

CIEP Submission Form

Health Education (6-12)

(for Educator Preparation Chapter adopted 8-12-2021)

Institution Name:

Date Submitted:

Program Level: *Select one of the options below.*

- Class B
- Alternative Class A

Submitting for: *Choose one of the options below.*

- Initial review of a proposed program
- Continuing review of a currently approved program
- Resubmission to address unmet standards and/or conditions

Overview of Each Required Section:

- I. Background Information:** Provide background information about the program (checklist; numbers of admissions, completers, and recommendations for certification). The “n”s reported here are used to determine if “n”s reported in data tables are consistent.
- II. Key Assessments, Data, and Data Analysis:** Provide an overview of the key assessment in the Section II chart. Key Assessments are typically summative assessments of candidate proficiencies. For each key assessment, included the completed coversheet; assessment instrument, instructions, or test specification information; rubric or scoring guide; and data table(s). Program faculty preparing submissions should use the Rubric for Key Assessments.
- III. Alignment of Standards to Curriculum and Key Assessments:** Provide an overview of how the program ensures each indicator is adequately addressed in curriculum and key assessments so reviewers know where to look to for evidence. Reviewers use the course descriptions and assessment documents, not the chart, to determine whether each indicator is adequately addressed.
- IV. Summary of Field Experiences Prior to Internship:** Provide an overview of how the program requires candidates to demonstrate developing proficiencies in field experiences prior to internship. Copies of instructions or assignments must be submitted. Assessment information is not required but may be submitted. Field experiences should have clear purposes and reflect increasing expectations. Program faculty preparing submissions should use the Rubric for Field Experiences Prior to Internship.

SECTION I Background Information

- 1. Include the proposed checklist as a separate document.
- 2. **Data on Unconditional Admissions, Program Completers, and Certificates Issued**
Programs should report at least three years of data. If the “n” over three years is less than 10, the program should report five years of data.

Academic Year September 1 to August 31	Number of Unconditional Admissions	Number of Program Completers¹	Number Recommended for Alabama Certification

¹ Use the Title II definition for program completers.

SECTION II Key Assessments, Data, and Data Analysis

1. Assessments #1-#5 are required. No more than eight key assessments may be submitted.
2. Complete a coversheet for each key assessment and attach it to the instrument or instructions, or test specifications; rubric or scoring guide; and data tables(s). Submit these documents in a Key Assessments folder on the flash drive and a section of the binder.

#	Key Assessment Title	Name of Key Assessment ²	Type of Key Assessment ³	When Required by Program ⁴
1 a	State Certification Tests: ⁵ Praxis Health Education Content		State Certification Tests	
1 b	edTPA			
2	Content Knowledge ⁶			
3	Planning Instruction ⁷			
4	Internship			
5	Effect on Student Learning ⁸			
6 ⁹				
7				
8				

² Identify assessment by title used in the program.

³ Types of assessment include but are not limited to essay, case study, project, comprehensive exam, reflection, state certification test, and portfolio.

⁴ Assessments might be required at the time of admission to the program, admission to internship, during a required course, or at program completion.

⁵ Test data must include the percentage of candidates who passed the tests for the last three years. Total scores and appropriate sub-test data must be reported.

⁶ Examples of appropriate content knowledge assessments include grade analyses, comprehensive examinations, portfolio tasks, and culminating performances.

⁷ Examples of appropriate assessments for planning instruction include developing lesson or unit plans that address the breadth and depth of the teaching field, individualized education plans, needs assessments, or intervention plans.

⁸ Examples of appropriate assessments for effect on student learning include those based on samples of student work, portfolio tasks, case studies, and appropriate follow-up studies.

⁹ Examples of optional assessments addressing program standards include but are not limited to evaluations of field experiences, case studies, specific portfolio artifacts, complete portfolios, and follow-up studies.

SECTION III Alignment of Standards to Curriculum and Key Assessments

Identify the curriculum components and key assessments listed in Section II that address the standard and indicators. Only courses that directly address indicators should be listed. In most cases, an indicator will be addressed by more than one key assessment. Cross-references to the standards and indicators should be inserted into the assessment instruments, scoring guides, and data tables.

Standard 1 Content Knowledge.		
Candidates possess functional health education knowledge about effective curricula, health behavior theories, health education standards, the whole child approach, risk and protective factors, ways to prevent chronic and communicable diseases, and the multidimensionality of health plus the literacy skills of an informed consumer that helps them create meaningful learning experiences.		
Indicators	Curriculum Components— Courses or Other Requirements¹⁰ <i>(Include course prefix, number, and name.)</i>	Key Assessment(s) <i>(Identify by key assessment number[s] in Section II.)</i>
1.1 Candidates describe characteristics of effective health education curricula, including the theoretical foundations of health behavior.		
1.2 Candidates use the National Health Education Standards and the <i>Alabama Course of Study: Health Education</i> as a framework for health education curriculum and identify how health education fits into a systemic approach that addresses the whole child.		
1.3 Candidates describe factors that promote or compromise health or safety, including social determinants such as race, ethnicity, socio-economic status, and family life.		
1.4 Candidates explain illness and disease etiology and prevention practices that enhance student health.		
1.5 Candidates describe and provide examples of the health literacy skills of an informed consumer of health products and services.		

Standard 2 Needs Assessment.		
Candidates assess needs and assets of learners, learning, and the learning community in order to inform their practice.		
Indicators	Curriculum Components— Courses or Other Requirements <i>(Include course prefix, number, and name.)</i>	Key Assessment(s) <i>(Identify by key assessment number[s] in Section II.)</i>
2.1 Candidates explain expected patterns of human growth and development across cognitive, linguistic, social, emotional and physical areas.		
2.2 Candidates describe how individual differences in learning styles influence learning.		
2.3 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 regardless of factors such as race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English language proficiency, and physical or cognitive ability.		
2.4 Candidates synthesize data about school and community assets and deficits and their context including culture in support of developing a healthy school environment.		

Standard 3 Planning.

Candidates use needs assessment data, health education standards, and principles of learning to plan cohesive, sequential lessons and units that include ways to accommodate students differing strengths and needs and that use 21st Century technology in order to support students' acquisition of functional health knowledge, health-related skills, and health beliefs.

Indicators	Curriculum Components— Courses or Other Requirements <i>(Include course prefix, number, and name.)</i>	Key Assessment(s) <i>(Identify by key assessment number[s] in Section II.)</i>
3.1 Candidates apply data to guide prioritizing and planning health instruction that addresses identified needs of learners within the classroom, school, and community context.		
3.2 Candidates apply principles of learning when designing individual, small group, and whole class learning activities and assessments.		
3.3 Candidates plan a health education curriculum scope and sequence aligned with National Health Education Standards and the <i>Alabama Course of Study: Health Education</i> .		
3.4 Candidates design and align measurable learning outcomes, assessments and instructional practices that support acquisition of functional health knowledge, health-related skills, and health beliefs.		
3.5 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.		

Standard 4 Implementation.

Candidates employ a variety of research/theory-based instructional strategies in a well-managed classroom that encourages all learners regardless of race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English-language proficiency, and physical or cognitive ability to adopt healthy behaviors and to interact positively with others; candidates reflect on their practice and adapt practice in order to meet students' and instructional needs.

Indicators	Curriculum Components— Courses or Other Requirements <i>(Include course prefix, number, and name.)</i>	Key Assessment(s) <i>(Identify by key assessment number[s] in Section II.)</i>
4.1 Candidates demonstrate multiple research/theory-based instructional strategies that help learners adopt healthy behaviors.		
4.2 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.		
4.3 Candidates evaluate their own health education instructional practice and make necessary adaptations to meet the needs of each learner.		

Standard 5 Assessment.

Candidates use multiple assessment methods that are aligned with standards and learning objectives to measure students' achievement, document their progress and guide instructional practice.

Indicators	Curriculum Components— Courses or Other Requirements <i>(Include course prefix, number, and name.)</i>	Key Assessment(s) <i>(Identify by key assessment number[s] in Section II.)</i>
5.1 Candidates select and create multiple methods designed to assess changes in functional knowledge, health-related skills, and health beliefs.		
5.2 Candidates align formative and summative assessments with educational standards, learning objectives, and instructional practice.		
5.3 Candidates interpret assessment results and use them to improve future instruction for diverse learners.		

Standard 6 Professionalism.

Candidates demonstrate professionalism and ethical practices; make the case for the value of health education to academic success as well as wellness; advocate for both programs and learners' welfare; make appropriate referrals; engage students' families regardless of race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English language proficiency and physical or cognitive ability; engage colleagues within the school and community as well as the community at large using a variety of media including social media; and demonstrate a life-long learner disposition.

Indicators	Curriculum Components— Courses or Other Requirements <i>(Include course prefix, number, and name.)</i>	Key Assessment(s) <i>(Identify by key assessment number[s] in Section II.)</i>
6.1 Candidates can explain how school health education and student health contribute to academic achievement and wellness across the lifespan.		
6.2 Candidates advocate for learners' health and well-being and make referrals to other school and community professionals when appropriate.		
6.3 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.		
6.4 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.		
6.5 Candidates can apply the Health Education Code of Ethics and other major responsibilities of a health education specialist to professional practice.		

<p>6.6 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.</p>		
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SECTION IV Summary of Field Experiences Prior to Internship

1. List all courses (or other curriculum requirements) that have a required field experience, in the order that the courses are typically taken. *Include the course prefix, number, and title.*

Course Prefix	Course Number	Course Title

2. Are field experiences always done in this order? Yes No
If no, provide a brief explanation.
3. Briefly explain how placements are made to ensure that candidates are placed in diverse schools.
4. For each field experience, complete a field experience coversheet and attach it to the instructions or assignments for the field experience. Submit these in a Field Experience folder on the flash drive and a section in the binder.