

**Central Michigan University Response to the January 2005 Periodic
Review/Program Evaluation by the Michigan Department of Education**

School Health Education Program

May, 2005

Program Assessment Summary/Recommendation

The Program Assessment resulted in “**Approval Pending**” with notations about one standard/requirement that was not yet met. This response will take this into account for the School Health Minor. Please also note that an addendum is attached for the program review of the School Health Major. Since CMU removed the moratorium from the program in January, 2005, MDE has requested the major review be submitted with this report.

As an update, the School Health Minor was approved through the University curricular process in Spring, 2005. All changes as stated in the CMU Response of November, 2004 will be effect for Fall, 2005. The HSC 106P course, however, will require additional modifications that will take place in Fall, 2005. Also, the School Health faculty position has been accepted by a very qualified candidate. This new faculty member is well-versed in this process, and has been a part of MDE university review teams. She will also be ready to begin the process of outcomes data collection. The new faculty member in School Health will begin the Fall, 2005 semester.

Standard/Requirement not met (School Health Minor):

**Standard 5.0: Evaluates the effectiveness of school-based health education
(Competencies 5.1, 5.2, 5.3, 5.4)**

This response will assume that the vast amount of information provided about this standard in previous documents has been taken into account as helping to obtain this standard. The information provided below (and in attached documents) is ONLY additional information. No previous information from CMU about this standard is included in this response. Also, it is the interpretation of the report writer that the narrative in the November, 2004 was adequate, but that stated activities needed to be documented in the syllabi or other assignment instructions. These will be discussed and included here.

- 1. Competency 5.1, Develop plans to continually evaluate the health literacy of students using performance-based assessments that are aligned with the implemented curriculum and with the Michigan Assessment Standards.**

As mentioned in the previous CMU response, health literacy is discussed in HSC 222 (Sexuality in Health Education), HSC 340 (Curriculum in

Health Education) and HSC 346 (Methods and Resources in Teaching Health). HSC 346 particularly addresses student skill-building in this area. As the MDE review of March, 2005 stated that documentation was needed of the discussed activities under these competencies, they will be included as attachments in this report. Students construct assessment questions (based on Bloom's Taxonomy) regarding health literacy for an exam. This exam changes from semester to semester based on student input, but exam examples (from Fall 2004 and Spring 2005) can be found in Appendix A. Additionally, students must incorporate health literacy content areas into lesson plans, and how to assess this content throughout and at the end of the lesson. They must also develop an interactive bulletin board to accompany their lesson plan (based on I-tip format). They actually construct the rubric for this lesson plan as part of their learning about assessment. The rubric scoring guide developed from HSC 346 students in Spring 2005 can be found in Appendix B.

Students in HSC 346 also get two other opportunities to implement a lesson addressing a health literacy content area in real classrooms; one regular education and one alternative education site. These occur within the laboratory portion of HSC 346 which is taught by a "real world" school health education teacher. Please see the syllabus for this lab in Appendix C. Lesson plans are developed by students based on a local school district's curriculum (designed to increase student health literacy by meeting state and national health education standards and benchmarks). Once implemented in the local school district health education classrooms, students are evaluated on their performance by the classroom teachers, and suggestions for improvement/adjustment and student teacher strengths and weaknesses in meeting lesson objectives (tied to curriculum goals, standards and benchmarks, and therefore health literacy) are discussed. See Appendix D for these lesson plan assessment tools. In this lab, students must also keep a reflective journal about each week's topics. The instructions for journal entries can be found on the attached lab syllabus. Lastly, students do an observation of a health education classroom instructor. They must complete a rubric and return to the lab instructor. Please see Appendix E for a copy of the rubric. Students also complete a reflective final examination. See Appendix F for the Spring 2005 copy of the exam.

Students also increase their skill sets regarding assessment by utilizing SCASS components in class lecture regarding performance-based assessment. These materials would be common knowledge to MDE reviewers, and are not included here.

In HSC 340, the students also learn to evaluate student health literacy using performance-based assessments through the development of a health education unit plan. Please see Appendix G for the unit plan instructions.

HSC 340 students design the entire plan which is graded by the instructor. The students must also teach from the unit plan. This is evaluated by both the instructor and the students. This enables the student to determine if the written plans actually work as they intended. It also gives them peer feedback while allowing the observing peers to enhance their skills at evaluation. Self-reflection occurs after teaching; improvements are applied as needed based on the lesson evaluation.

2. Competency 5.2, Carry out evaluation plans.

Besides what has been previously discussed, it is important to note that student teachers do evaluate student attainment of health literacy through the assessment of their lesson plans and unit plans in core courses. For example, in HSC 346, students do not simply submit their I-tip lesson plan based on the developed rubric that includes health literacy areas, but must keep revising the lesson based on initial evaluation by the instructor. They must then assess the current lesson and modify it to meet all requirements. This ensures that they are able to carry out the evaluation plans within the lesson. They may need to assess and revise the lesson multiple times before it is approved by the instructor for distribution to all other HSC 346 students.

In the HSC 346 lab, students also modify their lessons for both the alternative and regular education classroom based on instructor feedback. This is after the student teaches to the “real” classrooms. In this regard, they can see how the lessons worked in meeting lesson objectives and how to revise it for future use. In these lessons, performance-based assessment of students is required. Performance-based assessment can also then be addressed following the student teaching.

In HSC 340, as previously mentioned, the unit lesson is submitted and taught to get multiple types of feedback from the instructor and peers. Students can then modify their lessons/units based on the feedback to better ensure they are meeting health literacy standards.

All documentation of the above in Competency 5.2 has been provided in Competency 5.1.

3. Competency 5.3, Interpret results of student assessment.

This area was explained in the last report, however, no rubrics or evaluation instruments demonstrating that student teachers can interpret results of student assessment were included. All are attached in the appendices. Not only is the interpretation of resulting assessment of students taken into account, but assessment of the rubric itself as a

performance-based measure. These discussions help to modify the rubrics.

Also as previously discussed, parent-teacher conferences are presented by a “real world” teacher (different from the others previously mentioned), as well as the performance-based measures to include in the conference with parents. This can be done as a student-led conference, or without students. Both are discussed, as are the best ways to conduct each, along with the assessments of student learning to include in the conference. Materials are not attached here, as it is copyrighted information, but can be sent if requested.

The interpretation of results of student assessment has been previously discussed for HSC 340 and in other areas of HSC 346. Other information has been provided in previous CMU reports.

4. Competency 5.4, Analyze findings for future program planning.

As this overlaps to some degree with other competency areas within Standard 5, it will briefly be discussed here. All student-developed lesson plans receive vast feedback in both HSC 340 and 346. This feedback allows student teachers to analyze the lesson/unit for future program planning. These plans are further analyzed by the instructor as to meeting student outcomes.

Conclusion:

We hope that this additional information, along with curricular and staffing additions, will demonstrate CMU’s commitment to graduating competent school health teachers. We hope that you will find these additions as adequate and appropriate in meeting the deficient standard area, and will move CMU’s School Health minor to “approved” status. Please also note that CMU is now submitting its response to the MDE June 2004 review of the School Health Major. This can be found as the Addendum. If you have questions regarding this narrative, appendices, or addendum, please contact Jodi Brookins-Fisher, PhD, CHES, at (989) 774-3392 or fisheljb@cmich.edu. We thank you for your patience as we reconstruct our quality school health education curriculum.

APPENDIX A

**HSC 346
METHODS AND RESOURCES IN TEACHING HEALTH
SPRING 2005**

Directions: Please read each item CAREFULLY and thoroughly respond. Use the back side of each page if more space is needed.

1. How could a health educator apply and use the following benchmark in a unit on infectious diseases? (3 points)

“Evaluate the impact of technology on personal, family and community health.”

2. Write a sample learning objective for a lesson on drug abuse prevention. (2 points)

3. The best definition of health literacy is: (2 points)

- a. puberty education curriculum for schools
- b. knowing and applying healthy habits to your life
- c. the wonder years
- d. equipping young people to postpone sexual intercourse

4. Explain why it might be important and useful for you to know about the Youth Risk Behavior Survey. In your discussion, please address the six CDC health risk areas. (3 points)

5. Compare/contrast the amount of time for health education instruction for each grade level and tell why or why not the amount is sufficient for each. (6 points)

6. Explain why health literacy is important, and how to achieve it. (4 points)

- T or F 7. If you are creating posters to persuade others to recycle you are an advocate for community and environmental health. (2 points)

8. List three different ways to assess students other than a written test (6 points)
- a.
 - b.
 - c.
9. Given the following content standard and benchmark, write a short answer as to how you could meet this requirement in an early elementary school environment. (3 points)
- “Practice health – enhancing behaviors and reduce health risks.”
10. When students are able to solve problems using required skills or knowledge they are demonstrating _____. (2 points)
11. All of the following are barriers to coordinated school health education EXCEPT: (2 points)
- a. instruction isn't standardized
 - b. teachers aren't properly trained
 - c. too much focus on skills and competencies
 - d. schools don't appreciate health education
12. What are the parts of Bloom's Taxonomy and why is it important to be aware of these different parts when constructing a test? (5 points)
13. The following is a list of the parts of an ITIP lesson plan. Arrange them so that they are in order from beginning to end. (5 points)

Anticipatory Set
Modeling
Guided Practice
Basic Information
Independent Practice
Check for Understanding
Closure
Objectives/Purpose
Input
Lesson Objectives/Learning Goals

14. Why is a rubric better than straight scale grading according to leading educators in today's system? (2 points)

15. The book states that working with 1) parents, 2) other teachers or administrators, and 3) other outside agencies, as responsibilities of a teacher. Use everyday examples to illustrate how this may occur with each. (6 points)
 - 1.

 - 2.

 - 3.

16. If you had one week left of the school year and you haven't covered AIDS education, drug education or nutrition, how would you prioritize which to teach first just in case you couldn't cover everything in that last week? (3 points)

17. Demonstrate how rubrics can help you grade fairly by creating a rubric for a writing assignment that requires: 2 sources, 2-3 pages in length, correct grammar and spelling, and compares and contrasts healthy and unhealthy relationships. (6 points)

18. List the six CDC Risk Factors. (6 points)
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
19. Compare Michigan Health Education Standards to the National Health Education Standards. (3 points)
20. Define the Michigan Model. (3 points)
21. Explain the differences between what was taught in historical health education and what is taught now in new health education. (3 points)
22. How could you use True Colors to create a different atmosphere in your classroom? (3 points)
23. Define scope and sequence. (2 points)
24. Create an anticipatory set for a lesson plan in your tobacco unit. (5 points)
25. A) Formulate an opinion about what single personal characteristic makes you the “color” you are in the True Colors analysis. B) What is the major strength of this characteristic for you as a teacher? C) What is the major weakness of this characteristic for you as a teacher? (6 points)

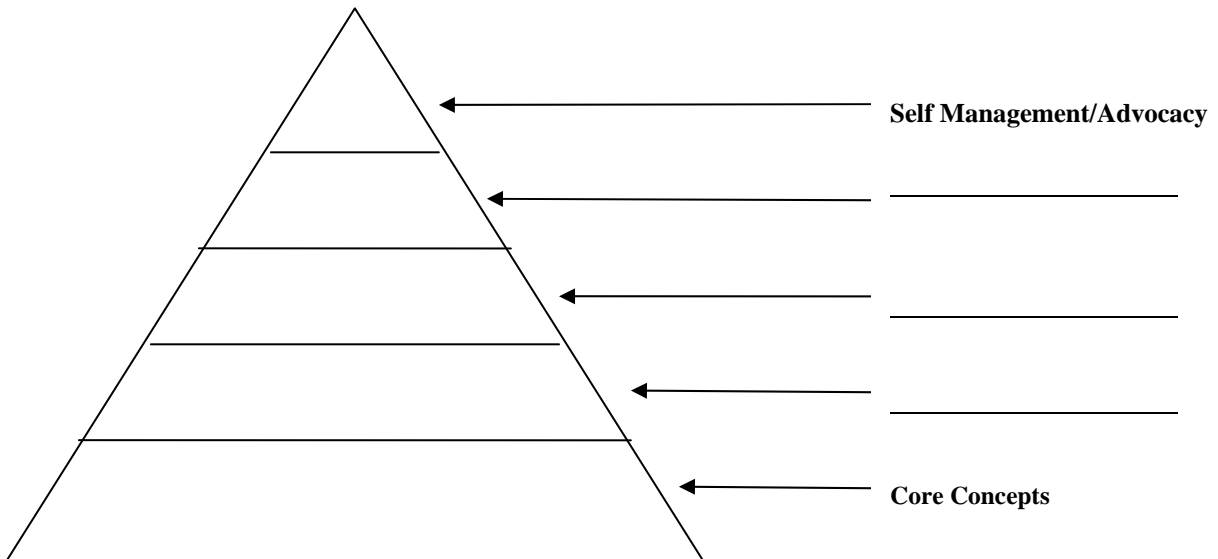
26. How would you classify a “gold” student? (1 point)
- a. likes to finish task on time
 - b. wants to learn technical aspects of a topic
 - c. fears failure
 - d. is less interested in details
27. A) What is your secondary True Color? B) How will this balance out your primary color? C) How do the answers to each question above affect your teaching? (5 points)
28. List 4 of the 8 components of a coordinated school health program. (4 points)
- a.
 - b.
 - c.
 - d.

Name _____

**346 Exam #1
Fall 2004**

Directions: Please read each item CAREFULLY and thoroughly respond. Use the back side of each page if more space is needed.

1. Describe the purpose of the anticipatory set in an I-tip lesson plan. (2 points)
2. Complete the health literacy triangle. (3 points)



3. Explain two main uses of the National Health Education Standards. (4 points)
4. How could you use True Colors to create a different atmosphere in your classroom? (3 points)

5. Describe the importance of the Youth Risk Behavior Surveillance System (YRBSS). (3 points)
6. Define scope and sequence. (2 points)
7. Discuss two benefits of using rubrics when grading student assignments. (4 points)
8. Predict what would happen if your coordinated school health program lacked health promotion for staff. (3 points)
9. Think of your health class in high school. A) How did the teacher go about teaching the class? B) From your knowledge here at CMU, how would you change the class that your health teacher taught you? C) What about that change would make it better? (5 points)
10. Create an anticipatory set for a lesson plan in your tobacco unit. (5 points)
11. A) If you were to recommend only three methods for creating a positive learning environment, which would you choose? B) Why are they important to you? (6 points)
12. A) What three characteristics best describe a “good” health teacher? B) Why are these so important? (5 points)
13. A) Define “Health Literacy.” B) Explain the relevance of Health Literacy to National and Michigan Health Education Standards and Benchmarks. (4 points)
14. A) Formulate an opinion about what single personal characteristic makes you the “color” you are in the True Colors analysis. B) What is the major strength of this characteristic for you as a teacher? C) What is the major weakness of this characteristic for you as a teacher? (6 points)

15. A) You are a high school health teacher. At orientation before the start of the year, you need to convince parents of the importance of health education. What would you say? B) Support your points with scientific backing. (5 points)

16. How would you classify a “gold” student? (1 point)
- a. likes to finish task on time
 - b. wants to learn technical aspects of a topic
 - c. fears failure
 - d. is less interested in details

17. Identify four of the six CDC risk factors to be addressed in a health education curriculum. (4 points)

- a.
- b.
- c.
- d.

18. The National Health Education Standards have only one standard that is related to knowledge. Can you justify this? (3 points)

19. List three national initiatives that support comprehensive school health education. (3 points)

- a.
- b.
- c.

20. Create a rubric for grading a short essay. Include at least two categories of grading with a scale of 0-2 for each. (4 points)

21. State three barriers to the implementation of coordinated school health programs. (3 points)
22. Relate the importance of having a well-kept portfolio to obtaining a teaching position. (3 points)
23. Why are the seven National Health Education Standards so significantly related to being a good health teacher? (3 points)
24. A) What is your secondary True Color? B) **How** will this balance out your primary color? C) How do the answers to each question above affect your teaching? (5 points)
25. The _____ Model has been implemented in about 85% of Michigan's public schools. (1 point)
26. List 4 of the 8 components of a coordinated school health program. (4 points)
- a.
 - b.
 - c.
 - d.
27. A) List one category within Bloom's Taxonomy. B) Construct a test question for the area of tobacco prevention. (3 points)
28. List three differences in the Michigan School Code since June, 2004.
- 1.
 - 2.
 - 3.

APPENDIX B

Spring 2005 Rubric – Written Lesson Plan- Final

	(0)	(1)	(2)	(3)
Basic Information				
Standards and Benchmarks: Do the benchmarks correlate with the lesson?	No benchmarks listed.	No correlation at all between lesson and benchmark.	Benchmark is listed, but it could be correlated better.	Benchmark is listed, explained, and reinforced during the lesson.
Was health literacy addressed? Includes: Core concepts (AOD, Injury prevention, nutrition, physical activity, sexual health, tobacco, mental health, personal and consumer health, community and environmental health); Accessing information; self management; internal and external influences; interpersonal communication; decision-making/Goal setting; and Advocacy	No health literacy standards were listed.	There was no correlation between the standard listed and the lesson.	Standard was listed but was somewhat inappropriate to the lesson.	Standard was listed and was correlated and relevant to the lesson.
Objectives/Learning Goals – The teacher clearly informs the students what to expect and what to be able to accomplish by the	No objectives listed.	Objectives listed but not relevant to the lesson.	Most of the objectives relevant and/or measurable. Included more than one type of	All of the objectives are relevant and/or measurable. Included more than one type of

end of the instruction. The objective should be specific in content and focus on observable behavior. The objective should let the students know what is going to happen.			objective (e.g., cognitive, affective psychomotor). Appropriate action verbs used in the objective.	objective (e.g., cognitive, affective, psychomotor). Appropriate action verbs used in the objective.
ITIP:	(0)	(1)	(2)	(3)
Lesson Materials/ Technology Listed in Lesson Plan – Handouts, photographs, overhead, maps, etc.	No Materials/ Technology listed in lesson plan	Some listed, however not a complete list.	Materials/ Technology listed however not clear or specific enough.	Everything is listed, specific, and well organized and capable of being understood by anyone.
Anticipatory Set – Get students mentally or physically ready for the lesson. Provide an activity to relate previous learning and re-focus student attention on what's to come.	No evidence of anticipatory set.	Anticipatory set is listed, but was irrelevant to the topic.	It got attention, but did not strongly support the lesson.	Got students to connect previous ideas or to anticipate what was coming. An effective attention-grabber.
Input – How is the content delivered? Teaching techniques and strategies.	No input section; no modeling or check for understanding.	Used only one teaching method. Information was not well-explained.	Used at least two methods to help students understand the	Used at least two different methods to teach to many types of learners,

<p>Definition of concept; list critical attributes; explanation, one step at a time; presentation of information. Two methods necessary.</p> <p>A. Modeling – Students are shown an example of what to do. Use of concrete examples, stories, shows how to solve, use visuals etc.</p> <p>B. Check for Understanding – Ask students if they understand. Do visual as well as oral check.</p>		<p>No transition between key ideas. No modeling or examples offered. Did not check for understanding. Irrelevant information. Got off track or distracted.</p>	<p>information. Transitions were not always smooth; were cumbersome or inappropriate. Infrequent checks for understanding, or at inappropriate spots.</p>	<p>or input fit with the upcoming activity. Logical flow of ideas with smooth transitions. Relevant and appropriate examples, stories, visuals used to explain concept. Checks for understanding.</p>
<p>Guided practice – Student’s attempts are guided by the teacher. Students solve new problems under teacher guidance.</p>	<p>Did not offer guided practice.</p>	<p>Students were given the opportunity to practice, but with very little guidance from the teacher, or the practice was not relevant to the lesson.</p>	<p>Students were given the opportunity to practice, with guidance from the teacher and practice was relevant to the lesson.</p>	<p>Students solved problems/did activity with teacher guidance, were in some way able to apply the information to new situations, understand the relevance of the lesson or summarize main points.</p>
<p>ITIP:</p>	<p>(0)</p>	<p>(1)</p>	<p>(2)</p>	<p>(3)</p>
<p>Closure – Summarize, quick quiz, exit slips, etc.</p>	<p>No closure</p>	<p>Abrupt closure, poor transition to</p>	<p>Closure included summarization</p>	<p>Teacher made sure the students</p>

		closure, or just a quick summarization was done.	n, exit slips, quick quiz or other method. No concrete examples given.	understood material. Closure included summarization, exit slips, quick quiz or other method.
Independent Practice – Similar activities as in guided practice without teaching help. Students independently try new problems/practice until over learning occurs. Example is homework.	No independent practice present	Independent Practice present but not relevant to lesson.	Independent Practice present and relevant, however, not clear and concise for student use.	Independent Practice present, relevant, clear, and was able to prove student's understanding of the lesson
Was the ITIP format followed?	I-tip was not followed.	Little correlation to the ITIP format.	ITIP format followed about half the time.	ITIP format followed 75% to 100% of the time.
Thorough /simple/concise	No lesson plan.	Either too brief, not enough detail or so much detail that it can't be followed easily.	Somewhat brief, lacking sufficient detail, but able to follow and understand with a little extra work; or was a bit too wordy, took some wading to find the meat and potatoes of the plan.	This is a plan that was "just right;" not too brief, not too detailed. Provided enough direction so that a sub could understand it.
Developmentally appropriate?	Did not address development level.	Was either too simplistic or too advanced for the grade	Stated the grade level for the lesson, but the lesson	Stated grade level/age was appropriate and relevant

		level stated, or no grade level was stated.	seemed slightly too simple or too advanced for that grade/age.	to that age group or the needs of the class.
Is there a back-up activity?	No back up activity and no timeline.	There is a back-up activity, but it is not relevant to the lesson; no time line.	Back-up activity is relevant, and helps reinforce lesson objectives, no time line.	Back-up activity is relevant, and helps reinforce lesson objectives with appropriate time line.
ITIP:	(0)	(1)	(2)	(3)
Adapted for students with special needs? (e.g., students with physical disabilities and or learning/developmental disabilities.)	No adaptation for special needs.	Has adaptation but is inappropriate .	Adaptation but does not help to meet student objectives.	Complete adaptation of lesson plan to meet student objectives.

APPENDIX C

Julie Salisbury
Lab-HSC 346
Tuesday 6:30 – 7:45p..m.
Home phone: 828-5326
E-mail: salisbur@edzone.net

Syllabus Lab-HSC 346

Lab Description: Students will gain hands on experience both in the actual public school setting and through information presented in their collegiate classroom. It is the intent of this lab experience to “bridge the gap,” between what is taught in the collegiate classroom and what actually occurs in the “real life” classroom in the public school system. Students will teach health education to different grade levels in the public schools. An alternative education experience will also be required. Guest speakers will reinforce different topical issues.

Grading: Grading for this class will be determined as follows by the use of points. The points will be figured into your lecture class and a final grade will be configured.

Identity Box: 25 points
Observation Sheet: 25 points
Attendance: 50 points
Reflective Journals: 50points
Shepherd Lesson Required
Odyssey Lesson: Required
Final Evaluation: 50 points

<i>January 24</i>	<i>Syllabus/Introductions/Name Game/ Reflective Journals/Observation Sheet Requirement</i>
<i>January 31</i>	<i>Odyssey Intro./Requirements for Lessons & Observation Sheets</i>
<i>February 7</i>	<i>“How to get started?” / Identity Box Project</i>
<i>February 14</i>	<i>Odyssey Work Session- Partners & Topic / Review I-Tip Sharing of Observation Sheets</i>
<i>February 21</i>	<i>Sharing of Identity Boxes</i>
<i>February 28</i>	<i>Finish Identity boxes/Observation Sheets</i>
<i>March 7</i>	<i>CMU—SPRING BREAK—ENJOY!!!!</i>
<i>March 14</i>	<i>Final Odyssey Work Session</i>
<i>March 21</i>	<i>Resources Discussion</i>
<i>March 28</i>	<i>Meetings regarding Odyssey/SHS Teaching Experience (outside of class) *Julie is out of state at a conference</i>
<i>April 4</i>	<i>Salaries, Investments, Financial Planning (Guest Speaker)</i>
<i>April 11</i>	<i>“Having Guest Speakers”</i>
<i>April 18</i>	<i>Classroom Management</i>
<i>April 25</i>	<i>Testing & Grading</i>
<i>May 2</i>	<i>Written Final Evaluation of Lab – Teacher Evaluation</i>

E_MAIL: All e-mail sent to me must be sent to my public school account. My address is salisbur@edzone.net. Please note that I will NOT correspond from my CMU address.

Grading Procedures:

ATTENDANCE: Your attendance is an important attribute that you will take with you into the workplace. It is important that you be in attendance in this class. Failure to do so will affect your grade in this class as well as in your future position as a teacher. Attendance is worth 50 points of your lab grade.

REFLECTIVE JOURNALS: This is a blue notebook that you will use in lab. You will need to summarize each lab class meeting in your notebook, along with a short reaction to the lab topic(s) of that class period. This journal will be evaluated by the instructor. Reflective Journals are worth 50 points of your lab grade.

OBSERVATION SHEETS: These are to be filled out completely as you are viewing the teacher of your choice. They are to be shared in lab class February 14, 2005. You will be responsible to turn them in at the time too. Observation sheets/presentations are worth 25 points of your lab grade.

IDENTITY BOX: This is a project that will be required in lab class. You will present your identity box to lab class on February 21, 2005. This project is worth 25 points of your lab grade. Details of this project will be given out in lab class.

FINAL EVALUATION: Every student will be required to take the final evaluation in lab class. This will be taken May 2, 2005. The time will be the same as our regular lab time.

ODYSSEY AND SHEPHERD TEACHING EXPERIENCES: These experiences are required for this lab. You must do these experiences in order to pass lab.

Grading Scale:

200 – 185	A/A-
184 – 170	B+/B
169 – 150	C+/C
149 – 130	D+/D

****** Remember: You MUST do the Shepherd and Odyssey teaching experiences along with the above requirements in order to receive a lab grade which will be averaged into your total HSC 346 grade.*

APPENDIX D

Name of Presenter: _____ Name of Evaluator: _____

LESSON PRESENTATION EVALUATION FORM
HSC 346
METHODS AND RESOURCES IN HEALTH EDUCATION

<u>CRITERIA:</u> Presentation	<u>POINT</u>	<u>POINTS</u>	<u>COMMENTS</u>
	<u>VALUE</u>	<u>AWARDED</u>	(use the back if necessary)
<u>ITIP</u>			
Behavioral objectives	1-5	_____	
Anticipatory Set	1-5	_____	
Input from teacher	1-5	_____	
Guided practice	1-5	_____	
Closure	1-5	_____	
<u>Points subtotal</u>		_____ /25	
 <u>Presentation</u>			
Organization	1-5	_____	
Focus	1-5	_____	
Transitions	1-5	_____	
Creativity	1-5	_____	
Presentation length	1-5	_____	
<u>Points subtotal</u>		_____ /25	
 <u>Attributes of Presenter</u>			
Expressiveness/Appearance	1-5	_____	
Elocution/Articulation	1-5	_____	
Physical expression/ Eye contact/Bodily Movement	1-5	_____	
<u>Points subtotal</u>		_____ /15	
Total Points		_____ /65	

Name _____ Date of Presentation _____

HSC 346

Assessment: Written Lesson Plan

	Score 1-5	Comments
1. Basic Information	_____	
2. Benchmarks correlate with lesson	_____	
3. H/L was addressed in the lesson	_____	
4. Objectives behaviorally written	_____	
5. Anticipatory set	_____	
6. Input	_____	
7. Guided practice	_____	
8. Closure	_____	
9. ITIP followed?	_____	
10. Thorough/Simple/Concise	_____	
11. Developmentally Appropriate?	_____	
Total points for written plan	_____ /55	_____ %

Overall Comments on Written Lesson Plan:

Total average points for oral presentation _____ **/65** _____ **%**

Comments on oral presentation:

Final Grade for Lesson Plan and Presentation _____ /50 points

APPENDIX E

CLASSROOM OBSERVATION SHEET

Give each classroom observed a core of 1 (poor) to 10 (great) for each statement.

- | A. Physical Environment | <u>Score</u> |
|--|---------------------|
| 1. Temperature, lighting, noise level | _____ |
| 2. Desk/table arrangement/fitting to student | _____ |
| 3. Cleanliness, displays, bulletin boards | _____ |
| 4. Hazards | _____ |

Comments:

- | B. Teacher/Learner Relationships | |
|---|-------|
| 1. Communication | _____ |
| 2. Mutual respect | _____ |

Comments:

- | C. Psychosocial Climate | |
|--|-------|
| Give a score from 1 (totally traditional) to 10 (totally open) | _____ |

Comments:

- | D. Student/Student Relationships | |
|--|--|
| 1. Do they seem to have roles? Explain your observations. | |
| 2. Is this classroom more competitive or cooperative? Explain. | |

Other comments:

APPENDIX F

HSC 346
Final Evaluation

Name: _____

Date: _____

Directions: Please choose 5 topics that were discussed in class and that you entered in your journals. I want you to discuss the importance of the topic and then your personal reaction. Each topic/reaction is worth 20 points. Use complete thoughts and sentences within your answers.

1.

2.

3.

4.

5.

*On the back of this last sheet, please discuss the strengths and weaknesses of this lab class. I appreciate the constructive input. I will review your comments, ideas etc., then self-assess, and hopefully make the next lab course meaningful as well. It's been my pleasure folks, good luck to you all!

APPENDIX G

Requirements of Unit Project – HSC 340

Here are the expectations that I will be assessing you on for your Health unit. A notebook with separate tab sections needs to be indicated for each required area that is stated below. If at any time you have questions, concerns, or want to “pick my brain” for ideas or suggestions, please do so. PLEASE don't wait until the last minute.

We will use a few class periods as work sessions, but you will need to spend time outside of class as well. So use your time wisely!

Learning Objectives and MI Content Standards & Benchmarks – 75 points

- Objectives that indicate what it is that you want your students to learn by the end of the lesson. Be specific! These are to be written for each lesson.

Bulletin Board – 50 points

- This should be colorful, age appropriate, relevant, and easy to read. Construct and hang this somewhere, take a picture of it and then write a short paragraph on the rationale for choosing the message that you did as you include it in your unit.

I-Tip Lesson Plans – (Minimum of 3 required) – 60 points

- Make sure that each of your lessons have a detailed I-Tip lesson plan. This is University required.

Cooperative Learning Activities – (2 required) – 40 points

- You should have at least 2 cooperative learning activities within the unit that you have chosen to develop. Be detailed in your explanation of how they will be incorporated within your lessons, groups chosen, evaluated etc.

Enrichment Activities – (2 required) – 40 points

- These need to be described in detail as to what the activity is, where it will fit, how it will be assessed, and why it is included.

Rubrics/Assessment – (minimum of 3 required) – 90 points

- You need to discuss or document in detail the rubric/assessment that you will be doing/giving to your students. Ask yourself, “Does this measure what it is that I want my students to know?” Do your rubrics/assessment meet your outcomes of what your students are expected to have obtained from your unit? These can be performance based assessments, multiple choice, project-based etc. Actual copies of the assessments must be found here, along with their prospective key(s).

Technology – 35 points

- How do you integrate technology into your unit? What types of technology are you using/requiring of your students? How are you assessing the use of technology?

Integration of Content Areas/Cross Curricular – 35 points

- What academic based areas are you addressing within your Health unit? How are you integrating it? Assessing it? What are you using (materials) to implement it? Example: If it is a writing activity, tell me how you plan to use it within the lesson, how you will assess it and also indicate the purpose of it.

Outline/Plan of Implementation of lessons Within the Unit – 25 points

- A timeline or mapping out of your unit needs to be shown in detail.

Total Points Possible: 450 points

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THOUGHTS😊😊😊😊😊😊😊😊😊😊😊

How will you store this unit that the two of you work on? Duplicate it? Make sure that it is easily accessible to you for when you get into the field of work. Also, ask yourself, “Is this something that I can use and will use within my classroom?” Make it count for something that you can ACTUALLY use!!!

Name _____

Learning Objectives/Benchmarks _____/75
Bulletin Board _____/50
I-Tip Lesson Plans (3) _____/60
Cooperative Learning Activities (2) _____/40
Enrichment Activities (2) _____/40
Rubrics/Assessments (3) _____/90
Technology _____/35
Integration of Cross Curricular _____/35
Outline/Plan of Unit _____/25

Total 450

Points: _____ **Comments:** _____

Name _____

Learning Objectives/Benchmarks _____/75
Bulletin Board _____/50
I-Tip Lesson Plans (3) _____/60
Cooperative Learning Activities (2) _____/40
Enrichment Activities (2) _____/40
Rubrics/Assessments (3) _____/90
Technology _____/35
Integration of Cross Curricular _____/35
Outline/Plan of Unit _____/25

Total 450

Points: _____ **Comments:** _____

Addendum

School Health Major

Program Assessment Summary/Recommendation

The June, 2004 Program Assessment resulted in “**Approval Pending**” with notations about two standards/requirements that were not yet met, and additional information needed/action to be taken. Note that this addendum will only take into account the School Health Major. In January, 2004 the Major was put on moratorium and was not include in the November, 2004 CMU Response. In January, 2005 the moratorium was lifted. This addendum addresses the MDE review of June, 2004 about the School Health Major.

Two main notes of clarification need to be made about the major that will eliminate some concern on behalf of MDE about preparation of School Health majors at CMU. The first is that the major is **ONLY** intended to be a 7-12 major. It was never intended to be a K-12 or elementary major. CMU faculty in the School of Health Sciences believe this was miscommunicated to MDE in a previous report. Second, CMU does not provide an endorsement in School Health Education. If an individual would request an endorsement in School Health, they are simply directed to take the major or minor as a post-bachelor’s student. Hopefully, these clarifications help MDE reviewers better understand the intent of the CMU program; and why students in the major do not receive elementary classroom experience. Elementary experience is available, however, to minors in elementary education.

For this report, two standards were not yet met: Standards 5 and 7. Standard 5 will be reiterated as a follow-up to previous reports. It is assumed that the same strengths and deficits exist for the major, as did for the minor. Since this was already addressed earlier in this report for the minor, it is just reprinted here.

Standards/Requirements Not Met (School Health Major)

A. Standard 5: Evaluates the effectiveness of school-based health education (Competencies 5.1, 5.2, 5.3, 5.4)

- 1. Competency 5.1, Develop plans to continually evaluate the health literacy of students using performance-based assessments that are aligned with the implemented curriculum and with the Michigan Assessment Standards.**

As mentioned in the previous CMU response, health literacy is discussed in HSC 222 (Sexuality in Health Education), HSC 340 (Curriculum in Health Education) and HSC 346 (Methods and Resources in Teaching Health). HSC 346 particularly addresses student skill-building in this area. As the MDE review of March, 2005 stated that documentation was needed of the discussed activities under these competencies, they will be included as attachments in this report. Students construct assessment questions (based on Bloom’s Taxonomy) regarding health literacy for an exam. This exam changes from semester to semester based on student

input, but exam examples (from Fall 2004 and Spring 2005) can be found in Appendix A. Additionally, students must incorporate health literacy content areas into lesson plans, and how to assess this content throughout and at the end of the lesson. They must also develop an interactive bulletin board to accompany their lesson plan (based on I-tip format). They actually construct the rubric for this lesson plan as part of their learning about assessment. The rubric scoring guide developed from HSC 346 students in Spring 2005 can be found in Appendix B.

Students in HSC 346 also get two other opportunities to implement a lesson addressing a health literacy content area in real classrooms; one regular education and one alternative education site. These occur within the laboratory portion of HSC 346 which is taught by a “real world” school health education teacher. Please see the syllabus for this lab in Appendix C. Lesson plans are developed by students based on a local school district’s curriculum (designed to increase student health literacy by meeting state and national health education standards and benchmarks). Once implemented in the local school district health education classrooms, students are evaluated on their performance by the classroom teachers, and suggestions for improvement/adjustment and student teacher strengths and weaknesses in meeting lesson objectives (tied to curriculum goals, standards and benchmarks, and therefore health literacy) are discussed. See Appendix D for these lesson plan assessment tools. Also, please find verification of the agreement with the alternative high school classroom in Appendix E. In this lab, students must also keep a reflective journal about each week’s topics. The instructions for journal entries can be found on the attached lab syllabus. Lastly, students do an observation of a health education classroom instructor. They must complete a rubric and return to the lab instructor. Please see Appendix F for a copy of the rubric and a sample of a completed rubric from an HSC 346 student during Spring 2005. Students also complete a reflective final examination. See Appendix G for the Spring 2005 copy of the exam.

Students also increase their skill sets regarding assessment by utilizing SCASS components in class lecture regarding performance-based assessment. These materials would be common knowledge to MDE reviewers, and are not included here.

In HSC 340, the students also learn to evaluate student health literacy using performance-based assessments through the development of a health education unit plan. Please see Appendix H for the unit plan instructions. HSC 340 students design the entire plan which is graded by the instructor. The students must also teach from the unit plan. This is evaluated by both the instructor and the students. This enables the student to determine if the written plans actually work as they intended. It also gives them peer feedback while allowing the observing peers to enhance their skills at

evaluation. Self-reflection occurs after teaching; improvements are applied as needed based on the lesson evaluation.

2. Competency 5.2, Carry out evaluation plans.

Besides what has been previously discussed, it is important to note that students do evaluate student attainment of health literacy through the assessment of their lesson plans and unit plans in core courses. For example, in HSC 346, students do not simply submit their I-tip lesson plan based on the developed rubric that includes health literacy areas, but must keep revising the lesson based on initial evaluation by the instructor. They must then assess the current lesson and modify it to meet all requirements. This ensures that they are able to carry out the evaluation plans within the lesson. They may need to assess and revise the lesson multiple times before it is approved by the instructor for distribution to all other HSC 346 students.

In the HSC 346 lab, students also modify their lessons for both the alternative and regular education classroom based on instructor feedback. This is after the student teaches to the “real” classroom. In this regard, they can see how the lesson worked in meeting lesson objectives and how to revise it for future use. In these lessons, performance-based assessment of students is required. This process can also then be addressed following the student teaching.

In HSC 340, as previously mentioned, the unit lesson is submitted and taught to get multiple types of feedback from the instructor and peers. Students can then modify their lessons/units based on the feedback to better ensure they are meeting health literacy standards.

All documentation of the above in Competency 5.2 has been provided in Competency 5.1.

3. Competency 5.3, Interpret results of student assessment.

This area was explained in the last report, however, no rubrics or evaluation instruments demonstrating that student teachers can interpret results of student assessment were included. All are attached in the Appendices. Not only is the interpretation of resulting assessment of students taken into account, but assessment of the rubric itself as a performance-based measure. These discussions help to modify the rubrics.

Also as previously discussed, parent-teacher conferences are presented by a “real world” teacher (different from the others previously mentioned), as well as the performance-based measures to include in the conference with parents. This can be done as a student-led conference, or without students. Both are discussed, as are the best ways to conduct each, along with the assessments of student learning to include in the conference. Materials are not attached here, as it is copyrighted information, but can be sent if requested.

The interpretation of results of student assessment has been previously discussed for HSC 340 and in other areas of HSC 346. Other information has been provided in previous CMU reports.

4. Competency 5.4, Analyze findings for future program planning.

As this overlaps to some degree with other competency areas within Standard 5, it will briefly be discussed here. All student-developed lesson plans receive vast feedback in both HSC 340 and 346. This feedback allows student teachers to analyze the lesson/unit for future program planning. These plans are further analyzed by the instructor as to meeting student outcomes.

B. Standard 7: Acts as a resource person to others regarding healthy development (Competencies 7.2, 7.3, and 7.4)

This standard was met within the minor from the November, 2004 CMU report. It is assumed this will also suffice as it relates to the major, but is restated here for convenience of the MDE review team.

1. Competency 7.2, Consult effectively with others requesting assistance with health concerns.

This topic is addressed in learning objectives from HSC 340, 346 and 418 (Professional Aspects of Health Education). HSC 418 (formally HSC 200: Foundations of Health Education) is critical in addressing this competency. The topic of consultation and needed skills (Competency 7.2.2) is discussed by a professional consultant from the Health Education field. HSC 222, 346 and 418 have guest presenters who further discuss the importance of knowing limits and when and where to refer (Competency 7.2.1), along with the distribution of resources for many health education topics and issues. HSC 222 and 346 both have guest presenters (3 different individuals from different agencies) that discuss the issues of student disclosure, confidentiality, state laws and policies, and mandatory reporting (Competency 7.2.3). In HSC 317, students also gain understanding about consultation with others about health concerns with applied skill development in the population health site

assignment. This task requires students to have consultation and communication skills in order to effectively complete the assignment.

In HSC 106, students learn to consult with others different from themselves by evaluating a broad range of personal and cultural values and how these relate to our global society and health and health care. Since HSC 340 is taught by a current health teacher at the middle/high school level, many of these topics are addressed from the “real world” of teaching. Guest speakers include a presenter about students with special needs and how to meet their and their family’s health and health education needs.

2. Competency 7.3, Interpret and respond to requests for health information and services.

This competency reflects the student’s ability to act as a health education resource person. In addition to HSC 340 and 346, which have been discussed in previous CMU reports, School Health majors also take HSC 317 and HSC 418. HSC 418 increases student understanding from a competency standpoint and how to ensure the professional is able to properly handle requests for information. HSC 317 discusses a variety of community health topics with accompanying resources for future use to the student as a professional. In addition, HSC 418 has a library instructional class that describes valid and reliable health education resources. It also discusses the difference between a scholarly source and others. Students must then do a computer search on a topic and find valid and reliable sources for that topic. HSC 222 further assesses this competency by discussing the importance of being an informed consumer of sexuality research. Students then apply these skills as they find valid and reliable sources for their group work project. These, again, are in addition to the skill-building activities from HSC 340 and 346. All of the above mentioned lessons and activities help meet Competency 7.3.1. Throughout the process of these assignments, Competency 7.3.2 is met through instructor-student interactions. Guidance and instructor input are critical to the process. In HSC 317, students complete a Powerpoint deliverable that develops skills in audience assessment, information formulation and the deliver of information for an audience.

In HSC 106, students compile a Wellness Portfolio that examines all aspects of health including the six dimensions of wellness. Students complete a series of worksheets requiring them to access credible websites to secure information regarding various health conditions and resources available at the local, state and national levels.

3. Competency 7.4, Select effective educational resource materials for dissemination.

This Competency is easily met in a variety of the School Health major courses. Many assignments in the major require the student to select effective educational resource materials to disseminate. This may be in a group work activity for HSC 222, in which they provide all other students in the course with resources when they do group presentations, or when they utilize resources within lesson plans (HSC 346). They are also very aware of Michigan law and policy regarding the dissemination of materials for sexuality education. This would hold true for the HSC 340 class, in which students must include educational resource materials in their curriculum project. The website evaluation project in HSC 317 also helps students to meet this competency.

Materials are developed for a variety of learners (Competency 7.4.1). In HSC 346, for example, they must construct an interactive bulletin board to accompany their lesson plan. They must also indicate how lesson plans would need to be adapted for special needs students. Additionally, in HSC 346, they develop lesson plans with accompanying materials for two classrooms, one in an alternative school and one in a regular education school building. All of these must be collected by the student and reviewed by the lab instructor for developmental appropriateness before dissemination, and to ensure they meet district requirements (Competency 7.4.2).

Students understand where and how to access resources for specific health needs upon completion of this major (Competency 7.4.3). As an example, the HSC 317 assignments on website evaluation and population health, and the Powerpoint task all clearly help students' skills on accessing resources, as well as methods for distribution of educational materials (Competency 7.4.4).

Additional Information/Action to be Taken

5. Syllabi for core "process-oriented" courses were provided in the November, 2004 review. These stated the objectives for the courses, as well as which competency areas in the matrix each addressed. From the March, 2005 MDE response, it is presumed that these syllabi were adequate, but that further information was needed as to the assignments and how they related to both the course syllabi objectives and student skill building. These are attached in the appendices section of this response.
6. The other concern regarding the major was that the six CDC risk factors might not be adequately addressed. These are discussed and applied in a variety of ways within the major curriculum. With the latest curricular changes, HSC 106P: Healthy Lifestyles (which might have a different number once implemented) will be added for health education majors and minors only. This version of HSC 106 will

specifically address the CDC risk factors in detail. All assignments will be directed into these risk factor areas. Other changes have occurred in courses since the last review. Student understanding of other key content areas would occur in other major courses. HSC 235: Psychoactive Drugs, for example, discusses drugs from a prevention standpoint. Students become aware of the levels of prevention and their role at each level. They also obtain resources for all areas of prevention. The inclusion of HSC 222: Sexuality in Health Education in the major ensures that the sexuality-related risk factors are more specifically addressed. Both HSC 106P and 222 address sexual assault issues and prevention. In HSC 222, this issue is addressed as it pertains to teachers and mandatory reporting. Other forms of violence prevention are addressed in both HSC 317: Community Health and HSC 526: Mental Health. Lastly, majors take HEV 370: Nutrition which provides the background necessary to teach this topic to adolescents.

Conclusion

We hope that the information provided will demonstrate CMU's commitment to producing pre-service teachers that are adequately equipped with the knowledge, skills and abilities in the standard and competency areas of Health Education. The major has been strengthened through this review process through the development of additional course objectives and assignments, as well as the addition of two faculty positions. We hope you find these additions as adequate and appropriate in meeting deficit competency areas, and will move CMU's School Health major to "approved" status. If you have questions regarding this narrative or appendices, please contact Jodi Brookins-Fisher, PhD, CHES at (989) 774-3392 or fisheljb@cmich.edu.