

SELF-EVALUATION OF KINDERGARTENS IN THE NET OF THE HEALTH SUPPORTING SCHOOLS PROGRAMME

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Abstract: *The paper tries to capture the process of evaluation of the kindergartens accepted into the net of the Support of Health in Schools Programme.*

Attention will be paid in particular to creation of the criteria for assessment of the results, which the team of lecturers and management of the Support of Health in Kindergartens Programme are worked on for the time being.

In conclusion the author will present information about the prepared publication which should contain all the tools for self-evaluation of the school elaborated by the team of authors within the Support of Health in Kindergartens Programme.

Keywords: *evaluation, assessment, indicators, criteria, school educational programme, field of assessment, tools, school self-evaluation*

The issue of evaluation (assessment), though representing a newly introduced duty in the educational system, has been the **integral part of the strategy of health supporting schools from the very beginning**. Entering the schools into the net of the Support of Health in Kindergartens Programme is conditioned by creation of the School Curriculum and continuance in the net depends on results of assessment of the School Curriculum after three-year term and subsequent elaboration of the innovated School Curriculum. In order to reach conformity with requirements of the Regulation No. 15/2005 Sb., which requisites of long-time plans, annual reports and school self-evaluation are determined by, the three-year cycle has been modified to the four-year one.

The Support of Health in Kindergartens Programme has created the **evaluation tool** named **INDI MŠ** for the schools accepted into the net of the Health Supporting Schools in CR (Havlíňová et al., 2004). It is the set of indicators for evaluation of conditions. They are identical with two integrating principles *Respect to Natural Needs of Individuals* and *Development of Communication and Cooperation* and twelve rules – conditions of the formal curriculum – having the same name in the evaluation tool named INDI MŠ.

We are speaking about the following conditions:

1. Health Supporting Teacher

2. Mixed-age Classes
3. Rhythmical Rules of Life and Day
4. Physical Comfort and Free Movement
5. Healthy Nutrition
6. Spontaneous Game
7. Inspiring Material Environment
8. Safe Social Environment
9. Participative and Team Management
10. Partner Relations with Parents
11. Cooperation of Kindergarten with Primary School
12. Incorporation of Kindergarten into Municipal Life

Through them the kindergarten assesses to what extent it manages to develop and thoughtfully utilize the principles and rules - conditions for fulfilment of educational objectives leading to development of competences in children by the end of the preschool period. Each indicator is described by a number of specific and explicitly expressed items. They are broken down by the person they refer to (children, teachers, headmaster, kindergarten, primary school and/or parents, school kitchen, etc.). They are formulated from the positive point of view, i.e. as fulfilment of the relevant indicator should look like.

INDI MŠ has been elaborated in the form of a questionnaire. When evaluating and assessing, the evaluators (teachers, parents, cooks and/or other engaged partners) fill in their answers into the **Record Sheets**. They use the five-point scale depending on how frequently the phenomenon described under individual items appears in the kindergarten (according to the evaluator):

- 1) **never** – no, we do not do it, such behaviour and actions do not occur among the children;
- 2) **exceptionally** – we know about this phenomenon (situation), but we succeed to meet it only sporadically, rather randomly;
- 3) **occasionally** – we try to meet the objective deliberately and lead the children correspondingly, we succeed from time to time, but we also sometimes fail;
- 4) **frequently** – we know very well how to arrange the things, but we fail to reach the optimum result every time, the children can express their needs in the desirable way, but not always;
- 5) **regularly** – we succeed to reach the optimum results reliably, all children always behave in the desired way, such way of actions and behaviour goes without saying.

The mathematically assessable method helps to avoid subjective statements like "I think..., I like..." etc. and enables to evaluate better and more precisely to what extent the relevant indicator is really fulfilled and met.

Tables of individual indicators represent the underlying document for filling in the Record Sheet by individual evaluators and the summary report on behalf of the kindergarten. Information from individual classes is important for the headmaster - whether or not the teachers come to an agreement in individual items. Material differences should not occur in their assessment. Their uniform approach and at the same time identical view of manifestation of the children is of great importance.

In the long-time horizon the teachers can monitor any positive shift, i.e. quality improvement of their work which is reflected by higher score in valuation of individual items.

To reach objective assessment of the INDI MŠ questionnaire, the evaluators must base their assessment on the information acquired **continuously** through other tools. One comprehensive chapter of the innovate book *Kurikulum PZMŠ* (Havlíková et al, 2006) is devoted to how to proceed when evaluating and assessing one's own work.

INDI MŠ also contains questionnaire for the parents. Items of this questionnaire correspond to certain items of other questionnaires. The kindergarten staff can thus compare whether or not their "vision" conforms to assessment made by the parents. This approach helps to objectivise the overall assessment of work in the kindergartens. **Resultant outcome of the process of evaluation contributes to higher effectiveness of the whole process of planning and implementation of the school curriculum.** The results show to what extent the kindergarten meets requirements of the Support of Health in Kindergartens Programme and whether or not the kindergarten has the necessary preconditions and prerequisites for continuance in realization of the Programme.

The seminars focused on self-evaluation of the school have been prepared for the kindergartens working in the net of the Health Supporting Schools Programme in CR; they have also been granted the INDI MŠ questionnaires and other materials free of charge (e.g. CD with tables of competences and partial tasks). The so called external evaluator – EVA – evaluating the school from outside, based on the same criteria serving for own internal school evaluation, assists materially to the kindergartens accepted into the net of the Support of Health in Kindergartens Programme. These two views are then confronted and differing opinions are identified. *Eva* has been chosen from among the lecturers and members of the management team of the Support of Health in Kindergartens Programme. *Eva* shall assist the kindergarten in its real situation.

Based on the experience of the seminars intended only and exclusively for the schools accepted into the net of the Support of Health in Kindergartens Programme, the trained lecturers have also prepared seminars focused on the issue of self-evaluation for other kindergartens. On this very day ca 500 kindergarten teachers and headmasters have been trained in the South Moravian region.

Processes and results (outcomes) belong, besides **conditions**, to the fields (sectors) subject to evaluation and assessment in the kindergarten. The Regulation No. 15/2004 Sb. and RVP PV (General Education Programme for Preschool Education) show more fields than necessary for evaluation. When examining them in details, we can say that they concern in general the three sectors shown above. The criteria which can be named "*benchmark for comparison or approach for assessment*" have to be elaborated for all sectors above (Linhart 2003: 212).

As already mentioned, the evaluation questionnaire INDI MŠ has been elaborated for evaluation of **conditions**. The set of questionnaires does not comprise only indicators for 14 conditions (2 principles and 12 rules). The fifteenth questionnaire contains the set of items – *criteria* concerning the formal curriculum, i.e. the **process of education**. When examining them in details, we can establish that even the other indicators, in particular the indicator "*Health Supporting Teacher*", contain the items concerning the process of education, i.e. the intrinsic teacher's work. They comprise the method of planning, capability of the teacher to become a partner for the child, the art of empathic and supporting communication, utilization of modern

methods and forms of work with children of preschool age, e.g. the method of experience teaching, diagnostic capabilities of the teacher, etc. The questionnaire No. 1 *Respect to Natural Human Needs*, items 14–26 (Havlinová et al, 2004: 6), can serve as an example.

P 1	Respect to Natural Human needs				
Answer:	1	2	3	4	5
	never	exceptionally	occasionally	frequently	regularly
Be so kind and monitor whether your answer really concerns each individual child, not only those who are able to attract attention.					
the child:					
1. with low need to sleep, it rests half an hour as a maximum - irrespective of the age					
2. - slow - can complete its activity (drawing, toy cleaning, dressing, etc.) at its own pace					
3. - quick - is busy with another activity before all other children complete their work					
4. with specific needs has the conditions created in the kindergarten and can be integrated upon request of the parents and recommendation of the specialists					
5. rests (sleeps) in the afternoon as long as it needs					
6. uses WC separately according to individual needs					
7. has its privacy and rest, when using WC					
8. is adapted to kindergarten attendance accompanied by the parent as long as necessary					
9. notices emotional outbursts of other children and tries to calm the negative ones					
10. has accepted the agreed rules of coexistence					
11. participates in creation of comfort in the class					
12. starts new activities boldly					
13. looks for mutual agreement, compromise - contacts with other children are of cooperating character					
the teacher:					
14. I apply any of the models of human needs in my work					
15. I express my opinion (on a suitable occasion) concerning appearance, clothes, manifestations of the child to render the feedback to the child					
16. I lead the children and ask them to look for solution of their problems by themselves at first					
17. I communicate with the children not only at the verbal level					
18. I observe the children purposefully and deliberately in particular during the games					
19. I monitor individual and age peculiarities of the children and report changes					
20. I am able to reveal frustration of the child from its behaviour					
21. I respect identity and habits of the family					
22. I accept the problems addressed by the children very seriously (I neither disparage nor trifle with them)					
23. I monitor whether or not a certain child feels itself to be at the edge of group interests					
24. I monitor relations between the children in the class purposefully					
25. I express emotional warmth to all children					
26. I accept every child unconditionally as it is					
the headmaster:					
27. organises the hours of work so that each employee, incl. the teachers has a break and can eat in peace					
28. bases on positive features of each team member and utilizes them in favour of the kindergarten					
29. leads the staff so that each individual team member feels himself/herself be important and valid for the whole team					
30. creates conditions for integration of the child with specific needs					
31. pays attention to adherence to the agreed rules by all others					
32. herself/himself does not breach the agreed rules					

For the sector of **results** (outcomes) the tool containing relevant criteria is being created. Evaluation of results indicates what competences the children reach, what they have “learned” during their kindergarten attendance, what knowledge and skills they have absorbed. The fifteen-member group of lecturers and authors of the Support of Health in Kindergartens Programme meets regularly for two years already to prepare another tool, the so called SUKy (Associated Indicators for Evaluation of Competences). In the example below you can establish that the team of authors has tried to formulate the criteria so that the awaited behaviour of the children may be monitored.

1. Designates parts of the body, sex, important organs correctly. Explains how they can be protected from damage and how do they change with the age.
2. Formulates questions and answers understandably and asks for answers, when it does not know anything. Is interested even in hardly comprehensible and clarifiable things (in its family, in the kindergarten, in the municipality, in the nature (animate and inanimate), in miscellaneous human activities, professions and in the art).
3. Describes certain of its qualities. Notifies joyfully what it has already mastered, admits what it still fails to manage, makes fun neither of itself nor of others.

The competences can also be designated as capabilities. Because we are speaking about prerequisites for certain “activities”. Therefore the team has tried to create the criteria rather as description of activities and not as properties or features of individuals.

The team of authors intends to prepare both tools – SUKy and INDI MŠ – together with the methodological procedure of the process of evaluation for publishing. The set of INDI MŠ questionnaires has not appeared as an official publication yet, it is only released as the working material to the kindergartens during the seminars.

VLASTNÍ HODNOCENÍ MATEŘSKÝCH ŠKOL V SÍTI PROGRAMU ŠKOL PODPORUJÍCÍCH ZDRAVÍ

Abstrakt: Příspěvek se pokouší vystihnout proces hodnocení mateřských škol přijatých do sítě Programu podpory zdraví ve školách.

Pozornost bude věnována především tvorbě kritérií pro hodnocení výsledků, na nichž v současné době pracuje tým lektorek a vedení Programu podpory zdraví v mateřských školách. V závěru příspěvku bude autorka informovat o připravované publikaci, která by měla obsahovat všechny nástroje pro vlastní hodnocení školy vytvořené týmem autorek Programu podpory zdraví v mateřských školách.

Klíčová slova: evaluace, hodnocení, indikátory, kriteria, školní vzdělávací program, oblasti hodnocení, nástroje, vlastní hodnocení školy