A. ACTIONS TAKEN TO IMPROVE STUDENT LEARNING

What actions did you take in 2012-2013, based on previous assessment findings, to improve student learning in your program? (Refer back to plans indicated in “Response to Assessment Findings” in 2011-2012 Assessment Report.)

1. EdTPA is being introduced in HED 3850 with a more extensive review in HED 4850. The EdTPA is implemented in KNH 4450, the seminar held in conjunction with student teaching.

2. Key HED terms and concepts are posted on large placards in room 311, the room primarily used for HED 3850 and HED 4850. The instructor refers to the WORD/CONCEPT WALL while teaching both of these health methods courses.

3. Three HED faculty members created and implemented an interactive online course, Personal and Community Health. This course uses Blackboard Collaborate and incorporates discussion groups, powerpoints, guest speakers, frequent checks for understanding, video clips, and direct internet connections with powerful websites.

4. The majority of HED courses are incorporated authentic performance tasks with meaningful rubrics to assess the skills of the students.

5. Phase I (3100) is coordinated with HED 3850 which allows students to develop lesson plans with 3850 instructor input, and then teach those lesson plans at their 3100 placement school. These experiences are then discussed in HED 3850.

6. Phase II (4100) is completed at the same time as HED 4850. Several 4850 assignments are now implemented at the candidates’ 4100 [placement school. Similarly, these completed assignments are processed in 4850.

7. A new process for designing student objectives has been implemented. This process was highly recommended by the nationally recognized health educators at the University of Toledo. The WSU HED Program Director wrote a grant that enabled her to be trained in this process.

B. STUDENT LEARNING OUTCOMES ASSESSED AND EXAMINED

Which Program Level Student Learning Outcomes did you assess and examine during 2012-2013? List the Program Level Student Learning Outcomes using the format of “Graduates will be able to___________________________.

The Health Education program is aligned to the American Association for Health Education Teacher Preparation Standards 2008. The program earned AAHE National Recognition in February 2014.

Graduates will be able to:

- Design and implement a detailed health education unit plan, complete with (1) Connections to previous and future learning as while as state-of-the-art resources; (2) Research-based justification for the unit, including health behavior theories and models; (3) Health Behavior Outcomes, Measurable Objectives, and aligned formative and summative assessments; (4) Instructional Task Analysis, included functional knowledge and skills chart, connections to
McTighe and Wiggins’ Six Facets of Understanding, common content area myths (and corresponding truths), Lesson Hooks and Critical Processing Questions, Step-by-step description of all student-centered activities and corresponding higher level processing questions for each activity; (5) Daily Detailed Block Plan for the unit; (6) Assessment Plan; (7) Classroom Management Plan; (8) Detailed Lesson Plans (9) Step-by-step description of key procedures implemented in the classroom.

- Assess and Analysis Student Learning by: (1) Analyzing previous learning by providing a valid pre-assessment; (2) Assessing both the functional knowledge and the skills included in the lesson objectives; (3) Comparing pre-and post-assessment results; (4) Explaining how they (candidate) provided instruction, modified instruction, targeted feedback to improve student learning; (5) Reflecting on the student learning, as evidenced by the assessments, and explaining why/why not students achieved the objectives; (6) Summarize how candidate will change/modify instructional strategies to impact student learning.

- Prepare and advocacy campaign for a state health issue, including documents and presentations designed to educate legislators and to encourage them to support health-related legislation.

- Design and implement interdisciplinary, technology-rich lesson plans based on best practice in health education.

- Write school-focused grants that will enhance the health education programs in public schools.

C. METHODS FOR COLLECTING DATA

Which students were included in the assessment? (For example, all seniors completing Course X in Spring 2013, all graduating seniors, etc.)

Data is collected each semester. The data from 2012-2013 school year was tallied on Program Records Data Charts (stored on HED Program Director’s computer) and then key assessment data entered into tk20.

Unit Plan, Analysis of Student Learning, Lesson Planning – HPR 4450 (Seniors)
Advocacy Campaign – HED 3350 (Juniors and Seniors)
Grant Writing – HED 4430 (Juniors and Seniors)

D. ASSESSMENT MEASURES

- What key assessments/assignments/student work did you examine to directly assess the Program Level Student Learning Outcomes listed above?
  - Assessment #1, Praxis II Health Education Licensure Test
  - Assessment #3, HPR 4450 Health Education Unit Plan With Contextual Analysis
  - Assessment #4, Phase III Clinical Practice Final Assessment Triad
  - Assessment #5, HPR 4450 Analysis of Student Learning Paper/Presentation
  - Assessment #6, HED 335 Health Communications Media Kit
  - Assessment #7, HED 430 Health Programming School Health Grant Application
  - Assessment #8, Lesson Planning Portfolio

- What, if any, indirect assessments (e.g. exit survey, alumni survey, focus groups, etc.) did you use to indirectly assess the Program Level Student Learning Outcomes listed above?
  - Exit Interviews for all Student Teachers in HPR 4450 and seniors in HED 4850
E. SIGNIFICANT FINDINGS
What did you find from your assessments? What did your data reveal about how well students are achieving the Program Level Student Learning Outcomes that you listed above?

Assessment # 2 Praxis Scores
• With a 100 % pass rate, the WSU teacher candidates have demonstrated a proficient grasp of essential health education concepts. Since the candidates’ average scores on four of the Health Praxis sections are consistently higher than the average scores in Ohio or the nation, the Health Education Program at WSU is quite effective in addressing those areas: Health Education as a Discipline, Disease Prevention, Health Education Pedagogy, and Promoting Healthy Lifestyles. However, since the faculty and students want to improve the Praxis scores on the Community Health and Healthy Relationships sections, we will re-assess how and when those concepts and skills are taught. Adjunct instructors have taught community health, which may have been interrupted the continuity. Notably, after many years of various adjunct instructors teaching community health, a full-time community health specialist began teaching the class in Fall 2011. Therefore, the Health Education Program Director expects to see improvements in the community health Praxis scores.

Assessment # 3 Comprehensive Unit Plan
• The candidates’ HPR 445 Health Education Unit Plan scores were 80% at the Accomplished Level with 20% ranking Competent. The highest scores were in the Misconceptions/ Truths, Lesson Hooks, and Classroom Analysis sections, while the lowest scores were in the Specific, Higher Level Objectives and Assessment sections. The Contextual Analysis portion of this unit plan is quite extensive; however, 63% of the candidates scored at the Accomplished Level, with 37% were ranked as Competent. Only 3% of the candidates were at the Developing Level with no candidates scoring the Beginning Level.

Assessment # 4 Clinical Practice/ Phase III Final Assessment Triad
• Health Education Candidates’ scores compared favorably with the average of all teacher candidates at Wright State University, with 84% of the HED candidates ranking at the Target Level and the other 26% achieving Acceptable on the Student Teaching (Phase III) Final Assessment form. HED candidates scored highest in Knowing and Understanding Content Area, Planning and Delivering Instruction, Creating Positive Learning Environments, and Accepting Responsibility for Professional Growth. The average score for these areas was 2.8 out of a possible 3. The candidates averaged 2.58 in Understanding Student Development and Respecting Diversity and a 2.48 in Using Assessment to Inform Instruction. Although the scores in these two areas were respectable, the faculty will explore ways to better teach and reinforce these concepts. All candidates (100%) met the Target criteria on the Professional Disposition form. On the AAHE Standards form, 73% of the candidates achieved at Target Level with 26.5% at the Acceptable Level.

Assessment # 5 Analysis of Student Learning
• Aggregated data shows that 63%/ of the candidates achieved the Target Level with the remaining 37% demonstrating competency in analyzing student learning. The mean score was 15.7 out of a possible 18 points. Candidates scored highest in the following categories: Summarizing and analyzing the context of the school and community in relationship to its impact on student learning, stating unit goals and targeted objectives, and presenting analysis of student learning data in a clear, concise and professional way to their HED peers, faculty and invited guests. The two lowest areas were (1) analyzing the data in clear, meaningful charts; (2) writing a comprehensive reflection on the assessment data, including specific instructional modifications.
Assessment # 6 HED 3350 Health Communications Media Kit
- HED 335 candidates consistently perform well on this assessment. The vast majority of the candidates, 87% completed the Media Kit at the Accomplished Level. While 17% of the candidates (5 of 49) scored at the Acceptable Level, only one candidate (2%) scored as Developing. Candidates scored highest in (1) developing engaging strategies for the target audience; (2) providing relevant, valid, research to support the need for Health Education Standards in Ohio; (3) Summarizing the mission, primary goal, and need for Health Ed Standards by designing an innovative “Leave Behind”. Candidates need more practice in designing creative, engaging one-page fact sheets that summarize the goal of the campaign and present powerful statistics to support the need for the adoption of Health Standards

Assessment # 7 HED 4430 Health Programming and Planning Grant
- Approximately half (47%) of the candidates completed the mini grant project at the accomplished/target level, which was the equivalent of an “A” letter grade. Over one third (39%) of the candidates achieved the rating of competent, which aligned with a “B” letter grade. Only 15% of the candidates earned the rating of developing, an equivalent of a “C” grade. Overall, candidates demonstrated the most skill in writing the grant application abstract (93% at accomplished/target level), analyzing the feasibility of the project (62% at accomplished/target level), and creating a marketing & communication plan for their grant project (69% at accomplished/target level). Candidates demonstrated the least competency in writing the rationale and need section (39% competent; ( 8% developing), the project evaluation plan (62% competent), and the project innovation section (54% competent)

Assessment # 8 Lesson Planning Portfolio
The majority of candidates (51%) were assessed at the Accomplished/Target level for overall lesson plan design and implementation with the remaining 49% achieving a Competency level. None of the WSU candidates ranked as Developing or Beginning on the Lesson Plan Portfolio. Upon careful analysis of individual lesson plan criteria, the strengths of the candidates include Identifying Demographics, Designing Effective Lesson Hooks, and Writing Higher Level Processing Questions. However, the candidates’ challenges centered on Writing Specific, Higher Level Objectives for their lessons. Although the candidates are at target level in aligning health behavior outcomes with National Health Education Standards/Performance Indicators and summative assessments, many candidates rank only proficient in the ability to translate content area specific performance indicators into specific, higher level objectives. Another area of concern is the candidates’ ability to incorporate more student-centered activities in their lesson plan rather than relying too much on teacher-directed instruction. In several lessons, the candidates chose to rely on PowerPoint presentations as the primary instructional technique. This choice resulted in too much teacher-directed instruction, thereby jeopardizing student engagement/active participation in the lesson. Additionally, candidates have a tendency to draw conclusions for their students rather than facilitating the discovery of essential health education concept connections. In particular, our candidates need more practice in the facilitation of student-centered learning.

F. DISCUSSION OF RESULTS
How were results shared? With whom were they discussed?
All results are shared with individual students, then the two key health instructors review the data to make informed decisions about instruction.

G. ACTIONS PLANNED TO IMPROVE STUDENT LEARNING
Based on what you learned from your assessment of the Program Level Student Learning Outcomes, what actions do the additional faculty meetings or discussions and planned or actual changes to curriculum, teaching methods, approaches, or services that are in response to the assessment findings.
• Program Director is now a Consensus Scorer for Pearson Health Education Portfolios and has been very active in the national revision of the TBR for this assessment.

• Program Director just accepted the position of National Trainer of HED Portfolio Scorers, which will keep her on the cutting edge of all current edTPA decisions and rubric changes/expectations. Her students, obviously, will benefit from her expertise in designing high quality HED edTPA Portfolios.

• Academic Language Wall and Core Concepts Walls are updated on a regular basis in room 311, the HED Methods classroom. These continual visual provide enhanced reinforcement of core concepts and skills.

• HED Program Director and Physical Education Program Director are designing an Interdisciplinary portfolio that will serve as a key assessment in the joint licensure areas.

H. SUPPORTING DOCUMENTS (recommended)
Please attach minutes of program faculty meeting where discussion of results and action planning occurred and any other relevant documents.

Since only two instructors are involved in these meetings, no formal minutes are taken.