



COLORADO
Department of Education

Colorado State Model Educator Evaluation System:

Practical Ideas for *Evaluating Teachers of Comprehensive Health Education*

Developed by:

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Updated Winter, 2018

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Foreword

****PLEASE NOTE: The purpose of this document is to highlight possible approaches for districts and BOCES to consider when constructing their approach to evaluating Comprehensive Health Education teachers. CDE will be collecting on-going feedback to improve this guidance.***

Introduction

Colorado's S. B. 10-191 requires schools, school districts, and the Colorado Department of Education (CDE) to evaluate all licensed educators with state approved quality standards and elements at least annually. This requirement applies to evaluating the performance of principals, assistant principals, teachers and special services providers. The Colorado State Model Educator Evaluation System, developed in response to the passage of S. B. 10-191, requires all teachers, including those in non-traditional classroom roles, to be evaluated using the same processes and materials used for classroom teachers. Throughout the development and pilot testing of the evaluation system, teachers in non-traditional classroom roles have expressed questions about the applicability of the evaluation system for educators such as themselves. Because of the content they teach and their responsibilities, the teacher evaluation materials may not provide evaluators opportunities to review and rate all facets of the educator's work. This practical ideas guide is intended to help these types of educators and their evaluators maximize the flexibility options built into the system to ensure a fair, valid and reliable evaluation for all educators. Educators across Colorado generously gave their time and expertise to write this practical ideas guide as a service to their colleagues. It is their hope that the brief will be used as an informal set of suggestions and ideas to better understand the Colorado State Model Educator Evaluation System and how it applies to them.

The Colorado State Model Educator Evaluation System

The evaluation system focuses on continuously improving educator performance and student results. To support school districts in implementing the evaluation requirements, the Colorado Department of Education (CDE) developed a model system that provides consistent, fair and rigorous educator evaluations, saves district resources and enables them to focus on improving teaching, learning and leading. Districts are not required to use the State Model System, but if they choose not to, then they are required to create their own system that meets all state laws and regulations.

The basic purposes of this system are to ensure that all licensed educators:

- Are evaluated using multiple, fair, transparent, timely, rigorous and valid methods.
- Are assessed through two main avenues: measuring student learning (50%) and evaluating teacher professional practices (50%).
- Receive adequate feedback and professional development support to provide them a meaningful opportunity to improve their effectiveness.
- Are provided the means to share effective practices with other educators throughout the state.
- Receive meaningful feedback to inform their professional growth and continuous improvement.

Successful implementation of the Colorado State Model Educator Evaluation System is dependent upon attending to the following priorities, or guiding principles for the evaluation system:

1. Data should inform decisions, but human judgment is critical.
2. The implementation of the system must embody continuous improvement.
3. The purpose of the system is to provide meaningful and credible feedback that improves performance.
4. The development and implementation of educator evaluation systems must continue to involve all stakeholders in a collaborative process.
5. Educator evaluations must take place within a larger system that is aligned and supportive.

The Colorado State Model Educator Evaluation System uses a meaningful process for educator evaluation. The year-long cycle includes regular conversations between the evaluator and person being evaluated; it is not a one-time event or observation, but rather a process that focuses on continuous improvement of the skills, knowledge and student outcomes of the person being evaluated. S. B. 10-191 requires that at least one observation be conducted annually for non-probationary teachers and at least two for probationary teachers. Districts may choose to conduct additional observations in order to provide high quality feedback and/or to confirm the accuracy of final professional practices ratings prior to finalization.

The State Model System evaluation process connections include, but are not limited to:



Acknowledgements

The many contributions of the CDE staff members and practitioners who contributed to this work are gratefully acknowledged. Many school- and district-based educators generously gave their time and expertise to write this brief as a service to their colleagues. It is their hope that the brief will be used as an informal set of suggestions and ideas to help teachers of Comprehensive Health and their evaluators better understand the Colorado State Model Educator Evaluation System and how it applies to them. Contributors to the development of this guide include:

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Who Should Use This Brief

This brief is intended for:

- Comprehensive Health Education teachers
- Evaluators who are responsible for evaluating Comprehensive Health Education teachers

This guide is intended to support Comprehensive Health Education teachers and their evaluators as they explore the teacher's effectiveness from a perspective that recognizes the intricacies of health and wellness skills.

How to Interpret the Rubric for Evaluating Colorado Teachers for Comprehensive Health Education

Comprehensive Health Education Philosophy

Health education is a subject that is equally important as other core subjects. "It is a subject that belongs in schools and that should be recognized as critical to students' education and development. The time, instruction and support devoted to health education should be similar to that of other core subjects." (2015, Shape America, *Appropriate Practices in School-Based Health Education*, p. 1)

Comprehensive Health Education standards underscore important skills necessary for lifelong physical and emotional wellness. The focus is on personal decision-making around emotional and social well-being, positive communication, healthy eating, physical activity, tobacco, drug, and alcohol abuse, and violence prevention.

Comprehensive Health educators understand that the most effective instructional strategies are collaborative and student-centered. Teacher pedagogy will foster personal development and support healthy student behaviors.

"Effective health education engages many aspects of the school and the community at large. Health education should be collaborative, integrative and vital within a school system and community." (SHAPE America, p. 1)

An Example of the Goal-Setting Conference for a Comprehensive Health Education Teacher:

"Marsha" believes that there can be more done to ensure students engage in positive health behaviors by engaging in student-centered skill-based instruction that incorporates community involvement. Marsha, a Health Educator at "Anywhere Middle School," meets with her principal for a beginning-of-the year goal-setting meeting. Before this meeting, Marsha has assessed her own performance by using the Colorado State Model Educator Evaluation System's Rubric for Evaluating Colorado Teachers and by thinking about her preparation and commitment to all students. Marsha prepares for her meeting with the principal by drawing on her expertise in working with skill-based health curriculum and finding the places of alignment between the Colorado Academic Standards that guide her work and the rubric on which she is being evaluated. This alignment of the standards and her expertise will ensure that she is being evaluated from a perspective that acknowledges her specialized knowledge, background, and expertise as a Health Educator.

Marsha, in the conversation with her evaluator, set a goal regarding her work during the upcoming year. Many health educators are still learning how to engage in instructional and assessment practices that utilize student-centered instruction intended to increase student mastery of health skills. For that reason, Marsha chose to focus on Standard III, Element B: Teachers use formal and informal methods to assess student learning, provide feedback, and use results to inform planning and instruction.

Because family and community support are essential to ensure health behaviors are utilized outside of the classroom, she also wants to push herself by focusing on Standard II Element D: Teachers work collaboratively with the families and/or significant adults for the benefit of students. Marsha's evaluator supports her choice of goals, particularly because they align well with the goals of the school.

Marsha and her evaluator spend a few minutes talking about what it will look like in her classroom for her to master Level 3 Practices, Level 4 Practices, or Level 5 Practices on these elements. This is an important opportunity for Marsha's evaluator to learn about the students in Marsha's class(es) in terms of their current health behaviors, their academic backgrounds, their interests, their families and communities. Marsha's evaluator will benefit greatly from knowing as much as possible about her students and school-wide health behaviors as well as about Marsha's perspectives on improving her work on these three standards.

Considering this conversation, Marsha should set a goal for herself regarding her work on these two elements and her ongoing development as a Health Educator. An example of the overall goals Marsha might set for herself is:

"I will use various types of informal and formal assessment practices in my classroom to ensure that I have a comprehensive understanding of the skills and abilities of my students regarding health education skill levels. I will also explore ways to incorporate diverse methods of skill-based instruction into my lesson planning. I will use the data I collect on my students to plan for instruction and differentiate learning opportunities so students can grow in health skills development. Finally, I will find innovative ways to collaborate with the families and communities of my students, particularly as a method to encourage healthy behaviors."

Now that Marsha has written out her goals aligned with the elements, she and her evaluator should collaboratively decide how to measure Marsha's growth in these areas and how she will document and demonstrate her effectiveness.

For example, some measurable action steps related to some of Marsha's goals could be:

1. At least once a week, I will use a skill-based strategy (i.e., role-play, pair-share, and experiential activities) to ensure my students' apply health education content and utilize formal and informal assessment practices to determine student mastery.
2. At least once a quarter, I will incorporate a community resource to enhance student understanding of the real world application of health education content.

Marsha and her evaluator should also decide how her work will be documented. For instance, Marsha could be sure to let her evaluator know when she is utilizing skill-based strategies. Her evaluator may choose to observe the assessment process and Marsha's skill in implementing it. Marsha could collect results of these assessments and analyze the results over time, showing how her work has changed as she has learned more about student acquisition of health-based skills. Together, the evaluator and Marsha can make a reasonable plan that both supports her in her ongoing growth as a Health Educator and provides evidence of that development.

Except for the evidence required by S.B. 10-191 and described in Exhibit 1, additional evidence/artifacts are not necessary unless the evaluator and person being evaluated have differing opinions about final ratings. In such a case, additional evidence about performance on the specific rating(s) in question may be considered. During the final evaluation conference, the evaluator and Comprehensive Health Education teachers should agree on the specific evidence needed to support the rating(s) each believes is correct. Such evidence may include documents, communications, analyses, or other types of materials that are normally and customarily collected during the course of conducting their everyday activities.

Exhibits 1 and 2 may prove to be useful for evaluating Comprehensive Health Education teachers. Evaluators may find them helpful as they think about the work of Comprehensive Health Education teachers and how their specialized knowledge and skills can be evaluated accurately. They may also help Comprehensive Health Education teachers develop their own roadmaps to success as they complete their self-assessments, participate in the evaluation process, and develop professional goals.

The first three rows of Exhibit 1 provide information about what is required by S.B. 10-191. The fourth and fifth rows provide ideas for artifacts and other types of evidence that **may** be used to help confirm the accuracy of observations and ratings on non-observable items. It is important to note that these are ideas for evidence/artifacts, but they are not required to be used during the evaluation. Nor should a teacher be expected to collect all of these items. These examples are meant to serve as a catalyst for helping teachers and their evaluators generate a short and focused list of artifacts that may prove beneficial in fully understanding the quality of the teacher's performance. It must be noted that evaluations performed using the state model system may be completed without a consideration of any artifacts.

EXHIBIT 1: Observations, Required Measures and Other Evidence/Artifacts

S.B. 10-191 REQUIRES MULTIPLE MEASURES OF EDUCATOR PERFORMANCE MEASURED ON MULTIPLE OCCASIONS THROUGHOUT THE YEAR. For Comprehensive Health Education teachers, this requirement is defined as observations, required measures and optional additional measures (evidence/artifacts). While the teacher rubric serves as the data collection tool for observations, districts and BOCES must determine the method for collecting data regarding required measures and additional evidence/artifacts. This chart serves as a reminder of the required measures that must be discussed annually and evidence/artifacts that may be discussed at the end of the evaluation cycle to confirm the accuracy of ratings.

OBSERVATIONS REQUIRED BY S.B. 10-191:

- **Probationary** - At least two documented observations and at least one evaluation that results in a written evaluation report each year.
- **Non-probationary** – At least one documented observation every year and one evaluation that results in a written evaluation report, including fair and reliable measures of performance against Quality Standards.

The frequency and duration of the evaluations shall be on a regular basis and of such frequency and duration as to ensure the collection of a sufficient amount of data from which reliable conclusions and findings may be drawn. Written evaluation reports shall be based on performance standards and provided to the teacher at least two weeks before the last class day of the school year.

REQUIRED MEASURES:

Include at least one of the following measures as a part of the annual evaluation process.

- Student perception measures, where appropriate and feasible;
- Peer feedback;
- Feedback from parents or guardians;
- Review of lesson plans or student work samples.

ADDITIONAL EVIDENCE/ARTIFACTS:

Evaluation of professional practice may include additional measures such as those listed below, which are provided as examples of evidence an evaluator and/or educator being evaluated may share with each other to provide evidence of performance in addition to observation and evaluator ratings collected on the rubric.

Plans lessons that:

- Colorado Academic Standards for Comprehensive Health.
- Application of learning targets
- Student choices and experimentation with concepts, materials, processes, and technology
- Appropriate scaffolding, modeling, and problem-solving
- Use of reflective thinking
- Application of knowledge and skills learned through professional development activities
- Use of best practices
- Ideas for improving classroom environment and student behavior.
- Use of feedback from written and verbal observations (formal and informal)
- Provide performance/demonstration opportunities
- Incorporate skill-based strategies
- Utilization of community resources for curriculum delivery

Differentiates instruction:

- IEP, 504, and behavior plan development and monitoring
- Provides opportunities to challenge academically gifted and high achieving students
- Understands the variety of students' backgrounds and individual learning needs
- Connect curriculum to current trends in health education with consideration of differentiated learning styles and background and needs of students
- Uses developmentally appropriate ELL strategies such as sentence stems and visual aids

Assesses student learning:

- Assesses students both formatively and summatively
- Pre- and Post-tests
- Report card comments
- Use of rubrics
- Evaluations of student performance and growth
- Reflects on lessons and student progress
- Reflection of self, group, and individual students to compare pre- and post- skill development
- Redesigns lessons based on reflection about class content, delivery and reception by students
- Performance-Based Assessments, including but not limited to role-plays, PSAs (Public Service Announcements), videos, scripts, media analysis
- Project-Based learning outcomes

Provide students opportunities to:

- Perform/exhibit in school events.
- Participate in community events/exhibits, i.e. health fairs
- Reflect on their practices and their work
- Lead health and wellness clubs or initiatives
- Apply for membership of health advisory committees

Communicates with other adults involved in the lives of students through:

- Email/phone logs
- Websites
- Facebook or other social media platform
- Face-to-face conferences

- Parent-Teacher Conferences.

Participates in professional learning activities, including but not limited to:

- School and district sponsored trainings and workshops
- Attends professional conferences and workshops and applies learning in daily teaching
- Membership in professional organizations
- Professional organization committees and task forces
- Conducting individual research and/or serving in a teacher-leader role
- Staying abreast of emerging issues and current health trends

Leads school and/or district initiatives through:

- Committee participation
- Organization and running of health related events
- Providing health resources throughout the building
- Attending health related student leadership conferences/events
- Incorporating guest presenters from community, collegiate or professional programs
- Actively participating in district, state and national organizations workgroups
- Seeking external funding for programs through grant applications, leveraging community resources, and other activities

Again, evidence/artifacts listed in Exhibit 1 are examples of items that **may** be used to demonstrate proficiency on any given standard. The evaluator and/or Comprehensive Health Education teacher being evaluated may use additional evidence/artifacts to address specific issues that need further explanation or illustration during the end-of-year performance discussion. The evaluator and/or Comprehensive Health Education teacher may also use other evidence/artifacts to provide the rationale for specific element or standard ratings. CDE built flexibility into the use of artifacts and/or other evidence. The items listed above are provided as ideas for Comprehensive Health Education teachers and their evaluators.

Exhibit 2 provides ideas for the evaluator to use during the observation process. The “physical evidence/demonstration (what to look for)” lists suggest behaviors and activities that may be found in classrooms where the teacher demonstrates proficiency on the Teacher Quality Standards.

Exhibit 2: Teacher Quality Standards and Examples of Practices that May be Evident during Classroom Observations

QUALITY STANDARD I: Teachers demonstrate mastery of and pedagogical expertise in the content they teach. The elementary teacher is an expert in literacy and mathematics and is knowledgeable in all other content that he or she teaches (e.g., science, social studies, arts, physical education, or world languages). The secondary teacher has knowledge of literacy and mathematics and is an expert in his or her content endorsement area(s).	
Elements	Practices that May be Observed During Observations
<p>ELEMENT A: Teachers provide instruction that is aligned with the Colorado Academic Standards and their district’s organized plan of instruction</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Student objectives posted for meaningful and challenging standard aligned learning opportunities. • Standards are identified in lesson plan and activities are clearly aligned to objectives • Lesson provides differentiated methods for learning
<p>ELEMENT B: Teachers develop and implement lessons that connect to a variety of content areas/disciplines and emphasize literacy and mathematical practices.</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Uses reading and writing when appropriate to lesson • Communication Skills (Speaking and listening skills) are encouraged through classroom practice and procedures • Readings are leveled when needed • Scaffolding for notes are provided • Scaffolding for writing is provided • Real world connections are discussed • Health skills are connected to other content areas for reinforcement (e.g. decision making in literacy, analyzing influences in social studies) • Discusses with class the background information that goes with the content and skills • Takes time to point out connections with Health and other content areas • Teachers collaborate with other content area teachers to create cross curricular lessons. <p><u>Elementary</u></p> <ul style="list-style-type: none"> • Teacher acknowledges math connections when possible—e.g. Nutrition • Teacher and students use graphs and table to enhance learning when appropriate <p><u>Secondary</u></p> <ul style="list-style-type: none"> • Teacher acknowledges math connections when possible—e.g. Nutrition, BMI, health statistics • Teacher and students use graphs and tables to enhance learning when appropriate
<p>ELEMENT C: Teachers demonstrate knowledge of the content, central concepts, inquiry, appropriate evidence-based instructional practices, and specialized characteristics of the disciplines being taught.</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Uses skill based curriculum to encourage healthy behaviors • Is up to date with resources and current health related research • Acknowledges new behavior issues and trends in student population • Uses various teaching styles and interactive teaching strategies to engage students

QUALITY STANDARD II: Teachers establish a safe, inclusive and respectful learning environment for a diverse population of students.

Elements	Practices that May be Observed During Observations
<p>ELEMENT A: Teachers foster a predictable learning environment characterized by acceptable student behavior and efficient use of time in which each student has a positive, nurturing relationship with caring adults and peers.</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Teachers greet students at class door. • Teacher models and enforces behaviors that create an environment in which students feel valued, welcome and safe. • Classroom rules/norms/expectations are clearly posted and developed with input from students • Foster a safe environment for learning, including for sensitive health topics. • Debrief with students following lessons. • Establish learning targets individualized for the age and developmental levels of students. • Clearly communicate lesson objectives. • Treat students with respect and answers questions • Explicitly teach classroom protocols and procedures and hold students accountable to those practices • Teacher encourages all students to seek support, guidance and help when needed. • Clearly articulate classroom management strategies and procedures exhibiting details such as the following: <ul style="list-style-type: none"> ○ Classroom rules/norms are clearly posted ○ Efficient and purposeful transitions ○ Re-teaching after practice ○ Feedback to students ○ Posted objectives ○ Learning targets ○ Success criteria ○ Posted dates for deadlines of assignments ○ Exit slips • Teacher creates expectations/protocol that allow for students to: <ul style="list-style-type: none"> ○ Articulate and/or demonstrate classroom expectations confidently ○ Work in collaborative teams ○ Monitor personal and peer behavior ○ Take turns ○ Listen to others ○ Share ○ Adhere to deadlines
<p>ELEMENT B: Teachers demonstrate an awareness of, a commitment to, and a respect for multiple aspects of diversity, while working toward common goals as a community of learners.</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Use posters, curricula, and other visual images that are representative of different races and cultures • Encourage diverse perspectives and foster respectful discussions on health topics • Provide opportunities for students to share their own understanding of their own culture and traditions related to health and wellness • Engage community volunteers in the classroom that represent diverse backgrounds and thought
<p>ELEMENT C: Teachers engage students as individuals, including those with diverse needs and interests, across a range of ability levels by adapting their teaching for the benefit of all students.</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Differentiate class materials in order to provide challenging experiences for every student. • Provide opportunities for students to reflect on and describe their

	<p>strengths,</p> <ul style="list-style-type: none"> • Create an environment in which all students feel empowered to engage in their learning • Create an environment of diverse social interactions, through which mutual respect is demonstrated • Differentiate lessons to accommodate for different learning styles (ex. auditory, kinesthetic, visual) • Scaffold learning experiences to enable all students to find success. • Model new health-related skills • Use intentional grouping strategies including by ability level. • Provide different concrete items and object lessons to help students create connections with new material • Share ideas within group discussions or when engaged in group projects • Allow for students to assess their personal contributions to class and groups <p><u>Elementary</u></p> <ul style="list-style-type: none"> • Provide opportunities for students to practice health skills in a variety of ways, including in the classroom and through “real life” project-based experiences • Include discussions of current events as they relate to health and wellness • Allow for students to apply health topics to personal needs and to create and monitor goals related to those needs • Provide opportunities for students to critique the quality of their work and advocate for personal learning needs <p><u>Secondary</u></p> <ul style="list-style-type: none"> • Provide opportunities for students to practice health skills in a variety of ways, including in the classroom and through “real life” project-based experiences • Help students to identify health issues of personal interest and to create advocacy projects based on that interest • Include discussions of current events as they relate to health and wellness • Allow for students to apply those health topics to personal needs and to create and monitor goals related to those needs • Provide opportunities for students to critique the quality of their work and advocate for personal learning needs.
<p>ELEMENT D: Teachers work collaboratively with the families and/or significant adults for the benefit of students.</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Provide immediate constructive feedback to students • Provide a variety of communication options for students and families, such as creating a website or online class format, utilizing online grade book programs, utilizing journal notes to share at home, videoing student practice of health skills with suggestions for improvement • Provide opportunities for students to share with families and significant adults their personal strengths and health goals • Build in activities or lessons that engage the family in the health content • Participate in student-led parent- teacher conferences

QUALITY STANDARD III: Teachers plan and deliver effective instruction and create an environment that facilitates learning for their students

Elements	Practices that May be Observed During Observations
<p>ELEMENT A: Teachers demonstrate knowledge about the ways in which learning takes place, including the levels of intellectual, physical, social, and emotional development of their students.</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Seek out and use professional development regarding successful instructional practices in health content; such as: Student skill development, using visual aids, modeling, video, effective instructional strategies. • Use a variety of research materials when preparing for classroom lessons. • Utilizing professional development opportunities during health conferences • Guiding student learning through providing feedback based on formative assessment
<p>ELEMENT B: Teachers use formal and informal methods to assess student learning, provide feedback, and use results to inform planning and instruction</p>	<p><u>Elementary and Secondary</u></p> <p>Use assessment strategies such as:</p> <ul style="list-style-type: none"> • Pre and post-tests. • Word walls of Health specific critical language. • Differentiated manipulatives and instruction. • Visual aids (such as posters) classroom procedures; videos. • Daily objectives and deadlines are clearly posted. • Rubrics (self-assessment and teacher assessment options). • Questioning techniques that assess students’ understanding of the objectives. • Strategies such as “exit tickets” at the end of class to monitor student progress toward objectives • Formative assessments to modify instruction. • Use Pre- and post-tests (written and performance) • Use Observations (formal and informal) • Model and offer opportunities for students to journal about current health issues • Assign research projects around current health topics • Structure lessons that appeal to students with varied learning styles by including visual, kinesthetic and verbal content in movement lessons • Alter the content and structure of lessons based on students’ previous performance and experience.
<p>ELEMENT C: Teachers integrate and utilize appropriate available technology to engage students in authentic learning experiences.</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Seek out and use ways to integrate technology throughout instruction such as: <ul style="list-style-type: none"> ○ Tablets ○ Hand held devices ○ Videos ○ Projectors ○ Flipcharts ○ Visual aids. ○ YouTube/Safeshare- web site searches ○ Cell phones
<p>ELEMENT D: Teachers establish and communicate high expectations and use processes to support the development of critical-thinking and</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Incorporate team building strategies. • Use rubrics.

problem-solving skills.	<ul style="list-style-type: none"> • Model success criteria. • Encourage students to set individual goals. • Model and expect appropriate time management and deadlines
ELEMENT E: Teachers provide students with opportunities to work in teams and develop leadership.	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Teacher and students collaborate, cooperate and show tolerance and acceptance of one another. • Uses table/group seating unless the lesson or student needs require other seating arrangements. • Provide opportunities for students to lead in small group activities • Provide opportunities to students to lead class discussions • Encourage students to become involved in outside health promoting groups. • Students: <ul style="list-style-type: none"> • Demonstrate personal responsibility in group discussions and group work. • Share previous health experiences and knowledge with peers
ELEMENT F: Teachers model and promote effective communication.	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Post Learning Objectives and Language Objectives as well as deadlines • Use Word Walls to teach health vocabulary • Provide a variety of opportunities for students to apply health terms through individual and group projects.
QUALITY STANDARD IV: Teachers demonstrate professionalism through ethical conduct, reflection, and leadership.	
Elements	Practices that May be Observed During Observations
ELEMENT A: Teachers demonstrate high standards for professional conduct.	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Models appropriate appearance and behavior • Adheres to professional and ethical standards • Interacts appropriately with staff, parents and school volunteers
ELEMENT B: Teachers link professional growth to their professional goals.	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Establishes professional objectives each year • Continually seeks new information to stay current (reads journals, attends conferences and in-service professional development) • Continues to be a lifelong learner within the profession
ELEMENT C: Teachers respond to a complex, dynamic environment.	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none"> • Receives feedback well and seeks opportunities for personal growth • Reflects upon and incorporates new learning into practice

<p>ELEMENT D: Teachers demonstrate leadership in the school, the community, and the teaching profession.</p>	<p><u>Elementary and Secondary</u></p> <ul style="list-style-type: none">• Is the Health Education expert in the school and contributing member of the school community• Helps create a school culture of physical activity• Collaborates with community, colleagues, staff, and resource persons• Advocates for the profession• Shares information, resources and expertise with peers
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Conclusion

The evaluation of Comprehensive Health Education teachers presents unique challenges for both evaluators and the Comprehensive Health Education teachers who are being evaluated.

This guide addresses the first concern by explaining how Comprehensive Health Education teachers and their evaluators can take advantage of the flexibility built into the Rubric for Evaluating Colorado Teachers to address the unique responsibilities of Comprehensive Health Education teachers. The exhibits in this guide are designed to be helpful in understanding how evaluation requirements may look for Comprehensive Health Education teachers.

It is CDE's hope that this guide will prove helpful to Comprehensive Health Education teachers and their evaluators by providing them with real-life examples of evidence/artifacts, what to look for in observations and ways in which Comprehensive Health Education teachers may discuss their performance with their evaluators.

Resources

SHAPE America. (2015). Appropriate practices in school-based health education. [Guidance document]. Reston, VA: Author. (retrieved 8/2/16
<http://www.shapeamerica.org/publications/products/upload/AppropriatePracticesSchoolBasedHealthEducation.pdf>)

American School Health Association. The American School Health Association envisions healthy students who learn and achieve in safe and healthy environments nurtured by caring adults functioning within coordinated school and community support systems. <http://www.ashaweb.org/>

American Association for Health Education. Resources, professional development, and advocacy tools for health education and promotion. <http://www.shapeamerica.org/>

RMC Health. Tools to improve the mental, physical, social, and emotional health of children and youth by providing innovative and effective professional development (training, coaching, and resources) to educators and professionals who serve them. <http://www.rmc.org/>

SHAPE Colorado. To provide leadership, professional development and advocacy for health, physical education, recreation and dance professionals in the state of Colorado. <http://www.shapeco.org/>