Preparing Initial Health Education Teacher Education Program Reports

Presenter
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Standard 1: Content knowledge
Candidates demonstrate the knowledge and skills of a health literate educator.

Key Element D: Candidates describe behaviors that might compromise health or safety.

- Possible sources of evidence
  - Praxis II® Subject Tests for health education scores
    Note: Exam 0055/5055 (“Health Education: Content and Design”) will provide partial evidence for the “describe” portion
  - Comprehensive state/institutional exam;
  - Course grades/GPA
  - Internship/student teaching evaluation and/or field work assessments
Part 1

2008 Health Education Teacher Preparation (formerly AAHE) Program Standards
Standard 1: Content knowledge
Candidates demonstrate the knowledge and skills of a health literate educator.

Key Element A: Candidates describe the theoretical foundations of health behavior and principles of learning.

➢ Possible sources of evidence
  ▪ Praxis II® Subject Tests for health education scores
    Note: Exam 0055/5055 (“Health Education: Content and Design”) will provide partial evidence for the “describe” portion
  ▪ Comprehensive state/institutional exam;
  ▪ Course grades/GPA
  ▪ Internship/student teaching evaluation and/or field work assessments
Standard 1: Content knowledge
Candidates demonstrate the knowledge and skills of a health literate educator.

Key Element B: Candidates describe the National Health Education Standards.

➢ Possible sources of evidence
  ▪ Praxis II® Subject Tests for health education scores
    Note: Exam 0055/5055 (“Health Education: Content and Design”) will provide partial evidence for the “describe” portion
  ▪ Comprehensive state/institutional exam;
  ▪ Course grades/GPA
  ▪ Internship/student teaching evaluation and/or field work assessments
Standard 1: Content knowledge
Candidates demonstrate the knowledge and skills of a health literate educator.

Key Element C: Candidates describe practices that promote health or safety.

- Possible sources of evidence are:
  - Praxis II® Subject Tests for health education scores
    Note: Exam 0055/5055 (“Health Education: Content and Design”) will provide partial evidence for the “describe” portion
  - Comprehensive state/institutional exam;
  - Course grades/GPA
  - Internship/student teaching evaluation and/or field work assessments
Standard 1: Content knowledge
Candidates demonstrate the knowledge and skills of a health literate educator.

Key Element E: Candidates describe disease etiology and prevention practices.

- Possible sources of evidence
  - Praxis II® Subject Tests for health education scores
    - Note: Exam 0055/5055 (“Health Education: Content and Design”) will provide partial evidence for the “describe” portion
  - Comprehensive state/institutional exam;
  - Course grades/GPA
  - Internship/student teaching evaluation and/or field work assessments
Standard 1: Content knowledge
Candidates demonstrate the knowledge and skills of a health literate educator.

- Key Element F: Candidates demonstrate the health literacy skills of an informed consumer of health products and services.

► Possible sources of evidence
  - Praxis II® Subject Tests for health education scores
    Note: Exam 0055/5055 ("Health Education: Content and Design") will provide partial evidence for the "describe" portion
  - Comprehensive state/institutional exam;
  - Course grades/GPA
  - Internship/student teaching evaluation and/or field work assessments
Standard 2: Needs Assessment

Candidates assess needs to determine priorities for school health education.
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Candidates assess needs to determine priorities for school health education.

Key Element A: Candidates access a variety of reliable to sources related to health.

Possible sources of evidence
- Comprehensive state/institutional exam;
- Course grades/GPA
- Needs assessment
- Internship/student teaching evaluation and/or field work assessments
Standard 2: Needs Assessment
Candidates assess needs to determine priorities for school health education.

Key Element B: Candidates collect health related data.

Possible sources of evidence
- Comprehensive state/institutional exam
- Course grades/GPA
- Needs assessment
- Comprehensive school health education evaluation
- Internship/student teaching evaluation and/or field work assessments
Standard 2: Needs Assessment
Candidates assess needs to determine priorities for school health education.

Key Element C: Candidates infer needs for health education from data obtained.

- Possible sources of evidence
  - Comprehensive state/institutional exam;
  - Course grades/GPA
  - Internship/student teaching evaluation and/or field work assessments
Standard 3: Planning

Candidates plan effective comprehensive school health education curricula and programs.
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Candidates plan effective comprehensive school health education curricula and programs.

Key Element A: Candidates design strategies for involving key individuals and organization in planning for School Health Education.

Possible sources of evidence

- Lesson and Unit plan
- Course grades/GPA
- Internship/student teaching evaluation and/or field work assessments
Standard 3: Planning
Candidates plan effective comprehensive school health education curricula and programs.

Key Element B: Candidates design a logical scope and sequence of learning experiences that accommodate all students.

Possible sources of evidence

- Internship/student teaching evaluation and/or field work assessments
- Lesson and Unit plans demonstrating appropriate scope and sequence of learning experiences
Standard 3: Planning
Candidates plan effective comprehensive school health education curricula and programs.

Key Element C: Candidates create appropriate and measurable learner objectives that align with assessments and scoring guides.

Possible sources of evidence
- Lesson and unit plans that are culturally, developmentally and content appropriate learning objectives
- Measureable learning objectives that align with scoring guides
- Internship/student teaching evaluation and/or field work assessments
Standard 3: Planning
Candidates plan effective comprehensive school health education curricula and programs.

Key Element D: Candidates select developmentally appropriate strategies to meet learning objectives.

Possible sources of evidence

- Lesson and unit plans that are culturally, developmentally and content appropriate
- Measureable learning objectives that align with scoring guides
- Internship/student teaching evaluation and/or field work assessments
Standard 3: Planning
Candidates plan effective comprehensive school health education curricula and programs.

Key Element E: Candidates align health education curricula with needs assessment data and the National Health Education Standards.

- Possible sources of evidence
  - Lesson and unit plans that are culturally, developmentally and content appropriate
  - Measureable learning objectives that align with scoring guides
  - Create lesson plans that address at least one performance indicator from each of the National Health Education Standards
  - Internship/student teaching evaluation
Standard 3: Planning
Candidates plan effective comprehensive school health education curricula and programs.

Key Element F: Candidates analyze the feasibility of implementing selected strategies.

- Possible sources of evidence
  - Lesson plan (are culturally, developmentally and content appropriate)
  - Unit plan (potential for modification to learners needs,
  - Measureable learning objectives that align with scoring guides
  - Internship/student teaching or field work assessments
Standard 4: Implementation

Candidates implement health education instruction.
Standard 4: Implementation
Candidates implement health education instruction.

Key Element A: Candidates demonstrate multiple instructional strategies that reflect effective pedagogy, and health education theories and models that facilitate learning for all students.

- Possible sources of evidence
  - Demonstrate instructional strategies that facilitate learning accounting for culture and demographics data
  - Demonstrate instructional strategies consistent with K-12 learners’ readiness to learn
  - Reflect on effectiveness various instructional strategies related learners needs
  - Internship/student teaching evaluation
Standard 4: Implementation
Candidates implement health education instruction.

Key Element B: Candidates utilize technology and resources that provide instruction in challenging, clear and compelling ways and engage diverse learners.

Possible sources of evidence

- Lesson and unit plans that are culturally, developmentally and content appropriate learning objectives
- Measureable learning objectives that align with scoring guides
- Create lesson plans that address at least one performance indicator from each of the National Health Education Standards
- Internship/student teaching evaluation
Standard 4

Key Element C: Candidates exhibit competence in classroom management.

– Possible sources of evidence
  • Internship/student teaching evaluations (formative and summative)
  • Facilitates interaction among K-12 learners
  • Exhibits classroom manage techniques that developmentally appropriate and culturally sensitive
Standard 4

Key Element D: Candidates reflect on their implementation practices, adjusting objectives, instructional strategies and assessments as necessary to enhance student learning.

- Possible sources of evidence
  - Internship/student teaching evaluations (formative and summative)
  - Lesson and unit plans (multiple instructional strategies)
  - Candidate reflection on the implementation and assessment of lesson (alignment of objectives, pedagogy and assessments)
Standard 5: Assessment

Candidates assess student learning.
Standard 5

Key Element A: Candidates develop assessment plans.

– Possible sources of evidence
  • Lesson and unit plans (using national or state standards of performance)
  • Develop a plan for assessing student learning
  • Internship/student teaching evaluations (formative and summative)
  • Candidate demonstrate plan instructional based on desire outcome, levels of performance and instructional strategies and learning experiences.
Standard 5

Key Element B: Candidates analyze available assessment instruments.

– Possible sources of evidence
  • Lesson and unit plans (using health education-appropriate assessment instruments)
  • Review an critique assessments tools.
  • Internship/student teaching evaluations (formative and summative)
Standard 5

Key Element C: Candidates develop instruments to assess student learning.

– Possible sources of evidence

  • Lesson and unit plans (using health education-appropriate assessment instruments)
  • Analysis of assessment instrument (valid and reliable).
  • Internship/student teaching evaluations (formative and summative)
Standard 5

Key Element D: Candidates implement plans to assess student learning.

– Possible sources of evidence
  • Lesson and unit plans (using health education-appropriate assessment instruments)
  • Implement appropriate data collection to assess student learning
  • Adapt assessment instrument for a student needing accommodations
  • Internship/student teaching evaluations (formative and summative)
Standard 5

Key Element E: Candidates utilize assessment results to guide future instruction.

– Possible sources of evidence
  • Lesson and unit plans: Use assessment results to infer impact of instruction on student learning
  • Internship/student teaching evaluations (formative and summative)
Standard 6: Administration and coordination

Candidates plan and coordinate a school health education program.
Standard 6

Key Element A: Candidates develop a plan for comprehensive school health education (CHSE) within a coordinated school health program (CSHP).

- Possible sources of evidence
  - Report: Describe components of the Coordinated School Health Program at the school to which they are assigned.
  - Plan: Develop a plan to strengthen the coordination of health education with other components of CSHP at the school to which they are assigned.
Standard 6

Key Element B: Candidates explain how a health education program fits the culture of a school and contributes to the school’s mission.

– Possible sources of evidence

• Project: Describe how a health education program fits within the school’s of the school’s Report the components of the Coordinated School Health Program at the school to which the they are assigned

• Develop a plan strengthen the coordination of health education with other components of CSHP in the school (classroom) they are assigned – extend to subject areas other than health education (art, music, math, science, etc.)
Key Element C: Candidates design a plan to collaborate with others such as school personnel, community health educator, and students’ families in planning and implementing health education programs.

– Possible sources of evidence

• Project: Describe how a health education program fits within the school’s Report the components of the Coordinated School Health Program at the school to which they are assigned

• Develop a plan to strengthen the coordination of health education with other components of CSHP in the school (classroom) they are assigned – extend to subject areas other than health education (art, music, math, science, etc.)

• Internship/student teaching experience evaluations (formative and summative)
Standard 7: Being a resource

Candidates serve as a resource person in health education.
Key Element A: Candidates use health information resources.

- Possible sources of evidence

  - Needs assessment: use valid and reliable health information and sources of secondary data, locate appropriate school health resources, and use electronic, locate and access an Internet-based program for intervention.

  - Locate and use Internet-based instructional materials adapted to the school (classroom) to which they are assigned.

  - Internship/student teaching experience evaluations (formative and summative)
Standard 7

Key Element B: Candidates respond to requests for health information.

– Possible sources of evidence

• Needs assessment: use valid and reliable health information and sources of secondary data, locate appropriate school health resources, and use electronic, locate and access an Internet-based program for intervention.

• Health Newsletter responding requests: Needs Assessment, PTA, school health personnel, or cooperating teacher

• Internship/student teaching experience evaluations (formative and summative)
Key Element C: Candidates select educational resource materials for dissemination.

- Possible sources of evidence
  - Health Newsletter responding requests: Needs Assessment, PTA, school health personnel, or cooperating teacher
  - Identify educational materials (national, state, and local child and adolescent health resources) to address a specific health needs
  - Create learning strategies specific to learning objective that is content and grade level specific, or part of a professional development workshop
  - Internship/student teaching experience evaluations (formative and summative)
Key Element D: Candidates describe ways to establish consultative relationships with others involved in Coordinated School Health Programs.

- Possible sources of evidence
  - Interview of School Health Professional in school setting: professional skills and training and ethical and professional principles are important.
  - Reflection: practice and observation of communication with students, parents and cooperating teachers in field experience and student teaching experiences
  - Internship/student teaching experience evaluations (formative and summative)
Standard 8: Communication and advocacy

Candidates communicate and advocate for health and school health education.
Standard 8

Key Element A: Candidates analyze and respond to factors that impact current and future needs in comprehensive school health education.

- Possible sources of evidence
  
  • Research paper: select one key factor, submit a research paper of its effects on the health status, disease prevention or control, and emergency preparedness for an identified priority group.
  
  • School climate inventory: use during pK-12 classroom observations to analyze factors impacting school health education, and offer recommendations.
Key Element B: Candidates apply a variety of communication methods and techniques.

- Possible sources of evidence
  
  - Research paper: select one key factor, submit a research paper of its effects on the health status, disease prevention or control, and emergency preparedness for an identified priority group.
  
  - Analysis of multiple channels of communication: brochure, website, and oral presentation.
  
  - Evidence conflict resolution skills: role-plays, in PK-12 situations in tutoring or extracurricular activities
  
  - Internship/student teaching experience evaluations (formative and summative)
Key Element C: Candidates advocate for school health education.

- Possible sources of evidence
  - Develop a social marketing plan to promote an identified school health education program for parents and community
  - Research Project: identify the data, laws and local resources to support child and adolescent health
Key Element D: Candidates demonstrate professionalism.

- Possible sources of evidence
  
  - Internship/student teaching experience evaluations (formative and summative)
  - Design a personal plan their continued professional development following program completion
  - Write a self-reflective statement of their philosophy of health education
Data Requirements

• Report data from a minimum of two administrations of each assessment.

• Required data from licensure tests: Must have 80% pass rate (programs with less than 10 students in the last three years are exempt)
  – Sub-scores on content portion of exam should be reported for most recent set of data
  – Range or standard deviation should be reported for the most recent set of data
Rubrics

• Define the benchmarks for “unacceptable,” “acceptable,” and “target” levels by Standard and Key Element.

• Make sure language of rubric is aligned to the Standard or Key Element
  – Do NOT directly use the Standard or Key Element as a descriptor

• Level and expectations should be clear

• A checklist is not a rubric; it does not provide the qualitative feedback necessary.
Rubrics

**Examples of evidence/exemplars:**

– Describe ways to facilitate collaboration between the health education instructional program and other aspects of school health

– In a unit plan, suggest ways to draw upon other health professionals working within the school;

– In a unit plan, provide specific examples explaining how various members of a school health education team can contribute to planning, designing, or modifying the curriculum

– During internship or an early field experience, contact various members of a school’s health program to solicit suggestions for health education programs.
Rubrics

Provide scoring guides for each assessment

• Scoring guide levels should be identical to the levels identified in the data table. *Example:* Scoring guide states 3 levels (Unacceptable, Satisfactory, and Target). Data table should state the same 3 levels (Unacceptable, Acceptable, and Target).

• The scoring guide should delineate which section(s) and portion(s) are intended to align with 2008 Initial HETE Standard(s) and Element(s) as denoted in narrative 1b (Rationale: to avoid reviewers having to guess or assume how scoring guide aligns with narrative 1b and assignment).
Common Errors in Assessments

Lack of alignment
- Within assessment (assessment includes narrative, description of the assignment, scoring guide, & data chart)
- Between assessment and 2008 Initial HETE Standard(s) and Key Element(s)

Data comingled to meet multiple 2008 Initial HETE Standards and/or Elements
- The scoring guides failing to delineate distinct levels of candidate proficiency
Part 2

• Preparing the Program Report for submission
What is the *purpose* of the Program Report?

- To demonstrate teacher candidate mastery of 2008 Initial Health Education Teacher Preparation Standards and Elements (for *program* review).

- To provide information to Educator Preparation Provider (EPP) for use in response to self-study report.
What is an assessment? ... relative to program review

An assessment is the actual evidence (data) of teacher candidates’ mastery of 2008 Initial HETE Standards and Key Elements.

An assessment is one document comprised of the following four items, in the following order.

1. narrative
2. assignment
3. scoring guide
4. data table

An assessment may be:

• 1 single assignment (i.e., Unit Plan Assignment) or
• Multiple assignments can be bundled together (i.e., 6 performance-based skill tests from 6 different courses); however, too many assessments (i.e. bundled assignments) can create a cumbersome and disjointed assessment system.
  – “Bundled assignments” must show a common thread/relationship
  – ONE data table is provided for the “bundled” assignments
How many assessments must be provided in the program report?

• How many assessments must be provided in an AAHE program report?

   Answer: Minimum 6

• How many assessments may be provided in an AAHE program report?

   Answer: Maximum 8

CRITICAL CONCERN: Each assessment must be clearly aligned to the standard and key element identified in the task (lesson and unit plan, assessment of P-12 health education needs, etc.)
What are the sections of 2008 Health Education (formerly AAHE) Program Report?

Cover Sheet

Section I: Context

Section II: List of Assessments (chart)

Section III: Relationship of Assessments to 2008 Initial AAHE Standards & Key Elements (chart)

Section IV: Evidence for Meeting Standards (6-8 assessments)

Section V: Use of Assessment Results to Improve Teacher Candidate and Program Performance
2008 Health Education (formerly AAHE) Program Report Sections

• What is involved with each section?

• What information is needed?

• How much work is there to do?
Cover Sheet is a form that is to be completed with 16 basic prompts.

Some Prompts Include:

- Name of institution and program
- Name of program report compiler(s)
- Grade level (e.g., PK-12 or 6-12)
- Degree level (e.g., baccalaureate or post-baccalaureate)
- Program report status (e.g., initial, response to conditions, or revised report)
- Candidate performance on state licensure test (Did candidates meet 80% pass rate?)

Highly Recommend: Work on this section after Sections II and III are completed (and while you are waiting for data for Section IV).
Section I: Context

Two prompts to address: CAEP considers 1 page = 4,000 characters

1. Description of any state or institutional policies that may influence the application of 2008 Health Education Standards. (Limit: 4,000 characters)

2. Description of field/clinical experiences required for the program, including number of hours for early field experiences and the number of hours/weeks for student teaching or internships. (Limit: 8,000 characters)
Section I: Context

Three documents to upload:

1. Health Education Program Course of Study (including course titles)
2. Teacher candidate data across most recent 3 years (separate baccalaureate or post-baccalaureate data)
3. Faculty Chart (name, degree, assignment, rank, scholarship, and teaching experience)

Highly Recommend: Work on this section after Sections II and III are completed (and while you are waiting for data for Section IV).
Section II: List of Assessments

Purpose:

Provides information specific to the 6-8 assessments identified as evidence of teacher candidate mastery of AAHE 2008 Initial Health Education Standards/Elements

These 6-8 assessments, when viewed holistically, should demonstrate teacher candidate mastery of all 8 AAHE Standards and Key Elements

Assessments submitted in Program Report must be those implemented by all teacher candidates. Rationale: Because elective courses do not ensure assessment and mastery of all teacher candidates; this rationale is the same with group work)
<table>
<thead>
<tr>
<th>Name of the Assessment</th>
<th>Assessment Name</th>
<th>Types/Forms of the Assessment</th>
<th>When administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure assessment, or other content-based assessment</td>
<td>PRAXIS II 0055/5055</td>
<td>Licensure Exam</td>
<td>Take prior/during clinical experience, pass by program exit</td>
</tr>
<tr>
<td>Content-based assessment</td>
<td>Needs Assessment &amp; Program Planning</td>
<td>Required HE courses</td>
<td>Admission to program and at program exit</td>
</tr>
<tr>
<td>Assessment of candidate ability to plan and implement instruction</td>
<td>Health Education Unit</td>
<td>Lesson and Unit plans for Elementary and Secondary</td>
<td>Field Experience and Curriculum and Methods</td>
</tr>
<tr>
<td>Assessment of internship or clinical experiences</td>
<td>Cooperating Teacher Assessment (formative, summative)</td>
<td>Supervised Student teaching</td>
<td>Clinical Experience</td>
</tr>
<tr>
<td>Assessment of candidate effect on student learning</td>
<td>Cooperating Teacher Assessment (formative, summative)</td>
<td>Student teaching</td>
<td>Clinical Experience</td>
</tr>
</tbody>
</table>
## Section II: List of Assessments

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<tbody>
<tr>
<td>Additional assessment that addresses AAHE standards <em>(required)</em></td>
<td>Coordinated School Health Program analysis</td>
<td>Assessment and analysis of health education</td>
<td>Field Experience and Curriculum and Methods</td>
</tr>
<tr>
<td>Additional assessment that addresses AAHE standards <em>(optional)</em></td>
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Section II: List of Assessments (Minimum of 6 — Maximum of 8)

For each of your program’s 6-8 assessments, provide:

- Name of Assessment
  
  *Examples: Unit Plan Assignment; Health-Related Course Grades; Case study*

- Type or Form of Assessment
  
  *Examples: Essay; comprehensive exam; case study; portfolio; licensure test*

- When the Assessment is Administered
  
  *Examples: Admission to the program; student teaching; exit program*

**Highly Recommend:** Complete this section at the same time as you complete Section III
Section III: Relationship of Assessments to 2008 Health Education (formerly AAHE) Standards & Elements

For each of your program’s 6-8 assessments, indicate which 2008 Initial Health Education Standards and Key Elements for which it is intended to provide evidence.

Example:

Assessment 1 - Praxis II HE Content Knowledge Exam.

Place a checkmark in the “#1” box at Elements 1.A, 1.B, 1.C and 1.D, 1.E, and 1.F. Rationale: Evidence from Praxis II provides partial evidence for meeting Elements 1.1, 1.2 and 1.3; provide full evidence for the standards and key elements.

Highly Recommend: Complete this section at the same time as you complete Section II
## Section II: Relationship of Assessments to Standards and Key Elements

<table>
<thead>
<tr>
<th>Standard 1</th>
<th>Applicable Assessments</th>
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<td><strong>Candidates assess needs to determine priorities for school health education.</strong></td>
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<tr>
<td>Element D – Candidates implement plans to assess student learning.</td>
<td>□1 □2 □3 □4 □5 □6 □7 □8</td>
</tr>
<tr>
<td>Element E – Candidates utilize assessment results to guide future instruction.</td>
<td>□1 □2 □3 □4 □5 □6 □7 □8</td>
</tr>
</tbody>
</table>
## Section II: Relationship of Assessments to Standards and Key Elements

<table>
<thead>
<tr>
<th>Standard 6</th>
<th>Applicable Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidates plan and coordinate a school health program.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8</td>
</tr>
<tr>
<td>Element A – Candidates develop a plan for comprehensive school health education (CSHE) within a coordinated school health program (CSHP).</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8</td>
</tr>
<tr>
<td>Element B – Candidates explain how a health education program fits the culture of a school and contributes to the school’s mission.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8</td>
</tr>
<tr>
<td>Element C - Candidates design plan to collaborate with others such as school personnel, community health educators, and students’ families in planning and implementing health education programs.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8</td>
</tr>
</tbody>
</table>
## Section II: Relationship of Assessments to Standards and Key Elements

<table>
<thead>
<tr>
<th>Standard 7</th>
<th>Applicable Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Candidates serve as a resource person in health education.</strong></td>
<td></td>
</tr>
<tr>
<td>Element A – Candidates use health information resources.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8</td>
</tr>
<tr>
<td>Element B – Candidates respond to requests for health information.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8</td>
</tr>
<tr>
<td>Element C – Candidates select educational resource materials for dissemination.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8</td>
</tr>
<tr>
<td>Element D – Candidates describe ways to establish effective consultative relationships with others involved in Coordinated School Health Programs.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8</td>
</tr>
</tbody>
</table>
**Section II: Relationship of Assessments to Standards and Key Elements**

<table>
<thead>
<tr>
<th>Standard 8</th>
<th>Applicable Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Candidates communicate and advocate for health and school health education.</strong></td>
<td>□1 □2 □3 □4 □5 □6 □7 □8</td>
</tr>
<tr>
<td>Element A – Candidates analyze and respond to factors that impact current and future needs in comprehensive school health education.</td>
<td>□1 □2 □3 □4 □5 □6 □7 □8</td>
</tr>
<tr>
<td>Element B – Candidates apply a variety of communication methods and techniques.</td>
<td>□1 □2 □3 □4 □5 □6 □7 □8</td>
</tr>
<tr>
<td>Element C – Candidates advocate for school health education.</td>
<td>□1 □2 □3 □4 □5 □6 □7 □8</td>
</tr>
<tr>
<td>Element D – Candidates demonstrate professionalism.</td>
<td>□1 □2 □3 □4 □5 □6 □7 □8</td>
</tr>
</tbody>
</table>
Section III: Relationship of Assessments to Standards

Purpose: Demonstrates alignment of the program’s assessments (as listed in Section II of Program Report) with 2008 Initial Health Education Standards and Elements

Keep in mind: One assessment may apply to multiple standards and elements

Example: Assessment 4 (Intern Evaluation) may address all Elements under AAHE Standards 3 and 4

Conversely, some 2008 Initial Health Education Standards and Elements may be addressed by more than one assessment

Example: Elements 1.1, 1.2, and 1.3 may be addressed by Assessment 1 (state licensure exam) and Assessment 4 (Intern Evaluation)

Usage:

By program: As a self-check to be certain all eight Initial Health Education Standards and each Element have been addressed

By reviewers: To determine which assessments align with AAHE Standards and Elements
Section IV: Evidence for Meeting Standards

Section IV is where you place programs assessments.

Each assessment should be typed as 1 document comprised of the following sections, as follows:

1. Narrative
2. Assignment
3. Scoring Guide
4. Data Table

Section IV is the heart of the program report, so...let’s quickly take a glance at the intent of Section V, then return to Section IV, assessments, narrative, data, .....etc.
Section V: Use of Assessment Results to Improve Teacher Candidate and Program Performance

**Purpose:** Evidence that assessment results were analyzed by program faculty and are -or will be used- to improve candidate performance and for strengthening the Health Education program.

Describe the steps program faculty have taken to use information from assessments for improvement of both candidate performance and the program. Organize response around these 3 different areas (in this order):

1. Content knowledge
2. Professional and pedagogical knowledge, skills, & dispositions
3. Student learning

Highly Recommend completing this section last (that is after Section IV is completely finished).
Section V: Use of Assessment Results to Improve Teacher Candidate and Program Performance

**Summarize** principal findings from evidence (data from assessments in Section IV)

**Summarize** holistically to each of the 3 areas rather than assessment-by-assessment)

**Provide** faculty’s interpretation of the findings

**Describe** steps taken by program faculty interpretation to improve teacher candidate and Health Education program performance

**Provide** programmatic changes/improvements made based on faculty interpretation. **NOTE:** While proposed changes or improvement support the use of data to improve candidate and program, no graphs or charts can be inserted into Section V
Section IV: Evidence for Meeting Standards

- Make *most compelling case* that 6-8 program assessments align with and provide sufficient candidate performance evidence (data) that each of the 2008 Initial Health Education Standards and Key Elements are met.

*Important*: A 2008 Initial Health Education Standard is considered met when each element is met.
Section IV: Evidence for Meeting Standards and Key Elements

Each assessment is one document consisting of the following 4 sections (in this order):

1. Narrative (4 prompts to be addressed; 2 pages)
2. A copy of the assignment
3. A copy of the scoring guide (No page limit stated)
4. Data table(s) (No page limit stated)

• Each assessment is limited to 2 mb (~20 pages)
• AIMS will permit up to a total of 20 attachments per program report.
• Label each assessment document by number; save as .doc (FYI: AIMS will not accept .docx. files)

Example: Label Assessment 1 document in Section IV as “Assessment 1,” Label Assessment 2 document in Section 4 as “Assessment 2,” etc.
Assessments: The Narrative  4 prompts

Address in each narrative

A - Description of the Assignment:

“This assignment provides evidence of candidates’ ability to...”

B - Alignment with 2008 Initial Health Education program Standards/Elements

Insert chart here with assignment sections as aligned per 2008 Initial Health Education program Standard(s)/Element(s)

C - Brief Analysis of the data

“Data reveal that...”

D - Interpretation of how data provides evidence for meeting 2008 Initial Health Education program Standards/Elements:

“Evidence for Element 4.1 is noted by...”  
(provide a rationale for how the data demonstrates candidate mastery)
Assessments: The Assignment

- Copy of the Assignment - Instrument with directions. A comprehensive document that is clearly delineated as communicated to candidates.

- Assignment - Fully aligns with narrative, scoring guide, and data table.

- Assignment – Aligns with 2008 Initial Health Education program Standard(s) & Element(s), as per Program Report Section III and Narrative 1b).
Assessments: The Assignment

If assignment does not provide clear description of candidate expectations, report compiler (or someone) should provide additional detail(s) and description to clarify candidate expectations. (In other words, write up the assignment that was provided orally in class by instructor.)

Ideally, the assignment will state which sections or portions are intended to align with 2008 Initial Health Education program Standards and Elements as denoted in narrative prompt (b).

*Rationale:* To avoid reviewers having to guess or assume how assignment aligns with 1b)
Assessments: The Scoring Guide

Scoring guide or rubric that is used to assess the assignment.

- Scoring guide should fully align with narrative, assignment and data table.

- Scoring guide should align with 2008 Initial Health Education program Standards and Elements it is intended to support, per Program Report Section III and Narrative 1b.

Ideally, the assignment will state which sections or portions are intended to align with 2008 Initial Health Education program Standard/Element, per narrative 1b.

*Rationale:* To avoid reviewers having to guess or assume how assignment aligns with 1b.
# Assessment: Scoring Guide – *a Sample*

Assessment 4  Internship Evaluation Scoring Guide

*(Note: Select items only; sample does not represent entire rubric)*

<table>
<thead>
<tr>
<th>2008 Initial Standards/Element</th>
<th>Scoring Guide</th>
<th>Unacceptable</th>
<th>Acceptable</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessments: Scoring Guide

Provide a statement that tells reviewers which level is considered the program’s *minimal level of acceptable performance*.

*Example*: 3 Levels: Target, Acceptable, & Unacceptable

*Minimal level of acceptable performance*: Acceptable

*Example*: 3 Levels: 3, 2, & 1

*Minimal level of acceptable performance*: 2

*Example*: 4 Levels: Exceeding Expectations, Meeting Expectations, Approaching Expectations, & Unacceptable

*Minimal level of acceptable performance*: Meeting Expectations
Assessments: Scoring Guide

Scoring guide levels should be identical to the levels identified in the data table. *Example:* Scoring guide states 3 levels (Outstanding, Satisfactory, and Unsatisfactory). The Data Table should state the same 3 levels (Outstanding, Satisfactory, and Unsatisfactory).

Scoring Guide may use any number of levels of candidate performance in scoring guide (2 or more; 2 level= criteria describe what is “acceptable” and 1 level= criteria describe what is “not acceptable”).

Ideally, the scoring guide will delineate which sections and portions are intended to align with 2008 Initial Health Education program Standards and Elements, per narrative 1b.
Assessments: Data Tables

**Data table:** *Aggregated* data from candidates’ scores, per scoring guide item, following administration and grading of the assignment.

Each cell of data table should indicate percentage of candidates who performed at each level, per scoring guide item, for administration period (including n for assignment and administration period).

Data table should fully align with narrative, assignment and scoring guide.

Data table summarizes aggregated data by administration. **DO NOT SUBMIT DATA PER CANDIDATE.** Be sure to omit any references to candidate names and/or confidential information (i.e., social security number or student ID number).
Assessments: Data Table(s)
Sample Assessment 4  Internship Evaluation Data Table
(Note: Select items only; sample does not represent entire rubric)

<table>
<thead>
<tr>
<th>Semester – Year</th>
<th>$f$</th>
<th>Did Not Complete</th>
<th>Unacceptable</th>
<th>Acceptable</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidates “-----” (4.B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall 2013</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2014</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall 2014</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessments: Data Tables

Data should be presented one administration at a time.
Note from prior slide: Data from S13 presented, then data from F12; data from S13 & F12 are not comingled into one row.

Indicate percentage of candidates achieving in every level for each scoring guide category. (Present is most recent data first).

Data table should use identical categories from the scoring guide to indicate candidate performance at each level.

Ideally, the scoring will delineate which sections or portions are intended to align with 2008 Initial Physical Education Standard/Element as denoted in narrative 1b.

Rationale: To avoid reviewers having to guess or assume how scoring guide aligns with narrative 1b and assignment).
Assessments: Data Tables

Minimum amount of data to demonstrate candidate performance at acceptable level for the 2008 Initial Physical Education Standards:

At least 2 administrations of data for each assessment.

For an assessment administered every semester (in both fall and spring each academic year), data for 2 administrations could be collected in one academic year.

For an assessment administered only in one semester per academic year (e.g., only in fall semesters), data for 2 administrations could be collected in two academic years.
Section IV Assessments: Reminder

**Assessment 1**: Licensure assessment, or other content knowledge-based assessment ®

**Assessment 2**: Content knowledge-based assessment ®

**Assessment 3**: Assessment of candidate ability to plan and implement instruction ®

**Assessment 4**: Assessment of internship or clinical experiences ®

**Assessment 5**: Assessment of candidate effect on student learning ®

**Assessment 6**: Required, but program’s choice ®

**Assessment 7**: Optional and program’s choice

**Assessment 8**: Optional and program’s choice
Section IV: Assessment 1

If state licensure test data are submitted, assessment and scoring guide are not required for submission in Assessment #1 bundle (i.e., if state requires Praxis II exam or state administers its own exam).

If state does not require a licensure test, a content-based assessment must be implemented and be submitted as Assessment 1. Assessments 1 & 2 must address content knowledge.

A data table is always a required document in all assessments, including Assessment #1. When using state licensure test data, sub-score data are needed to delineate performance among Elements 1.1 vs. 1.2 vs. 1.3.
Section IV: Assessment 1

SPA Requirement: 80% pass rate of program completers on state licensure exam in most recent academic year to be eligible for national recognition

Programs are **exempt** from requirement when

- State does not have a required licensure exam or
- If program does not have a total of 10 program completers over the past 3 years
Section IV: Assessment 1

Test data should reflect \textit{percentage} of candidates who have passed licensure test for each administration period.

Most recent administration must also include:

- Mean and range of total scores
- Mean and range of sub-test scores

Data must be presented for all program completers, even if less than 10 test takers in a given year.

Additional information about accessing Praxis II data: \textit{Guidelines on Program Review with National Recognition} (http://caepnet.org/accreditation/caep-accreditation/spa-program-review-policies-and-procedur)

Test data may be scanned if report presents data as outlined above.
Section IV: Assessment 3

Reminder: Assessment 3 must provide evidence of candidates’ ability to plan and implement (with K-12 students).

FYI: Reviewers will be seeking that evidence of implementation is from the same plan created by the candidate.

In other words, candidates write a plan (i.e., lesson plan or unit plan) and implement the same plan they wrote with K-12 students.
Assessments: Portfolios

Highly Recommend: Avoid using portfolio (hard copy or e-portfolios) data as evidence for meeting 2008 Initial Health Education Standards/Elements – if possible.

Typically, portfolio grades are based on candidate ability to write a reflection statement about the artifact (assignment) in portfolio rather than actually meet intent of standard or element. Further, the “reflection statement about a portfolio artifact” is graded on grammar and spelling and alignment with assignment rather than actual ability to plan, teach, assess, etc.
Assessments: General Information

Peer-evaluated work: NOT acceptable.

In other words, data submitted as evidence of candidates’ knowledge/skills must be generated from scoring by a course instructor, university supervisor and/or internship mentor teacher; not a college-level peer practicing a “peer assessment” task.

Candidate self-assessment data: NOT acceptable.

In other words, opportunities for candidates to do a self-evaluation (i.e., dispositions form) is not acceptable evidence for meeting 2008 Initial Health Education Standards/Elements.

Data generated from group work: NOT acceptable.
Assessments:  General Information

Candidates’ ability to implement, as per elements under Standards 3, 4 & 5: Implementation MUST be with K-12 students (NOT college-level peers).

Reminder: Evidence submitted of candidate ability to implement is, in general, expected to be based on a plan written by that same candidate.
Uploading the Assessment Files

Before upload to the PRS website: Create ONE assessment document for each of the 6-8 assessments in Section IV including:

- Narrative
- Copy of the Assignment
- Scoring guide
- Data Table

Remember: Label the assessment document by assessment # and name as it is titled in Section II of Program Report

- An Attachment cannot be uploaded if it exceeds 2 MB (about 17 pages; 4000 characters per page)
- Attachments must be in .doc format (NOT .docx)
- Limit of 20 total attachments to PRS file
Section I: Context

Report Compilers:

Attach one document: Health Education program of study

A document that outlines courses and experiences required for all candidates to complete the program.

Document must include course titles and may be from catalog or advisement sheet.
Section I: Context

Report Compilers:

Complete the following on-line:

1. Chart with number of candidates and completers (Table A in Program Report instruction document)

2. Chart on program faculty expertise and experience (Table B in Program Report instruction document)

Formatting reminder:

Tables and charts are not permitted when answering questions 1 & 2. If a table or chart is necessary, it must be uploaded as a separate attachment; be sure to label accurately). Maximum number of attachments is 20.
Focus of the reviewers

In general:

Have candidates mastered the necessary knowledge for subjects they will teach or jobs they will perform?

Do candidates meet state licensure requirements?

Do candidates understand teaching and learning, and can they plan their teaching and fulfill other professional education responsibilities?

Can candidates apply their knowledge in classrooms and schools?

Do candidates focus on student learning?
Focus of the reviewers

In Section IV:

Do the assessments align with the components of the 2008 Initial Health Education Standards and Key Elements?

Do the assessments demonstrate meaningful cognitive demands and skill requirements at challenging levels for candidates?

Are the assessments accurate and free from bias?
Focus of the reviewers

In Section IV:

Do the scoring guides provide clear and distinct levels of candidate performance?

Does the minimal level of acceptable performance, as determined by the program, align with the 2008 Initial Health Education Standards and Key Elements it is intended to support?

Do the data, as reported, indicate the extent to which the candidates meet the 2008 Initial Health Education Standards and Key Elements?

Is the 2008 Initial Health Education Standard met? Is each element under the standard met (in order to met the standard)?
Focus of the reviewers

Criteria for determining if an element is met:

Target: Fully meets and exceeds element

Acceptable: Meets element; weaknesses may be found, but overall the element is met

Unacceptable: Weaknesses are serious and must be addressed prior to positive rating
Program Review Decisions

National Recognition, or

National Recognition with Conditions, or

Not Nationally Recognized*

*Refer to the Guidelines on Program Review with National Recognition (http://caepnet.org/accreditation/caep-accreditation/spa-program-review-policies-and-procedur) for further details regarding SPA recognition decisions
Program Review Decisions: Nationally Recognized

Criteria for making decision:

The program substantially meets 2008 Initial Health Education Standards and each Element

The program substantially meets 2008 Initial Health Education Standards and Elements, but may have some Conditions which are limited to broad programmatic areas
Program Review Decisions: 
Nationally Recognized with Conditions

Criteria for making decision:

The program generally meets 2008 Initial Health Education Standards & Elements. However, one or more conditions must be remediated within 18 months. Conditions are limited to one or more of the following:

– Insufficient data to determine if 2008 Initial Health Education Standards & Elements are met
– Insufficient alignment (e.g., among 2008 Initial HETE Standards/Elements or scoring guides)
– Lack of quality in some assessments or scoring guides
– All 2008 Initial Health Education Standards/ Elements are not met
– The SPA requirement for an 80% pass rate on state licensure tests is not met
Program Review Decisions: Not Nationally Recognized

Criterion for making decision:

The 2008 Initial Health Education Standards & Elements that are not met are serious and more than a few in number, or are few in number but so fundamental that recognition is not appropriate.
Assessment Information: Generic Assessments

It will be difficult to use a unit assessment to demonstrate that 2008 Initial Health Education Standards & Elements are met – unless it specifically aligns with designated 2008 Initial Health Education Standards & Elements, as indicated on the document submitted in the program report.

Options:

• Create addendum to the generic assessment (e.g., student teaching evaluation) to address 2008 Initial Health Education Standards and Elements.

• Align assessment and scoring guide with 2008 Initial Health Education Standards and Elements; indicate this alignment in the assessment submitted in the program report.

• Add additional items or directly reference 2008 Initial Health Education Standards and Elements on the assessment instrument.
Assessment Information: Grades

Grades may be used as evidence of content knowledge only (Assessment 1 if no state licensure test; or, Assessment 2; or optional assessments 6, 7, 8)

Grades from required courses of all candidates: no elective courses.

Select courses then bundle into one assessment.

Narrative must indicate how program aligns grades with 2008 Initial Health Education Standards and Elements.

Need to develop scoring guides for grades using content specific scoring criteria

For further information regarding the use of course grade in Program Reports refer to CAEP policies: http://caepnet.org/accreditation/caep-accreditation/program-review-options/grade-policy
Assessment Information: Grades

Required Format of Assessment:

Part 1: Description of the assessment
Part 2: Alignment with 2008 Initial Health Education Standards and Elements
Part 3: Grade policy and minimal level of acceptable candidate performance
Part 4: Data table(s)

Section VI: Revised Reports

This section is only completed if program is submitting a Revised report for a Not Nationally Recognized decision.

Report Compilers:
1. Download the program report form from CAEP website.
2. Describe, in Section VI, what the program has done to address the concerns of reviewers. (FYI: Section VI is only found in revised reports)
3. List all components of the report (in Section VI) that are being resubmitted in the revised report.
4. Prepare the revised assessments of the report for submission.
Submission Process

Submit Program Report at the AIMS/PRS website:

FYI:

- Converts report to PDF format
- Allows for character limits instead of page limits
- 20 attachments maximum permitted (2 MB maximum per attachment)
Where Should I Begin?

1. Analyze Health Education curriculum
   - Where do we assess 2008 Initial Health Education Standards & Elements (as written in Section II of program report)?
   - How do we assess?
   - How did candidates perform?
   - Where are the “gaps” (in standards and/or elements, as found by completing Section III of program report)?

2. Determine consistent decision points

3. Plan consistent assessments: Limited to 6-8 assessments

4. Plan method for data collection and tracking: Aggregated data
Special Cases: 2 Health Education Program Levels

Baccalaureate and MAT Programs:

Levels may be combined in 1 program report if assessments in each program are identical. These programs would submit a “linked report.”

However, *data tables must be disaggregated for candidates in each respective program* (In other words, 1 data table for UG and 1 data table for PB)

If sufficient differences among program tracks exist in their assessment structure, content, and/or conceptual frameworks, it might be best to write separate program reports.
Special Cases: Dormant Programs

If no candidates are “in the pipeline” or enrolled in the program at the time of the site visit, programs need to seek waiver from state to submit a SPA report. The program will be flagged in AIMS and discussed in the self-study report.

Programs with any candidates enrolled need to be reviewed. Low enrollment numbers should not deter a program from submitting a SPA report.
Special Cases: Small Programs

While providing assessment data for very small programs please note the following indicators of program quality:

If candidates perform poorly on a specific assessment:
- It will be important for program to reflect on why poor performance occurred.
- Develop a systematic plan to address such deficiencies in the program report (Sections IV & V).

Regardless of program size, candidates are still expected to meet 2008 Initial Health Education Standards & Key Elements.
Where Should We Begin?

1. Analyze Health Education curriculum
   - Where do we assess 2008 Initial Health Education Standards & Elements (as written in Section II of program report)?
   - How do we assess?
   - How did TCs perform?
   - Where are the “gaps” (in standards and/or elements, as found by completing Section III of program report)?

2. Determine consistent decision points

3. Plan consistent assessments
   - Limited to 6-8 assessments

4. Plan method for data collection and tracking
   - Aggregated data
Team Component

Accreditation process calls for concerted teamwork among Health Education program faculty to achieve goal of national program accreditation recognition.

Report compiler’s job is to clearly communicate the program’s stance for each section.

Importance of creating a detailed timeline with designated initiatives, responsibilities, and deadlines should be maintained to keep program moving in a timely fashion to program report completion.
Team Component

Designate specific roles and responsibilities
  – Programmatic changes
  – Collection of assessment data
  – Decisions made in preparation for next review cycle

Programs must determine a “collection system” to secure aggregated data efficiently and effectively

Distribute responsibilities equally among program faculty rather than a single, individual decision.
Team Component and Timeline

- Time to begin preparing for next program review is immediately follow by a conclusion of previous cycle

- Reflect on self-study of program assessment data and reviewer feedback

- Make planned programmatic changes to address deficiencies

- Discuss, develop, and implement changes by Health Education program faculty as a whole
Important Considerations

Faculty role in program is to review and report writing process

Strongly recommend a senior, tenured faculty member be designated to coordinate or direct the process.

**Rationale:**

Avoid conflict of assigning non-tenured, tenure track faculty member in this leadership role (e.g.: possible lack of scholarly activity negatively impacting tenure and promotion decision.)
Important Considerations

Candidate artifacts (i.e., sample copy of candidate’s work such as lesson plan): **Do Not Include** in program report.

Syllabi: **Do Not Include** in the program report.

However, important to maintain a collection of appropriate artifacts that demonstrate candidate performance relative to corresponding assessments and related data for onsite institutional CAEP and/or state program approval visits.
**Suggested Order of Work for Compiling 2008 Health Education (formerly AAHE) Program Standards Program Report**

**1st Task:** Section II (List of Assessments)

   Section III (Relationship of Assessment to Standards)

1. Complete both charts at the same time and be sure to complete them first in the process.

**2nd Task:** Section IV (Assessments 1 – 6 plus optional 7 & 8)

1. Collect all assignments and scoring guides
2. Create data tables for each assessment (but have no data yet)
3. Write narrative prompts (a) & (b) for Assessments 1-6, plus optional 7 & 8
Suggested Order of Work for Compiling 2008 Health Education (formerly AAHE) Program Standards Program Report

3rd Task: Cover Sheet and Section I (Context)

1. Cover Sheet: Fill it out;
2. Section I (Context): Write all information to address questions 1, 2, and 3
3. Section I (Context): Complete all 3 charts (number of candidates; number of completers; and faculty information)

4th Task: Section IV (Assessments 1 – 6 plus optional 7 & 8)

1. As assessment data becomes available, insert data into assessments 1 – 6 (plus optional 7 & 8), data table templates
2. Following insertion of data into appropriate data table(s), write narrative prompts (c) and (d) (for Assessments 1 – 6, plus optional 7 & 8)
Suggested Order of Work for Compiling 2008 Health Education (formerly AAHE) Program Standards Program Report

5th Task: Section V (Use of Assessment Results to Improve Program)

1. Once all data has been inserted into Assessments 1 – 6 (plus optional 7 & 8) and narrative prompts (c) and (d) have been written, meet with program faculty to discuss trends

2. Write response to Section V following discussion
Summary

Resources

- [http://www.shapeamerica.org/accreditation/healthaccreditation.cfm](http://www.shapeamerica.org/accreditation/healthaccreditation.cfm)

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E-mail: icucina@mail.plymouth.edu