

WHOLE CHILD: A SHARED PRIORITY

DARTEP, APRIL 12, 2019



RESOURCES



WHOLE CHILD DEFINITION

ABOUT

Whole Child has been discussed in the Top 10 in 10 goals, the Michigan ESSA Plan, and various other initiatives including Multi-tiered System of Support (MTSS). As the department moves to whole child, whole learner focus support, it is imperative that a department definition be defined. After a series of workgroup meetings and feedback session, the following definition and visuals were designed and adopted.

DEFINITION

The "whole child" is a unique learner comprised of interacting dimensions, such as cognitive, physical, behavioral, social and emotional. The whole child lives within multiple and interconnected environments including home, school, and community.

MDE WHOLE CHILD APPROACH

The Michigan Department of Education (MDE) believes caring for, supporting, and educating the whole child is an essential part of promoting academic achievement and excellence throughout the P-20 system. Having a common definition and understanding of the whole child sets the stage for action. The practical aspects of promoting the whole child requires child sets the stage for action. The practical aspects of promoting the whole child requires an approach that encompasses evidence-based practices. MDE supports the Whole School, Whole Community, Whole Child Model or WSCC, a national leading model. The WSCC model was developed in collaboration by education and public health practitioners (ASCD and the Centers for Disease Control).



For more information on the WSCC model go to:
<http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>



The Whole School, Whole Community, Whole Child Model

The Whole School, Whole Community, Whole Child (WSCC) model is an expansion and update of the Coordinated School Health (CSH) approach. The WSCC incorporates the components of CSH and the tenets of the ASCD's* whole child approach to strengthen a unified and collaborative approach to learning and health.

The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community.

WSCC: The Model

Schools, health agencies, parents, and communities share a common goal of supporting the health and academic achievement of adolescents. Research shows that the health of students is linked to their academic achievement. By working together, the various sectors can ensure that every young person in every school in every community is healthy, safe, engaged, supported, and challenged.

The WSCC model accomplishes a number of important objectives:

- It combines the "Whole Child" model from ASCD with the CSH approach used by many in the adolescent and school health field.
- It emphasizes the relationship between educational attainment and health, by putting the child at the center of a system designed to support both.
- It provides an update to the CSH approach to better align with the way schools function.

Whole School, Whole Community, Whole Child Model



- The child in the center is at the focal point of the model; the child is circled by the "whole child" tenets in green: being "healthy, safe, engaged, supported, and challenged."
- The white band emphasizes the alignment, integration, and collaboration needed among the school, health, and community sectors to improve each child's learning and health.
- Represented in the blue, the multiple school components surround the child, acting as the hub that provides the full range of learning and health support systems to each child, in each school, in each community.
- The community, represented in yellow, demonstrates that while the school may be a hub, it remains a focal reflection of its community and requires community input, resources, and collaboration in order to support its students.

Formerly known as the Association for Supervision and Curriculum Development

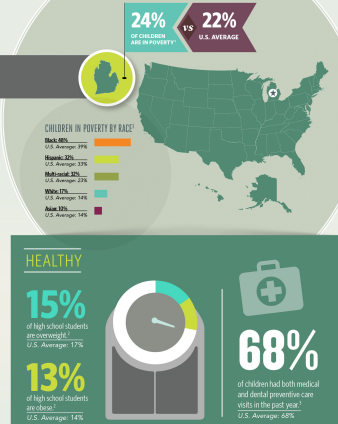
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health



Michigan

2015 WHOLE CHILD SNAPSHOT

To be prepared for well-paying jobs and lifelong learning, Michigan's children need personalized support, safe environments, good health, and challenging learning opportunities. The following data highlight how well the comprehensive needs of Michigan's children are being met and show how the state compares with all other states. The action steps present initial ideas for how Michigan citizens can make targeted and innovative improvements that equip the state's students with the knowledge and skills they need to become productive, self-sufficient adults who help Michigan create a robust economy.



SEE ALL 50 STATE SNAPSHOTS AT WWW.ASCD.ORG/WHOLECHILDSNAPSHOTS

SAFE

19% of high school students who were bullied at school in the past year

53% of high school students who were bullied at school in the past year

ENGAGED

10% of high school students who were civically engaged in the past year

10% of high school students who were civically engaged in the past year

SUPPORTED

Percentage of children by head of household's education attainment level

10% of children by head of household's education attainment level

10% of children by head of household's education attainment level

10% of children by head of household's education attainment level

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What You Can Do

- HEALTHY**
 - Adopt the Whole School, Whole Community, Whole Child (WSCC) model (www.ascd.org/wsc) as a framework for improving students' learning and health.
 - Connect free and low-cost physical and mental health services with the students and families who need them.
- SAFE**
 - Regularly assess and report on school climate—including staff, family, and student perspectives—and use the data to establish positive learning environments.
 - Support social-emotional learning and character development.
- ENGAGED**
 - Offer students an array of extracurricular activities and extended day learning opportunities, and provide students with academic credit for experiential learning, such as internships, service learning, and apprenticeships with local businesses.
 - Measure and report student and family engagement activities and outcomes (e.g., volunteer rates, community-based learning participation, and parent involvement data).
- SUPPORTED**
 - Support parent education and family literacy programs in addition to individualized, ongoing, and job-embedded professional development for educators.
 - Develop individualized learning plans for all students that connect to their academic and career goals and interests.
- CHALLENGED**
 - Provide relevant and challenging coursework through multiple pathways (e.g., advanced placement, international baccalaureate, dual enrollment programs) to all interested students.
 - Use accountability systems with multiple metrics that take into account student performance and growth across all core academic subjects, efforts to increase student engagement and build their social and emotional skills, and access to varied learning opportunities.

Visit www.ascd.org/wholechild.


SOURCES

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MDE DEFINITION

The “whole child” is a unique learner comprised of interacting dimensions, such as cognitive, physical, behavioral, social and emotional. The whole child lives within multiple and interconnected environments including home, school, and community.




putting Michigan on the map as a premier education state


WHOLE CHILD DEFINITION

ABOUT

Whole Child has been discussed in the Top 10 in 10 goals, the Michigan ESSA Plan, and various other initiatives including Multi-tiered System of Support (MTSS). As the department moves to whole child, whole learner focus support, it




Whole Community, Whole Child model of 21st Century learning model. The WCC model was developed in collaboration by education and public health practitioners (ASCD and the Centers for Disease Control).



The WCC model provides a broad framework for addressing both academic and non-academic needs of students in an integrated approach. The model helps how children and youth achieve a higher level of academic excellence through greater motivation and engagement in learning derived from meeting their basic needs (to be healthy, safe, engaged, supported and challenged). This whole child approach applies Maslow's Hierarchy of Needs for 21st Century children and youth and provides a practical understanding of the supports and collaboration necessary to promote student success.

For more information on the WCC model go to:
<http://www.ascd.org/programs/learning-and-health/wcc-model.aspx>



THE CHILD IS AT THE CENTER



DEVELOPMENT OF THE WSCC MODEL



HOW TO INTEGRATE?



**Introduction to Standards
for the Preparation of
Teachers of Lower
Elementary (PK-3)
Education**



**Introduction to Standards
for the Preparation of
Teachers of Upper
Elementary (3-6) Education**

HOW TO INTEGRATE?

Professional Standards

Michigan aspires to become a state in which all graduates are prepared to be competent global citizens successful in the workforce and society. In order to accomplish this goal, beginning teachers must be prepared to address the needs of the whole child; use relevant, research-based criteria to establish a supportive, engaging environment that fosters learning; and use practices that meet individual children's needs. To support this vision, standards related to professional knowledge and skills in the areas of Learner-Centered Supports, Ethics and Professional Growth, and Strategic Partnerships are presented first, as these standards describe what beginning teachers should know and be able to do regardless of the specific discipline area of specialization or instruction.

P.1.1. Learner-Centered Supports

Well-prepared beginning teachers will be able to:

- Support the whole child through knowledge and understanding of young children's characteristics and needs, including multiple interrelated areas of child development and learning, learning processes, and motivation to learn.
- Demonstrate knowledge and understanding of the multiple influences on development and learning of the whole child, including but not limited to: cultural and linguistic context, economic conditions of families, social emotional needs, trauma, health status and disabilities, peer and adult relationships, children's individual and developmental variations, opportunities to play and learn, family and community characteristics, and the influence and impact of technology and the media.
- Support children's Approaches to Learning¹ by using practices that engage and empower young learners.
- Demonstrate the ability to build meaningful learning environments and curriculum by focusing on children's characteristics, needs and interests; linking children's language, culture, and community to early learning; using social interactions during routines and play based experiences; incorporate technology and integrative approaches to content knowledge; and utilize incidental teaching opportunities and informal experiences to build child development in all areas.
- Implement norms and routines and use classroom management strategies to support individual and group motivation and behavior among children; generate active engagement in play and learning, self-motivation, and positive social interaction, and to create supportive and dynamic indoor and outdoor learning environments.
- Utilize individual and group guidance and problem-solving techniques to develop positive and supportive relationships with children, encourage teach positive social skills and interaction among children, promote positive strategies of conflict resolution, and develop personal self-regulation, motivation, and esteem.

- Demonstrate understanding of the implications for development in early learning of common disabilities in young children, including etiology, characteristics and classification of common disabilities.
- Demonstrate knowledge and use of a variety of strategies, instructional accommodations, and adaptations to meet the needs of all learners.

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- Demonstrate knowledge and understanding of the multiple influences on development and learning of the whole child, including but not limited to: cultural and linguistic context, economic conditions of families, social emotional needs, trauma, health status and disabilities, peer and adult relationships, children's individual and developmental variations, opportunities to play and learn, family and community characteristics, and the influence and impact of technology and the media.

- Identify signs of emotional distress, toxic stress, child abuse and/or neglect in young children and follow appropriate procedures for mandated reporting and utilize skills and strategies for clarifying and communicating sensitive issues with appropriate parties (including but not limited to child abuse, neglect, hygiene, and nutrition) to promote young children's physical and psychological health, safety, and sense of security.

- Demonstrate knowledge and application of research-based instructional strategies to create opportunities to develop critical knowledge, skills, and behaviors that contribute to life-long health.



YAY

WE'RE
DONE



CLINICAL EXPERIENCES



Table 1: Required Clinical Hours for Apprenticeship and Internship

Total 600 Minimum Hours
 400 hours of **Apprenticeship** and **Internship** + additional 200 hours of **Flex Hours** during **Apprenticeship** and **Internship** (including, but not limited to Student Contact)

Phase	Exploratory	Student Contact Hours	Flex Hours
Apprenticeship	30 hours <i>maximum</i>	70 hours minimum	} 200 hours minimum
Internship	No Exploratory Hours	300 hours minimum	

FLEX HOURS

Flex Hours provide flexibility for PK-12 schools and teacher preparation programs. These 200 hours can be utilized within the Apprenticeship or the Internship depending upon the needs of the candidate, district, institution, and impacted PK-12 students.

In the Apprenticeship, Flex Hours can include Student Contact Hours, but can also include education experiences outside of a typical school day (e.g., camps, tutoring that is not part of a scheduled course, parent outreach, work in community settings), and experiences with the materials of practice (e.g., student work samples, student data, classroom video, and curricular materials).

In the Internship, in addition to the above activities, Flex Hours can also be used to complete additional clinical experiences for multiple content or grade band endorsements for the initial certificate (e.g., 8 additional weeks of student teaching required for special education content areas).

MORE RESOURCES



QUESTIONS AND IDEAS



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