Program Report for the Preparation of Health Education Teachers SOPHE 2019 Standards - Option 1

This form includes the 2019 SOPHE standards. Beginning in Fall 2021 all programs will be required to respond to the 2019 SOPHE Health Education Program Standards.

CO	COVER SHEET				
1.	Institution Name				
2.	State				
3.	Date submitted				
	MM DD YYYY				
4.	Report Preparer's Information:				
	Name of Preparer:				
	Phone: Ext.				
	E-mail:				
5.	CAEP Coordinator's Information:				
	Name:				
	Phone: Ext.				
	(「)「-「 E-mail:				
	L-inaii.				
6.	Name of institution's program				
_	CAED Cotomore				
7.	CAEP Category				
8.	Grade levels ⁽¹⁾ for which candidates are being prepared				
	(1) e.g. K-6, K-12				
9.	Program Type				

First Teaching License

10.	Degree or award level					
	 Baccalaureate 					
	Post Baccalaureate					
	Master's					
11.	Is this program offered at more than	one site?				
	Yes					
	O No					
12.	If your answer is "yes" to above ques	stion, list the sites at which the program	is offered			
13.	Title of the state license for which ca	ndidates are prepared				
14.	Program report status:					
	Initial Review					
	 Response to One of the F Recognition with Probation 	Following Decisions: Further De ^r on	velopment Required or			
	 Response to National Rec 	cognition With Conditions				
15.	Is your Educator Preparation Provide	r (EPP) seeking				
	CAEP accreditation for th	e first time (initial accreditation)			
	 Continuing CAEP accredit 	ation				
	CAEP requires programs to provide co who take the examination for the con	program completers disaggregated by spompleter performance data on state licentent field, if the state has a licensure tes IV. Does your state require such a test?	sure examinations for completers			
	Yes					
	O No					
SEC	TION I - CONTEXT					
	Describe any state or institutional po (Response limited to 4,000 character	licies that might influence the applications)	n of the SOPHE Standards.			
	experiences and the number of hours	ences required of candidates, including the /weeks for student teaching. Also, descrete s and the training provided to faculty where s)	ribe the process for identifying and			
	Please attach files to describe a program of study that outlines the courses and experiences required for candidates to complete the program. The program of study must include course titles. (This information may be provided as an attachment from the college catalog or as a student advisement sheet.) A LINK to upload or manage your uploaded file(s)					
	This system will not permit you to ind attached as files here. The title of the files, and other commonly used file for	clude tables or graphics in text fields. The file should clearly indicate the content or mats are acceptable.	erefore any tables or charts must be of the file. Word documents, pdf			
	Candidate Information Directions: Provide three years of dat beginning with the most recent acade separately for the levels/tracks (e.g., addressed in this report. Data must a	INK to upload or manage your uploaded file(stated on candidates enrolled in the programeter year for which numbers have been to baccalaureate, post-baccalaureate, alte lso be reported separately for programs priate for your data span. Create addition	and completing the program, tabulated. Report the data rnate routes, master's) being offered at multiple sites. Update			
	Program:					
	Academic Year	# of Candidates Enrolled in the	# of Program			

Program	Completers ⁽²⁾

(2) CAEP uses the Title II definition for program completers. Program completers are persons who have met all the requirements of a state-approved teacher preparation program. Program completers include all those who are documented as having met such requirements. Documentation may take the form of a degree, institutional certificate, program credential, transcript, or other written proof of having met the program's requirements.

6. Faculty Information

Directions: Complete the following information for each faculty member responsible for professional coursework, clinical supervision, or administration in this program. Clearly identify all faculty charged with teaching the health education methods course(s) and supervision of health education candidates in the field.

Faculty Member Name	
Highest Degree, Field, & University ⁽³⁾	
Assignment: Indicate the role of the faculty member ⁽⁴⁾	
Faculty Rank ⁽⁵⁾	
Tenure Track	☐ YES
Scholarship ⁽⁶⁾ , Leadership in Professional Associations, and	
Service ⁽⁷⁾ :List up to 3 major	
contributions in the past 3 years ⁽⁸⁾	
Teaching or other professional	
experience in P-12 schools ⁽⁹⁾	

- (3) For example, PhD in Curriculum & Instruction, University of Nebraska.
- (4) For example, faculty, clinical supervisor, department chair, administrator
- (5) For example, professor, associate professor, assistant professor, adjunct professor, instructor
- (6) Scholarship is defined by CAEP as a systematic inquiry into the areas related to teaching, learning, and the education of teachers and other school personnel.

Scholarship includes traditional research and publication as well as the rigorous and systematic study of pedagogy, and the application of current research findings in new settings. Scholarship further presupposes submission of one's work for professional review and evaluation.

- (7) Service includes faculty contributions to college or university activities, schools, communities, and professional associations in ways that are consistent with the institution and unit's mission.
- (8) For example, officer of a state or national association, article published in a specific journal, and an evaluation of a local school program.
- (9) Briefly describe the nature of recent experience in P-12 schools (e.g. clinical supervision, in-service training, teaching in a PDS) indicating the discipline and grade level of the assignment(s). List current P-12 licensure or certification(s) held, if any.

SECTION II - LIST OF ASSESSMENTS

In this section, list the 6-8 assessments that are being submitted as evidence for meeting the SOPHE Standards.
 All programs must provide a minimum of six assessments. If your state does not require a state licensure test in
 the content area, you must substitute an assessment that documents candidate attainment of content knowledge
 in #1 below. For each assessment, indicate the type or form of the assessment and when it is administered in the
 program. (Response limited to 250 characters each field)

Type and Number of Assessment	Name of Assessment (10)	Type or Form of Assessment (11)	When the Assessment Is Administered (12)
Assessment #1: Licensure assessment, or other content-based assessment (required) (13)			
Assessment #2: Content knowledge in health education (required)			
Assessment #3: Candidate ability to plan instruction(required)			
Assessment #4: Student teaching (required)			
Assessment #5: Candidate effect on student learning (required)			
Assessment #6: Additional assessment that addresses SOPHE Standards (required)			
Assessment #7: Additional assessment that addresses SOPHE Standards (optional)			
Assessment #8: Additional assessment that addresses SOPHE Standards (optional)			

- (11) Identify the type of assessment (e.g., essay, case study, project, comprehensive exam, reflection, state licensure test, portfolio).
- (12) Indicate the point in the program when the assessment is administered (e.g., admission to the program, admission to student teaching/internship, required courses [specify course title and numbers], or completion of the program).
- (13) Identify the type of assessment (e.g., essay, case study, project, comprehensive exam reflection, state licensure test, portfolio).

SECTION III - RELATIONSHIP OF ASSESSMENT TO STANDARDS

For each SOPHE Standard on the chart below, identify the assessment(s) in Section II that address the standard. Any one assessment may apply to multiple SOPHE Standards. An asterisk (*) by a component indicates that candidates must demonstrate the ability described and that the component must be met in order to meet the standard.

ontont Knowledge - Standard 1: Candidates nossess functional health education knowledge about effective

curricula, health behavior theories, health education standards, the whole child approach, r	isk a	and	pro	otec	tiv	е	
factors, ways to prevent chronic and communicable diseases, and the multidimensionality o literacy skills of an informed consumer that helps them create meaningful learning experier			pli	us t	:ne		
menue, same et un mormeu consumer muche men et cute meum gran reunmig experier		- #2#	3#4	1#5	#6	#7	#8
*Component 1a: Candidates describe characteristics of effective health education curricula, including the theoretical foundations of health behavior. (InTASC Standard 4, HESPAII, 2.3.1; 5.4.1)							
*Component 1b: Candidates use the National Health Education Standards or state health education standards as a framework for health education curriculum and identify how health education fits into a systemic approach that addresses the whole child. (InTASC 4, HESPAII 5.4.1)							
*Component 1c: Candidates describe factors that promote or compromise health or safety, including social determinants such as race, ethnicity, socio-economic status, and family life. (InTASC 4; HESPAII 5.1.6; 7.1.1)							
*Component 1d: Candidates explain illness and disease etiology and prevention practices that enhance student health. (InTASC 4; HESPAII 1.3.6, 7.1.1; 7.1.2)							
Component 1e: Candidates analyze the multidimensional nature of health, including intellectual, mental/emotional, social, physical, environmental, occupational, and spiritual well-being. (InTASC; HESPAII, Knowledge Area 140)							
Component 1f: Candidates describe and provide examples of the health literacy skills of an informed consumer of health products and services. (HESPAII 6.3.2; 6.3.3; 6.3.4)							
Needs Assessment - Standard 2: Candidates assess needs and assets of learners, learning, a	and	the	lea	rni	ng		
community in order to inform their practice.	#1-	#2#	2 # ,	1 # E	: #6	#7	# 9
Component 2a: Candidates explain expected patterns of human growth and development across	#1#	<i>+ </i>	3#4	+#5	#0	#/	# (
cognitive, linguistic, social, emotional and physical areas. (InTASC Standards 1 and 2, HESPAII 1.3.6; 6.1.2)							
Component 2b: Candidates describe how individual differences in learning styles influence learning. (InTASC Standards 2 and 3, HESPAII 1.3.3;1.3.6; 6.1.2; 6.3.1)							
Component 2c: Candidates assess individual learners' assets, strengths, needs and interests in order							
to differentiate learning and enable each learner to advance and accelerate his or her learning			1	1			
regardless of factors such as race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English language proficiency, and physical or cognitive ability. (InTASC Standard 2, HESPAII 1.2.8; 1.3.2; 1.3.4; 1.3.6; 5.1.6; 6.1.1; 6.1.2; 7.1.2)							
Component 2d: Candidates synthesize data about school and community assets and deficits and their context including culture in support of developing a healthy school environment. (InTASC Standard 3, HESPAII 1.4.4; 1.4.5)							
Planning - Standard 3: Candidates use needs assessment data, health education standards,							
learning to plan cohesive, sequential lessons and units that include ways to accommodate s strengths and needs and that use 21st Century technology in order to support students' acq health knowledge, health-related skills, and health beliefs.							ıl
	#1#	#2#	3#4	1#5	#6	#7	#8
*Component 3a: Candidates apply data to guide prioritizing and planning health instruction that addresses identified needs of learners within the classroom, school, and community context. (InTASC 7; HESPAII 1.4.1; 2.1.3; 2.2.1)							
*Component 3b: Candidates apply principles of learning when designing individual, small group, and whole class learning activities and assessments. (InTASC 2, 6, 7, 8; HESPAII 2.3.4; 5.1.5)							
*Component 3c: Candidates plan a health education curriculum scope and sequence aligned with National and/or state health education standards. (InTASC 7, HESPAII 2.3.1; 2.3.4)							
*Component 3d: Candidates design and align measurable learning outcomes, assessments and instructional practices that support acquisition of functional health knowledge, health-related skills, and health beliefs. (InTASC 6, 7, 8; HESPAII 2.2.1; 2.2.4; 2.3.4; 2.4.3; 6.2.1; 6.2.2; 7.1.4)							
*Component 3e: Candidates select and create developmentally appropriate, culturally appropriate, inclusive and challenging instructional experiences that engage learners regardless of their race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English language							

	proficiency, and physical or cognitive ability. (InTASC 2, 7, 8; HESPAII 2.3.4; 2.4.3; 5.1.6; 6.1.1)	
	*Component 3f: Candidates incorporate 21st Century technology skills into instructional strategies and assessments. (InTASC 7, 8; HESPAII 2.3.4;3.2.5)	
4.	Implementation - Standard 4: Candidates employ a variety of research/theory-based instruwell-managed classroom that encourages all learners regardless of race, ethnic origin, religidentity, sexual orientation, family structure, English-language proficiency, and physical or adopt healthy behaviors and to interact positively with others; candidates reflect on their practice in order to meet students' and instructional needs.	ion, gender, gender cognitive ability to
		#1#2#3#4#5#6#7#8
	*Component 4a: Candidates demonstrate multiple research/theory-based instructional strategies that help learners adopt healthy behaviors. (InTASC Standards 7, 8; HESPAII 3.2.4; 3.2.5; 5.1.5; 6.5.3)	
	*Component 4b: Candidates create a positive learning environment through competence in classroom management that stimulates engagement, collaborative learning positive social interaction, inclusivity, and self-motivation among learners. (InTASC Standard 3; HESPAII 3.2.1; 6.5.3)	
	*Component 4c: Candidates evaluate candidate's own health education instructional practice and make necessary adaptations to meet the needs of each learner. (InTASC Standards 2, 6, 7, 9; HESPAII 3.3.2; 3.3.3)	
5.	Assessment - Standard 5: Candidates use multiple assessment methods that are aligned with	th standards and
	learning objectives to measure students' achievement, document their progress and guide i	
		#1#2#3#4#5#6#7#8
	Component 5a*: Candidates select and create multiple methods designed to assess changes in functional knowledge, health-related skills, and health beliefs. (INTASC Standard 6, HESPAII4.1.1; 4.1.8; 4.3.2; 4.3.3)	
	Component 5b*: Candidates align formative and summative assessments with educational standards, learning objectives, and instructional practice. (INTASC Standard 6, HESPAII 4.3.2; 4.3.3)	
	Component 5c*: Candidates interpret assessment results and use them to improve future instruction for diverse learners. (INTASC Standard 6, HESPAII 4.3.5)	
	Professionalism - Standard 6: Candidates demonstrate professionalism and ethical practices the value of health education to academic success as well as wellness; advocate for both pr welfare; make appropriate referrals; engage students' families regardless of race, ethnic or gender identity, sexual orientation, family structure, English language proficiency and physiability; engage colleagues within the school and community as well as the community at lar media including social media; and demonstrate a life-long learner disposition.	ograms and learners' igin, religion, gender, ical or cognitive
		#1#2#3#4#5#6#7#8
	*Component 6a: Candidates can explain how school health education and student health contribute to academic achievement and wellness across the lifespan. (InTASC 1, 4; HESPAII 5.3.4)	
	*Component 6b: Candidates advocate for learners' health and well-being and make referrals to other school and community professionals when appropriate. (InTASC 10, HESPA II 5.3.4; 7.1.3)	
	*Component 6c: Candidates can plan how to engage diverse families including those of differing race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English language proficiency and physical or cognitive ability, as partners in supporting healthy practices and communicating with their children about sensitive issues using culturally relevant strategies. (InTASC 9, 10; HESPAII 5.1.6; 6.1.4; 6.2.3; 6.3.3; 7.2.1; 7.2.2; 8.1.1; 8.1.3; 8.2.1; 8.2.2)	
	*Component 6d: Candidates demonstrate a variety of ways that include social media and other forms of technology to engage colleagues, and the community-at-large when promoting, planning and implementing best practices in health education. (InTASC 10, HESPAII 6.1.3; 6.1.4; 6.2.3; 6.4.3; 6.5.1; 6.5.4; 6.5.6; 7.1.5; 7.2.1; 7.2.4; 7.3.1; 8.1.1)	
	*Component 6e: Candidates can apply the Health Education Code of Ethics and other major responsibilities of a health education specialist to professional practice. (InTASC 9, HESPAII 5.1.1; 5.1.3)	
	Component 6f: Candidates identify and engage in professional learning opportunities including ones that enhance skills in working with students with a diversity of backgrounds and abilities as well as with using up to date technology offered through health- and education-related organizations. (InTASC 9, HESPAII 5.3.1; 5.3.2; 5.3.3; 5.4.2)	

SECTION IV - EVIDENCE FOR MEETING STANDARDS

DIRECTIONS: The 6-8 key assessments listed in Section II must be documented and discussed in Section IV. Taken as a whole, the assessments must demonstrate candidate mastery of the SPA standards. The key assessments should be required of all candidates. Assessments, scoring guides/rubrics and data charts should be aligned with the SPA standards. This means that the concepts in the SPA standards should be apparent in the assessments and in the scoring guides/rubrics to the same depth, breadth, and specificity as in the SPA standards. Data tables should also be aligned with the SPA standards. The data should be presented, in general, at the same level it is collected. For example, if a rubric collects data on 10 elements [each relating to specific SPA standard(s)], then the data chart should report the data on each of the elements rather that reporting a cumulative score..

For each assessment, the compiler should prepare one document that includes the following items:

(1) A two-page narrative that includes the following:

- a. A brief description of the assessment and its use in the program (one sentence may be sufficient);
- b. A description of how this assessment specifically aligns with the standards it is cited for in Section III. Cite SPA standards by number, title, and/or standard wording.
- c. A brief analysis of the data findings;
- d. An interpretation of how that data provides evidence for meeting standards, indicating the specific SPA standards by number, title, and/or standard wording;
- (2) Assessment Documentation
- e. The assessment tool itself or a rich description of the assessment (often the directions given to candidates);
- f. The scoring guide/rubric for the assessment; and
- g. Charts that provide candidate data derived from the assessment.

The responses for e, f, and g (above) should be limited to the equivalent of five text pages each , however in some cases assessment instruments or scoring guides/rubrics may go beyond five pages.

Note: As much as possible, combine all of the files for one assessment into a single file. That is, create one file for Assessment #4 that includes the two-page narrative (items a - d above), the assessment itself (item e above), the scoring guide (item f above, and the data chart (item g above). Each attachment should be no larger than 2 MB. Do not include candidate work or syllabi. There is a limit of 20 attachments for the entire report so it is crucial that you combine files as much as possible.

1. **CONTENT KNOWLEDGE.** Data from licensure tests or professional examinations of content knowledge. SOPHE Standards addressed in this assessment could include but are not limited to Standards 1 and 2. If your state does not require licensure tests or professional examinations in the content area, another assessment must be presented to document candidate attainment of content knowledge. Documentation should include total test scores plus sub-scores for the state licensure test. Data charts should also include the number (n) of candidates assessed and the range of scores for each sub-score and composite score.

Provide assessment information as outlined in the directions for Section IV.

A LINK to upload or manage your uploaded file(s)

2. **CONTENT KNOWLEDGE** Assessment of content knowledge in health education. SOPHE Standard components addressed by this Assessment could include the health content knowledge addressed in Components 1 c, d, e, and f as well as the knowledge about the practice of health education addressed in components 1a and b plus Standard 2. Examples of Assessments include comprehensive examinations, capstone projects, program-required course grades where course descriptions include a clear alignment with the disciplinary components of Standard 1, or portfolio tasks.

Provide assessment information as outlined in the directions for Section IV.

A LINK to upload or manage your uploaded file(s)

Portfolios may be listed as an Assessment in one of two ways: 1) Considering the portfolio as a single assessment and using scoring criteria (rubrics) to assess the contents of the portfolio as a whole or 2) Considering artifacts in the Portfolio as individual assessments. Artifacts that are part of the Assessment's score should not also be included as another Assessment in the report.

3. PEDAGOGICAL AND PROFESSIONAL KNOWLEDGE, SKILLS, AND DISPOSITIONS. Assessment that demonstrates candidates can effectively plan classroom-based instruction. SOPHE Standards that could be addressed in this assessment include but are not limited to Standards 2, 3, 4, and 5. Examples of assessments include the evaluation of candidates' abilities to develop lesson or unit plans, individualized educational plans, needs assessments, or intervention plans

A LINK to upload or manage your uploaded file(s)

4. PEDAGOGICAL AND PROFESSIONAL KNOWLEDGE, SKILLS, AND DISPOSITIONS. Assessment that demonstrates candidates' knowledge, skills, and dispositions are applied effectively in practice. SOPHE Standards that could be addressed in this assessment include but are not limited to Standards 3, 4, 5, and 6. The appropriate assessment is the evaluation of student teaching, the internship, or other clinical experiences. The assessment instrument used in student teaching or the internship should be submitted.

Provide assessment information as outlined in the directions for Section IV.

A LINK to upload or manage your uploaded file(s)

5. EFFECTS ON STUDENT LEARNING. Assessment that demonstrates candidate effects on student learning. SOPHE standards that could be addressed in this assessment include but are not limited to Standards 2, 3, 4, and 5. Examples of assessments include those based on students' work samples, portfolio tasks, and case studies.

Provide assessment information as outlined in the directions for Section IV.

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6. Additional assessment that addresses SOPHE Standards. ASSESSMENT #6: PROFESSIONAL RESPONSIBILITY AND INFORMED ACTION: Programs uniquely create this assessment based on action research studies, case studies, self-study projects, reflection learning logs from community involvement, family-centered service-learning projects, or personal theorizing projects. It should address one or more components of Standard 6. (Answer Required)

Provide assessment information as outlined in the directions for Section IV

A <u>LINK</u> to upload or manage your uploaded file(s) **Additional assessment that addresses SOPHE Standards** Programs may submit up to two additional assessments that address any of the SOPHE Standards and that round out the components covered by the entire suite of Assessments.

Provide assessment information as outlined in the directions for Section IV

A LINK to upload or manage your uploaded file(s)

Additional assessment that addresses SOPHE Standards. Programs may submit up to two additional assessments that address any of the SOPHE Standards and that round out the components covered by the entire suite of Assessments.

Provide assessment information as outlined in the directions for Section IV

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SECTION V - USE OF ASSESSMENT RESULTS TO IMPROVE PROGRAM

Evidence must be presented in this section that assessment results have been analyzed and have been or will be used to improve candidate performance and strengthen the program. This description should not link improvements to individual assessments but, rather, it should summarize principal findings from the evidence, the faculty's interpretation of those findings, and changes made in (or planned for) the program as a result. Describe the steps program faculty has taken to use information from assessments for improvement of both candidate performance and the program. This information should be organized around (1) content knowledge; (2) professional and pedagogical knowledge, skill, and dispositions; (3) student learning; and (4) professional responsibility and informed action.

(Response limited to 12,000 characters)

SECTION VI - FOR REVISED REPORTS OR RESPONSE TO CONDITIONS REPORTS ONLY

For Revised Reports: Describe what changes or additions have been made to address the standards that were not met in the original submission. Provide new responses to questions and/or new documents to verify the changes described in this section. Specific instructions for preparing a Revised Report are available on the CAEP website at http://caepnet.org/accreditation/caep-accreditation/spa-program-review-process

For Response to Conditions Reports: Describe what changes or additions have been made to address the conditions cited in the original recognition report. Provide new responses to questions and/or new documents to verify the changes described in this section. Specific instructions for preparing a Response to Conditions Report are available on the CAEP website at http://caepnet.org/accreditation/caep-accreditation/spa-program-review-

(Response limited to 24,000 characters.)

Please click "Next"

This is the end of the report. Please click "Next" to proceed.