**ED 370**

Spring 2014

**edTPA Context: Health**

Please provide all of the information requested below. This information will describe your field placement school and classroom

|  |
| --- |
| **About the School Where You are Teaching** |
| 1.Is it a high school or middle school? |
|  |
| 2.Is it urban, suburban or rural? |
|  |
| 3. List any special features of your school or classroom that will affect your teaching? |
|  |
| 4. Describe any district, school, or cooperating teaching requirements or expectations that might affect your planning or delivery of instruction. |
|  |

|  |
| --- |
| **About the Class or Classes** |
| 1.List the name of each of your courses |
|  |
| 2.What is the length of the course? (Quarter, Semester, Year) |
|  |
| 3.Does the course meet every day? If not list the days it meets. |
|  |
| 4.List the time of the course. How many minutes? |
|  |
| 5.Identify the textbook, if used. Title, publisher, date of publication. |
|  |
| 6,List other resources used for health instruction in this class. Include technology and online sources. |

|  |
| --- |
| **About the Students in the Course** |
| 1.Grade level composition in each course. |
|  |
| 2.In each course, males and females |
|  |
| **Consider the variety of learners (diversity) in your classes you may require different strategies/supports or accommodations/modifications to instruction or assessment**   * English language learners * Students who are gifted * Students with Individualized Instruction Programs (IEPs) * Students with 504 plans * Struggling readers * Underperforming students or those with gaps in academic knowledge |
| **Students with Specific Learning Needs** |
| **IEP**  Classification:  Number of students:  Supports, Accommodations, Modifications, Pertinent IEP Goals:  Classification:  Number of students:  Supports, Accommodations, Modifications, Pertinent IEP Goals:  Classification:  Number of students:  Supports, Accommodations, Modifications, Pertinent IEP Goals:  Classification:  Number of students:  Supports, Accommodations, Modifications, Pertinent IEP Goals:  **504 Plans**  Medical or educational issue:  Number of Students:  Supports, Accommodations, Modifications:  Medical or educational issue:  Number of Students:  Supports, Accommodations, Modifications  Medical or educational issue:  Number of Students:  Supports, Accommodations, Modifications  Medical or educational issue/need:  Number of Students:  Supports, Accommodations, Modifications  **Other Learning Needs**  Educational need:  Number of students:  Supports, Accommodations, Modifications:  Educational need:  Number of students:  Supports, Accommodations, Modifications:  Educational need:  Number of students:  Supports, Accommodations, Modifications:  Educational need:  Number of students:  Supports, Accommodations, Modifications: |