National recognition of this program is dependent on the review of the program by representatives of the American Association for Health Education (AAHE) based on the 2008 AAHE standards.

**Name of Institution**
Lehman College - CUNY

**Date of Review**
08 / 01 / 2018

This report is in response to a(n):  
- Initial Review
- Revised Report
- Response to Conditions Report

**Program(s) Covered by this Review**
Health Education MSEd

**Grade Level**
K-12

(1) e.g. Early Childhood; Elementary K-6

**Program Type**
First Teaching License

**Award or Degree Level(s)**
- Baccalaureate
- Post Baccalaureate
- Master's
PART A - RECOGNITION DECISION

SPA decision on national recognition of the program(s):
- Nationally recognized
- Nationally recognized with conditions
- Further development required OR Nationally recognized with probation OR Not nationally recognized [See Part G]

Test Results (from information supplied in Assessment #1, if applicable)
The program meets or exceeds SPA benchmarked licensure test data requirement, if applicable:
- Yes
- No
- Not applicable
- Not able to determine

Comments, if necessary, concerning Test Results:
According to the data of the 47 students that took the CST, 42 passed in meeting the 520 score and 5 did not pass. The report indicated how the five not passed candidates will be advised so they could pass. There is a 94% pass rate on the CST which is above the 80% required.

Summary of Strengths:
**Standard 1. Content Knowledge.** Candidates demonstrate the knowledge and skills of a health literate educator.  

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**Comment:**

Key Assessment 1 has been identified as meeting Standard 1.

The Content Specialty Test (CST) in health education was identified as addressing Standard 1. Data were provided on a per candidate basis; however, for future reference, data should always be aggregated based on program cohort.

Candidates' passing rate for the state New York State Teacher Certification Examination (NYSTCE) is above the SPA required rate of 80%. The report included individual scores for years 2014-15 (N=5), 2015-16 (N=6) and 2016-17 (N=30) for each of the areas of health promotion, risk reduction, personal and social health skills, health literacy skills, health education program planning and pedagogical content knowledge.

It would be helpful to see how many candidates passed and the score ranges for each area on the first try. Also the range of scores for institution compared to the state level would provide a comparison for the program to use to assess content knowledge.

Although not identified in Section III, Key Assessment 6 includes two key elements of Standard 1 and could be used to show evidence that candidates demonstrate content knowledge.

Standard 1 is met based on Key Assessment 1.

**Standard 2. Needs Assessment:** Candidates assess needs to determine priorities for school health education.  

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**Comment:**

Key Assessment 6 was identified as meeting Standard 2.

Assessment #6 is a pilot program proposal in the HEA 603 course: Program Planning and Evaluation in Health addresses a public health issue of a targeted population. The assessment does not clearly articulate the priorities for school health education and is a generic health education assignment. Elements A, B, and C are included as being assessed. Elements A and B are clearly articulated in the assignment; however, Element C, inferring the needs of health education is not clearly defined.

The rubrics rely on the subjective use of qualifiers (e.g. "some evidence," "strong evidence," "little") to describe differences between levels of performance, instead of on descriptions of what an evaluator would expect to
see at each performance level. Additionally, the scoring guide ranges are wide (i.e.: 14-20 is target).

Based on the evidence provided, Standard 2 is met with conditions.

CONDITIONS: Clarify differences between levels of performance for Key Assessment Six; include descriptions of what an evaluator would expect to see at each performance level.

CONDITION: Clarify how the assessment aligns with the priorities for school health education.

**Standard 3.** Planning: Candidates plan effective comprehensive school health education curricula and programs.

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**Comment:**

Key Assessments 2 and 3 were identified as meeting Standard 3.

Key Assessment 2 - is a Unit Plan and addresses Standard 3, Key Elements B - E. Teacher candidates prepare two unit plans (one at the middle school level and one at the high school level). The rubric has clearly articulated criteria for performance across Key Elements B, C, D and E.

Key Assessment 3 - Lesson Planning and presentation completed during two different courses. Teacher candidates plan lessons aligned with standards and include diverse teaching strategies. Data were presented across two applications of the assessment. All Key elements are addressed in this key assignment. There were two areas of the rubric and data tables that did not match (Objectives and Assessment); on the rubric, the component was aligned with one Key Element, yet, in the data table, it is aligned with two different Key Elements. Data for this key assessment demonstrate that teacher candidates know how to plan health education lessons.

Although not identified as addressing Standard 3, there are items within Key Assessments 6 and 7 that are aligned with Standard 3.

Based on the preponderance of evidence Standard 3 is met.

**Standard 4.** Implementation: Candidates implement health education instruction.

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**Comment:**

Key Assessment 3 and 4 were identified as addressing this standard.

Key Assessment 3 - Lesson Planning and presentation completed during two different courses. Standard 4, Key Elements A, C, and D are assessed in this...
key assessment and provide strong evidence that teacher candidates can implement instruction with K-12 students.

Key Assessment 4 - Student Intern Evaluation is a generic tool that has been aligned with AAHE standards including 4 A, B, and C. The assessment is designed to evaluate the overall performance of the candidates in each of the five components. The tool is used for observation, midterm evaluation and for the final evaluation. The minimal level of acceptability was identified for the use of the rubric. Based on the information provided, the rubric/scoring guide is insufficiently developed to serve as a guide for the consistent and accurate evaluation of candidate performance.

The rubric/scoring guide is not sufficiently developed to ensure inter-rater reliability. Rubrics do not describe the qualities or characteristics of performance that would indicate unacceptable, acceptable, and target performance.

Based on the evidence provided, Standard 4 is met with conditions.

CONDITIONS: Clarify the rubric for Key Assessment 4 that includes the characteristics of performance for unacceptable, acceptable, and target levels.

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Comment:

Key Assessment 5 edTPA Task 3 was identified as meeting Standard 5.

The edTPA Task 3 commentary has been identified as meeting Standard 5. Based on the alignment identified, Key Elements B, D, and E are addressed through this assessment. The data tables provide evidence across the five levels on the rubric; however, it is not clear, based on rubric categories, what the program considers to be minimally acceptable performance in each evaluated performance. Also, according to the program report and interpretation of how data provide evidence of meeting the standard the statement, "The data shows evidence for meeting Standard II: A-C" was unclear as this key assessment was identified as addressing Standard 5. In addressing the analysis of the data, the report shows the areas of weakness being in the analysis for student learning and assessment section. In this same section it states that, "...due to the weaknesses noted by the data, there will be more instruction in future semesters...," which raises the questions of which course and specifically how it would be accomplished. This concern requires more detail.

Additionally, the data tables need descriptors for the Levels, and headings and a minimum level of acceptability should be identified.

There are a number of items aligned with Standard 5 in Key Assessments 2, 3,
4, 6, and 7 according to assessment descriptions and rubrics. These assessments were not identified and could provide additional evidence that candidates meet Standard 5.

Based on the data presented, Standard 5 is met with conditions.

CONDITIONS: Clarify the rubric so that minimally accepted performance is described. Review the narrative to ensure that the data meet Standard 5, as opposed to Standard 2.

**Standard 6.** Administration and Coordination. Candidates plan and coordinate a school health education program.

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**Comment:**

Key Assessment 2 Unit Plan was identified as meeting Standard 6.

There were three components of the unit plan that were aligned with Key Elements A, B, and C of Standard 6. The Unit Plan with 4 - 5 Lesson Plans to meet this standard. The Unit Plan (created for Middle School and High School) is for candidates to demonstrate their competence in planning effective comprehensive health education curricula. The Rubric identified 9 criteria/Standards and were measured as Exceeded Standard, Met Standard, and Did Not meet Standard. Based on the rubric, candidates were mostly strong in meeting this standard.

Additionally, Key Assessment 4 included some evidence of Standard 6 but aforementioned assessment was not identified in Section III of the report.

Based on the evidence provided in Key Assessment 2, Standard 6 is met.

**Standard 7.** Being a Resource. Candidates serve as a resource person in health education.

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**Comment:**

Key Assessment 3 and 7 were identified as meeting Standard 7.

For Key Assessment 3 - only Key element A was identified within the lesson plan.

Key Assessment 7 - was aligned with Key Elements B, C, and D. According to the material submitted, "One report will be submitted for all members of the group, with individual's contributions highlighted and evident throughout." Assessments that are based and evaluated on group work are not suitable assessments, since the performance of individual candidates cannot be evaluated. Consequently, they do not provide assurance that all candidates have mastered the skill that the project is designed to assess. It is unclear how this assessment provides evidence that all candidates meet Standard 7.

There is not enough evidence that ensure that Standard 7 has been met based
**Standard 8.** Communication and Advocacy. Candidates communicate and advocate for health and school health education.

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**Comments:**

Key Assessment 7 Prevention Workshop Design was identified as meeting Standard 8.

Although all Key Elements of Key Assessment 7 are identified, group work is not suitable to address standards as there is no assurances that all candidates have met the standard.

Also, Key Assessment 2 and 4 could be used to provide evidence of meeting Standard 8.

Standard 8 is not met.
PART C - EVALUATION OF PROGRAM REPORT EVIDENCE

C.1. Candidates' knowledge of content

AAHE standards addressed in this entry could include (but are not limited to) Standards 1, 3, and 7. Information from Assessments #1 and #2 should provide primary evidence in this area. (Assessments #6-#8 may also focus on content knowledge.)

For the current program report, only one key assessment was presented that demonstrate candidates' content knowledge, the NYS CST for Health Education Test. Assessments 2, 3, and Key Assessment 4 could demonstrate content knowledge; however, these were not used as evidence of meeting content knowledge. It does appear as though candidates are performing well on the test, but the data tables are not presented in a way to make this evident to the reviewers.

C.2. Candidates' ability to understand and apply pedagogical and professional content knowledge, skills, and dispositions

AAHE standards that could be addressed in this entry include but are not limited to Standards 2-7. Information from Assessments #3 and #4 should provide primary evidence in this area. (Assessments #6-#8 may also focus on pedagogical knowledge, skills, and dispositions.)

A variety of assessments have been implemented to demonstrate pedagogical and professional content knowledge, skills, and dispositions.

Assessment 2 and 3 demonstrate short- and long-term planning and the importance of pedagogical content knowledge. Additionally, Assessment 4 appears to show that candidates are performing well in the classroom with K-12 students. The application of teaching is difficult to assess when candidates are implementing lessons to peers. The program identified that candidates demonstrate knowledge, skills and dispositions across Key Assessments 2 - 7; however this is not clearly found in the evidence provided. Practice teaching to peers does not address the pedagogical skills necessary to teach K-12 students. Dispositions across key assessments (2-7) were not clearly measured. Using Assessments 4 and 5 on the evaluation of student teaching and Internship could add more information about performance. Inclusion of measure for dispositions would add more information about candidates' readiness to teach K-12 students.

C.3. Candidate effects on P-12 student learning

AAHE standards that could be addressed in this entry include but are not limited to Standards 3 and 4. Information from Assessment #5 should provide primary evidence in this area. (Assessments #6-#8 may also focus on student learning.)

The effect on P-12 student learning was demonstrated through the edTPA Task 3, Key Assessment 5. This is a strong assessment to demonstrate the impact candidates have on student learning; however other assessments could be utilized, as well. Based on evidence provided, it appears that the candidates are meeting the needs of P-12 students. Key Assessments 2 and 3 have the potential to provide evidence of the candidates' effects on P-12 student learning.
Evidence that assessment results are evaluated and applied to the improvement of candidate performance and strengthening of the program (as discussed in Section V of the program report)

For all the Key Assessments, the interpretation of how the data provide evidence of meeting the standards lacks depth and clarity. For example, the program faculty have stated that in areas of weaknesses there will be more instruction, but it is unclear what the program intends to do to improve candidate performance in areas where weaknesses have been addressed. Faculty have reported that candidates demonstrate competency in a variety of areas relevant to health teachers; however, this does not clearly articulate how the data are being used to make adjustments.

In Section V of the report, the program has identified how data are used in an overall narrative; however this is not evident in the individual assessments.
### Areas for consideration

| N/A |
### Part F - Additional Comments

**F.1. Comments on Section I (Context) and other topics not covered in Parts B-E:**

| N/A |

**F.2. Concerns for possible follow-up by the CAEP site visitors:**

| N/A |
Part G. DECISION

Decision:

- **National Recognition.** The program is recognized through the semester and year of the provider's next CAEP accreditation decision in 5-7 years. The Recognition Report will serve as program level evidence for the accreditation cycle it has been initiated. **To retain recognition and to gather new evidence for the next accreditation cycle, another program report must be submitted mid-cycle 3 years in advance of the next scheduled accreditation visit.** The program will be listed as Nationally Recognized through the semester of the next CAEP accreditation decision on websites and/or other publications of the SPA and CAEP. The institution may designate its program as Nationally Recognized by the SPA, through the semester of the next CAEP accreditation decision, in its published materials. **Please note that once a program has been Nationally Recognized, it may not submit another report addressing any unmet standards or other concerns cited in the recognition report.**

- **National Recognition with Conditions.** The program has received a decision of conditional national recognition. See below for details.

- **Program does not currently satisfy SPA requirements for national recognition.** See below for details.
NATIONAL RECOGNITION WITH CONDITIONS

The program is recognized through:

MM  DD  YYYY
08 / 01 / 2020

Subsequent action by the institution: Programs will have a maximum of up to two opportunities to resubmit a report with revisions to receive National Recognition. A report addressing the conditions must be submitted in accordance with the dates provided on the National Recognition Report. A program should NOT submit its Response to Conditions until it has the required data and is confident that it has addressed all the conditions in Part G of this Recognition Report. If no reports are submitted by the noted date, the program’s recognition status will expire and revert to Not Recognized. In case the status expires, the program will not be able to submit a Response to Conditions Report, but may submit a new, complete program report and initiate a new program review if time permits for the current CAEP accreditation cycle. Otherwise, the program may submit a new, complete program report and initiate a new program review for the next CAEP accreditation cycle, three years before the site visit.

If the program is currently Recognized with Conditions and is submitting a second Response to Conditions Report, the next report must be submitted by the date below. Failure to submit a report by the date below will result in loss of national recognition.

MM  DD  YYYY
03 / 15 / 2020

The following conditions must be addressed within the time period specified above if the program's recognition with conditions has been continued. See above for specific date.

1. Key Assessment #4 - Revise criteria to include the qualities or characteristics of performance that would indicate unacceptable, acceptable, and target performance.

2. Key Assessment #5 - Identify what the program considers to be minimally acceptable performance in each evaluated performance.

3. Key Assessment #6 - Clarify differences between levels of performance that include descriptions of what an evaluator would expect to see at each performance level.

4. Key Assessment #7 - It is a group project; revise the existing group project to an individual project or include a different assessment that is an individual project to evaluate individual candidate performance.

5. Data tables should be aggregated to display the number and percentage of candidates who scored at the unacceptable, acceptable, and target levels in each scored category. Due to the level of measurement of the data presented, an average for each level is not appropriate (number and percentage who scored is a better overall indicator for addressing standards).

6. Submit one set of data for each key assessment identified.

7. Section II and III of the program report should be resubmitted in the Response to Conditions report, to include information incorporating all assessments and standards. There were a number of assessments that were
aligned with Standards and Key Elements but not included in Section III of the report.

8. Revised assessments should include all information required (narrative plus documentation) as outlined in the introduction to Section IV in the program report template.
This is the end of the report. Please click "Next" to proceed.