School Committee Ad Hoc Task Force on Remote Learning
Expert Advisory Panel 2: Support to Address the Whole Child Experience
Friday, June 12, 2020
4:00-5:00pm

**Agenda/minutes**
1. Introductions
2. Task Force Organization
3. Scheduling and OML Requirements

**Key points:**
- Lindsay Fallon and Amanda Tarullo, co-chairs
- Meeting weekly Tuesdays 4-530 (next meeting 6/23)

**Discussion:**

*Review of charge of group*
Sharon notes guidance is *not* guidance to PSB staff but to School Committee

*Staff providing background status quo*
CaseyNM: review of the 3 groups: operations, teaching, health & safety, including the psychology for teachers of returning. Varying levels of engagement and connecting with students who have disengaged. Matt DuBois, BHS psychologist, has done a lot of that work.

MariaL: BHS was working on setting up a universal screening tool to provide services/interventions for students. Working on identifying the best universal screener for prek-12 and implementation planning.

*Task Force Introductions and discussion*

RebeccaM: joined hoping the group would get to plan fun stuff if school isn’t open.

HirokoA: runs afterschool math program and struggled with the conversion to online program herself. Challenges to platforms leads to bad behavior on student side.

SanjiliG: As our schools are going through covid and now racial justice, it’s important for kids to be able to show empathy. Kids were zoomed out, unengaged - but when they went to a more service-oriented actions, they re-engaged.

LindsayF: interested in screener, which ones have student self-report, in addition to teacher options. And once you’ve identified students with problems, what do we do about it? Trained in schoolwide interventions.
Amanda T: Looking at how brain development enables executive functioning. Remote learning makes EF demands much higher and not developmentally appropriate. And going back to the classroom will have a whole new EF challenges, e.g. not touching friends.

Bryan G: Gerontologist by training, have designed a curriculum for intelligent aging.

Beth: Has spent 20+ years working in a variety of settings looking at how to bring mindfulness interventions with teachers and kids. Loves the idea of having connections with Parks & Recreation because of the indoor-outdoor activity.

Lauren: Runs DASEP. Really big program, 324 kids this winter. Both a program director and parent who has struggled with remote learning. Everything glued to the computer is not good. Important to have a variety and balance in materials used given that EF is wildly developmentally inappropriate.

Ellen: PSED representing the 8 extended day programs which support socioemotional development. 6 of 8 afterschool programs have been able to continue to support students remotely via story recordings, arts & crafts, live Zooms. We want to know how we can best contribute in either the remote or hybrid fashion. We have 1100 kids and 150 staff across the 8 programs.

Q&A
Ellen: when will we know when kids are returning, for planning purposes?

CNM: reopening planning groups will have a plan at next week’s SC meeting. We’re still waiting for DESE guidance, final guidance is supposed to come out early to mid July. Hybrid framework and field guide. We plan to do survey to families about whether they plan on attending.

AG: What is a universal screening tool?

Matt DuBois: Tool to measure socioemotional competence and then helps us figure out how to support kids. Tools also being uniquely designed for current state of the affairs.

Lindsey asked if that can be shared

Maria: adults also need to be considered for screening

Beth Jones: Center the needs of the vulnerable kids - the ones who aren’t getting support from paras, wraparound services in the same way.

Mariah: Things I’d like to see: (1) how can we push the educational model - how can we leverage out of air painting, physical education. (2) what do we need to think about now - what things require long lead times because of cost or cross-departmental coordination. (3) what do
we need to think about funding that we don’t have money to do, 3x increase in mental health incidence