SELF-EVALUATION TOOLS FOR KINDERGARTENS PARTICIPATING IN THE HEALTH-PROMOTING SCHOOLS PROGRAMME

Zora SYSLOVÁ

Abstract: The paper presents information on self-evaluation tools for kindergartens admitted to the network of the Health-Promoting Schools Programme. Attention will be given mainly to the new tool for the evaluation of learning results. At the end of her paper, the author informs about the updated version of the INDI MŠ questionnaire and about preparatory work on a tool for the evaluation of process of instruction.

Key words: self-evaluation, criteria, learning results, fields of evaluation, tools

Kindergartens admitted to the Health Promoting Schools network have dealt with the issue of self-evaluation since it was established in 1995. Once every three years, the participating kindergartens perform an evaluation of conditions - or principles - they consider critical for the education of pre-school children. Their importance can be evidenced by the following quote: "The principles of health promotion in the Curriculum of Health Promotion in Kindergartens are an informal curriculum and their scope and content aptly identify the conditions that are necessary for the attainment of results expected of the formal curriculum." They are the following principles / conditions:

- 1. Health-promoting teacher
- 2. Mixed-age classes
- 3. Rhythmical order of life and daily order
- 4. Physical wellbeing and free movement
- 5. Healthy food
- 6. Spontaneous games
- 7. Stimulating substantive environment
- 8. Safe social environment
- 9. Participative and team management
- 10. Partnership relations with parents
- 11. Cooperation between kindergartens and primary schools
- 12. Incorporation of kindergartens to the life of their communities

HAVLÍNOVÁ, M., VENCÁLKOVÁ, E. a kol. Kurikulum podpory zdraví v mateřské škole (aktualizovaný program). Praha: Portál, 2006, s. 11. ISBN 80-7367-061-5

No less - or perhaps even more - important are two integrating principles that influence the kindergarten environment and, consequently, all who exist in it (children, teachers, other staff, parents). They are *Respect for natural needs of individuals* and *Development of communication and cooperation*. A respectful attitude is cultivated by the health promoting kindergarten both in adults (parents, staff) and in children. To satisfy the needs of every individual, the kindergarten must become a model of a communicating and cooperating community. Both principles permeate and integrate other conditions into a single whole leading to the creation of a comfortable environment that makes it possible for children to develop respect for health and practical health-protecting skills.

The first kindergartens to join the Health Promoting Kindergartens Programme (HPKP) have now completed their fifth self-evaluation cycle. The process of its execution is described in methodological recommendations of the HPKP Curriculum (Havlínová et al., 2000, 2006, 2008). Self-evaluation (i.e. internal evaluation), which the school carries itself without any external assistance, is characterized by the authors as an important and irreplaceable part of work of the school that "can describe and analyze the situation and problems more accurately than anybody from the outside could. The fact that the school intentionally monitors, compares its results and seeks a solution to any problems it may have is the most valuable contribution of self-evaluation. For self-evaluation to fulfil its purpose and not to be a formality only, it must be conducted regularly and systematically, follow a proper methodological procedure, in pre-defined areas for which the kindergarten had laid down indicators (criteria, indices or quality aspects). Another important prerequisite is that all participants approached it with the understanding that it provides source material for decision-making and planning of the school's further development."²

In 1997, a questionnaire evaluating the principles/conditions was designed for kindergarten self-evaluation purposes. In 2004, it was updated to bring it into line with the amended Programme and the Health Promotion Curriculum being prepared, and it was extended to include a questionnaire for parents and a formal curriculum evaluation questionnaire.

When Act 561/2004 Sb. on pre-school, basic, secondary, higher vocational and other education (Schools Act) was adopted in 2005, self-evaluation became an obligatory part of work at all schools. Details of and requirements for self-evaluation of schools are given in Decree 15/2005 Sb., which stipulates the particulars of long-term projects, annual reports and school self-evaluation. The document also identifies the areas that must be evaluated. They are as follows:

- conditions for education;
- process of education;
- school support for children, cooperation with parents, the influence of mutual relations between the school, pupils, parents and other people on education;
- learning results of pupils and students:
- school management, quality of human resources management, quality of further training of teachers;

² HAVLÍNOVÁ, M., VENCÁLKOVÁ, E. a kol. Kurikulum podpory zdraví v mateøské škole (aktualizovaný program). Praha : Portál, 2006, s. 185. ISBN 80-7376-061-5

 results of work done by school, particularly with respect to the conditions for instruction and economic resources

Of the six areas mentioned above, only three, i.e. the **conditions**, **processes** and **results** of pre-school instruction can be generalized for kindergartens. The reason is that cooperation with parents and school management are listed in the Framework Education Programme for Pre-School Education (as well as in the Curriculum of Health Promotion in Kindergartens) among conditions for kindergarten education, and are therefore already evaluated in the first area required by Decree 15/2005 Sb., and separate evaluation is not necessary. The last of the required evaluation areas - results of work done by school - can be evaluated comprehensively taking into account the school's economic resources.

The INDI MŠ evaluation tool (Havlínová et al., 2004) is a set of indicators for the evaluation of principles and twelve principles/conditions of the formal curriculum, and they are listed under the same name in the evaluation tool. Kindergartens use them to evaluate their success or otherwise in developing and coherently employing the principles and principles/conditions for the attainment of educational objectives that lead to the development of competencies in children at the end of the pre-school period. Each condition is described by a series of specific, concretely formulated statements. They are categorized according to whom they refer to (children, teachers, headmaster, kindergarten, primary school, parents, kitchen staff, etc). They are formulated from a positive point of view, what the fulfilment of each indicator should be like.

The INDI MŠ is designed as a questionnaire. During the evaluation, the evaluators (teachers, parents, chefs, or other invited guest evaluators) write their answers to report sheets. They use a scale of five to indicate how frequently they believe the phenomenon described by the statement occurs in the kindergarten.

- 1) **never** no, we do not do it, no such behaviour or activity occur among children;
- 2) **exceptionally** we know of that manifestation (situation), but we manage to achieve it only sporadically, more or less accidentally;
- 3) **sometimes** we deliberately strive at achieving the objective, steer children towards it, sometimes we succeed but sometimes we fail;
- 4) **often** we already know very well how to manage things but optimum results are not achieved every time, children know what the desired behaviour is but don't always use it;
- 5) **regularly** we reliably achieve optimum results, all the children behave in the manner described at all times, we take that type of behaviour for granted.

Mathematically interpretable results help to eliminate subjective statements such as "I like...", "I think..." etc., and make it possible to better and more accurately evaluate to what extent the given indicator is really fulfilled.

The INDI MŠ also includes a questionnaire for parents. That questionnaire shares some items with other questionnaires. In this way, kindergarten staff can see to what extent their perception of the situation is the same as the parents' perception. This helps objectivize the overall evaluation of work done by the kindergarten. The resulting evaluation process findings contribute towards greater efficiency of the process of school

curriculum planning and implementation. The results show to what extent the kindergarten fulfils requirements set out in the HPKP, and whether the kindergarten has the qualifications to continue in HPKP project implementation.

However, this evaluation tool is no longer satisfactory in view of requirements set out in Decree 15/2005 Sb. For that reason, the authors decided to develop a new tool, this time for the evaluation of learning **results**.

The name of the tool is **SUk**, which is an acronym of the Czech for aggregate indicator, which is the result of an aggregation and generalization of several indicators of the education attained (see the tables in the HPKP Curriculum)³.

Health promoting competence of an adult (key competence 3)

3 HE IS CAPABLE OF DEALING WITH PROBLEMS AND DEALS WITH THEM

Health-promoting competences of a child at the end of pre-school period – a child's target competence for key competence 3 3 / 5 APPROACHES PROBLEMS ACTIVELY, ACTS IN ORGANIZED MANNER, DOES NOT EXPECT HIS PROBLEMS TO BE RESOLVED BY SOMEBODY ELSE

Education subgoals		Indications of education attained
II.3	To hold a view and to defend it	He defends his view adequately.He is not afraid to express his view.
III.2	Observes basic social norms of communication	He argues, negotiates Enunciates clearly, speaks in an adequately loud voice Uses a proper form of establishing contacts with peers and adults (form of address, use of first names/surnames) Does not interrupt the speaker, allows him to finish. Address children using their first names Says hello, good-bye, Does not turn his back to the person he is speaking with. Asks politely if he wants something, and says thank you.
III.3	Wants to cooperate in a group and with a group	Does not assert himself at the expense of somebody else. Willing to accept the task assigned. Makes an effort to completing the joint task
V.4	Actively seeks solutions	Disposes of other people's litter in a manner that does not threaten his health. Tells adults about improper behaviour and discusses possible remedies with them. In different situations, offers (comes up with) more than one solution, and discusses them. He notes if there is disorder in his vicinity.

For each competence, 50 SUks/statements that describe the skills required from children were formulated. In view of the interactive concept of education, there are frequent overlaps between the descriptions. For that reason, individual items were "cleansed" and left in the respective Suk. Their number was thus reduced from 50 to 25. At

³ HAVLÍNOVÁ, M., VENCÁLKOVÁ, E. a kol. Kurikulum podpory zdraví v mateřské škole (aktualizovaný program). Praha: Portál, 2006, s. 125. ISBN 80-7376-061-5

the end, record sheets with the evaluation scale were designed similar to those for the INDI MŠ

- **0 never:** no, does not express, doesn't manage to do; the described element does not exist in the child's behaviour as yet, or only sporadically.
- 1 **sometimes:** is manifested irregularly, not very often, manages it if assisted, the described element occurs sometimes in the child's behaviour, it is not firmly fixed yet, exhibits variations.
- **2 very often:** yes, it is manifested most of the time; manages to do it well; the described element occurs very often in the child's behaviour, and can be considered as firmly fixed (In Section II (cognitive functions and operations) it is desirable that in view of school maturity in almost 100 per cent the answers to items were at level 2).

The evaluation of results shows what competencies the children mastered, what they "learned" at the kindergarten, and what skills and knowledge they acquired. It transpires from the following excerpt that the authors strived to formulate the criteria in a way that would allow the expected behaviour of children to be monitored. Competencies might also be called aptitudes. They are a kind of qualifications for certain "activities". For that reason, the emphasis was on formulating criteria as descriptions of some activities, rather than attributes or personality characteristics of individuals. The following might serve as an example: resolves problems creatively; asks for reasons, causes and context; shows interest in what others need, is on good terms with them. Both tools, i.e. the INDI MŠ and SUk, are in both print and electronic formats.

At present, a tool for the evaluation of the process of instruction is under preparation. The core of the tool is a questionnaire for the evaluation of the formal curriculum, and the original questionnaire for the evaluation of Condition 1 - *health promoting teacher*.

Because of new tools being developed, another amended version of the INDI MŠ was made. Rather than being divided into parts relating to children and to teachers (they are dealt with in another two tools), it will rigorously describe the environment that stimulates effective development of children and fulfils both integrating principles.

The end result should be the creation of tools for self-evaluation of health-promoting kindergartens that will meet the requirements of Decree 15/2005 Sb. and will be in line with the concept of health promoting curriculum, which will help the kindergarten to "evaluate, plan and change its conditions, and to evaluate the changed conditions and improve on them"⁴.

Literature

HAVLÍNOVÁ, M., aj. *INDI MŠ*. Praha : SZÚ, 2004 HAVLÍNOVÁ, M., VENCÁLKOVÁ, E. a kol. *Kurikulum podpory zdraví v mateřské škole (aktualizovaný program)*. Praha: Portál, 2006. ISBN 80-7367-061-5

⁴ HAVLÍNOVÁ, M., VENCÁLKOVÁ, E. a kol. Kurikulum podpory zdraví v mateřské škole (aktualizovaný program). Praha : Portál, 2006, s. 13. ISBN 80-7376-061-5

- Rámcový program pro předškolní vzdělávání. Věstník MŠMT, sešit 2, ročník LXI, únor 2005.
- Vyhláška č.15/2005 Sb. kterou se stanová náležitosti dlouhodobých záměrů, výročních zpráv a vlastního hodnocení školy.
- Zákon č. 561/2004 Sb., o předškolním, základním, středním, vyšším odborném a jiném vzdělávání

NÁSTROJE PRO VLASTNÍ HODNOCENÍ MATEŘSKÝCH ŠKOL V SÍTI PROGRAMU ŠKOL PODPORUJÍCÍCH ZDRAVÍ

Abstrakt: Příspěvek přináší informace o nástrojích pro vlastní hodnocení mateřských škol přijatých do sítě Programu podpory zdraví ve školách. Pozornost bude věnována především nově vytvořenému nástroji pro hodnocení výsledků vzdělávání. V závěru příspěvku bude autorka informovat o revizi dotazníku INDI MŠ a připravovaném nástroji pro hodnocení oblasti průběhu vzdělávání.

Klíčová slova: vlastní hodnocení, kriteria, výsledky vzdělávání, oblasti hodnocení, nástroje.