River Forest
Public Schools

D90 Social Emotional Advisory Panel – April 6, 2021

Advisory Panel Recommendations for Social Emotional Supports/Structures

As the District continues to focus on supporting the social and emotional needs of our students, staff, and family members during the pandemic, it is vital to incorporate the perspectives and valuable expertise available in our community. During the month of March, the D90 Social Emotional Advisory Panel (SEAP) met numerous times to establish consensus around the essential priorities that must be addressed to ensure that our school community continues to thrive in the future. The panel identified five areas of focus, including *Relationships, Social Emotional Programming, Trauma-Related Issues, Screening and Measurement,* and *Student-Specific Needs.* The D90 SEAP was comprised of stakeholders from across River Forest, including parents, PTO leadership, faculty, staff, students, River Forest Education Association (RFEA) leadership, mental health professionals, social workers, nursing team members, community partners, administrators, and a member of the D90 Board of Education. The Panel relied on several sources of information to guide their recommendations, including internal district resources, articles from educational/research entities, guidance from CASEL (The Collaborative for Academic, Social, and Emotional Learning), member expertise, and stakeholder survey feedback. The Panel employed a collaborative process to identify the primary "areas of focus," prioritize identified needs, and recommend corresponding solutions. The solutions were then distilled into the final recommendations that are attached to this letter. Please note that an addendum is also attached for each focus area, providing greater detail about many of the high-level recommendations.

Foundational to understanding the nature of these recommendations are several key principles that have been essential elements of the District 90 philosophy for some time, though they are particularly important now as our commuity continues to respond to circumstances caused by the pandemic. Keeping our key principles at the fore helps to ensure the intentionality of decision-making and that our most important consideration – the needs of individuals – remains the focus. All of the principles are current elements reflected in the D90 Strategic Plan. These principles include:

- Safety
- Equity
- Social Emotional and Physical Wellness
- High Quality Instruction

These key principles cannot be considered in isolation. To ensure that the attached SEAP recommendations can be operationalized such that all members of the school community will continue to thrive, the principles must be considered through an integrated perspective. D90 faculty, staff, and administrators must also be empowered to employ these key principles in decision-making about classroom instruction, anticipating and responding to student social emotional needs, and communicating concerns with family members, when necessary.

Excellence in Education: A Continuing Tradition

Please note that the attached recommendations are based in consensus, so it is likely that not every member of the Panel agrees with them in their entirety. However, the Panel's expectation is that the recommendations will be considered thoughtfully and implemented with fidelity, to the degree possible. The Panel submits these recommendations to the Board of Education in the spirit of continuous improvement and expects that plans to further social emotional supports and structures will be established and refined over time, and be dovetailed with current strategic plan goals.

The membership of the D90 Social Emotional Advisory Panel (SEAP) hereby submit the attached recommendations for Board of Education approval and suggested implementation. Members of the Panel express gratitude in knowing that these recommendations will receive full consideration.

Trauma-Related Issues
Melissa Merrick, Ph.D.
Deb Steiner
Kristin Sneeringer
Gretchen Radach
Suzanne Williams
Gwen Geraghty
Jane McCole
Dawne Simmons

Relationships
Aimee Conrad
Ann Puccetti
Casey Godfrey

Katie Avalos
Jean Meister
Alexis Agema

Social Emotional Programming
Sharon Payton
Phillip Jimenez
Dr. Peter Chien
Katherine Lofton
Larry Garstki
Juana di Sabato

Screening and Measurement
Alison Hawley, Ed.D.

Dr. Cindy Rubin
Brittany Yelnick
John Meister
Tiffanie Torrisi
Joe Zuzich

Student-Specific Needs
Mona Mann
Erin Godellas
Gina Hardy
Joe Elza
Mandy Ross
Victoria Bynum
Diane Wood

Facilitators – Denise Matthews, Ed Condon, Ph.D.

District 90 Social Emotional Advisory Panel (SEAP)
Final Recommendations – April 6, 2021

Focus Area: **RELATIONSHIPS**

1. Active supports should be instituted to ensure that relationships between students are fostered and remain strong, including both informal and programmatic components.

   Note -- *Ex: revisit and revise Advisory program at Roosevelt (see extended notes)*
   Note -- *Essential standards work; reviewing curriculum for what is more relevant and important in this time; how to know when a child has mastered skills; seek feedback from youngest learners on an ongoing basis*

2. To further relationships between students and staff, classroom and school-wide strategies should be investigated that will help to establish a strong foundation for the coming year.

3. Intentional efforts should be instituted to redevelop strong connections between family and staff stakeholder groups, predicated on the long history of positive parent-teacher relationships in District 90 that have been foundational to student success.

   Note -- *PTO groups/events can help to improve relationships and bring community members together; use of social media to spread the word about good things happening; the District 90 Facebook page and other platforms could be used to highlight positives, be pro-active; continuation of weekly newsletters for parents*

4. Intentional efforts should be instituted between staff and administration stakeholder groups.

   Note -- *Genuine opportunities for teachers/staff and administration to process events of the last year, share experiences, and rebuild relationships. Ex: a facilitated conversation that aims to reconnect and rebuild morale and move forward*

5. Opportunities for staff to meet, and locations in which to do so, must be provided so that staff members have the chance to collaborate to fully support student needs.

   Note -- *This is an area of strength, if locations for gatherings are designated that work*

Focus Area: SOCIAL EMOTIONAL PROGRAMMING

1. Social emotional programming in D90 must be implemented consistently with an Equity/Inclusiveness lens, as described by the work of the National Equity Project.

2. D90 should collaborate with external partners, parents, and others to strengthen social emotional learning by building shared understanding of its need and vision.

3. D90 should embrace and promote a sense of social-emotional learning as a lifelong process of developing SE skills, such as a modified CASEL framework.

4. An assessment/self-assessment tool for the entire D90 community can be established to provide a way to think about SEL along an improvement continuum for all of us.

5. Existing D90 SE efforts, future programming, and additional self-learning resources should be provided and well-organized in the SE content areas.

Focus Area: TRAUMA-RELATED ISSUES

1. Ensure that deliberate and varied efforts are made so that individuals and stakeholder groups across the District 90 school community understand trauma (i.e., signs, types [including systemic] and developmental impacts of trauma).

2. Normalize the prevalence of trauma, the differential impacts of trauma, help-seeking behaviors, accessibility and use of resources.

3. Leverage and expand current assets (e.g., school-specific PTO equity/SEL efforts, student service clubs, elementary SEL curriculum, middle school Student Advisory Program, PTO newsletters, social media, etc.) to achieve the goals set forth above.

4. Broaden, expand, and capitalize on the District's external partnerships and resources to make them accessible to stakeholders across the school community.

Focus Area: SCREENING AND MEASUREMENT

1. The District should select and administer a social emotional screener for all elementary and middle school students.

2. Protocols should be formalized to ensure that tiered social emotional supports will be provided based upon level of need, with those individuals in crisis eliciting immediate responses.

3. Partnerships with outside community mental health organizations must be maintained to support students' needs as they surface.

4. Student social emotional screening data should be tracked longitudinally to monitor trends and anticipate needs.

   Note -- Need to incorporate annual (Fall to Spring) systematic review of data - individual data, cohort data, trend data, disaggregated into stakeholder groups. Identify and leverage effective strategies through intentional, timely analysis.

Focus Area: STUDENT-SPECIFIC NEEDS

1. Awareness must be increased that all students are learning under extenuating circumstances, and communication should be developed to help staff understand differing home learning environments.

2. Homework should be limited, and increased time needs to be dedicated to social emotional learning in school.

3. The District must allow time for staff to continue to work on executive functions and organizational skills and cultivate realistic academic expectations of students as they transition back to a full day school. Communication with families around this goal is necessary.

4. To support student physical wellness and minimize unnecessary screen time, specific steps should be taken such as providing traditional fine motor and writing activities, spending time outside, promoting face-to-face interactions with peers and staff, and interacting with peers off-screen.

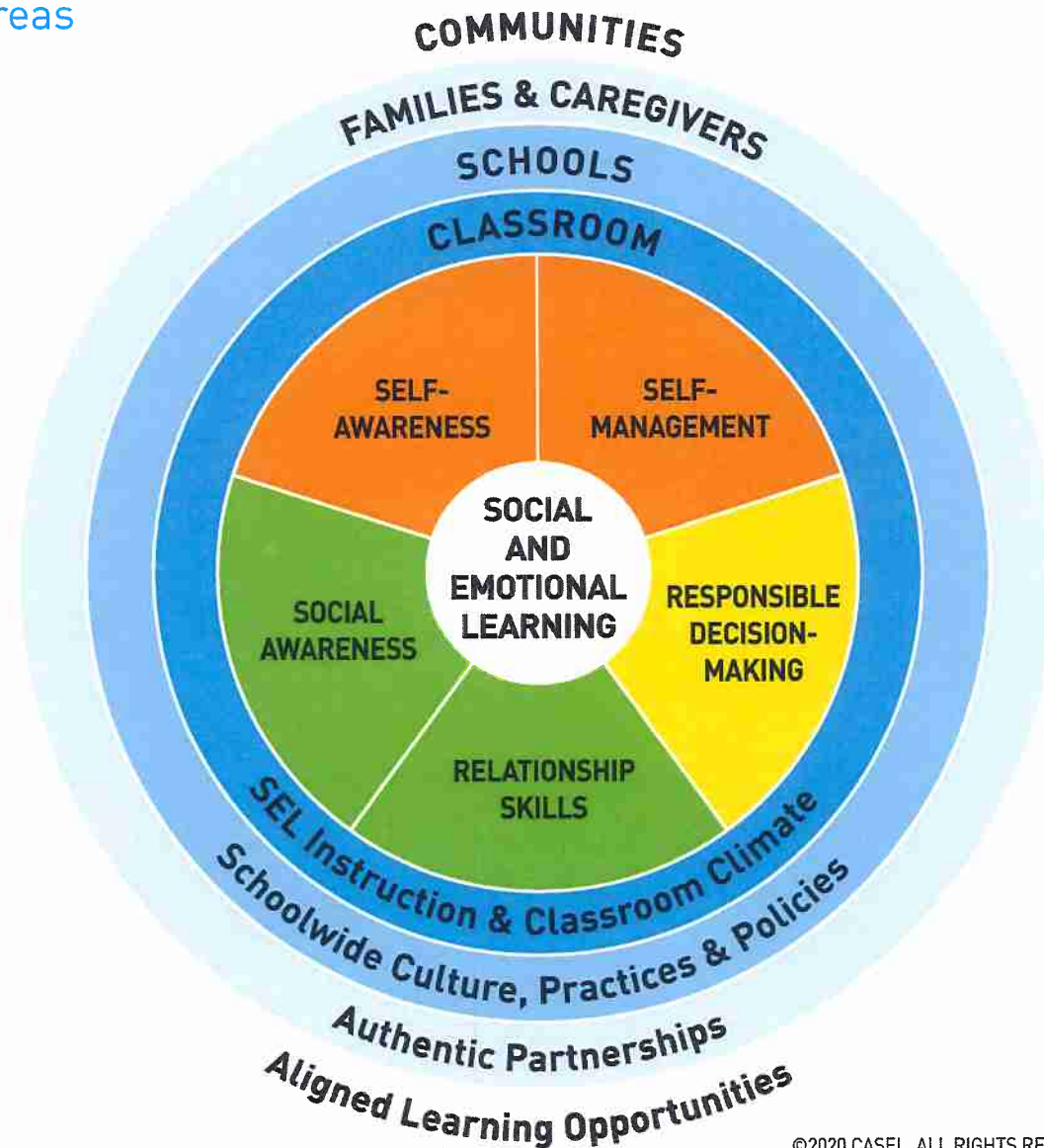# D90 Community Social Emotional Advisory Panel Members

Member Name	Role	Stakeholder Group
Dr. Peter Chien	Psychiatrist	Parent
Dr. Melissa Merrick	Psychologist	Parent
Dr. Cindy Rubin	Pediatrician	Parent
Deb Steiner	Inclusiveness Advisory Board	Parent
Kristin Sneeringer	Inclusiveness Advisory Board	Parent
Katie Avalos	Board Member	Board of Education
Aimee Conrad	RFEA	Faculty
Mona Mann	RFEA	Faculty
Gina Hardy	Nurse	Nurse Team
Erin Godellas	Nurse	Nurse Team
Tiffanie Torrisi	D90 Equity Network Team	Faculty
Alison Hawley, Ed.D.	Director of Curriculum/Instruction	District Administration
Denise Matthews	Director of Special Education	District Administration
Casey Godfrey	LES Principal	School Administration
Diane Wood	WES Principal	School Administration
Larry Garstki	RMS Principal	School Administration
Ed Condon, Ph.D.	Superintendent	District Administration
Dawne Simmons	Communications Coordinator	Communications Staff
Ann Puccetti	Educational Support	Staff
Katherine Lofton	Educational Support	Staff
Sharon Payton	Social Worker	Faculty
Brittany Yelnick	Social Worker	Faculty
Mandy Ross	Social Worker	Faculty
Suzanne Williams	RMS Faculty	Faculty
Jane McCole	LES Faculty	Faculty
Victoria Bynum	WES Faculty	Faculty
Gwen Geraghty	RMS PTO	Parent
Gretchen Radach	WES PTO	Parent
Alexis Agema	LES PTO	Parent
Juana di Sabato	RMS – Grade 8	Student
Joe Elza	RMS – Grade 8	Student
Jean Meister	RF Township Mental Health Com.	Community Partner
Joe Zuzich	NAMI	Community Partner
Phillip Jimenez	West Cook YMCA President, CEO	Community Partner
John Meister	Thrive Counseling President, E.D.	Community Partner

CASEL'S SEL FRAMEWORK:
What Are the Core Competence Areas and Where Are They Promoted?

Social and emotional learning (SEL) is an integral part of education and human development. SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.

SEL advances educational equity and excellence through authentic school-family-community partnerships to establish learning environments and experiences that feature trusting and collaborative relationships, rigorous and meaningful curriculum and instruction, and ongoing evaluation. SEL can help address various forms of inequity and empower young people and adults to co-create thriving schools and contribute to safe, healthy, and just communities.

COMMUNITIES

FAMILIES & CAREGIVERS

SCHOOLS

CLASSROOM

SELF-AWARENESS

SELF-MANAGEMENT

SOCIAL AND EMOTIONAL LEARNING

SOCIAL AWARENESS

RESPONSIBLE DECISION-MAKING

RELATIONSHIP SKILLS

SEL Instruction & Classroom Climate

Schoolwide Culture, Practices & Policies

Authentic Partnerships

Aligned Learning Opportunities

CASEL

Learn more: www.casel.org/what-is-SEL

THE CASEL 5:

The CASEL 5 addresses five broad, interrelated areas of competence and examples for each: *self-awareness, self-management, social awareness, relationship skills,* and *responsible decision-making.* The CASEL 5 can be taught and applied at various developmental stages from childhood to adulthood and across diverse cultural contexts to articulate what students should know and be able to do for academic success, school and civic engagement, health and wellness, and fulfilling careers.

www.casel.org/what-is-SEL

SELF-AWARENESS: The abilities to understand one's own emotions, thoughts, and values and how they influence behavior across contexts. This includes capacities to recognize one's strengths and limitations with a well-grounded sense of confidence and purpose. Such as:

- Integrating personal and social identities
- Identifying personal, cultural, and linguistic assets
- Identifying one's emotions
- Demonstrating honesty and integrity
- Linking feelings, values, and thoughts
- Examining prejudices and biases
- Experiencing self-efficacy
- Having a growth mindset
- Developing interests and a sense of purpose

SOCIAL AWARENESS: The abilities to understand the perspectives of and empathize with others, including those from diverse backgrounds, cultures, & contexts. This includes the capacities to feel compassion for others, understand broader historical and social norms for behavior in different settings, and recognize family, school, and community resources and supports. Such as:

- Taking others' perspectives
- Recognizing strengths in others
- Demonstrating empathy and compassion
- Showing concern for the feelings of others
- Understanding and expressing gratitude
- Identifying diverse social norms, including unjust ones
- Recognizing situational demands and opportunities
- Understanding the influences of organizations/systems on behavior

SELF-MANAGEMENT: The abilities to manage one's emotions, thoughts, and behaviors effectively in different situations and to achieve goals and aspirations. This includes the capacities to delay gratification, manage stress, and feel motivation & agency to accomplish personal/collective goals. Such as:

- Managing one's emotions
- Identifying and using stress-management strategies
- Exhibiting self-discipline and self-motivation
- Setting personal and collective goals
- Using planning and organizational skills
- Showing the courage to take initiative
- Demonstrating personal and collective agency

RELATIONSHIP SKILLS: The abilities to establish and maintain healthy and supportive relationships and to effectively navigate settings with diverse individuals and groups. This includes the capacities to communicate clearly, listen actively, cooperate, work collaboratively to problem solve and negotiate conflict constructively, navigate settings with differing social and cultural demands and opportunities, provide leadership, and seek or offer help when needed. Such as:

- Communicating effectively
- Developing positive relationships
- Demonstrating cultural competency
- Practicing teamwork and collaborative problem-solving
- Resolving conflicts constructively
- Resisting negative social pressure
- Showing leadership in groups
- Seeking or offering support and help when needed
- Standing up for the rights of others

RESPONSIBLE DECISION-MAKING: The abilities to make caring and constructive choices about personal behavior and social interactions across diverse situations. This includes the capacities to consider ethical standards and safety concerns, and to evaluate the benefits and consequences of various actions for personal, social, and collective well-being. Such as:

- Demonstrating curiosity and open-mindedness
- Identifying solutions for personal and social problems
- Learning to make a reasoned judgment after analyzing information, data, facts
- Anticipating and evaluating the consequences of one's actions
- Recognizing how critical thinking skills are useful both inside & outside of school
- Reflecting on one's role to promote personal, family, and community well-being
- Evaluating personal, interpersonal, community, and institutional impacts

THE KEY SETTINGS:

Our framework takes a systemic approach that emphasizes the importance of establishing equitable learning environments and coordinating practices across key settings to enhance all students' social, emotional, and academic learning. We believe it is most beneficial to integrate SEL throughout the school's academic curricula and culture, across the broader contexts of schoolwide practices and policies, and through ongoing collaboration with families and community organizations. These coordinated efforts should foster youth voice, agency, and engagement; establish supportive classroom and school climates and approaches to discipline; enhance adult SEL competence; and establish authentic family and community partnerships.

CLASSROOMS. Research has shown that social and emotional competence can be enhanced using a variety of clasroom-based approaches such as: (a) explicit instruction through which social and emotional skills and attitudes are taught and practiced in developmentally, contextually, and culturally responsive ways; (b) teaching practices such as cooperative learning and project-based learning; and (c) integration of SEL and academic curriculum such as language arts, math, science, social studies, health, and performing arts. High-quality SEL instruction has four elements represented by the acronym SAFE: Sequenced - following a coordinated set of training approaches to foster the development of competencies; Active - emphasizing active forms of learning to help students practice and master new skills; Focused - implementing curriculum that intentionally emphasizes the development of SEL competencies; and Explicit - defining and targeting specific skills, attitudes, and knowledge.

SEL instruction is carried out most effectively in nurturing, safe environments characterized by positive, caring relationships among students and teachers. To facilitate age-appropriate and culturally responsive instruction, adults must understand and appreciate the unique strengths and needs of each student and support students' identities. When adults incorporate students' personal experiences and cultural backgrounds and seek their input, they create an inclusive classroom environment where students are partners in the educational process, elevating their own agency. Strong relationships between adults and students can facilitate co-learning, foster student and adult growth, and generate collaborative solutions to shared concerns.

SCHOOLS. Effectively integrating SEL schoolwide involves ongoing planning, implementation, evaluation, and continuous improvement by all members of the school community. SEL efforts both contribute to and depend upon a school climate where all students and adults feel respected, supported, and engaged.

Because the school setting includes many contexts—classrooms, hallways, cafeteria, playground, bus—fostering a healthy school climate and culture requires active engagement from all adults and students. A strong school culture is rooted in students' sense of belonging, with evidence that suggests that it plays a crucial role in students' engagement. SEL also offers an opportunity to enhance existing systems of student support by integrating SEL goals and practices with universal, targeted, and intensive academic and behavioral supports. By coordinating and building upon SEL practices and programs, schools can create an environment that infuses SEL into every part of students' educational experience and promotes positive social, emotional, and academic outcomes for all students.

Continue to families/caregivers and communities...

www.casel.org/what-is-SEL

THE KEY SETTINGS (CONT.)

FAMILIES/CAREGIVERS. When schools and families form authentic partnerships, they can build strong connections that reinforce students' social and emotional development. Families and caregivers are children's first teachers, and bring deep expertise about their development, experiences, culture, and learning needs. These insights and perspectives are critical to informing, supporting, and sustaining SEL efforts. Research suggests that evidence-based SEL programs are more effective when they extend into the home, and families are far more likely to form partnerships with schools when their schools' norms, values, and cultural representations reflect their own experiences. Schools need inclusive decision-making processes that ensure that families—particularly those from historically marginalized groups—are part of planning, implementing, and continuously improving SEL.

Schools can also create other avenues for family partnership that may include creating ongoing two-way communication with families, helping caregivers understand child development, helping teachers understand family backgrounds and cultures, providing opportunities for families to volunteer in schools, extending learning activities and discussions into homes, and coordinating family services with community partners. These efforts should engage families in understanding, experiencing, informing, and supporting the social and emotional development of their students.

COMMUNITIES. Community partners often provide safe and developmentally rich settings for learning and development, have deep understanding of community needs and assets, are seen as trusted partners by families and students, and have connections to additional supports and services that school and families need. Community programs also offer opportunities for young people to practice their social and emotional skills in settings that are both personally relevant and can open opportunities for their future. To integrate SEL efforts across the school day and out-of-school time, school staff and community partners should align on common language and coordinate strategies and communication around SEL-related efforts and initiatives.

Students, families, schools, and communities are all part of broader systems that shape learning, development, and experiences. Inequities based on race, ethnicity, class, language, gender identity, sexual orientation, and other factors are deeply ingrained in the vast majority of these systems and impact young people and adult social, emotional, and academic learning. While SEL alone will not solve longstanding and deep-seated inequities in the education system, it can create the conditions needed for individuals and schools to examine and interrupt inequitable policies and practices, create more inclusive learning environments, and reveal and nurture the interests and assets of all individuals.

www.casel.org/what-is-SEL

Current SEL Services and Supports

Tier 1 – Universal Instruction

- Refers to supports in general education classroom available to all students
- School wide rules and procedures
- Systematic Reinforcement
- Social Skills instruction – SEL time (elementary) – Second Step/Zones of Regulation and advisory
- Reinforced in school events such as Town Hall
- Parent communication and partnerships
- Grade level team meetings
- Social Work consultation with teachers/teams

Tier 2 – Targeted Interventions

- GPS Recommendations
- Short term social work services (individual and/or group)
- Reinforcement of specific skills
- Group behavioral strategies
- Consultation with teacher/parents

Tier 3 – Intensive Services and Supports

- Individual and Group Therapy for students after evaluation – 504 and IEP (often weekly)
- Functional behavior Assessments and Behavior Intervention Planning
- Crisis Supports for Students/Families (parent and community partnerships)
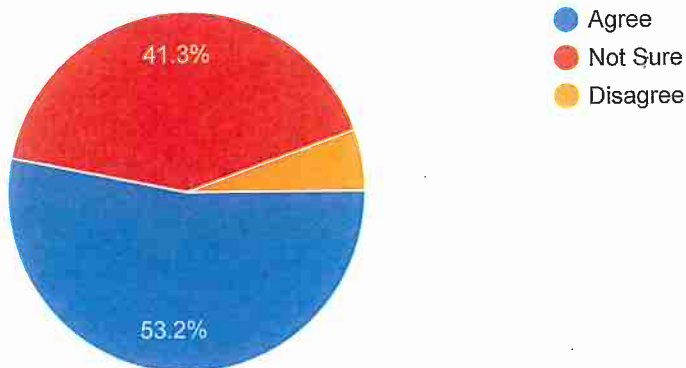- Consultation with teacher/parents

River Forest D90 SEL Student Survey - March 2021
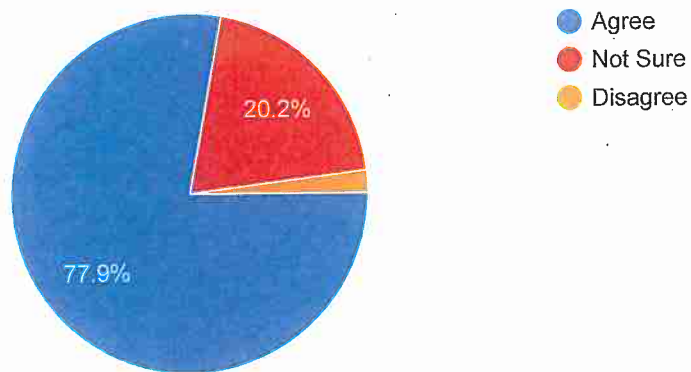
605 responses

Publish analytics

I feel that other students at school care about me:
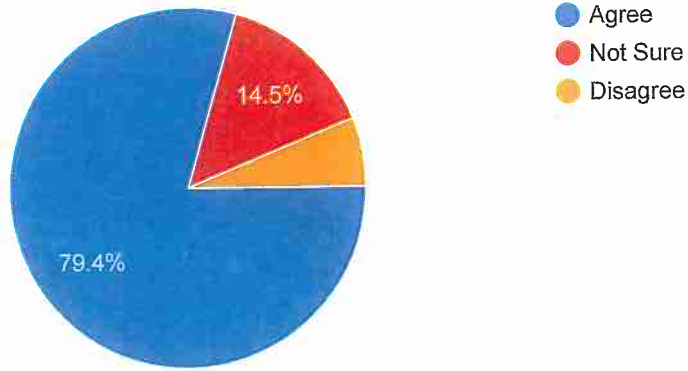
605 responses

- ● Agree
- ● Not Sure
- ● Disagree

41.3%

53.2%

I feel that adults at school care about me:

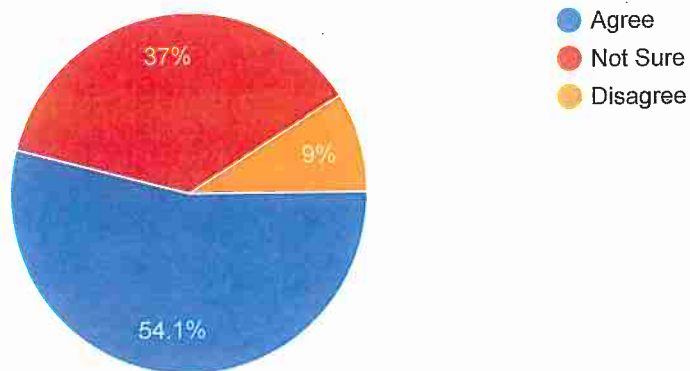605 responses

- ● Agree
- ● Not Sure
- ● Disagree

20.2%

77.9%

I know at least one adult (teacher, social worker, nurse, principal) at school that I feel comfortable talking to when I need help with school work:
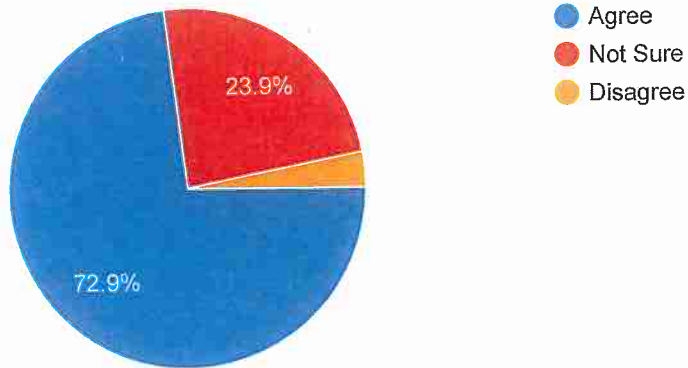
602 responses

- Agree
- Not Sure
- Disagree

14.5%
79.4%

I feel that I am an important part of my classroom:

603 responses

- Agree
- Not Sure
- Disagree

37%
9%
54.1%

I feel supported and respected in my school and classrooms:

602 responses

- Agree
- Not Sure
- Disagree

23.9%

72.9%

I feel safe in my school and classrooms:

605 responses

- Agree
- Not Sure
- Disagree

13.1%

84.6%
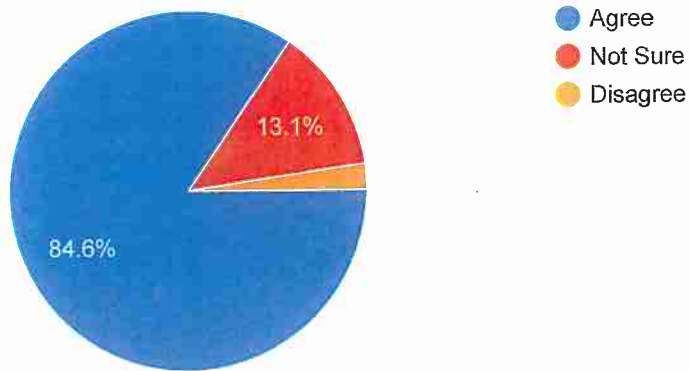
I know what to do if I am feeling overwhelmed:

602 responses

- ● Agree
- ● Not Sure
- ● Disagree

32.7%
14.1%
53.2%
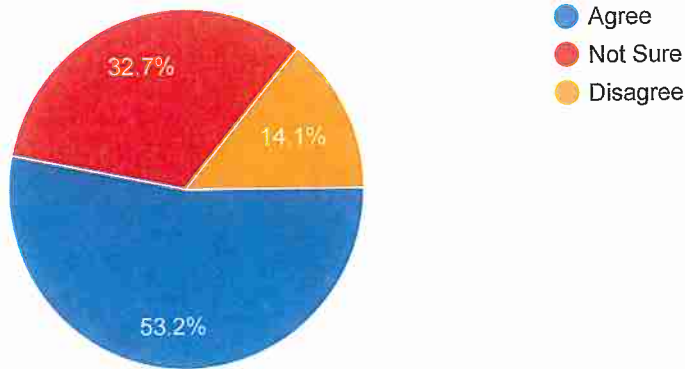
Please indicate your race or ethnicity (please check all that apply):

600 responses
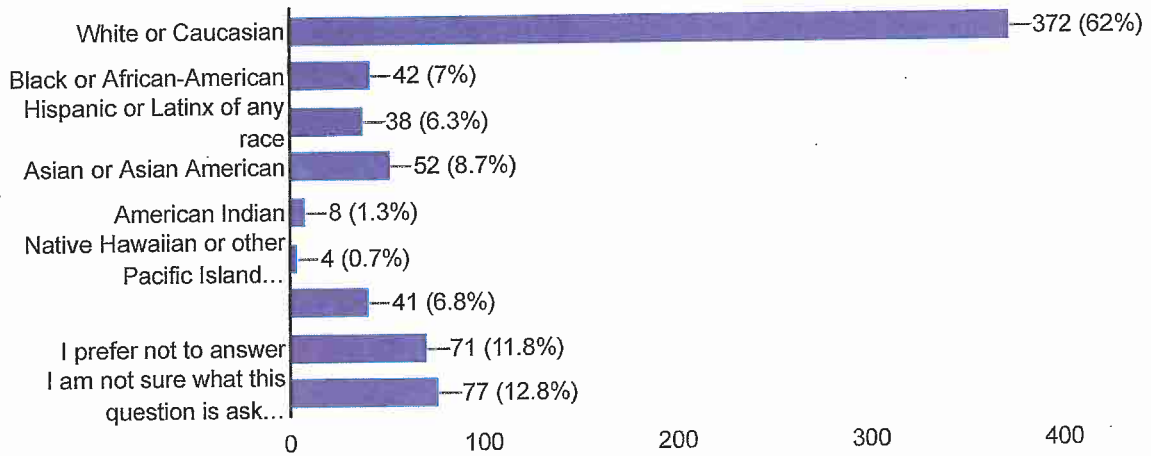
|	
White or Caucasian	372 (62%)
Black or African-American	42 (7%)
Hispanic or Latinx of any race	38 (6.3%)
Asian or Asian American	52 (8.7%)
American Indian	8 (1.3%)
Native Hawaiian or other Pacific Island…	4 (0.7%)
	41 (6.8%)
I prefer not to answer	71 (11.8%)
I am not sure what this question is ask…	77 (12.8%)

0   100   200   300   400

River Forest D90 Social Emotional Advisory Panel STAFF Survey – March 2021

79 responses

Publish analytics

I have the resources I need (training, materials) to implement SEL at my school

79 responses

Legend:
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Values shown: 54.4%, 11.4%, 30.4%
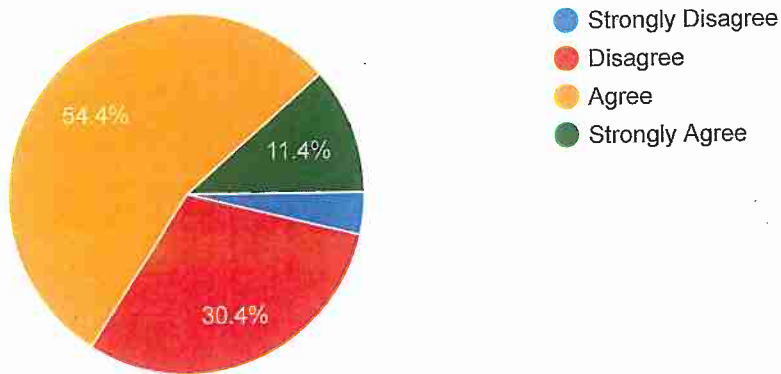
I regularly communicate with families about their students' social and emotional development.

79 responses

Legend:
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Values shown: 49.4%, 19%, 25.3%
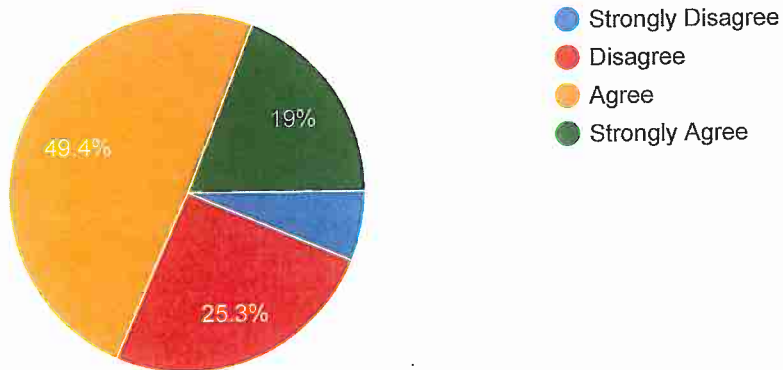
The culture at my school supports social emotional learning

79 responses

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

13.9%
65.8%
16.5%
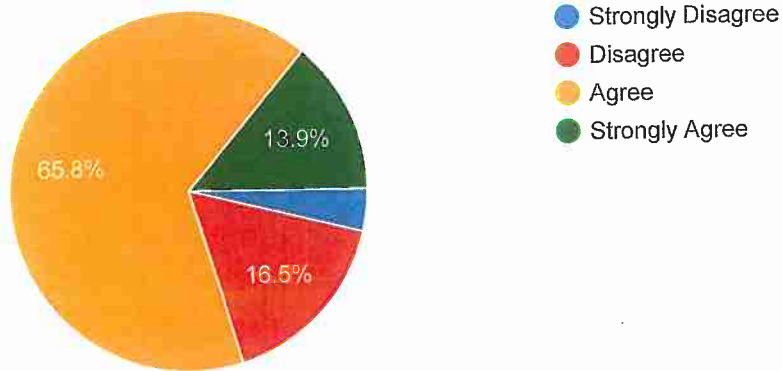
I know how my school is measuring success when it comes to implementing school wide SEL.

79 responses
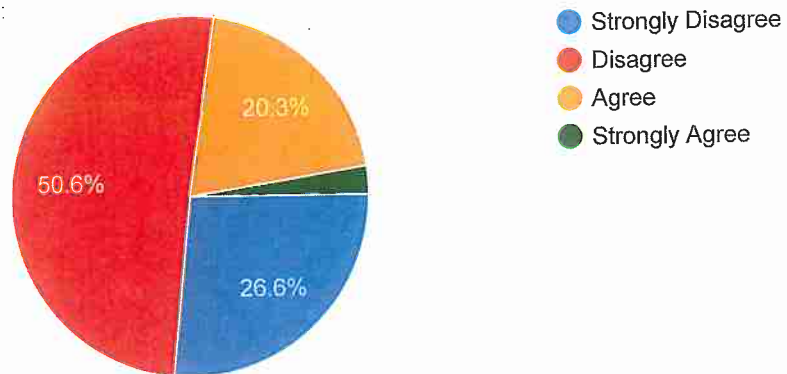
- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

20.3%
50.6%
26.6%

As you think ahead to the remainder of the school year, please mark your two greatest concerns:

79 responses

Exposure to COVID-19 while in school.	29 (36.7%)
An erratic school schedule.	16 (20.3%)
	46 (58.2%)
The quality of relationships that my st...	41 (51.9%)
	17 (21.5%)
When marking exposure to COVID-19, I am...	1 (1.3%)
A remote learner who is very young bein...	1 (1.3%)
	1 (1.3%)
The emotional wellbeing of colleagues-w...	1 (1.3%)
	1 (1.3%)
Administrators and board members have d...	1 (1.3%)
	1 (1.3%)
Multi needs. Unmasked students often, s...	1 (1.3%)
	1 (1.3%)
Honestely, it feels like just making it...	1 (1.3%)
	1 (1.3%)
longer day, essentially sitting in a bo...	1 (1.3%)
	1 (1.3%)

(scale: 0, 20, 40, 60)

Please indicate your role in the District:

79 responses

Classroom Teacher	38 (48.1%)
Specials Teacher (Art, Music, Library, ...	6 (7.6%)
Student support staff (e.g. social work...	28 (35.4%)
Other	8 (10.1%)

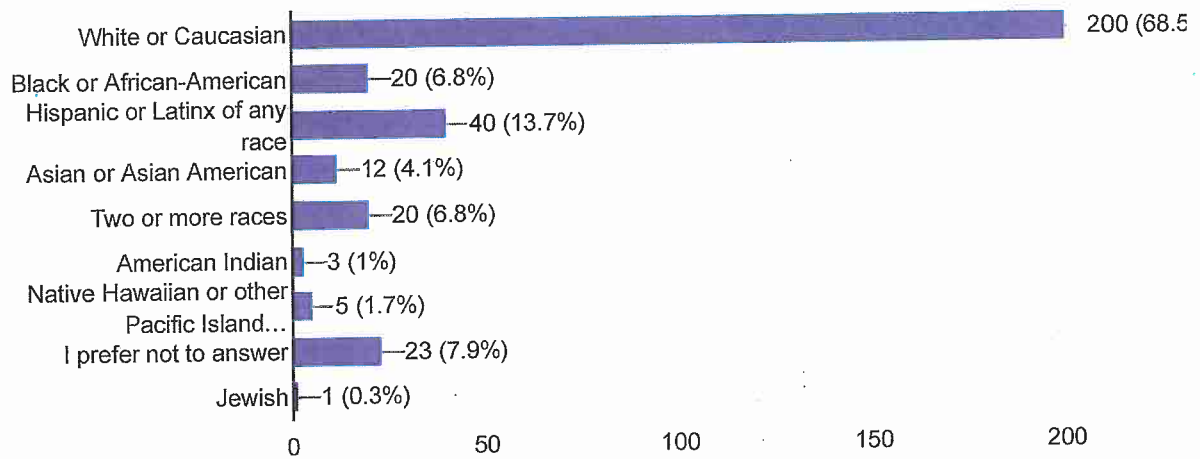(scale: 0, 10, 20, 30, 40)
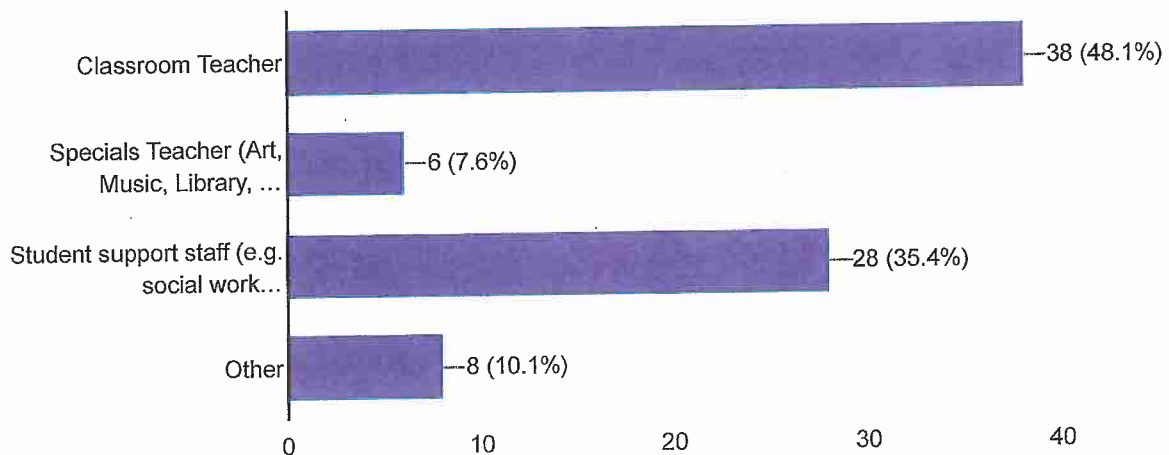
River Forest D90 Social Emotional Advisory Panel PARENT Survey

292 responses

Publish analytics

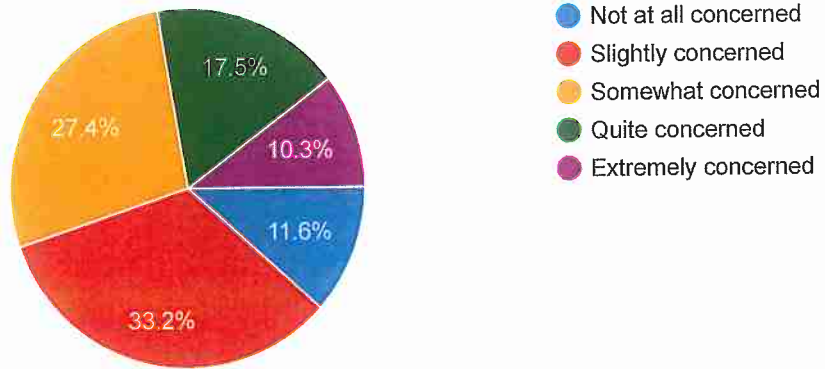## Please indicate your child's race or ethnicity (please check all that apply)

292 responses

Category	Value
White or Caucasian	200 (68.5
Black or African-American	20 (6.8%)
Hispanic or Latinx of any race	40 (13.7%)
Asian or Asian American	12 (4.1%)
Two or more races	20 (6.8%)
American Indian	3 (1%)
Native Hawaiian or other Pacific Island...	5 (1.7%)
I prefer not to answer	23 (7.9%)
Jewish	1 (0.3%)

How concerned are you about your child's social-emotional well being right now?

292 responses

- Not at all concerned — 11%
- Slightly concerned — 28.8%
- Somewhat concerned — 28.8%
- Quite concerned — 20.9%
- Extremely concerned — 10.6%
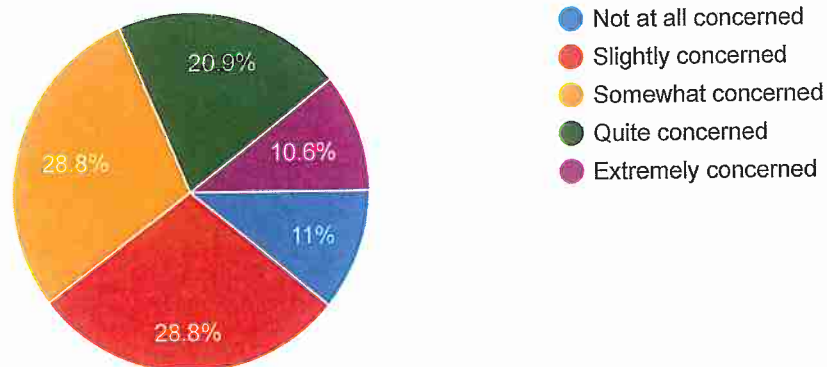
How concerned are you about your child's peer relationships right now?

292 responses

Pie chart showing:
- Not at all concerned: 11.6%
- Slightly concerned: 33.2%
- Somewhat concerned: 27.4%
- Quite concerned: 17.5%
- Extremely concerned: 10.3%

How concerned are you about your child's relationships with adults at school right now?

292 responses

Pie chart showing:
- Not at all concerned: 44.9%
- Slightly concerned: 24.3%
- Somewhat concerned: 17.8%
- Quite concerned: 8.9%
- Extremely concerned
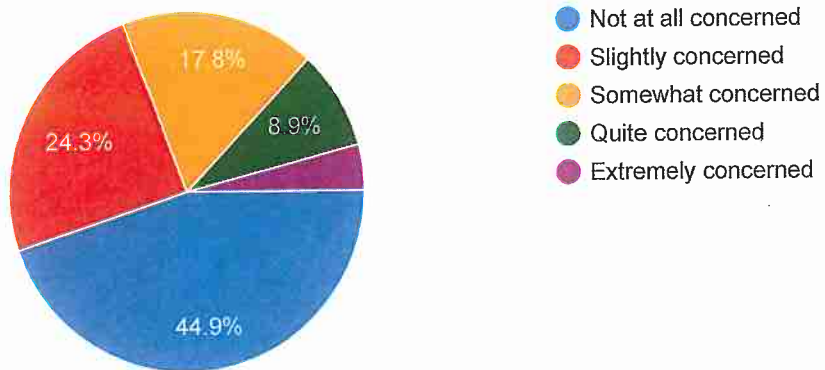
How would you describe the emotional wellbeing of your child(ren) as it relates to COVID-19 and school closures?
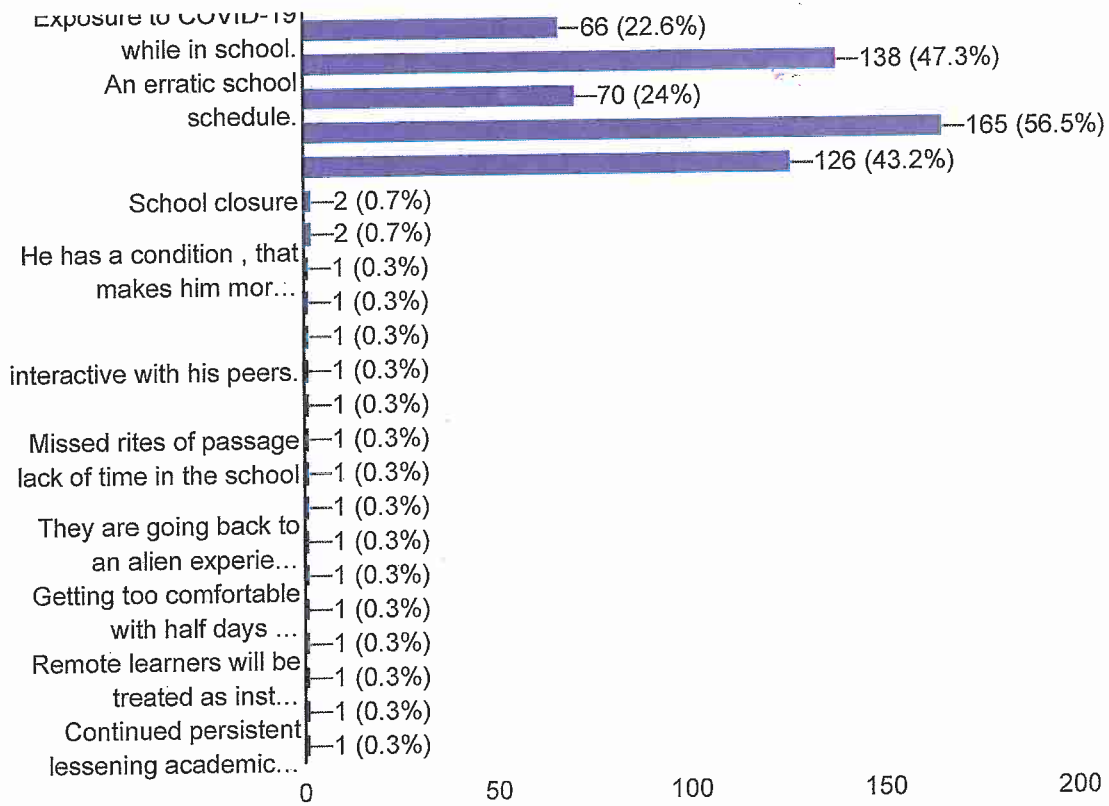
292 responses
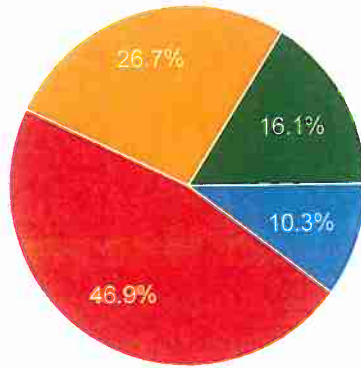
- My child(ren) has adjusted fine.
- My child(ren) has experienced some mixed emotions but is otherwise doing OK.
- This was challenging for my child and we are still experiencing some difficulty.
- I am very concerned about the emotional well-being of my child(ren) because of the toll...

As you think ahead to the remainder of the school year, please mark your two greatest concerns:

292 responses

Exposure to COVID-19 while in school. —66 (22.6%)
—138 (47.3%)
An erratic school schedule. —70 (24%)
—165 (56.5%)
—126 (43.2%)
School closure —2 (0.7%)
—2 (0.7%)
He has a condition , that makes him mor... —1 (0.3%)
—1 (0.3%)
—1 (0.3%)
interactive with his peers. —1 (0.3%)
—1 (0.3%)
Missed rites of passage —1 (0.3%)
lack of time in the school —1 (0.3%)
—1 (0.3%)
They are going back to an alien experie... —1 (0.3%)
—1 (0.3%)
Getting too comfortable with half days ... —1 (0.3%)
—1 (0.3%)
Remote learners will be treated as inst... —1 (0.3%)
—1 (0.3%)
Continued persistent lessening academic... —1 (0.3%)

Would you like to talk privately with a teacher, social worker or other adult from your school about how you are doing for extra support?

292 responses

- Yes
- No

92.5%

7.5%
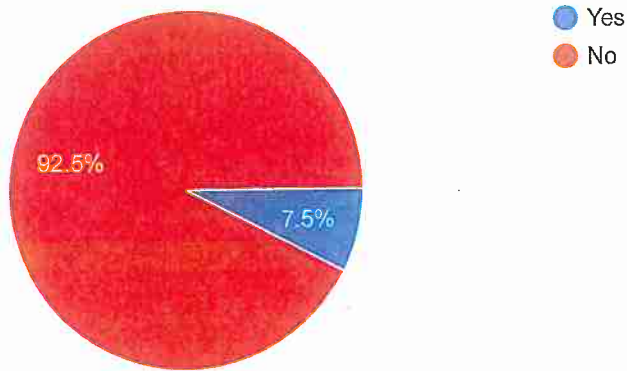
Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic — COVID Experiences Survey, United States, October 8–November 13, 2020

Jorge V. Verlenden, PhD[1,2]; Sanjana Pampati, MPH[1,3]; Catherine N. Rasberry, PhD[1,2]; Nicole Liddon, PhD[1]; Marci Hertz, MS[1,2]; Greta Kilmer, MS[1]; Melissa Heim Viox, MPH[4]; Sarah Lee, PhD[2,5]; Neha K. Cramer, MPH[2,5]; Lisa C. Barrios, DrPH[1,2]; Kathleen A. Ethier, PhD[1]

In March 2020, efforts to slow transmission of SARS-CoV-2, the virus that causes COVID-19, resulted in widespread closures of school buildings, shifts to virtual educational models, modifications to school-based services, and disruptions in the educational experiences of school-aged children. Changes in modes of instruction have presented psychosocial stressors to children and parents that can increase risks to mental health and well-being and might exacerbate educational and health disparities (*1,2*). CDC examined differences in child and parent experiences and indicators of well-being according to children's mode of school instruction (i.e., in-person only [in-person], virtual-only [virtual], or combined virtual and in-person [combined]) using data from the COVID Experiences nationwide survey. During October 8–November 13, 2020, parents or legal guardians (parents) of children aged 5–12 years were surveyed using the NORC at the University of Chicago AmeriSpeak panel,* a probability-based panel designed to be representative of the U.S. household population. Among 1,290 respondents with a child enrolled in public or private school, 45.7% reported that their child received virtual instruction, 30.9% in-person instruction, and 23.4% combined instruction. For 11 of 17 stress and well-being indicators concerning child mental health and physical activity and parental emotional distress, findings were worse for parents of children receiving virtual or combined instruction than were those for parents of children receiving in-person instruction. Children not receiving in-person instruction and their parents might

experience increased risk for negative mental, emotional, or physical health outcomes and might need additional support to mitigate pandemic effects. Community-wide actions to reduce COVID-19 incidence and support mitigation strategies in schools are critically important to support students' return to in-person learning.

Continuing Education examination available at https://www.cdc.gov/mmwr/mmwr_continuingEducation.html

* The AmeriSpeak panel includes approximately 40,000 households recruited using random sampling from an address-based sample with mail, e-mail, Internet, telephone, and in-person follow-up. https://amerispeak.norc.org/Documents/Research/AmeriSpeak%20Technical%20Overview%202019%2002%2018.pdf

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

The COVID Experiences nationwide survey was administered online or via telephone during October 8–November 13, 2020 to parents of children aged 5–12 years (1,561) using NORC's AmeriSpeak panel (3).[†] A sample of adults in the AmeriSpeak panel identified as potential respondents was selected using sampling strata based on age, race/ethnicity, education, and sex of the adult. Parents with multiple children were asked to report on their child aged 5–12 years with the most recent birthday. Analyses were limited to parents of children attending a public or private school during the 2020–21 school year.[§] On the basis of parent responses about the mode of school instruction,[¶] three unweighted categories were constructed: in-person (434), virtual (530), and combined

(326). Parents who did not select one of the prespecified modes of instruction categories or did not report their child attended a public or private school (271) were excluded from analyses. The final sample included 1,290 parents of children, 1,169 (92.9%) of whom were enrolled in public school and 121 (7.1%) enrolled in private school. Parents reported on children's experiences and well-being, including changes since the pandemic began in physical activity and time spent outside; physical, mental, and emotional health status before and during the pandemic; and measures of current anxiety and depression.[**] In addition, parents reported on their own well-being and experiences, including job stability, child care challenges, and emotional distress. Unweighted frequencies or weighted prevalence estimates and 95% confidence intervals of demographic characteristics, experiences, and well-being indicators by school instruction mode were calculated. Chi-square tests identified differences by demographic characteristics. Controlling for child's age and parent's race/ethnicity, sex, and

[†] Among persons sampled, 32.9% completed a screener to determine eligibility; among those eligible, the survey completion rate was 97.4%. AmeriSpeak panel members receive modest incentives in the form of "AmeriPoints" for participation in surveys.

[§] Question asked was "Is [the child] enrolled in any of the following for the 2020/21 school year?" Possible responses were "public school," "private school," "homeschool," or "is not enrolled in any school." Only respondents selecting public or private school were included.

[¶] Among those who responded that their child attended a public or private school in the 2020–21 school year, mode of instruction categories were based on response to the question "During the current school year (2020/21), how has [the child] attended school? Select all that apply." Possible responses were "in-person full time," "virtual/online full-time," "in-person part-time and virtual part-time (meaning in school several days a week or several weeks each month, and virtual learning the other days/weeks)," or "other, please specify." Three mutually exclusive categories were based on the selection of 1) only in-person full time; 2) only virtual/online full-time; or 3) combination of in-person full time, virtual/online full-time, or in-person part-time and virtual part-time.

[**] Patient Reported Outcomes Measurement Information System (http://www.healthmeasures.net/) parent proxy report scales short forms, depressive symptoms, anxiety symptoms, and psychological stress. Raw scores are converted to T-scores, with a mean of 50 and standard deviation (SD) of 10 referenced to a healthy cohort. High scores indicate more of the concept measured. The reported elevated symptoms of depression (moderately severe/severe), anxiety (moderately severe/severe), and psychological stress (moderately high/very high) include those with T-scores ≥65, 1.5 SDs higher than the mean of the reference population. Automated scoring was provided through Northwestern University, HealthMeasures. https://www.assessmentcenter.net/ac_scoringservice

household income, the study calculated adjusted prevalence ratios using predicted margins in logistic regression, comparing experiences and well-being indicators by mode of instruction. P-values <0.05 were considered statistically significant. The complex sample design was accounted for using SAS-callable SUDAAN (version 11.0; RTI International). This activity was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy; the study was also reviewed and approved by the Institutional Review Board of NORC at the University of Chicago.[††]

Approximately one half of parents (45.7%) reported that their child received virtual instruction, 30.9% reported in-person instruction, and 23.4% reported combined instruction (Table 1). Parents of children enrolled in public school more commonly reported that their children received virtual instruction (47.6%) compared with parents of children enrolled in private school (20.3%). Virtual instruction was also more commonly reported by Hispanic parents (65.9%), non-Hispanic other/multiracial parents (64.0%), and non-Hispanic Black parents (54.9%) than by non-Hispanic White parents (31.9%).

Parents of children receiving virtual instruction were more likely than were parents of children receiving in-person instruction to report that their children experienced decreased physical activity (62.9% versus 30.3%), time spent outside (58.0% versus 27.4%), in-person time with friends (86.2% versus 69.5%), virtual time with friends (24.3% versus 12.6%), and worsened mental or emotional health (24.9% versus 15.9%) (Table 2). Parents of children receiving combined instruction were also more likely than were those of children receiving in-person instruction to report that their children experienced decreased physical activity (52.1% versus 30.3%), time spent outside (42.4% versus 27.4%), in-person time with friends (84.1% versus 69.5%), and worsened mental or emotional health (24.7% versus 15.9%). Parents of children receiving virtual instruction were more likely than were parents of children receiving combined instruction to report that their children experienced decreased physical activity (62.9% versus 52.1%) and time spent outside (58.0% versus 42.4%).

Parents of children receiving virtual instruction were also more likely than were parents of children receiving in-person instruction to report loss of work[§§] (42.7% versus 30.6%), job stability concerns (26.6% versus 15.2%), child care challenges (13.5% versus 6.8%), conflict between working and providing child care (14.6% versus 8.3%), emotional distress (54.0%

versus 38.4%), and difficulty sleeping (21.6% versus 12.9%) (Table 3). Parents of children receiving combined instruction were more likely than were those of children receiving in-person instruction to report loss of work (40.1% versus 30.6%) and conflict between working and providing child care (14.2% versus 8.3%). Parents of children receiving virtual instruction were more likely than were parents of children receiving combined instruction to report experiencing emotional distress (54.0% versus 42.9%).

Discussion

Findings from this survey of parents of children aged 5–12 years indicate that parents whose children received virtual or combined instruction were more likely to report higher prevalence of risk on 11 of 17 indicators of child and parental well-being than were parents whose children received in-person instruction. Among nine examined indicators of children's well-being, five differed significantly by the instruction mode that children received. These differences reflected higher prevalences of negative indicators of well-being for children receiving virtual or combined instruction than for children receiving in-person instruction. Parents of children receiving virtual or combined instruction more frequently reported that their child's mental or emotional health worsened during the pandemic and that their time spent outside, in-person with friends, and engaged in physical activity decreased. Regular physical activity is associated with children's improved cardiorespiratory fitness, increased muscle and bone strength, and reduced risk for depression, anxiety, and chronic health conditions (e.g., diabetes); therefore, these differences in physical activity are concerning (4,5). Likewise, isolation and limited physical and outside activity can adversely affect children's mental health (6).

Among the eight examined indicators of parental well-being, six differed significantly by mode of instruction received by the children. Parents of children receiving virtual instruction more frequently reported their own emotional distress, difficulty sleeping, loss of work, concern about job stability, child care challenges, and conflict between working and providing child care than did parents whose children were receiving in-person instruction. Parents of children receiving combined instruction also reported conflict between working and providing child care and loss of work more often than did parents of children receiving in-person instruction. Chronic stress can negatively affect physical and mental health of both children and parents, especially without social and economic supports, and could contribute to widening of educational and health disparities (2,3,7,8). In this study, Black, Hispanic, and non-Hispanic other or multiracial parents were more likely than White parents to report children receiving virtual instruction. Further

[††] 45 C.F.R. part 46; 21 C.F.R. part 56; 42 U.S.C. Sect. 241(d), 5 U.S.C. Sect. 552a, 44 U.S.C. Sect. 3501 et seq. 45 C.F.R. part 46; 21 C.F.R. part 56.

[§§] Question assessed whether the parent experienced or was experiencing any of the following as a result of the COVID-19 pandemic: loss of work, decreased hours or wages, furloughed, or laid off.

TABLE 1. Respondent, child and household characteristics, by mode of child's school instruction* — COVID Experiences Survey,[†] United States, October 8–November 13, 2020

Characteristic	*Mode of child's[§] school instruction,[¶] no., % (95% CI)								p-value[††]
	Overall		In-person only		Virtual only		Combined**		
Total	1,290	100.0	434	30.9 (26.3–35.9)	530	45.7 (40.0–51.5)	326	23.4 (19.9–27.4)	
Child characteristic									
Sex[§§]									0.23
Male	519	51.7 (47.1–56.3)	180	29.5 (23.9–35.7)	201	45.4 (39.2–51.8)	138	25.1 (20.2–30.7)	
Female	455	48.3 (43.7–52.9)	151	30.6 (24.0–38.1)	201	50.3 (41.1–59.4)	103	19.2 (15.1–24.0)	
Age group, yrs									0.03
5–8	550	41.5 (38.3–44.9)	206	35.4 (29.3–42.0)	214	45.2 (39.1–51.4)	130	19.4 (15.0–24.7)	
9–12	739	58.5 (55.1–61.7)	228	27.8 (22.7–33.4)	315	45.9 (38.8–53.1)	196	26.4 (21.5–31.9)	
Existing emotional, mental, developmental, or behavioral condition[¶¶]									0.56
Yes	255	18.9 (16.0–22.1)	81	30.6 (23.3–39.1)	112	49.2 (38.8–59.7)	62	20.2 (14.8–27.0)	
No	1,032	81.1 (77.9–84.0)	352	31.0 (26.2–36.3)	417	45.0 (39.5–50.6)	263	24.0 (20.2–28.4)	
Child's school type									<0.01
Public	1,169	92.9 (91.3–94.3)	352	28.3 (23.6–33.4)	507	47.6 (41.6–53.7)	310	24.1 (20.5–28.2)	
Private	121	7.1 (5.7–8.7)	82	65.6 (54.5–75.2)	23	20.3 (13.0–30.2)	16	14.2 (9.0–21.5)	
Child receives free or reduced cost lunch***									0.85
Yes	746	59.7 (56.7–62.7)	245	30.7 (26.3–35.4)	310	46.5 (40.1–53.0)	191	22.8 (18.3–28.0)	
No	541	40.3 (37.3–43.3)	189	31.4 (25.3–38.3)	218	44.6 (37.6–51.7)	134	24.0 (19.9–28.7)	
Parent and household characteristic									
Sex									0.81
Male	427	44.5 (40.8–48.3)	155	32.2 (26.2–38.9)	166	44.5 (37.3–52.0)	106	23.3 (17.6–30.1)	
Female	863	55.5 (51.7–59.2)	279	29.8 (24.4–35.9)	364	46.6 (40.1–53.2)	220	23.6 (20.4–27.0)	
Race/Ethnicity									<0.01
White, non-Hispanic	870	55.8 (51.3–60.3)	352	39.5 (33.6–45.7)	271	31.9 (26.4–38.0)	247	28.6 (23.7–34.0)	
Black, non-Hispanic	132	9.4 (7.3–12.1)	31	30.7 (19.8–44.1)	80	54.9 (44.9–64.5)	21	14.5 (7.3–26.6)	
Hispanic	163	23.8 (19.2–29.0)	28	17.5 (9.6–29.5)	106	65.9 (55.2–75.2)	29	16.6 (10.5–25.3)	
Other, non-Hispanic[†††]	125	11.0 (8.9–13.5)	23	16.4 (9.9–25.9)	73	64.0 (48.3–77.2)	29	19.6 (11.0–32.5)	
Marital status									0.39
Married or living with partner	1,050	82.5 (79.7–85.0)	366	30.9 (26.1–36.3)	429	46.6 (40.3–53.0)	255	22.5 (18.7–26.8)	
Never married, divorced, widowed, or separated	240	17.5 (15.0–20.3)	68	30.6 (24.2–37.8)	101	41.5 (33.7–49.7)	71	27.9 (21.1–35.9)	
Parental education									0.29
Less than high school or high school graduate	203	31.2 (27.0–35.8)	71	33.6 (25.8–42.4)	82	45.9 (35.5–56.6)	50	20.5 (14.4–28.5)	
Some college or technical school or associate degree	493	26.3 (23.6–29.2)	166	31.8 (25.2–39.2)	201	43.1 (36.9–49.4)	126	25.2 (19.9–31.3)	
Bachelor's degree or higher	594	42.5 (38.7–46.3)	197	28.3 (23.3–33.9)	247	47.2 (41.1–53.3)	150	24.5 (20.7–28.8)	
Annual household income									0.56
≤$34,999	279	26.3 (22.9–30.0)	82	33.0 (25.2–41.9)	123	48.5 (38.4–58.6)	74	18.5 (13.4–25.1)	
$35,000–$49,999	157	13.6 (11.2–16.3)	51	27.2 (18.1–38.7)	64	50.1 (37.3–62.9)	42	22.7 (14.4–33.8)	
$50,000–$74,999	266	17.4 (15.2–19.9)	89	32.8 (26.5–39.8)	110	42.2 (32.9–52.0)	67	25.0 (18.4–33.1)	
$75,000–$99,999	228	14.6 (12.4–17.1)	87	31.4 (24.5–39.3)	90	42.5 (34.9–50.5)	51	26.1 (18.0–36.2)	
≥$100,000	360	28.2 (24.7–31.8)	125	29.2 (22.7–36.7)	143	44.8 (37.0–52.8)	92	26.0 (20.9–31.9)	

Abbreviation: CI = confidence interval.

* Table shows unweighted frequencies, weighted overall and row percentages, and weighted 95% CIs.

[†] https://amerispeak.norc.org/Documents/Research/AmeriSpeak%20Technical%20Overview%202019%2002%2018.pdf

[§] Sampled parents with multiple children were asked to report on their child aged 5–12 years with the most recent birthday.

[¶] Among those who responded that their child attended a public or private school in the 2020–21 school year, mode of instruction categories are based on response to the question "During the current school year (2020/21), how has [the child] attended school? Select all that apply." Possible responses were "in-person full time," "virtual/online full-time," "in-person part-time and virtual part-time (meaning in school several days a week or several weeks each month, and virtual learning the other days/weeks)," or "other, please specify." Three mutually exclusive categories were based on the selection of: 1) only in-person full time; 2) only virtual/online full-time; or 3) combination of in-person full time, virtual/online full-time, or in-person part-time and virtual part-time.

** Indicates a combination of in-person and virtual instruction.

[††] Chi-square test was used to identify overall differences in child and parent demographics and household characteristics by mode of school instruction.

[§§] First name-based imputation was used to impute sex for 148 children who were missing information on sex. After imputation, child's sex remained missing for 316 records (24.5%).

[¶¶] Any emotional, mental, developmental, or behavioral condition for which the child needed or received treatment, therapy, or counseling. Examples include anxiety, depression, attention deficit disorder or attention deficit hyperactivity disorder, autism spectrum disorder, or intellectual disability.

*** Question assessed whether child ever received free or reduced-cost school meals (i.e., breakfast, lunch, or both).

[†††] Includes other non-Hispanic races and non-Hispanic multiracial persons.

TABLE 2. Weighted prevalence (%) and adjusted prevalence ratios (aPRs) of parent report of child experiences and well-being indicators, by mode of child's school instruction* — COVID Experiences Survey,[†] United States, October 8–November 13, 2020

Characteristic	Mode of child's[§] school instruction,[¶] % (95% CI)				Adjusted comparisons for child experiences and well-being by mode of child's school instruction, aPR** (95% CI)		
	Overall (N = 1,290)	In-person only (n = 434)	Virtual only (n = 530)	Combined[††] (n = 326)	Virtual only versus in-person only	Combined versus in-person only	Virtual only versus combined
Child experience							
Change in physical activity[§§]							
Decreased	50.3 (46.5–54.0)	30.3 (25.1–36.1)	62.9 (58.1–67.4)	52.1 (45.8–58.3)	1.9 (1.6–2.3)[¶¶]	1.6 (1.3–1.9)[¶¶]	1.2 (1.0–1.4)[¶¶]
No impact or increased	49.7 (46.0–53.5)	69.7 (63.9–74.9)	37.1 (32.6–41.9)	47.9 (41.7–54.2)	—	—	—
Change in spending time outside[§§]							
Decreased	44.9 (40.9–48.9)	27.4 (21.9–33.8)	58.0 (52.2–63.5)	42.4 (36.1–49.0)	1.8 (1.4–2.2)[¶¶]	1.4 (1.1–1.8)[¶¶]	1.3 (1.1–1.6)[¶¶]
No impact or increased	55.1 (51.1–59.1)	72.6 (66.2–78.1)	42.0 (36.5–47.8)	57.6 (51.0–63.9)	—	—	—
Change in spending time with friends in-person[§§]							
Decreased	80.5 (76.9–83.7)	69.5 (62.7–75.5)	86.2 (81.4–89.9)	84.1 (76.3–89.6)	1.2 (1.1–1.3)[¶¶]	1.2 (1.1–1.3)[¶¶]	1.1 (0.9–1.2)
No impact or increased	19.5 (16.3–23.1)	30.5 (24.5–37.3)	13.8 (10.1–18.6)	15.9 (10.4–23.7)	—	—	—
Change in spending time with friends virtually for non-educational purposes[§§]							
Decreased	18.6 (15.6–22.0)	12.6 (8.6–18.2)	24.3 (19.1–30.4)	15.3 (10.6–21.5)	1.7 (1.1–2.7)[¶¶]	1.2 (0.8–2.0)	1.4 (0.9–2.1)
No impact or increased	81.4 (78.0–84.4)	87.4 (81.8–91.4)	75.7 (69.6–80.9)	84.7 (78.5–89.4)	—	—	—
Child well-being							
Change in physical health*							
Worse	12.6 (10.2–15.6)	9.3 (6.2–13.6)	14.7 (10.3–20.5)	13.0 (9.4–17.8)	1.4 (0.8–2.3)	1.3 (0.8–2.2)	1.1 (0.7–1.7)
Better or no change	87.4 (84.4–89.8)	90.7 (86.4–93.8)	85.3 (79.5–89.7)	87.0 (82.2–90.6)	—	—	—
Change in mental or emotional health[†††]							
Worse	22.1 (19.8–24.7)	15.9 (12.5–20.1)	24.9 (21.4–28.8)	24.7 (20.4–29.5)	1.6 (1.2–2.2)[¶¶]	1.5 (1.1–2.0)[¶¶]	1.1 (0.9–1.4)
Better or no change	77.9 (75.3–80.2)	84.1 (79.9–87.5)	75.1 (71.2–78.6)	75.3 (70.5–79.6)	—	—	—
Depression[§§§]							
With elevated symptoms	4.4 (2.8–6.9)	3.6 (1.9–6.9)	5.3 (2.7–10.3)	3.7 (1.8–7.3)	1.4 (0.6–3.1)	1.0 (0.4–2.5)	1.4 (0.6–3.3)
Without elevated symptoms	95.6 (93.1–97.2)	96.4 (93.1–98.1)	94.7 (89.7–97.3)	96.3 (92.7–98.2)	—	—	—
Anxiety[§§§]							
With elevated symptoms	6.3 (5.0–7.8)	6.7 (4.4–10.1)	7.0 (5.1–9.5)	4.4 (2.5–7.6)	1.1 (0.6–2.0)	0.7 (0.3–1.4)	1.6 (0.8–3.2)
Without elevated symptoms	93.7 (92.2–95.0)	93.3 (89.9–95.6)	93.0 (90.5–94.9)	95.6 (92.4–97.5)	—	—	—
Psychological stress[§§§]							
With elevated symptoms	9.2 (7.3–11.5)	9.5 (6.7–13.4)	9.2 (6.2–13.3)	8.7 (6.2–12.0)	1.0 (0.6–1.7)	0.9 (0.6–1.4)	1.2 (0.7–1.9)
Without elevated symptoms	90.8 (88.5–92.7)	90.5 (86.6–93.3)	90.8 (86.7–93.8)	91.3 (88.0–93.8)	—	—	—

Abbreviation: CI = confidence interval.

* Table shows weighted overall and column percentages and corresponding 95% CIs, and adjusted prevalence ratios and 95% CIs.

[†] https://amerispeak.norc.org/Documents/Research/AmeriSpeak%20Technical%20Overview%202019%2002%2018.pdf

[§] Sampled parents with multiple children were asked to report on their child aged 5–12 years with the most recent birthday.

[¶] Among those who responded that their child attended a public or private school in the 2020–21 school year, mode of instruction categories are based on response to the question "During the current school year (2020/21), how has [the child] attended school? Select all that apply." Possible responses were "in-person full time," "virtual/online full-time," "in-person part-time and virtual part-time (meaning in school several days a week or several weeks each month, and virtual learning the other days/weeks)," or "other, please specify." Three mutually exclusive categories were based on the selection of: 1) only in-person full time; 2) only virtual/online full-time; or 3) combination of in-person full time, virtual/online full-time, or in-person part-time and virtual part-time.

** aPR adjusted for parent's race/ethnicity and sex, household income, and child's age. aPR was not adjusted for all child characteristics (sex; existing emotional, mental, developmental, or behavioral condition; school type; receipt of free or reduced-cost lunch) and parent characteristics (marital status or education).

[††] Indicates a combination of in-person and virtual instruction.

[§§] Question assessed how the COVID-19 pandemic has affected each behavior or experience.

[¶¶] p-values <0.05 were considered statistically significant. Some 95% CIs include 1.0 because of rounding.

*** Question items asked parents to rate child's physical health (very good, good, fair, or poor) before the COVID-19 pandemic (February 2020) and current physical health. Any decline in physical health was categorized as "worse" and any improvement or no change in physical health was categorized as "better or no change."

[†††] Question items asked parents to rate the child's mental and emotional health (very good, good, fair, or poor) before the COVID-19 pandemic (February 2020) and current mental or emotional health. Any decline in mental or emotional health was categorized as "worse" and any improvement or no change in mental or emotional health was categorized as "better or no change."

[§§§] Patient Reported Outcomes Measurement Information System (http://www.healthmeasures.net/) parent proxy report scales short forms, depressive symptoms, anxiety symptoms, and psychological stress. Raw scores are converted to T-scores, with a mean of 50 and standard deviation (SD) of 10 referenced to a healthy cohort. High scores indicate more of the concept measured. Elevated symptoms of depression (moderately severe/severe), anxiety (moderately severe/severe), and psychological stress (moderately high/very high) include those with T-scores ≥65, 1.5 SDs higher than the mean of the reference population. Automated scoring was provided through Northwestern University, HealthMeasures. https://www.assessmentcenter.net/ac_scoringservice

TABLE 3. Weighted prevalence (%) and adjusted prevalence ratios (aPRs) of parent experiences and well-being indicators, by mode of child's school instruction* — COVID Experiences Survey,[†] United States, October 8–November 13, 2020

Characteristic	Mode of child's school instruction,[§] % (95% CI)				Adjusted comparisons for parent experiences and well-being by mode of child's school instruction, aPR[¶] (95% CI)		
	Overall (N = 1,290)	In-person only (n = 434)	Virtual only (n = 530)	Combined** (n = 326)	Virtual only versus in-person only	Combined** versus in-person only	Virtual only versus combined**
Parent experience							
Loss of work[††]							
Yes	38.3 (34.5–42.3)	30.6 (25.4–36.3)	42.7 (36.5–49.1)	40.1 (31.9–48.8)	1.4 (1.1–1.8)[§§]	1.4 (1.0–1.8)[§§]	1.0 (0.8–1.3)
No	61.7 (57.7–65.5)	69.4 (63.7–74.6)	57.3 (50.9–63.5)	59.9 (51.2–68.1)	—	—	—
Concern about job stability[¶¶]							
Often	21.5 (18.2–25.1)	15.2 (12.0–19.2)	26.6 (21.5–32.4)	19.6 (14.1–26.5)	1.6 (1.3–2.1)[§§]	1.3 (0.9–1.9)	1.2 (0.8–1.8)
Sometimes or never	78.5 (74.9–81.8)	84.8 (80.8–88.0)	73.4 (67.6–78.5)	80.4 (73.5–85.9)	—	—	—
Child care challenges[¶¶]							
Often	10.5 (8.6–12.7)	6.8 (4.5–10.3)	13.5 (10.3–17.4)	9.5 (6.5–13.7)	1.7 (1.1–2.7)[§§]	1.4 (0.9–2.2)	1.2 (0.7–2.0)
Sometimes or never	89.5 (87.3–91.4)	93.2 (89.7–95.5)	86.5 (82.6–89.7)	90.5 (86.3–93.5)	—	—	—
Conflict between working and providing child care[¶¶]							
Often	12.6 (10.5–14.9)	8.3 (5.9–11.5)	14.6 (11.7–18.1)	14.2 (10.0–19.7)	1.5 (1.0–2.3)[§§]	1.7 (1.1–2.5)[§§]	0.9 (0.6–1.5)
Sometimes or never	87.4 (85.1–89.5)	91.7 (88.5–94.1)	85.4 (81.9–88.3)	85.8 (80.3–90.0)	—	—	—
Increased substance use[***]							
Yes	16.5 (13.8–19.6)	13.7 (10.5–17.8)	16.4 (12.0–21.9)	20.5 (15.1–27.1)	1.2 (0.8–1.7)	1.5 (1.0–2.3)	0.8 (0.5–1.1)
No	83.5 (80.4–86.2)	86.3 (82.2–89.5)	83.6 (78.1–88.0)	79.5 (72.9–84.9)	—	—	—
Parent well-being							
Emotional Distress[†††]							
A lot or moderate	46.6 (43.3–49.9)	38.4 (32.7–44.5)	54.0 (48.8–59.1)	42.9 (35.9–50.1)	1.4 (1.2–1.6)[§§]	1.1 (0.9–1.4)	1.2 (1.1–1.5)[§§]
Little or no	53.4 (50.1–56.7)	61.6 (55.5–67.3)	46.0 (40.9–51.2)	57.1 (49.9–64.1)	—	—	—
Difficulty managing emotions[¶¶]							
Often	13.5 (11.1–16.3)	11.0 (7.8–15.2)	14.3 (11.0–18.5)	15.2 (10.5–21.5)	1.1 (0.7–1.7)	1.4 (0.9–2.0)	0.8 (0.5–1.2)
Sometimes or never	86.5 (83.7–88.9)	89.0 (84.8–92.2)	85.7 (81.5–89.0)	84.8 (78.5–89.5)	—	—	—
Difficulty sleeping or insomnia[¶¶]							
Often	17.7 (15.3–20.5)	12.9 (9.8–16.8)	21.6 (17.8–26.1)	16.4 (11.8–22.5)	1.6 (1.2–2.2)[§§]	1.2 (0.9–1.7)	1.3 (0.9–1.8)
Sometimes or never	82.3 (79.5–84.7)	87.1 (83.2–90.2)	78.4 (73.9–82.2)	83.6 (77.5–88.2)	—	—	—

Abbreviation: CI = confidence interval.

* Table shows weighted overall and column percentages and corresponding 95% CIs, and adjusted prevalence ratios and 95% confidence intervals.

[†] https://amerispeak.norc.org/Documents/Research/AmeriSpeak%20Technical%20Overview%202019%2002%2018.pdf

[§] Among those who responded that their child attended a public or private school in the 2020–21 school year, mode of instruction categories are based on response to the question "During the current school year (2020/21), how has [the child] attended school? Select all that apply." Possible responses were "in-person full time," "virtual/online full-time,""in-person part-time and virtual part-time (meaning in school several days a week and virtual learning the other days/weeks)," or "other, please specify." Three mutually exclusive categories were based on the selection of: 1) only in-person full time; 2) only virtual/online full-time; or 3) combination of in-person full time, virtual/online full-time, or in-person part-time and virtual part-time.

[¶] aPR adjusted for parent's race/ethnicity and sex, household income, and child's age. aPR was not adjusted for all child characteristics (sex; existing emotional, mental, developmental, or behavioral condition; school type; receipt of free or reduced-cost lunch) and parent characteristics (marital status or education).

** Indicates a combination of in-person and virtual instruction.

[††] Question assessed whether the respondent experienced or was experiencing any of the following as a result of the pandemic: loss of work, decreased hours or wages, furloughed, or laid off.

[§§] p-values <0.05 were considered statistically significant. Some 95% CIs include 1.0 because of rounding.

[¶¶] Question assessed how frequently the respondent experienced the following since the COVID-19 pandemic began: concern about job stability, child care challenges, conflict between working and providing child care, difficulty managing emotions, difficulty sleeping or insomnia.

[***] Question assessed whether the respondent started or increased using substances to help cope with stress or emotions during the COVID-19 pandemic. Substance use includes alcohol, legal or illegal drugs, or prescription drugs that are taken in a way not recommended by a doctor.

[†††] Question assessed how much emotional distress such as increased sadness, anxiety, and worry the respondent experienced related to the COVID-19 pandemic.

research is needed to understand whether virtual instruction has disproportionately negative impacts on child and parent health outcomes among racial and ethnic minorities and communities disproportionately affected by COVID-19. The role of other contextual and interpersonal factors on experiences of stress and risks to well-being in relation to the pandemic needs further exploration.

Schools are central to supporting children and families, providing not only education, but also opportunities to engage in activities to support healthy development and access to social, mental health, and physical health services, which can buffer stress and mitigate negative outcomes. However, the pandemic is disrupting many school-based services, increasing parental responsibilities and stress, and potentially affecting long-term health outcomes for parents and children alike, especially among families at risk for negative health outcomes from social and environmental factors (2,7,9,10). These findings suggest that virtual instruction might present more risks than

Summary

What is already known about the topic?

COVID-19–associated schooling changes present stressors to children and parents that might increase risks to mental health and well-being.

What is added by this report?

In a probability-based survey of parents of children aged 5–12 years, 45.7% reported that their children received virtual instruction only, 30.9% in-person only, and 23.4% combined virtual and in-person instruction. Findings suggest that virtual instruction might present more risks than does in-person instruction related to child and parental mental and emotional health and some health-supporting behaviors.

What are the implications for public health practice?

Children not receiving full-time, in-person instruction and their parents might need additional supports to mitigate pandemic impacts.

does in-person instruction related to child and parental mental and emotional health and some health-supporting behaviors, such as engaging in physical activity, with combined instruction falling between.

The findings in this report are subject to at least six limitations. First, responses from this incentivized, English-language survey might not represent the broader U.S. population, and the limited sample size and response rate might affect generalizability. Second, although survey responses were weighted to approximate representativeness of U.S. household demographics, findings might not be representative of all U.S. students and children aged 5–12 years. Third, parent self-reports and proxy reports for children are subject to social desirability, proxy-response, and recall biases. Fourth, parents of children receiving combined instruction did not provide details on how often children received in-person or virtual instruction; additional variation within this category might exist. Fifth, the study did not adjust for all potential confounders such as community COVID-19 transmission levels and some household and individual characteristics (e.g., urbanicity or rurality, or number of children in the household). Finally, causality between instruction mode and examined indicators of well-being cannot be inferred from this cross-sectional study.

Parents of children receiving in-person instruction reported the lowest prevalence of negative indicators of child and parental well-being. Children receiving virtual or combined instruction and their parents might need additional support to mitigate stress, including linkage to social and mental health services and opportunities to engage in safe physical activity to reduce risks associated with chronic health conditions. Culturally applicable support programming and resources

might be warranted to meet community needs, ensure equitable access to services, and address health or educational inequities for families from racial and ethnic minority groups. These findings highlight the importance of in-person learning for children's physical and mental well-being and for parents' emotional well-being. Community-wide actions¶¶ to reduce COVID-19 incidence and support mitigation strategies in schools*** are critically important to support students' return to in-person learning.

¶¶ https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html
*** https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html

Corresponding author: Jorge V. Verlenden, nlx7@cdc.gov.

---

[1]Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC; [2]CDC COVID-19 Emergency Response Team; [3]Oak Ridge Institute for Science and Education, Oak Ridge, Tennessee; [4]NORC at the University of Chicago, Illinois; [5]Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

References

1. Gassman-Pines A, Ananat EO, Fitz-Henley J 2nd. COVID-19 and parent-child psychological well-being. Pediatrics 2020;146:e2020007294. PMID:32764151 https://doi.org/10.1542/peds.2020-007294
2. Masonbrink AR, Hurley E. Advocating for children during the COVID-19 school closures. Pediatrics 2020;146:e20201440. PMID:32554517 https://doi.org/10.1542/peds.2020-1440
3. NORC at the University of Chicago. Chicago, IL: Technical overview of the AmeriSpeak panel: NORC's probability-based household panel. Chicago, IL: NORC at the University of Chicago; 2021. https://amerispeak.norc.org/Documents/Research/AmeriSpeak%20Technical%20Overview%202019%2002%2018.pdf
4. US Department of Health and Human Services; Physical Activity Guidelines Advisory Committee. 2018 Physical Activity Guidelines Advisory Committee scientific report. Washington, DC: US Department of Health and Human Services; 2018. https://health.gov/sites/default/files/2019-09/PAG_Advisory_Committee_Report.pdf
5. Ahn S, Fedewa AL. A meta-analysis of the relationship between children's physical activity and mental health. J Pediatr Psychol 2011;36:385–97. PMID:21227908 https://doi.org/10.1093/jpepsy/jsq107
6. Tillmann S, Tobin D, Avison W, Gilliland J. Mental health benefits of interactions with nature in children and teenagers: a systematic review. J Epidemiol Community Health 2018;72:958–66. PMID:29950520 https://doi.org/10.1136/jech-2018-210436
7. Russell BS, Hutchison M, Tambling R, Tomkunas AJ, Horton AL. Initial challenges of caregiving during COVID-19: caregiver burden, mental health, and the parent–child relationship. Child Psychiatry Hum Dev 2020;51:671–82. PMID:32749568 https://doi.org/10.1007/s10578-020-01037-x

8. McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and ethnic disparities in the prevalence of stress and worry, mental health conditions, and increased substance use among adults during the COVID-19 pandemic—United States, April and May 2020. MMWR Morb Mortal Wkly Rep 2021;70:162–6. PMID:33539336 https://doi.org/10.15585/mmwr.mm7005a3

9. Fry-Bowers EK. Children are at risk from COVID-19. J Pediatr Nurs 2020;53:A10–2. PMID:32386796 https://doi.org/10.1016/j.pedn.2020.04.026

10. Murphy A, Pinkerton LM, Bruckner E, Risser HJ. The impact of the novel coronavirus disease 2019 on therapy service delivery for children with disabilities. J Pediatr 2020. Epub December 25, 2020. https://www.sciencedirect.com/science/article/pii/S0022347620315705

FRED parent resources are now available anytime at
www.fredparentsupportgroup.com

FRED is a free and independent peer support group for parents and caregivers of children, teens, and young adults with mental illness. Since 2007, FRED has empowered parents to navigate the mental health system and advocate for their children. FRED eases isolation and offers shared knowledge, skills, confidentiality, and the support of other parents who understand. FRED welcomes all parents

The new FRED website offers:

- **The FRED Family Help Guide**, with crisis resources, diagnosis and treatment information, and tools to help families obtain educational accommodations, college supports, and housing and financial benefits that offer security for adult children
- **Information and Resources** that include articles and expert presentations on issues including anxiety, bullying, educational rights, college success, family wellbeing, legal tools and future planning, HIPAA, substance use, and residential treatment
- **Blogs** that chronicle the real-life challenges, strategies, and wisdom of FRED parents
- **Member-only resources** including listings of therapists, psychiatrists. treatment programs, hospitals, testing and education experts recommended by FRED parents
- **HOPE.** Experience tells us there is always hope for improved health, relationships, achievement, and a fulfilling future for all of our children

In addition to online resources, FRED offers Zoom support meetings on the 1st Tuesday of the month from 7-8:30 p.m. and the 3rd Tuesday of the month from 12-1:30 p.m. FRED is led by trained parent volunteers who act as facilitators. FRED is based in Oak Park and River Forest, and serves families throughout the Chicago region

To join FRED or find out more, visit www.fredparentsupportgroup.com or email the FRED Leadership Team at fredparents@gmail.com

The FRED website was created through a grant from River Forest Township

RIVER FOREST
TOWNSHIP
Caring | Connection | Community

D90 Social Emotional Advisory Panel
Process Plan

Essential Question: "What social-emotional elements are necessary to ensure that District 90 students, staff, and families continue to thrive in the coming school year?"

Session 1 – March 2, 2021
Overview and "Building Community"

Key Meeting Content:
- Welcome and member introductions (Ed)
- Agreements re: norms (Denise)
- Role and scope of Social Emotional Advisory Panel (Ed)
- What is social emotional wellness? (Denise)
- Overview of key documents: school handbook, plans, ISBE guidance, best SEL practices (Ed)
- Current social emotional programming in District 90 (Denise)
- Working Group break-out: Identify "Focus Areas" (i.e. Student Voice, Relationships, Response to Trauma, Belonging, Family Supports, Staff Supports, etc.) (Ed)
- Reporting out (Ed)
- Closing

Resource Materials:
- Proposed group norms
- SEAP member roster
- Breakout group recording document
- D90 Social Emotional Work Group documents (Summer 2020)
- Selected social emotional and trauma-related articles

Admin. "To Do" – Compile "Focus Areas," Assign Working Groups

Homework for March 9:
- Review resource materials for March 9 meeting (see below)
- Indicate Focus Area preferences

Session 2 – March 9, 2021
Identifying Needs Within Each Focus Area

Key Meeting Content:
- Address identified "Focus Areas"
- Explanation of "Identified Needs" discernment process
- Focus Area break-out – "Identified Needs," then identify four greatest priorities in each area
- Reporting out
- Closing

Resource Materials:
- D90 Return to School Plan
- D90 Blended Learning Handbook
- Other social emotional guidance/information documents

Admin. "To Do" – Compile "Identified Needs" findings and priorities for panel review

Homework for March 16:
- Document review/investigation about compiled "Identified Needs"

Session 3 – March 16, 2021
Collaboration Time – Focus Areas

Key Meeting Content:
- Overview of "Identified Needs" findings with opportunity for clarification
- Focus Area break-out work time – Proposed solutions to "Identified Needs"
- Reporting out
- Focus Area groups respond to questions/concerns: "Critical friends conversation"
- Closing

Resource Materials (provided in advance of March 23 Meeting):
- D90 student perception survey feedback
- D90 family perception survey feedback
  (D90 staff perception survey forthcoming)

Admin. "To Do" – Develop suggested recommendation statements for review

Homework:
- Possible Focus Area collaboration

Session 4 – March 23, 2021
Reaching Consensus

Key Meeting Content:
- Focus Areas present "Identified Needs" and recommended corresponding solutions (draft)
- Feedback from Advisory Panel ("Critical friends" format)
- Focus Area break-out – Refinements to suggested recommendation statements
- Reporting out
- Solicit Core Team members to refine final recommendations (one per Focus Area)
- Closing

Admin. "To Do" – Draft suggested Advisory Panel recommendations from refined solution recommendations

Homework:
- Independent review/feedback on suggested Advisory Panel recommendations

March 25, 2021
Core Team Meeting (Reserved, if necessary)

April 6, 2021 (COW Meeting)
Final Advisory Panel Recommendations presented to Board of Education and D90 community

1	2	3	4	5
Relationships	**Social Emotional Programming**	**Trauma-Related Issues**	**Screening and Measurement**	**Student-Specific Needs**
In-person model makes typical friendships very difficult – how can we rebuild relationships? Sense of self (personal needs and awareness) but also social awareness (what's going on with school, community, etc.) – need to remember and learn about both. Need to see others' point of view. Understanding that others may have different needs or goals and being supportive even if that doesn't match yours. Social norms are more difficult to pick up on and identify. CASEL has a focus on relationships and self-management as core competencies which can address adversity/trauma.	Are we devoting enough time to SEL in D90 school day (as result of desire to hit core content)? Are we truly prioritizing it, and do we need to better communicate the importance of SEL to our community? Reaffirming/reframing the instructional day to build more room for SEL. This may require restructuring of current instructional blocks. More professional development for teachers on SEL. Comprehensive, cohesive program with vertical alignment. When and how often is SEL part of the school week; x-y conundrum.	Trauma – we must focus on the needs of our students and adults. Creating spaces for students, parents and community members to reflect and communicate about SEL and Covid-19 experience. Short and long-term impact. What do we need to plan for now, but also several years down the road? Putting things from today's lists in these different categories. Learning/teaching what anxiety and depression can look like to help parents, teachers & kids identify the people who are struggling. Do we need more social workers to handle the "flood" of mental health needs that will come over the next year (or longer)? Helping children and parents be honest about how they are feeling. Parents need to pay attention to their own needs, not just their children's. How can we take a challenge and spin it positive and have tools for coping strategies in life? Crisis/trauma management addressed short-term. NAMI can offer resources	Assessment – perhaps a mental health/resilience portfolio? How are people doing? What challenges have you faced this past year? The aim would be to offer a screening tool that was normalized (not just when we see problems). How do you measure SEL? "If you don't measure it's not important." What metrics are involved? How do you measure social awareness? Quantitative and qualitative metrics. Also, teaching to this. What are the tools to improve these metrics? Screening for SEL needs. Is there a place for screening to find the kids that may need assistance beyond what school can do? And we need to anticipate these needs and have resources ready (equity important here also)	Children's relationships with technology – we are seeing negative impacts (social media, video games, internet access, amount of time spent with). Students for whom normal in-person schooling is more difficult and returning to school presents a challenge. Equity needs? Is Zoom working? Internet connections? Parent available to help vs. child being left alone for learning. Hard for kids to speak the truth, difficult to have a say in things. People are more direct now, not thinking about how others might feel about what they say/do. Students losing confidence. Kids with tons of pressures on them – the usual pressures of academics and success (and add on the difficulties from Covid). Executive functioning skills. Remote kids might need more explanations than those in class.

Compilation of "Identified Needs"   Submitted by Breakout Groups: 3/9/21

Group 1:   ***Relationships***

1. Kid to kid
2. Kid to teacher
3. Parent to teacher
4. Teacher to teacher

Group 2:   ***Social Emotional Programming***

1. How to provide SEL programming?
2. Who should receive SEL programming?
3. What should our SEL programming contain?

Group 3:   ***Trauma-Related Issues***

1. Becoming trauma-informed and normalizing the conversation
2. Self-awareness/identifying trauma for all D90 staff, students, parents, and community
3. Tools for D90 community at large
4. Long term resources

Group 4:   ***Screening and Measurement***

1. Presentation for students/families to help them understand the concepts of mental health
2. Risk assessment for students, including clinical support following the screener
3. Interest surveys for student voice to help tailor a program
4. Review existing SEL data to establish a baseline and track impact over time

Group 5:   ***Student-Specific Needs***

1. Equity – access to zoom/internet, and access to adult support
2. Confidence, anxiety, depression, fear, related to numerous factors
3. Managing transitions and building executive functions
4. Technology/devices/screen time and children's relationship with technology

Extended Responses:

Group 1:   Relationships

Kid to Kid –
- There has been disruption in ordinary interactions ex: How to share or work in a group or interact socially.
- Many kids will need extra support and attention to behaviors that may be related to this experience ex: Anxiety. How will they adjust to less or normal distancing?
- Kids encouraged to share their feelings has created anxiety in kids about sharing. Need support in social awareness, self-consciousness, social anxiety
- Kids with learning differences may need extra support

Kid to Teacher -

- Social interactions and emotional regulation have been impacted. Remotely, if teacher addresses a child, peers see and hear. Even when they had to ask a question, it is harder on Zoom, creates self-consciousness, discomfort.
- Social awareness and autonomy skills have regressed. Executive functioning affected

Parent to Teacher --

- How are we going to rebuild that relationship? Or volunteering in classroom, things in the past have been mutual supports.
- Social Awareness -- Screens have been a negative, because people may say things or write things remotely that would not communicate that way otherwise. We need to acknowledge that this was really hard for everyone, start over with a clean slate
- How can we rebuild rifts that may have resulted from parents thinking teachers should be back in the classroom, or other disagreements?

Teacher to teacher --

- Teachers have not been able to gather; like oxygen mask on a plane -- need to be sure teachers are getting what they need to do their job
- Teachers are feeling isolated, their connections have been disrupted, no teachers lounge
- How can we support teachers and help them to reconnect?

Group 2:   Social Emotional Programming

1. How to provide SEL programming? Use the wonderful existing programming we have in D90 but enhance it and add additional "delivery vehicles" such as building it into academic work, having assemblies, taking advantage of community partnerships, etc.

2. Who should receive SEL programming? Not just for students, but also critical for staff and parents - the whole community! A "three-pronged approach."

3. What should our SEL programming contain? We like the CASEL framework for the majority of the content but would also like to add specific content addressing adversity/trauma. We would also like to add something about values/purpose to the portion of the framework that targets responsible decision making.

Group 3: Trauma-Related Issues

1. Becoming trauma informed and normalizing the conversation
   a. What does your trauma look like: race and equity chronic illness, personal experiences, anxiety

2. Self-awareness/identifying trauma for all D90 staff, students, parents and community

3. Tools for D90 community at large
   a. How to create real conversations around trauma
   b. Physical spaces and opportunities to connect
   c. Advisory meetings

4. Long term resources
   a. potential additional social workers
   b. how to find support and looking outside of d90 for community partnerships

Group 4: Screening and Measurement

1. Presentation for students/families to help them understand the concepts of mental health. NAMI gives these presentations - also geared toward teachers, too.

2. Risk assessment for students (such as the BESS) - surfacing internalizing and externalizing behaviors. Vetting screener relative to larger purpose and define how District would follow up, including ensuring clinical support following the screener

3. Interest surveys for student voice to help tailor a program

4. Review existing SEL data that we have to establish a baseline and track impact over time

Group 5:   Student-Specific Needs

1. Equity- access to zoom and internet, and access to adult support in remote learning for all families

2. Confidence, anxiety, depression, fear related to: academic performance, socio-political climate, race relations, LGBTQ issues/rights, food/housing insecurities

3. Managing transitions and building executive functions

4. Technology/devices/screen time and children's relationship with technology. We are seeing negative impacts (social media, video games, internet access, time spent on screens) but at the same time technology is sometimes the only way to interact with peers

Compilation of DRAFT "Proposed Solutions"   Submitted by Breakout Groups: 3/16/21

Group 1:   Relationships

1. Active supports should be instituted to ensure that relationships between students are fostered and remain strong, including both informal and programmatic components.

2. To further relationships between students and staff, classroom and school-wide strategies should be investigated that will help to establish a strong foundation for the coming year.

3. Intentional efforts should be instituted to redevelop strong connections between family and staff stakeholder groups, predicated on the long history of positive parent-teacher relationships in District 90 that have been foundational to student success.

4. Opportunities for staff to meet, and locations in which to do so, must be provided so that staff members have the chance to collaborate to fully support student needs.

Group 2:   Social Emotional Programming

1. Social emotional programming in D90 must be implemented consistently with an Equity/Inclusiveness lens.

2. Social emotional programming in D90 should capitalize on potential partnerships with external organizations and/or non-traditional partners, when possible.

3. Self-assessment of needs by stakeholders (students, staff, families) should be the basis by which social emotional programming supports are established and refined, using a guiding framework to inform decision-making.

Group 3:   Trauma-Related Issues

1. Deliberate and varied efforts must be made to ensure that individuals and stakeholder groups across the District 90 school community are trauma informed.

2. Social media, marketing campaigns, and partnerships with key organizations should be leveraged to normalize conversations about the impact of trauma across the community.

3. Current assets (i.e. Willard PTO Belongingness and Inclusion Forum, elementary SEL curriculum, middle school Student Advisory Program) should be leveraged to garner the greatest potential value and maximize benefit.

4. The District should capitalize on external partnerships and resources and make them accessible to stakeholders across the school community.

Group 4:   Screening and Measurement

1. The District should select and administer a social emotional screener for all elementary and middle school students.

2. Protocols should be formalized to ensure that tiered social emotional supports will be provided based upon level of need, with those individuals in crisis eliciting immediate responses.

3. Partnerships with outside community mental health organizations must be maintained to support students' needs as they surface.

4. Student social emotional screening data should be tracked longitudinally to monitor trends and anticipate needs.

Group 5:   Student-Specific Needs

1. Awareness must be increased about students who may be learning in adversity, and communication developed to help students who may be encountering problems understand that they are not alone.

2. Homework should be limited to ensure adequate time dedicated to social emotional learning.

3. The District must ensure that students have a strong foundation of executive functioning and organizational skills and communicate actively with parents about the need to re-establish these skills since they are a prerequisite to the start of a successful school year.

4. Specific steps must be taken at school to support student physical wellness, minimize unnecessary screen time, and provide for traditional writing activities.

Extended Responses:

Group 1:   *Relationships*

Kid to kid

At recess, segregated by class -- there should be some structured days, the whole class could kick ball, if kids are having a hard time getting back into interactions -- there could be an option for kids who might feel intimidated, a way to build community by class

Doing more group work -- even via Zoom -- help kids with social anxiety to ease in, not big groups, small groups. Breakouts in a way that would promote positive relationships

What about unstructured time for students to have interactions with each other and teacher

Part of the morning meeting every day, small group and peer check in. Re-engage their idea of what friendship is given Covid constraints, especially with younger kids, K-1. Promote friendship by using independent work intervals to match children who are remote and in-person via Zoom

Revisit advisory program at Roosevelt. Refocus and making it more applicable to what kids want and need. If the kids are saying they don't like it, not meeting their needs.

Students who are remote learners, create a Zoom breakout room for these kids so they can have lunch or interact, promote connection. A chance to loop in kids who may be uncomfortable interacting.

Kid to teacher

Teachers missing the chance to pull small children in the back at a horseshoe table to get to know children as learners and as individuals.

Check over configuration and make sure they are sensitive with different levels of comfort speaking in front of the group. If child has a question, may not have opportunity to ask until end of lesson of in the breakout room, after work underway. This could be more grade-specific or dependent on how teacher configures the classroom, or classroom management. Parents may address to the teacher one on one. Getting creative and finding ways for teachers to have one on one conversations with teachers. How do we imbed those come up to my desk conversations.

Re self-regulation and executive function we as a grade are going back and doing what we would usually do in Sept.

First grade teachers have big challenge in April -- these students will not have had full day experience previously

Parent to Teacher

I've had interactions of a quality I have never had before, things posted about me on social media that were lies. The painful parts of this year are extreme. There is a good foundation to build back from. I am sure this goes both ways re parents who feel like they got told on because they took a vacation.

There have been hurtful things people have said and done. I see it as harmful to our district. Quitting social media might fix 99% of the problem. Encouraging parents to go to the source when they have a question. It is not just parent to teacher, it is an overall morale issue in the district, that probably will be with us for the rest of the year. How do we repair those relationships, especially in District 90. Those are integral relationships.

How can we as a district be more proactive in our communication. If social media is how people are getting their information, how can we communicate facts via facebook, other social media. School communication on social media could be shared more easily, facts would be posted. The morale issue is a real one, everyone is feeling beaten down.

Its felt on both sides, parents feeling they have been living with kids, doing the work for a year. This has been so hard for everyone. There has to be a consensus this year was really difficult for everybody, we need to show grace and accept that everyone did their best

If we can harness the goodness, the unity of people being together and supported at the beginning of the pandemic, that is what we need to somehow recreate. I don't know how to recreate it because the wheels have fallen off the wagon.

Some acknowledgement of hurt may be needed to move forward

Lean on PTOs, rebuilding could happen between the PTO and teachers, it is already a solid footing. A good starting point, more personal relationships. Teachers know the PTO reps

It is important for the district to push out more positive information on social media; that shows parents what is happening classroom, more positives to build on.

The time to address polarization will be in the fall. It may not ever look like it did in 2019. Will give people time to come back to something like normalcy. Give parents and community a vision of what school will look like in the fall. Hope to calm nerves over the summer. Getting kids back to in person summer school will help.

Teacher to teacher

Tiny practical suggestion -- each school work to find spaces for teachers to meet in. Where will we go to have team meetings. Students will not leave room and go to specialists; specialists will come to them. Need to look at what is available when. We need each other back.

Every square foot is used; some may be available for partial daysWhat about unstructured time for students to have interactions with each other and teacher

Group 2:   Social Emotional Programming

SEL programming should use an Equity/Inclusiveness Lens.

Partner organization roles should be articulated. Non-traditional partners can play an important role with level setting in a cohesive environment. SEL programming can both be a reaction to the pandemic as well as something more general.

We discussed the idea of using the CASEL framework to create both a way to assess and take the temperature of the major areas of SEL - say on a 1-10 continuum scale. This could be self-assessed or assessed by other observers. The language could be modified towards the different ages of the participants - so that all stakeholders - students, staff, and community members could assess the areas of SEL for themselves or others. The same assessment grid could be used to understand and guide SEL programming - starting with how what is already being done in the school community addresses these different areas. Contributions from partner organizations, internet, or other resources could be added to understand how one could improve a desired SEL area. The group agreed to draft and comment on a possible framework by next week.

This is potentially reminiscent of the Social Studies self-assessment done in 6-7th grades. Usually, self-assessment is not done until approximately 3rd grade as younger children can have difficulty with the self-reflection.

Group 3:   Trauma-Related Issues

1. Becoming trauma informed
    1. What does your trauma look like: race and equity chronic illness, personal experiences, anxiety

- Compile resources from NAMI, Thrive
  Connect with social workers to find what is the most impactful/beneficial resources to share
- Speakers/Experts

2. Normalizing conversation –
   - Promote marketing and social media campaign using PTO newsletters/Facebook, etc. highlighting resources/vocabulary subtle signs of trauma share with parents (Text to support)

3. Tools for d90 community at large
   - Leverage Willard PTO's Belongingness and Inclusion Forum for parents and staff members
   - Elementary school explore new curriculum other than Second Step – need trauma training
   - Find ways to leverage Advisory for elementary students

4. Long term resources – how to look outside of d90 for community partnerships
   Review the resources listed below and provide them on a website like PTO (Thrive, NAMI)

Group 4:   *Screening and Measurement*

- Select and administer Universal screener for SEL for elementary and middle schools (CASEL has a series of screeners on its website).
- Provide tiered responses based on the results for immediate response (crisis response team) for students that are in crisis
- Partner with outside community mental health organization to support students as needs are surfaced
- Track SEL screening data over time to look for trends

Group 5:   *Student-Specific Needs*

1. AWARENESS of students who are working on their own, or with problematic internet to prevent students from being "punished" for problems they encounter; letting students know that plenty of other students are struggling with the same issues. Could we add questions to

the survey that would give us insight into difficulties that people might be encountering at home? This background knowledge would be helpful for teachers.

2. Decrease HOMEWORK; increase time allotted for SEL each day. District needs to communicate this expectation to parents and teachers.

3. Build in executive functioning time to longer class periods. Work on organization. Manage the expectation that we will hit the-ground-running when we go back to full-day in-person learning. This will be another big change. LOWER OUR EXPECTATIONS! Families and teachers need to understand this.

4. Intentionally get kids OUTSIDE. Intentionally assign homework OFF SCREEN. Have students journal on paper and pencil.