Administrative Bulletin

V-6 9.20.13

1. INFLUENZA IMMUNIZATION SCHEDULE

See Enclosure #1 for more details regarding Influenza Immunization Shot schedule at our schools and the top ten myths about influenza immunizations.

Wendy Walker, ext. 3321

2. FIREFOX BROWSER

Beginning Monday, September 23, Firefox will be installed on all district computers but will not be set as the default browser. RDS, Compass Odyssey and My Big Campus will be automatically set to work through Firefox. To install Firefox, see the 3 tasks below:

1. A window will pop up and say "This Connection is Untrusted", click on "I understand the risks"
2. Click on "add the exception"
3. Click on "confirm security exception"

See Enclosure #2 if you would like to import your "favorites" into Firefox (which refers to them as "bookmarks").

Keith Madsen ext. 3125

3. SHOWBIE FREE APP

Showbie is a free app that students have in the App Portal, which allows teachers to create an account and send assignments, pictures, documents, instructions, etc. to the students wirelessly, without paper, and instantly. If it is an assignment, the student can then open it up into Pages, complete the assignment, and send it back to the teacher wirelessly, without paper, and instantly. The teacher can then grade the assignment, record the grade in their grade book, and send the graded copy back to the student wirelessly, without paper, and instantly. The teacher can also include text or voice messages with the assignment. Tutorials for this process are in iTeacher and iStudent.

Keith Madsen ext. 3125
4. NORTHEAST LITERACY COUNCIL PRESENTS DOREEN RAPPORT

On October 5, 2013 – 9:00-11:15 pm the University of Saint Francis (Doermer 156 A/B) will be hosting Author Doreen Rapport. She has written over 38 children’s books. There is an advanced registration cost of $15.00 or $25 at the door and Student tickets $5. For more details contact Nancy Hankee at NHANKEE@sf.edu.

Tamyra Kelly, ext. 1050

5. CURRICULUM CONNECTION

The Curriculum Connection contains upcoming information regarding assessments, curriculum updates, video clips, instructional websites, and more. Please see Enclosure #3, 4, & 5 for specific elementary, middle, and high school information.

Marilyn Hissong, ext. 3124

6. UNIVERSITY OF SAINT FRANCIS BEST PRACTICES SHOWCASE

A Call for Proposals! Do you know a colleague (teacher, school counselor, school social worker, school nurse, etc) who would like to share a “best practice”? See Enclosure #6 for more details.

Tamyra Kelly, ext. 1050
**FLU SHOT CLINICS**

**Flu Shots** will be offered to all EACS employees and spouses by *CVS Pharmacy*. Cost to employees is $24.00; payment expected at time of vaccination, cash or personal check. It is the employee’s responsibility to file with insurance, claim forms will be provided. For individuals that have EACS Group Health Insurance, this Flu Shot will be considered a "Wellness Benefit" and therefore should be reimbursed at 100%.

*Sign-up sheets are in all buildings. Sign up now if you are interested in participating.* The *minimum* goal of vaccinations per clinic site is 20 to 25.

**Schedule:**

- **October 8**  **Leo attendance area**, clinic location at Leo Jr-Sr High School.  
  Clinic time 3:00 PM to 4:30 PM.

- **October 10**  **Heritage attendance area**, clinic location Heritage High School.  
  Clinic time 3:00 PM to 4:30 PM.

- **October 15**  **New Haven attendance area**, clinic location at New Haven High School.  
  Clinic time 3:00 PM to 4:30 PM.

- **October 17**  **Woodlan attendance area**, clinic location at Woollan Jr-Sr High.  
  Clinic time 3:00 PM to 4:30 PM.

- **October 22**  **Harding attendance area**, clinic location at Prince Chapman Academy.  
  Clinic time 3:00 PM to 5:00 PM

- **October 24**  **Service Center**, clinic location conference room.  
  Clinic time 9:30 AM to 11:00 AM
**Top Ten MYTHS About INFLUENZA IMMUNIZATION**

1. **Flu Vaccine Myth #1: The flu vaccine can give you the flu**: This is probably the most common myth there is about the Flu Vaccine. Considering that we mostly utilize the injectable version of the vaccine which is 100% inactivated, it is clinically impossible to develop the flu from the vaccine. Even the nasal version, FluMist, which is a LIVE vaccine, is engineered in a way that the virus dies once it reaches the warmer, lower airways making it HIGHLY UNLIKELY to cause the flu. **There are 3 main reasons people who get a flu shot may “think” they got the flu because of the vaccine.**
   
   1. It takes about **TWO WEEKS after receiving the shot for the human body to develop enough antibodies** to fight off infection if exposed. If a person is exposed to the flu virus within two weeks after receiving the shot, then they are AT RISK for suffering from the symptoms of Influenza. The sooner a person receives the vaccine, the sooner they will be protected.
   
   2. **The CDC (Centers for Disease Control) decides which strains of the flu will be included in each year’s vaccine.** There are hundreds of different strains of the influenza virus and the CDC does a great job of trying to isolate which set of strains are going to be included in the vaccine based on what they think is going to be most prevalent. Someone may still get the flu IF the strain they are exposed to DIFFERS from the strains selected to be in the vaccine.
   
   3. **People may become ill from other (non-flu) viruses** that circulate during the flu season, which can also cause flu-like symptoms (such as rhinovirus).

2. **Flu Vaccine Myth #2: Even if I don’t get a FLU SHOT, the flu virus is harmless**: Most people who get the seasonal flu recover just fine BUT the seasonal flu also **hospitalizes 200,000 people in the U.S. each year. It kills about 36,000**. That’s close to the number of women killed by breast cancer each year, and more than twice the number of people killed by AIDS.

3. **Flu Vaccine Myth #3: It is way too early in August or September to get the flu shot. I will NOT be protected all season if a get the shot this early**: The CDC recommends the everyone **6 months of age and older (without contraindications to the vaccine) to receive the flu shot yearly** once the vaccine for that year becomes available in their communities. **PROTECTION WILL LAST THE ENTIRE FLU SEASON**, even if vaccinated in August or September.

4. **Flu Vaccine Myth #4: If by December or January I haven’t received a flu shot, then I am safe from contracting the flu virus**: CDC recommends that people get their seasonal flu vaccine as soon as vaccine becomes available in their community. Vaccination before December is best since this timing ensures that protective antibodies are in place before flu activity is typically at its highest. CDC **continues to encourage** people to get vaccinated throughout the flu season, which can last as late as May.

5. **Flu Vaccine Myth #5: If you’re young and healthy, you don’t need to worry about getting the vaccine**: First of all, we should all get the seasonal flu vaccine. Sure, if you’re in good health, you’ll probably recover from the seasonal flu just fine. **But why suffer through the flu if you can avoid it?** Second, protecting yourself isn’t the only reason to get vaccinated. Healthy adults forget that while they themselves might be at low risk for getting serious flu complications, other people in their family might not.

6. **Flu Vaccine Myth #6: The flu is only dangerous for the elderly**: It’s true that the people most likely to become seriously ill or die from the seasonal flu are over age 65. But flu can become risky for anyone, even healthy young adults. Some of the most susceptible people to seasonal influenza are young children. Children under 2 years have some of the highest rates of hospitalization from seasonal flu. Children under 6 months are at the most risk from the seasonal flu because they’re too young to get the vaccine. To protect infants from the flu, keep babies away from people who have the flu. Parents and caretakers of infants **should get vaccinated.**
7. **Flu Vaccine Myth #7: You can skip years between flu vaccinations.** Experts say that some of us don’t understand that we need a new seasonal flu vaccine every year. It’s confusing, since the flu vaccine is different from most vaccines, which offer longer-lasting protection. For example, some vaccines like with the measles vaccine, you get two injections and then you don’t have to worry about it for the rest of your life. The flu vaccine isn’t like that. The strains of the flu vaccine change each year. The CDC selects different strains 6 to 8 months before the flu season based on clinical information of what they feel the most prevalent strains impacting that year’s flu season will be. Each year, these strains might change. Also, antibodies developed from the prior year’s shot may wane over time. For these reasons, the flu shot SHOULD be repeated EACH YEAR.

8. **Flu Vaccine Myth #8: Vaccines are dangerous.** In recent years, there’s been growing mistrust of vaccines, including the flu vaccine. Some believe that there could be a link between vaccines -- specifically the ingredient thimerosal (mercury based preservative) -- and developmental disorders in children, like autism. However, there is no evidence that vaccines cause autism, and experts say that we’re losing sight of how important vaccines are. Vaccines are, arguably, the greatest medical advance in history. They’ve prevented more illness and death than any treatment. For example, in 1958 there were 763,094 cases of the Measles. Because of the advances in vaccinations, in 2008 this number was only 132 cases! In 1964 there were 488,796 cases of Rubella, in 2008 there were only 17 cases reported because of the advancements in vaccinations. If this is STILL a concern for you, there are versions of the Flu shot that are preservative free. The majority of side effects experienced after receiving the Flu vaccine are very mild. The most common side effect of the flu vaccine in adults is soreness at the spot where the shot was given, which usually lasts less than two days. The soreness is often caused by a person’s immune system making protective antibodies to the killed viruses in the vaccine. These antibodies are what allow the body to fight against flu. The needle stick may also cause some soreness at the injection site. According to the Advisory Committee on Immunization Practices (ACIP), rare symptoms include fever, muscle pain, and feelings of discomfort or weakness. If these problems occur, they are very uncommon and usually begin soon after the shot and last 1-2 days.

9. **Flu Vaccine Myth #9: Pharmacist do not play an important role in immunizing the public.** Flu immunization rates are still surprisingly low. The CDC recommends all patients (6 months of age and older) receive the flu vaccine (as long as it is not contraindicated for them). Pharmacists practice in a wide range of communities (differing ethnicities and socioeconomic statuses) and are a great benefit for the communities they practice in. Pharmacists also increase the availability to immunizations as many offer services on evenings and weekends. Pharmacists serve as advocates (educating and motivating patients about immunizations), as facilitators (hosting others who vaccinate) and as immunizers themselves (administering vaccines).

10. **Flu Vaccine Myth #10: It costs a lot of money and it is too difficult to get immunized.** Many insurance carriers cover the shot (Indiana Medicaid, Medicare Part B, Blue Cross Blue Shield, and many others. Some Medicare Part D plans cover the shot also. Further, even if the shot is not covered by your 3rd party, there are special offers that can bring the cost way down. The shot at CVS is EFFECTIVE, FAST and available NOW. The shot is clinically effective and protection lasts the entire flu season. Lastly, the Flu vaccine protects against both the seasonal and H1N1 viruses (combination shot).
Importing bookmarks from Internet Explorer to Firefox

1. Open Firefox
2. Click on Bookmarks
3. Click on Show All Bookmarks
4. Click on Import and Backup
5. Click on Import Data from Another Browser
6. Click Next at the browser selection window where Internet Explorer should be selected.
7. Deselect Internet Options, Cookies, & Browsing History and click next.

8. Click Finish

9. Click on Bookmarks and your imported bookmarks should be under a folder called “From Internet Explorer”
Guided Reading

Guided reading is a teaching approach designed to help individual students learn how to process a variety of increasingly challenging texts with understanding and fluency. (Guiding Readers and Writers, p. 193)

Using a teacher chosen text as the basis for instruction, the teacher works with a small, flexible group of students who have similar processing and skill development needs. The focus of instruction is to develop students’ cognitive strategies and skills as they read a variety of increasingly challenging texts.

Resources: The Continuum of Literacy Learning K-8 and Guided Reading, The Next Step in Guided Reading, The Prompting Guide, Guided Readers and Writers, Small Group Advisor mCLASS, Instructional resources on mCLASS

Purpose:
Students will improve their strategic processing and read fluently at their instructional levels. The teacher:
- provides opportunities to read many texts and a wide variety of texts.
- provides opportunities to problem-solve while reading for meaning.
- provides opportunities to use strategies on extended text.
- challenges the reader and creates context for successful processing on unfamiliar texts.
- provides opportunities to focus on words in text.
- selects text, offers guidance, demonstration, and explanation to the reader.

Time:
Suggested guidelines:
- **Intensive** students meet a minimum of 4 to 5 times per week.
- **Strategic** students meet a minimum of 2 to 3 times per week.
- **Benchmark** and **Above Proficient** students meet a minimum of 1 time per week.

“It is better to work with a group over several consecutive days rather than every second or third day.” (Guiding and Writers, p. 207)

Vocabulary

KIM:
1. Record the key word (K).
2. Write down information about the key word including a user-friendly definition (I).
3. Draw what the key word means, and link it to an unusual connection to create a memory device (M).
4. Write the key word in a context-rich sentence for application.

This can be done with vocabulary in all subject areas!!!!

Technology

Showbie is a free app that students have in the App Portal, which allows teachers to create an account and send assignments, pictures, documents, instructions, etc. to the students wirelessly, without paper, and instantly. If it is an assignment, the student can then open it up into Pages, complete the assignment, and send it back to the teacher wirelessly, without paper, and instantly. The teacher can then grade the assignment, record the grade in their grade book, and send the graded copy back to the student wirelessly, without paper, and instantly. The teacher can also include text or voice messages with the assignment. Tutorials for this process are in iTTeacher and iStudent.

FREE APPS

These websites offer weekly emails on apps that have are or are free for a limited time!

http://peapodlabs.com/applications/ (primary)

http://www.smartappsforkids.com
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<tr>
<th>Collaboration Topics</th>
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<tbody>
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<td>- Curriculum</td>
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<td>- DIBELS and TRC Data</td>
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<td>- Guided Reading</td>
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**Important Dates**

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<th>Event</th>
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<td>District Writing Prompt</td>
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<td>Acuity Predictive A (3-8)</td>
<td>9/23 – 10/4</td>
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<td>8-step B2 Assessment</td>
<td>10/10 – 10/17</td>
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<tr>
<td>Predictive A Algebra I</td>
<td>11/4 – 11/18</td>
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**DLR**

- Each DLR should be approximately 3 questions (testing 2-3 standard indicators or skills).

- Questions should be based on *previously* taught skills. 4 Week Assessments will be useful data for this, if your building is using these assessments.

- Assessments occur after one or two weeks. If students understand the skill after one week, it should be assessed then. If students don’t understand the skill after one week, continue working on it in the DLR and assess it the following week.

**DMR**

- Each DMR should be approximately 3 questions (testing 2-3 standard indicators or skills).

- Questions should be based on *previously* taught skills. 4 Week Assessments will be useful data for this, if your building is using these assessments.

- Assessments occur after one or two weeks. If students understand the skill after one week, it should be assessed then. If students don’t understand the skill after one week, continue working on it in the DMR and assess it the following week.

- Once 80% mastery is obtained for a skill on the DMR assessment, that skill should be dropped from the daily DMR and a new one should be added.

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**FREE APPS**

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- Apps Gone Free
- Free App A Day

**Skills Groups/ Strategy Groups**

Using a teacher chosen text as the basis for instruction, the teacher works with a small, flexible group of students who have similar processing and skill development needs. The focus of instruction is to develop students’ cognitive strategies and skills as they read a variety of increasingly challenging texts.

**Resources:** The Continuum of Literacy Learning K-8 and Guided Reading, The Next Step in Guided Reading, The Prompting Guide, Guided Readers and Writers, Small Group Advisor mCLASS. Instructional resources on mCLASS

*Skill groups should be created by using data from assessment and teacher input

*Teachers should begin meeting with groups regularly on identified deficient skills

“It is better to work with a group over several consecutive days rather than every second or third day.” (Guiding and Writers, p. 207)
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DMR
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Apps Gone Free

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UNIVERSITY OF SAINT FRANCIS
BEST PRACTICES SHOWCASE

CALL FOR PROPOSALS

Do you know a colleague (teacher, school counselor, school social worker, school nurse, etc) who would like to share a “best practice”? Do you know an educator who has found ways to raise student achievement? Technology Integration? ELL? Content Area Literacy Strategies? Special Education Management? Assessment Analysis? Literacy Strategies? Guided Math? Working with Parents? Bullying? Informational Text? RTI? Effective Instructional Strategies? The topics are endless!! What effective strategy/methodology have you found to be successful? Share it Saturday, March 1st from 8:00-12:30 at the University of Saint Francis!

The University of Saint Francis Best Practice Showcase is a celebration of, for, and by public, parochial, and private school educators. Please help us celebrate educators’ classroom practices by sharing strategies with fellow educators and university students at our Eighth Annual Best Practice Showcase. Recommend a colleague or share one of your practices!

How Do I Recommend a Colleague or Self-Nominate? It’s EASY
1. Contact the colleague you are considering recommending. Is s/he willing to be recognized? Is s/he willing to share ideas on March 1st for fifty minutes? Are YOU ready to share?

2. Complete the template below and mail/email to Nancy Hankee:

A. I recommend ____________________________________________ to share.

B. Briefly describe the best practice (2-3 sentences).

C. Yes, I have spoken with ____________. S/he is aware of my recommendation and would be willing to share a best practice March 1st.

Name of Presenter___________________________
School____________________________Subject & Grade Level__________________________
School Phone_______________________________________
Primary Email___________________________Home Phone Number_____________________

YES, teacher teams are also encouraged to present !!!

Recommended By ________________________________
School____________________________Subject & Grade Level______________________
School Phone_____________________________Primary Email________________________

Please email your recommendation to Nancy Hankee at nhankee@sf.edu. Further information will be forwarded to presenters by December 20th. Recommendations must be submitted by 5:00 pm November 22, 2013.

ELEVEN PROFESSIONAL GROWTH POINTS OFFERED TO PRESENTERS!