

Observation Assessment #5

Date: 2/22/2021

Subject: FISD Legislative Leadership Committee Meeting #2

Assessment:

This week was the second meeting for the FISD Legislative Leadership Committee. For this meeting, we are meeting in our subcommittee groups that were assigned to us following the first meeting where we all selected our top three choices in the hopes of getting our top pick. I ended up getting my first choice subcommittee which was the whole child approach committee. The primary focus of this subcommittee is to look at overall student experiences on the different school campuses, as well as overall well-being and mental health, and assess how the last effects of Covid 19 have affected students and staff in and out of the classroom. During this meeting, we focused on breaking down what the whole child approach really is and what its origins are. We started out with a presentation from the guest speaker Dr. Stephanie Cook, who is the Managing Director of Guidance & Counseling Services and an adjunct professor at Southern Methodist University. She is a licensed counselor and got her master's in counseling and school Counseling certification from Dallas Baptist University. She broke down the concept of the whole child and what FISD does to better the practice and its approach to student physical and mental health.

The primary focus of the whole child approach is on prevention. Meaning it aims to stop harmful or serious situations before they occur. That being said, there are efforts currently being made to add more resources for intervention, to help out the students who are already in harmful situations and are seeking assistance and counseling. FISD has been recognized by the state of Texas as well as the CDC for its counseling and prevention programs and has become one of the leaders for the field in the country. The whole child approach is made up of six key components: emotional, mental, spiritual, environmental, social, and physical well-being. Before the whole child system, FISD used the Olweus bullying prevention system which we still use as a backbone for our current system but we have added to it more and more over the last few years. The system aims to educate and create effective communications between teachers/ staff and students as well as student to student. One of the ways they try to achieve this is through class meetings also known as advisory lessons. Elementary level schools have these meetings once weekly, while middle and high school levels have them either biweekly or once monthly. These classes go over things like setting social and classroom norms between students, bullying, reporting, and prevention, as well as suicide awareness, healthy relationship building, substance use, digital awareness, and more. This system also works with a program that helps increase staff retention, school safety, and students' feelings of safety on their campus, this is called the Safe and Supportive School Program, or SSSP. SSSP focuses on data collection, staff training, school safety and security, support, and producing a positive school climate for staff and students.

Another topic we focused heavily on was the reintegration of students into regular schooling following long-term hospitalization due to a mental or physical injury/ event. I had never thought of this as a significant thing the district had to deal with

before but I now see that it is actually a really complicated and contested issue. When students are entered into an intensive care facility oftentimes they are urged to not focus on schoolwork by health professionals and to focus on healing, but this approach can often lead to more stress for these students because they continue to fall more and more behind during their hospitalization and causes them to be in a very rough spot when they return to school. One idea the school district would like to implement is a way for teachers and staff to stay in contact with the students when they are away so that they can communicate and work towards a way to make sure the student is still a part of the school and accomplishing their work. But a downside to this is that many hospitals don't like the schools to be involved and oftentimes parents will want their child to focus on getting better. Dr. Cook believed that allowing students to stay connected with teachers and staff to get work done would give them a chance to get back into a routine that would give them a decent structure to their daily life and would make reintegration much easier for them in the future.