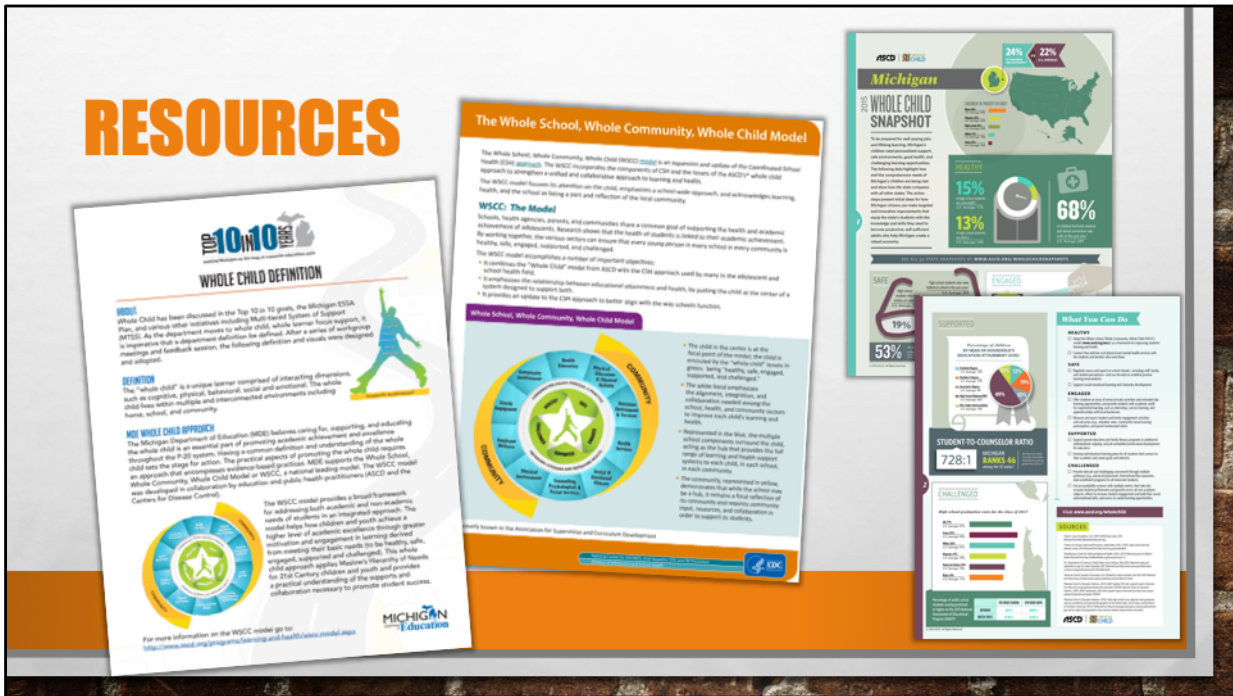




I'm Phil Chase, the Assistant Director for the Office of Health and Nutrition Services at the MDE. Formerly, I served as the Professional Accountability Manager for the Office of Educator Excellence. I'm glad to be back at DARTEP to present information on how to integrate the Whole Child priority into your educator preparation programs.



The Whole Child is one of three MDE Priorities that are being communicated from MDE leadership to bring a new level of clarity to the Top 10 in 10 vision for Michigan.

Before I get into exactly what it is, let me introduce what's in the left side of the folder I've brought to you. First you have the MDE's official definition of the Whole Child, which is also downloadable from our Web site. You'll notice right away that the definition also formerly adopts the 2013 Whole School, Whole Community, Whole Child (WSCC) model, and so I included the CDC's summary sheet about it. I also included the 2015 Whole Child Snapshot published by the Association for Supervision and Curriculum Development, or ASCD. It's a little old now but as I present both the MDE Whole Child Definition and the WSCC model, please feel free to glance at some of the statistics—it will set a nice context for what I am going to explain, and it should get you thinking about what we can do to prepare and train educators to understand the needs of the whole child.

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.



The first part of the MDE’s communications on the Whole Child is its official definition. Note especially that the definition emphasizes the multi-dimensional nature of the learner, but also recognizes that the learner is influenced from places well outside the school. Now, this isn’t news to us. Our core child development courses certainly contemplate the wholeness of the learner, and we know that students whose physical, behavioral, social, and emotional needs are not being met have enormous troubles reaching academic goals, no matter how refined the teacher’s craft may be. But now, the MDE is asking that we look at the whole child more than ever before.

THE CHILD IS AT THE CENTER



This is why it's critical that we keep our learners healthy, safe, and supported, as we strive to engage their passions and challenge their minds. That multi-dimensional nature won't develop if we pay attention to only one or two of these five central tenets. If we truly see the child at the center of our work, we won't want any of these to be forgotten as they grow.

DEVELOPMENT OF THE WSCC MODEL



As for the WSCC model itself, it might help right now if I show you the background and the development of the model, and how it grew out of joint efforts between ASCD and the CDC. Listen especially carefully about the message to integrate health and well-being with education and learning.

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**

So how do we make sure that we integrate health and well-being of children into our preparation programs? First, let's recognize that we already did, and exactly what we said to make that integration. In the recently-adopted lower- and upper-elementary teacher preparation standards, whole child is first on the agenda of learner-centered supports that we believe well-prepared beginning teachers should have.

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. 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, and 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; incorporating technology and integrative approaches to content knowledge; and use 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/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 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 assistive technologies to support individual children's learning needs.

- 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.

- 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.

In fact, in pages 12 and 13 of each of these documents (sorry, they're not in your folders but they're easily found on the MDE Web site), there are several places where we expect beginning teachers to be ready on Day 1 to think about that multi-dimensional nature of their students, recognize the context of the school and community, identify threats to physical and psychological well-being of their student, and incorporate strategies that help students not just learn content but develop into healthy adults.



Sounds pretty good to me—looks like we have the whole child thing well in hand, right?

Well...not quite. The question before us now is where, how, and when to provide clinical experiences that build upon our expectations present in the preparation standards. If we're truly serious about integrating Whole Child into teacher preparation, we need to consider it from the foundations of our programs. It needs to be a matter of intentional design.

CLINICAL EXPERIENCES



Think back to what the video said about alignment, integration, and collaboration between health and education. Now look again at the WSCC model on the summary sheet I mentioned earlier. What parts of it would make good clinical experiences during the apprenticeship and internship parts of your program? What areas have you always wished beginning students had more exposure to? More importantly—if we really want them to be able to be ready to teach the whole child on Day 1, what must we intentionally design as parts of their clinical experience?

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	

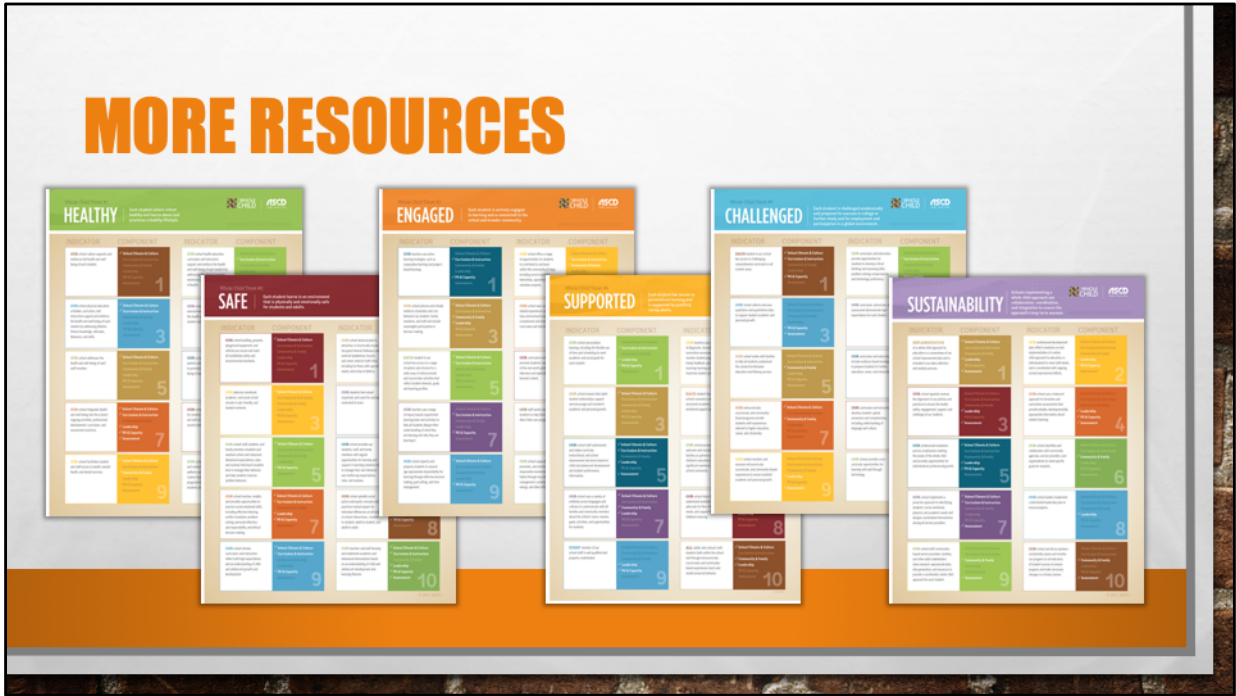
Flex Hours provide flexibility for PK-12 schools and teacher preparation programs. These 200 hours can be utilized within the Apprenticeship or the Internship depending upon the needs of the candidate, district, institution, and impacted PK-12 students.

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).

FLEX HOURS

In our Clinical Experiences Requirements document, we set forth the minimum number of exploratory, student contact, and flex hours that the apprenticeship and internship phases of clinical experiences must have. We provide some ideas for how to use flex hours in that document—and already in the examples you’re hearing some ideas that align to the WSCC model. Here’s your opportunity to intentionally design experiences which prepare teachers for that multi-dimensional nature of their future students, and to recognize the multiple aspects of the school and community, all of which are necessary for students to be successful.



In the folder, you'll notice that I also provided a six-page document, showing each of the five tenets of the Whole Child, plus a sixth area called "Sustainability." This is actually a document that is recommended by ASCD as part of a larger assessment tool for educators to evaluate how their school measures up in each of the five tenets, across ten key indicators for each tenet plus whether the school's approach has its eye on long-term success. I didn't include the entire assessment tool, but in reviewing it, I thought you might use the tenets and their indicators as ideas for flex time activities, and that would give you a good foothold in truly integrating whole child into your preparation programs. [GIVE EXAMPLE]

Heck, just asking a coordinating teacher to include interns and student teachers into a school-wide effort to use the ASCD assessment tool itself, say for example with a parent action group or during a professional learning committee meeting, would be a great use of some flex time hours, don't you think?

QUESTIONS AND IDEAS



So as you can see, this is an MDE priority, but we very much want to share it with partners, schools, districts, communities, and colleges and universities. It has to be an all-hands-on-deck endeavor if we are truly going to do our best work in educating the kids of this state.

So, now: What questions do you have? What opportunities can you see?

If we can't discuss them here, let's be thought partners and critical friends and talk about this further! On the next slide is my contact information. You know I am always down for a chat or a brainstorming session.

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My e-mail's the same as it ever was, but my phone number is new.

Thank you so much for inviting me today!