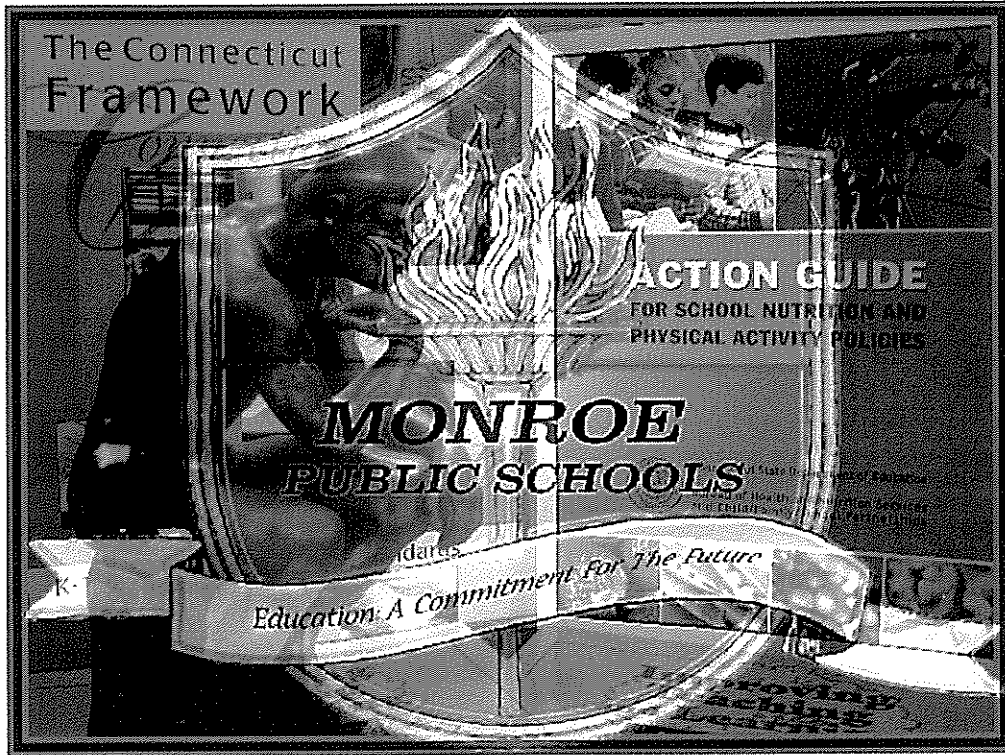


MONROE PUBLIC SCHOOLS
Monroe, Connecticut



PreK-12 Health Curriculum Audit
2006

MONROE PUBLIC SCHOOLS

HEALTH CURRICULUM AUDIT TEAM MEMBERS

October 25, 2006

AUDIT TEAM MEMBERS

John Iannarone, MD
Yale New Haven Hospital
Monroe Resident

Jean Mee, Ph.D.
Coordinator for Comprehensive Health
Education
Connecticut State Department of Education

Linda D. Wagner, Ph.D.
Professor of Pediatric Nursing
Southern Connecticut State University

Kim Kus
Health Teacher
Hurlburt Elementary School
Weston, CT

Joseph Kobza
Dean, Masuk HS
Monroe Wellness Policy Committee

Bonnie Maur
Monroe Public Schools
PreK-12 Science Coordinator

Simone Cameron
Monroe Resident
Health & Wellness Consulting

Assunta Romano
Southern Connecticut State University
Health Major

AUDIT PROCESS

The Monroe Curriculum Audit is a PrK-12 cyclical review of the curriculum within a program area. There are 3 program areas.

AREA I	AREA II	AREA III
English/Language Arts	Business	Computer Education
Mathematics	Health	Library Media
Science	Music	Technology Education
Social Studies	Physical Education	
World Languages	Visual Arts	

The audit process involves a team of experts that examine both quantitative and qualitative data about the impact of the curriculum on student achievement. The audit also examines instruction and assessment practices used within the curriculum. This examination provides feedback in three areas (1) highly effective practices occurring within the district, (2) areas in need of improvement, and (3) what researchers refer to as “what the district doesn’t know it doesn’t know.”

A variety of activities occur before, during and after an audit to involve educators within the district. This includes an opportunity to construct various questions that can help to guide the audit. Additionally, the audit team is encouraged to ask whatever clarifying and/or probing questions they choose in order to collect information about the program area. On the day of the audit the team gathers from various parts of the state and they interview individual administrators and teachers, and groups of parents and students. The audit team may visit classrooms to view teaching and learning, examine all available resource materials used in classes, and other related documents, such as school and/or community survey results.

The audit report is constructed through email exchanges between audit team members. This process continues until the report achieves consensus among the audit team members. As a courtesy to those people directly involved in the audited subject area, a preliminary report is reviewed with teachers involved in the program area, as well as the Superintendent of Schools, and the Board's curriculum committee. The completed report is then presented to the Board of Education.

The report is structured using a three year, open-ended continuum. That is, the audit and the actionable data produced in the discovery phase results in a plan. Implementation of the plan begins immediately following the audit; generally, this involves recommendations that can be acted upon with minimal or no associated cost. For other elements of the plan, such as those requiring further research, planning or substantial funding, options do exist to phase in these elements over time. While changes may not occur at a pace that pleases everyone, the process assumes that valid recommendations, deemed to be in the best interest of students, will eventually be funded and achieved.

FINDINGS

Findings are reported as *assets* and *challenges*.

- Assets are items identified by the audit team as “supporting forces” that can help in the continuous development of an excellent health program for the community.
- Challenges are those items identified by the audit team as “blocking forces” that need to be addressed, overcome or compromised in order to progress in the continuous development of an excellent health program for the community.
- The excellent program that the district envisions is a program that aligns with the *Connecticut Common Core of Learning*, and the *Connecticut Health and Balanced Living Curriculum Framework*.

In this report, assets and challenges are grouped as district-wide, elementary, middle or high school findings.

ASSETS

DISTRICT-WIDE

- From a philosophical perspective, health education appears to be a priority for the district
- Parents interviewed expressed their desire for progressive health education for their children.
- The district is committed to the continuous development of standards-based curricula.
- Student Assistance Teams and Crisis Teams in each of the schools deal with major health issues.

ELEMENTARY

- Elementary (PreK-grade 4) teachers and principals believe that instruction in health and wellness topics is important to children.
- Elementary health lessons of the past were embedded in science, but these have been set aside to address changes in the new state science curriculum standards. Principals understand the importance of trying to use an integrated/infused or “teachable moments” approach to include health and wellness topics throughout the day.
- Some developmental guidance is provided at the elementary level to deal with wellness related issues.

MIDDLE SCHOOL

- Beginning in grade 5, students receive health instruction by certified health educators.
- Parents appreciate the level of communication at the middle school. Parents are invited to preview any videos, etc. scheduled for use in class.
- High school students had fond recollections of their middle school health experience, but because it was part of the unified arts rotation, many reportedly perceive health to be less important than other subjects.
- Teachers established a nice rapport with students, students had fun while learning, and felt comfortable discussing difficult topics with the teachers.

HIGH SCHOOL

- The high school teachers are certified health educators with a lot of sincere interest in the students, and the topics covered in the health curriculum.

CHALLENGES

DISTRICT-WIDE

- Parents indicated that they would like to see more parent programs offered as part of a community-wide commitment to wellness.
- While good information for parents about the health program exists, parents may need more information about how to access that information.
- Parent focus group responses illustrate the range in values and beliefs that are central to the challenge of addressing the more controversial health topics. Responses ranged from, "Glad the school has certified educators to deal with these topics" to "I don't want the school addressing these topics, I'll address them at home."
- There is a need to upgrade some of the resource materials used in class. For example, students indicated that some of the videos have old cars in the background and the attire of the students would suggest the video is from the 60's or 70's. "If health is important then they should have more current resource materials."

ELEMENTARY

- While health education is a priority, it is not implemented as such due to scheduling configurations, support, and supervision.
- While it is integrated/infused in the elementary schools, it is not being implemented as a planned, deliberate curriculum across the district's elementary schools. Some elementary teachers make independent decisions about appropriate health content with no guarantee of consistency from one classroom to another.
- Some elementary health standards reflecting self esteem, conflict resolution, character education and diversity are addressed through developmental guidance program. Counselors discuss topics through rotating classroom visits, but due to the part-time assignment of guidance counselors in the elementary schools, there is insufficient time to address all of the needs.
- Parents would like to see more health offered, especially in grades 3 and 4, including topics on personal hygiene, spread of disease, physical contact and sexual harassment.

MIDDLE SCHOOL

- The middle school unified arts rotation can result in an 18 month gap in health instruction; for example, some students may have health during the first 6-weeks of grade 5 and the last 6 weeks of grade 6. This can also occur between grades 6 and 7, and 7 and 8. This results in a lack of program coherence and continuity.
- The communication between health teachers at Chalk Hill and Jockey Hollow appears to be good, but more communication is needed between Masuk and the middle school campus.

HIGH SCHOOL

- High school students would like more health instruction beyond the current grade 9 program. The student focus group indicated that it would be especially helpful in grades 11 or 12 as they prepare for what they anticipate will be more independent living after high school graduation. Topics students asked to hear more about included eating disorders, sexually transmitted diseases, drugs and alcohol, self esteem, and dealing with stress.
- While high school assemblies on health related topics are generally well-regarded, students would like to have opportunities to discuss what they have heard through some type of forum or discussion groups.

RECOMMENDATIONS

Recommendations are contained in a matrix that is spread across an open-ended continuum on the following page. This structure provides professional development time for the district's certified health educators to research means of addressing the challenges cited in the audit report, and to plan and propose recommended solutions for inclusion in the budget/funding process.

Those items that can be addressed immediately following the audit, will be the focus of year one.

In year two, district health educators will engage in professional development activities with a focus on research and planning for changes in curriculum, instruction and assessment activities to align with the *Healthy and Balanced Living Curriculum Framework* adopted by the Connecticut State Board of Education. This includes adjustments to curriculum maps, and identifying resource materials to improve the health program. Resource materials to improve instruction and/or to address gaps in the existing program will be identified and an estimate of expenses will be presented in a timely fashion in order to be included in the next Monroe budget cycle. Recommended adjustments in staffing levels need be proposed for inclusion on the *list of options for consideration* beyond the Monroe "turn-key" budget.

Year three marks the beginning of the implementation phase for changes requiring additional funds for instructional resource materials and changes in staffing levels.

PreK-12 HEALTH AUDIT

Recommendations are numbered for easy reference and do not reflect any suggested priority.

YEAR 1 2006-2007	YEAR 2 2007-2008	YEAR 3+ 2008 +
<ul style="list-style-type: none"> • Prepare and conduct audit (October 25, 2006) • Prepare preliminary report for health teachers and BOE Curriculum Committee • Prepare final report for BOE meeting--January 16, 2007 • Meet with health teachers to review <i>assets</i> and <i>challenges</i> • Address <i>challenges</i> that involve simple low/no cost solutions. Typically these are procedural issues, communication issues, modifications to instructional or assessment practices • Plan for year-2 professional development activities 	<ul style="list-style-type: none"> • Health teacher professional development focuses on research to address challenges and recommendations contained in the audit report • Research options for addressing elementary teacher "sole-provider" issues under Sec 10-145d-145(a) CT certification (Appendix A) • Research exemplary health programs in other districts. Explore state resources, freeware and other program materials • Refine curriculum maps to insure alignment with Health and Balanced Living Curriculum Framework • Identify resource materials in need of replacement or materials needed to address gaps in the current health curriculum and prepare same for 	<ul style="list-style-type: none"> • Increase school counselor time at each of the 3 elementary schools from .5 to 1.75 FTE • Add certified health educator to service 3 elementary schools 1.0 to 1.5 FTE • Add .5 to 1.0 FTE at Masuk to provide health instruction for students in grades 11 and 12 • Add coordination component for PreK-12 Health and PE and to coordinate and plan community-wide wellness programs in cooperation with town agencies

	<p>inclusion in the next budget cycle</p> <ul style="list-style-type: none"> • Explore community and regional resources for parent and community health and wellness programs • Research scheduling options for health instruction at the elementary, middle and high school levels • Define professional development needs • Clearly define mandated, required, recommended, and optional health curriculum topics per state and federal statutes • Insure that topics and instructional activities are aligned with BOE policy and address any teacher concerns especially in relation to more controversial health topics, and instructional activities 	
--	---	--

Report prepared by: Dr. C. Richard Canfield
Assistant Superintendent

December 7, 2006