

# Deactivation Proposal

Date Submitted: 04/11/24 2:32 pm

Viewing: **10KS0350MS : Rehabilitation,  
MS ~~Master of Science in~~  
**Rehabilitation****

Last edit: 08/19/24 4:37 pm

Changes proposed by: Kristi Carlson

[Rehabilitation, MS](#)

Catalog Pages  
Using this  
Program

Proposal Type:

## In Workflow

1. U Program Review
2. 1581 Committee Chair
3. 1581 Head
4. KY Committee Chair
5. KY Dean
6. University Librarian
7. Grad\_College
8. COTE Programs
9. Provost
10. Senate EPC
11. Senate
12. U Senate Conf
13. Board of Trustees
14. IBHE
15. HLC
16. DOE
17. DMI

## Approval Path

1. 04/12/24 4:48 pm  
Donna Butler (dbutler):  
Approved for U Program Review
2. 04/15/24 11:18 am  
Kristi Carlson (carlso1):  
Approved for 1581 Committee Chair
3. 04/17/24 8:40 pm  
Kim Graber (kgraber):  
Approved for 1581 Head
4. 04/18/24 9:41 am  
Robbin King (rlking10):

- Approved for KY  
Committee Chair
5. 04/18/24 2:01 pm  
Carla Santos  
(csantos):  
Approved for KY  
Dean
6. 04/22/24 4:06 pm  
Claire Stewart  
(clairest):  
Approved for  
University  
Librarian
7. 05/01/24 2:21 pm  
Allison McKinney  
(agrindly):  
Approved for  
Grad\_College
8. 05/01/24 8:18 pm  
Suzanne Lee  
(suzannel):  
Approved for  
COTE Programs
9. 08/15/24 11:46  
am  
Brooke Newell  
(bsnewell):  
Approved for  
Provost

Major (ex. Special Education)

This proposal is  
for a:

[Phase Down/Elimination](#)

## Administration Details

Official Program Name	<a href="#">Rehabilitation, MS</a> <del>Master of Science in Rehabilitation</del>
Diploma Title	
Sponsor College	Applied Health Sciences
Sponsor Department	Health and Kinesiology
Sponsor Name	<a href="#">Dr. Kristi Carlson</a>
Sponsor Email	<a href="mailto:carlso1@illinois.edu">carlso1@illinois.edu</a>

College Contact

[Dr. Carla Santos](#)

College Contact

Email

[csantos@illinois.edu](mailto:csantos@illinois.edu)

College Budget  
Officer

College Budget  
Officer Email

List the role for rollbacks (which role will edit the proposal on questions from EPC, e.g., Dept Head or Initiator) and/or any additional stakeholders. Purpose: List here who will do the editing work if proposal needs rolled back. And any other stakeholders.

[Dr. Kristi Carlson will be responsible for all editing work, if necessary.](#)

Does this program have inter-departmental administration?

[No](#)

## Proposal Title

Effective Catalog Term      Fall 2025

Proposal Title (either Establish/Revise/Eliminate the Degree Name in Program Name in the College of XXXX, i.e., Establish the Bachelor of Science in Entomology in the College of Liberals Art and Sciences, include the Graduate College for Grad Programs)

Eliminate the Master of Science in Rehabilitation in the College of Applied Health Sciences and the Graduate College

Does this proposal have any related proposals that will also be revised during the next 6 weeks? Consider Majors, Minors, Concentrations & Joint Programs in your department. Please know that this information is used administratively to move related proposals through workflow efficiently. Example: If you are revising the BS proposal and one related concentration within the next 6 weeks, "This BS proposal (key 567) is related to the Concentration A proposal (key 145)."

No

## Program Justification

Provide a brief description of what changes are being made to the program.

This proposal is to deactivate the Rehabilitation, MS degree, as we no longer admit/enroll students to/in this degree program.

Why are these changes necessary?

Between fall 2004 and now, there have only been 30 students in the program. The last enrollments were in spring 2018. After much discussion and evaluation, it was determined that we will not admit students in the future and should therefore deactivate the degree program.

## Instructional Resources

Will there be any reduction in other course offerings, programs or concentrations by your department as a result of this new program/proposed change?

No

Does this new program/proposed change result in the replacement of another program?

No

Does the program include other courses/subjects outside of the sponsoring department impacted by the creation/revision of this program?

No

## Program Regulation and Assessment

### Plan to Assess and Improve Student Learning

*Illinois Administrative Code: 1050.30(b)(1)(D) Provision is made for guidance and counseling of students, evaluations of student performance, continuous monitoring of progress of students toward their degree objectives and appropriate academic record keeping.*

List the program's student learning outcomes. Each outcome should identify what students are expected to know and/or be able to do upon completing this program.

Content Knowledge: Students will demonstrate an advanced understanding of current and historically significant theories, models, themes, and ideas within the area of rehabilitation counseling.

Critical Thinking and Discovery: Students will demonstrate ethical practices while applying advanced quantitative and/or qualitative methods in collecting, analyzing, and interpreting data which could then be disseminated through publications and/or oral presentations.

Awareness and Understanding: Students will understand and appreciate the diverse array of mental health or disability-related problems impacting the individual and the family, in a variety of clinical settings and with respect for the influences of multicultural factors such as culture, ethnicity, race, religion, gender, and sexual orientation.

Programming and Assessment: Students will apply best practices in developing, implementing, assessing, and evaluating programs and interventions related to rehabilitation counseling within diverse populations.

Leadership and Engagement: Students will demonstrate leadership and effective communication skills, showcasing respect and sensitivity for people with disabilities as they develop and sustain productive relationships and work for the common good at local, national, and global levels.

Describe how, when, and where these learning outcomes will be assessed.

Describe here:

Identify faculty expectations for students' achievement of each of the stated student learning outcomes. What score, rating, or level of expertise will signify that students have met each outcome? Provide rating rubrics as necessary.

Explain the process that will be implemented to ensure that assessment results are used to improve student learning.

Program

Description and

Requirements

Attach Documents

Is the career/profession for graduates of this program regulated by the State of Illinois?

No

## Program of Study

Baccalaureate degree requires at least 120 semester credit hours or 180 quarter credit hours and at least 40 semester credit hours (60 quarter credit hours) in upper division courses" (source: <https://www.ibhe.org/assets/files/PublicAdminRules2017.pdf>). For proposals for new bachelor's degrees, if this minimum is not explicitly met by specifically-required 300- and/or 400-level courses, please provide information on how the upper-division hours requirement will be satisfied.

### Catalog Page Text - Overview Tab

Description of program for the catalog page. This is not official content, it is used to help build the new catalog page for the program. Can be edited in the catalog by the college or department.

Statement for  
Programs of  
Study Catalog

**Thesis Option ~~Other Requirements1~~ Non-Thesis Option ~~Other Requirements1~~**

Course List

Code	Title	Hours
REHB 401	Course REHB 401 Not Found	4
REHB 402	Course REHB 402 Not Found	4
REHB 501	Course REHB 501 Not Found	4
REHB 585	Course REHB 585 Not Found	4
Specialization coursework from approved list		20-23
Seminar		4
REHB 599	Course REHB 599 Not Found (min/max applied toward degree)	8
or CHLH 599	Course CHLH 599 Not Found	
Total Hours		48

### Other Requirements1

Grad Other Degree Requirements

Requirement

Description

Other requirements may overlap

Minimum Hours Required Within the Unit: 30

Requirement	Description
Minimum 500-level Hours Required Overall:	12 (8 within the unit)
Minimum GPA:	3.0

**1**

For additional details and requirements refer to the department's [Graduate Handbook](#) and the [Graduate College Handbook](#).

### Non-Thesis Option

#### Course List

Code	Title	Hours
REHB 401	Course REHB 401 Not Found	4
REHB 402	Course REHB 402 Not Found	4
REHB 501	Course REHB 501 Not Found	4
REHB 585	Course REHB 585 Not Found	4

Specialization coursework from approved list 20-23

Seminar 4

Total Hours 40

### Other Requirements<sup>1</sup>

#### Grad Other Degree Requirements

Requirement	Description
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Other requirements may overlap

Minimum Hours Required Within the Unit: 30

Minimum 500-level Hours Required Overall: 12 (8 within the unit)

Minimum GPA: 3.0

**1**

For additional details and requirements refer to the department's [Graduate Handbook](#) and the [Graduate College Handbook](#).

Corresponding Degree MS Master of Science

## Program Features

Academic Level Graduate

Does this major have transcripted concentrations? [No](#)

What is the typical time to completion of this program? [2 years](#)

What are the minimum Total Credit Hours required for this program? [40](#)

What is the required GPA? [3.0](#)

CIP Code 512314 - Rehabilitation Science.

Is This a Teacher Certification Program? [No](#)

Will specialized accreditation be sought for this program?

No

## Delivery Method

This program is available:

On Campus - Students are required to be on campus, they may take some online courses.

## Admission Requirements

Desired Effective Admissions Term

Is this revision a change to the admission status of the program?

No

Provide a brief narrative description of the admission requirements for this program. Where relevant, include information about licensure requirements, student background checks, GRE and TOEFL scores, and admission requirements for transfer students.

## Phase Down/Elimination Enrollment

Does this program currently have enrollment? No

Describe how this revision or phase down/elimination will impact enrollment and degrees awarded. If this is an elimination/phase down proposal include the plans for the students left in the program.

There are no students enrolled in this program. Of the 30 students who have been enrolled in the program, all but 2 graduated with an MS in Rehabilitation. One of the two that did not, received a graduate degree from another program. The remaining student only completed 22 hours. Should he/she/they choose to return, he/she/they would have to reapply to an existing graduate program. No students will be enrolled and no degrees will be awarded in the current program.

Number of Students in Program (estimate)

Year One Estimate

5th Year Estimate (or when fully implemented)

Estimated Annual Number of Degrees Awarded

Year One Estimate

5th Year Estimate (or when fully implemented)

What is the matriculation term for this Fall

program?

## Budget

Will the program or revision require staffing (faculty, advisors, etc.) beyond what is currently available?

No

Additional Budget Information

Attach File(s)

## Financial Resources

How does the unit intend to financially support this proposal?

Will the unit need to seek campus or other external resources?

No

Attach letters of support

What tuition rate do you expect to charge for this program? e.g, Undergraduate Base Tuition, or Engineering Differential, or Social Work Online (no dollar amounts necessary)

Are you seeking a change in the tuition rate or differential for this program?

No

Is this program requesting self-supporting status?

No

## Plan to Evaluate and Improve the Program

Plan to Evaluate and Improve the Program Attachments

## Budget Narrative

## Fiscal and Personnel Resources

*Illinois Administrative Code: 1050.30(a)(5): A) The financial commitments to support the unit of instruction, research or public service are sufficient to ensure that the faculty and staff and support services necessary to offer the unit of instruction, research or public service can be acquired and maintained; B) Projections of revenues necessary to support the unit of instruction, research or public service are based on supportable estimates of state appropriations, local tax support, student tuition and fees, private gifts, and/or governmental grants and contracts.*



## Budget Rationale

Provide financial data that document the university's capacity to implement and sustain the proposed program and describe the program's sources of funding.

Is the unit's (Department, College, School) current budget adequate to support the program when fully implemented? If new resources are to be provided to the unit to support the program, what will be the source(s) of these funds? Is the program requesting new state funds? (During recent years, no new funds have been available from the state (IBHE) to support new degree programs).

## Faculty Resources

Will current faculty be adequate to provide instruction for the new program or will additional faculty need to be hired? If additional hires will be made, please elaborate.

Please address the impact on faculty resources including any changes in numbers of faculty, class size, teaching loads, student-faculty ratios, etc.

Deactivating this program will have no impact on faculty. We have not enrolled students in this program since 2018 so there will be no change to current teaching loads, class sizes, or student-faculty ratios.

Describe how the unit will support student advising, including job placement and/or admission to advanced studies. Will current staff be adequate to implement and maintain the new program or will additional staff be hired? Will current advising staff be adequate to provide student support and advisement, including job placement and or admission to advanced studies? If additional hires will be made, please elaborate.

Are the unit's current facilities adequate to support the program when fully implemented? Will there need to be facility renovation or new construction to house the program?

## Library Resources

Describe your proposal's impact on the University Library's resources, collections, and services. If necessary please consult with the appropriate disciplinary specialist within the University Library.

The deactivation of this program will have no impact on the Library. Library collections, resources and services are sufficient to support this proposal.

If this is a graduate program, please discuss the intended use of graduate tuition waivers. If the program is dependent on the availability of waivers, how will the unit compensate for lost tuition revenue?

Budget Narrative  
Fiscal and

Personnel  
Resources  
Attachments

## Personnel Budget

Please complete all lines below; all fields are required. For fields where there is no anticipated cost or need, enter 0 or NA.

Category	Year One	Year Five	Notes
Faculty (FTE)			
Faculty (\$)			
Advising Staff (\$)			
Graduate Students (\$)			
Other Personnel Costs			
Budget Narrative			
Attachments			

## Facilities and Equipment

*Illinois Administrative Code: 1050.30(a)(4): A) Facilities, equipment and instructional resources (e.g., laboratory supplies and equipment, instructional materials, computational equipment) necessary to support high quality academic work in the unit of instruction, research or public service are available and maintained;*

*B) Clinical sites necessary to meet the objectives of the unit of instruction, research or public service;*

*C) Library holdings and acquisitions, owned or contracted for by the institution, that are necessary to support high quality instruction and scholarship in the unit of instruction, research and public service, are conveniently available and accessible, and can be maintained.*

Describe the facilities and equipment that are available, or that will be available, to develop and maintain high quality in this program. Summarize information about buildings, classrooms, office space, laboratories and equipment, and other instructional technologies for the program.

Will the program require new or additional facilities or significant improvements to already existing facilities?

Will the program need additional technology beyond what is currently available for the unit?

Are there other costs associated with implementing the program?

Facilities and  
Equipment

Attachments

## Faculty and Staff

*Illinois Administrative Code: 1050.30(a)(3): A) The academic preparation and experience of faculty and staff ensure that the objectives of the unit of instruction, research or public service are met; B) The academic preparation and experience of faculty and staff, as evidenced by level of degrees held, professional experience in the field of study and demonstrated knowledge of the field, ensure that they are able to fulfill their academic responsibilities; C) The involvement of faculty in the unit of instruction, research or public service is sufficient to cover the various fields of knowledge encompassed by the unit, to sustain scholarship appropriate to the unit, and to assure curricular continuity and consistency in student evaluation; D) Support personnel, including but not limited to counselors, administrators, clinical supervisors, and technical staff, which are directly assigned to the unit of instruction, research or public service, have the educational background and experience necessary to carry out their assigned responsibilities.*

Describe the personnel resources available to develop and maintain a high quality program, including faculty (full- and part-time, current and new), staff (full- and part-time, current and new), and the administrative structure that will be in place to oversee the program. Also include a description of faculty qualifications, the faculty evaluation and reward structure, and student support services that will be provided by faculty and staff.

Summarize the major accomplishments of each key faculty member, including research/scholarship, publications, grant awards, honors and awards, etc. Include an abbreviated curriculum vitae or a short description.

Faculty and Staff  
Attachments

## EP Documentation

EP Control Number            EP.25.003

Attach Rollback/Approval Notices

This proposal requires HLC inquiry            No

## DMI Documentation

Attach Final Approval Notices

Banner/Codebook Name            MS:Rehabilitation -UIUC

Program Code:            10KS0350MS

Minor Code	Conc Code	Degree Code	MS	Major Code
0350				

Senate Approval

Date

Senate

Conference

Approval Date

BOT Approval

Date

IBHE Approval

Date

HLC Approval

Date

DOE Approval

Date

Effective Date:

Attached

Document

Justification for  
this request

Program Reviewer

Comments