>Introduction to Community Support</b>		
<b>COURSE DESCRIPTIVE TITLE</b>		

**CALENDAR DESCRIPTION:**

An introduction to the field of community support for people working or planning to work in a direct hands-on position supporting children or adults with mental and/or physical disabilities. The course offers an overview of historical attitudes shaping service provision, and how service provision denies or supports human and legal rights. The implications of the principle of normalization in the lives of people with mental handicaps, their families, and their communities over the past 20 years in North America will be emphasized.

**PREREQUISITES:**
None
**COREQUISITES:**
**SYNONYMOUS COURSE(S)**

- (a) Replaces: SSSW 190  
(Course #)
- (b) Cannot take: \_\_\_\_\_ for further credit  
(Course #)

**SERVICE COURSE TO:**
(Department / Program)
(Department / Program)
**TOTAL HOURS PER TERM:** 45
**STRUCTURE OF HOURS:**

Lectures: 30 hrs.  
 Seminar: 15 hrs.  
 Laboratory: \_\_\_\_\_ hrs.  
 Field Experience: \_\_\_\_\_ hrs.  
 Student Directed Learning: \_\_\_\_\_ hrs.  
 Other (Specify): \_\_\_\_\_ hrs.

**Combination of Lecture and Lab Hours:** YES/NO
**TRAINING DAY-BASED INSTRUCTION**
**LENGTH OF COURSE:** N/A
**HOURS PER DAY:** N/A
**MAXIMUM ENROLMENT:** 30
**EXPECTED FREQUENCY OF COURSE OFFERING:** 1 section per year
**WILL TRANSFER CREDIT BE REQUESTED?: (Lower-level courses only)** YES \_\_\_\_\_ NO X
**WILL TRANSFER CREDIT BE REQUESTED?: (Upper-level requested by department)** YES \_\_\_\_\_ NO \_\_\_\_\_

**TRANSFER CREDIT EXISTS IN BCCAT TRANSFER GUIDE:** YES \_\_\_\_\_ NO X
**AUTHORIZATION SIGNATURES:**
**Course designer(s):** Gloria Wolfson, Nym Hughes
**Chairperson:** \_\_\_\_\_  
(type name in this field)  
**(Curriculum Committee)**
**Course reviewed by:** \_\_\_\_\_  
(type name in this field)

**Department Head:** Gloria Wolfson
**Dean:** Jackie Snodgrass
**PAC Approval in Principle Date:** \_\_\_\_\_  
(type date in this field)

**PAC Final Approval Date:** 20030326



