



Creating a Healing-Centered Learning Environment

Competency

Educators identifies key elements of trauma-informed pedagogy and design a healing-centered learning environment.

Key Method

Educators will use their understanding of trauma and its multiple intersectionalities, as well as trauma's effects on the brain, to create a healing-centered environment.

Method Components

Introduction to Trauma

According to the Trauma-Informed Care Implementation Resource Center, trauma “results from exposure to an incident or series of events that are emotionally disturbing or life-threatening.” These events, and a person’s response to them, can lead to lasting adverse effects on how they function— impacting their mental, physical, social, emotional, and/or spiritual well-being. Traumatic experiences can include abuse, neglect, sudden separation from a loved one, poverty, racism, discrimination, violence, war, natural disasters, and more. Traumatic experiences can also include other forms of social oppression, such as sexism, heterosexism, transphobia, ableism, etc.

Historical trauma is also a part of the broader definition of trauma. It is loosely defined by the cumulative harm to a group caused by a historical



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event (such as genocide, violent colonization, slavery) and whose effects impact multiple generations.

Children who experience trauma can enter your class believing that the world and even school is a scary place and that trusting others is risky. Some children may be most impacted by racism and other forms of oppression through their experiences in schools that have policies and practices that overwhelmingly harm students of color, LGBTQ+ and other historically marginalized groups.

The impact of traumatic experiences are so significant that they can hinder the brain's normal development. This causes behavioral, emotional, academic, and other developmental changes that a person who has not experienced a traumatic event is far less likely to have. Seemingly simple things—a facial expression, one's proximity, or tone of voice—may trigger memories of a painful event. This can lead to various reactions, including aggression, isolation, perfectionism and more.

While research shows that trauma affects one in four children, evidence suggests that with supportive educators and a healing-centered school community, students who have experienced trauma can learn, achieve and begin to heal.

Definitions

For the purposes of this micro-credential, you should use the following definitions.

Trauma:

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well being.” (*SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. 2014*)

Traumatic Event:

According to the [National Child Traumatic Stress Network](#), “A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child’s life or bodily integrity. Witnessing, or even hearing about a traumatic event that threatens the life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.”



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Adverse Childhood Experiences (ACEs)

According to the Center for Disease Control, ACEs are “potentially traumatic events that occur in childhood (from birth–17 years old).” As stated by [Public Schools First NC](#), “Adverse Childhood Experiences result in toxic stress that elevates unhealthy stress levels. One in four children experience more than one ACE, and ACEs have been proven to negatively impact brain development, learning and memory, social skills, and mental and physical health.” Examples of ACEs include:

- Abuse (physical, emotional, and/or sexual)
- Neglect (physical and/or emotional)
- Household dysfunction (divorce, mental illness, incarcerated parent, domestic violence, and/or substance abuse)
- Community and environmental ACEs (racism, bullying, and/or community violence)

It is important to note that ACEs are different from traumatic events. ACEs refer to various types of adversity, or experiences during childhood. An ACE doesn’t always result in trauma and a trauma response. For example, two children experience the divorce of their parents. One may develop lasting trauma that manifests in separation anxiety, or the inability to trust others. The other may experience the adversity differently with less perceived trauma, and be able to develop trusting relationships with others. While divorce, in this example, is an ACE, it doesn’t always lead to trauma or a traumatic response.

Social-Emotional Learning (SEL)

According to the Collaborative for Academic, Social, and Emotional Learning (CASEL (2021) “SEL is the process through which all young people and adults:

1. Acquire and apply the knowledge, skills, and attitudes to develop healthy identities,
2. Manage emotions and achieve personal and collective goals,
3. Feel and show empathy for others,
4. Establish and maintain supportive relationships, and
5. Make responsible and caring decisions.”

The above definition is reflected in CASEL’s five-part SEL framework that includes:

- Self-awareness
- Self-management
- Social awareness
- Relationship skills
- Responsible decision-making



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Integrating Trauma, SEL, and Equity

Too often, schools treat trauma, SEL and equity as separate issues. At the intersection of these issues, however, is something that should not be overlooked. When we use culturally responsive teaching, a pedagogy that recognizes the importance of including students' cultural references in all aspects of learning, and to provide students with effective social emotional skills, we are also giving them tools to address trauma.

Trauma-informed practices consider how trauma impacts learning and behavior. "A trauma-informed, SEL, cultural awareness model of supports allows (educators) to create a safe environment to address trauma and SEL skill build, while also tapping into the strengths and opportunities of students' culture. In this way, prevention assets don't just build on each other, they multiply," says Gregory Leskin, Ph.D. who directs the UCLA-Duke University National Center for Child Traumatic Stress.

When it comes to equity, it is important to acknowledge that inequity can often be a source of trauma. The long history of systemic oppression of people of color in the U.S. has resulted in the prevalence of underfunded schools and classrooms in our society today. A recent study from the Century Foundation found that the school funding gap for districts that are majority Black or Latino is, on average, more than \$5,000 per student when compared to majority White districts.

Racism, discrimination, bullying, punitive discipline policies and other types of systemic oppression all lead to trauma. It is critical to acknowledge these inequities are real and when they manifest, and to help students learn effective ways to address them when confronted.

Trauma and the Brain

Trauma can affect how our brains react to outside influences. This can affect learning, behavior and social-emotional development. The degree to which trauma affects the brain is also related to the timing, severity, and ongoing duration of exposure to trauma. Trauma may affect brain chemistry as well as structure. Research shows that the effects of trauma are most prominent in the amygdala, hippocampus, and prefrontal cortex.

The Limbic System and Trauma

These three areas—the amygdala, hippocampus and prefrontal cortex work together to keep us safe. Our brains are trained to sense danger and experience emotion in the amygdala. If the amygdala perceives threat, it will trigger the fight or flight response (e.g., release adrenaline, cortisol, etc). This will "shut down" the non-essential functions of the body (e.g., digestion) and of the brain (such as higher order reasoning in the prefrontal cortex that could get in the way of quick action that keeps the person safe).



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The hippocampus is supposed to store the memory of the frightening event so that the person can learn from it (for example, if you are a toddler and touch a hot stove, you need to immediately act to pull your hand off and remember for next time not to touch the stove). This process gets disrupted with chronic exposure to traumatic events. When one experiences trauma, the amygdala is on high alert for danger and gets triggered more often by both real events and memories of traumatic events.

Trauma and the amygdala

The amygdala is the place in the brain that manages emotional perception and response. People who have experienced trauma are more likely to react to triggers, especially emotional ones. This can manifest into short tempers and/or heightened flight, fight, freeze or fawn* response.

Trauma and the hippocampus

The function of the hippocampus is associated with memory and learning. People who have experienced trauma have decreased function in this part of their brains. They may also experience structural changes to this area of their brain. Depending on the extent of the trauma, the hippocampus can be significantly smaller in people who have experienced trauma thus, impacting a child's ability to be attentive, learn and remember.

Trauma and the prefrontal cortex

The prefrontal cortex is responsible for high-level thinking, learning and reasoning. Because traumatized children often see the world through a lens of fear and uncertainty, they are on constant alert for danger. When a student experiences a trauma trigger, or if they are living with chronic exposure to traumatic events, their brain is in "survival mode." Their energy and focus is on safety. This focus on safety and avoiding danger prevents students from fully getting into "learning mode" and engaging their prefrontal cortex. Over time, students who experience trauma may develop a decreased ability to think critically because of the increased focus on being safe. The good news is that our brains are neuroplastic, meaning that we can continue to develop new neural pathways throughout our lives. With support and guidance, traumatized students can learn, and thrive.

*Research is still ongoing in this area.

Signs of Trauma

Depending on the student's age, they may exhibit these signs of distress that result from trauma:

Preschool Students	Elementary School Students	Middle and High School Students
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Bedwetting	Changes in their behavior such as aggression, anger, irritability, withdrawal from others, and sadness	A sense of responsibility or guilt for the bad things that have happened
Thumbsucking		
Acting younger than their age	Difficulty adjusting to a new school	Feelings of shame or embarrassment
Difficulty separating from their parents	Difficulty building friendships or getting along with peers	Feelings of helplessness
Temper tantrums	Fear of separation from parents	Changes in how they think about the world
Aggressive behavior like hitting, kicking, throwing things, or biting	Fear of something bad happening	Loss of faith
Not playing with other kids their age		Problems in relationships, including peers, family, and teachers
Repetitive playing out of events related to trauma exposure		Conduct problems

Healing-Centered Engagement vs. Trauma-Informed Teaching

When we think about supporting students with trauma, we often use the term “trauma-informed teaching.” While this term acknowledges the presence of a student’s trauma, it does not focus on the totality of a student’s experience. It tends to center on the harm, injury and trauma they’ve experienced, and it looks at trauma as an individual experience, not one that impacts the community. When supporting students who have experienced trauma, it is important to see and treat them as whole beings who are more than the pain they’ve endured.

In historically marginalized, low-income, and/or communities that have experienced disinvestment, traumatic events can be more prevalent among children and adults. These same communities often have less access to resources and support that can lead to healing and healthy development. For this reason, using the term “healing-centered engagement” shifts the focus from an individual’s specific experience of trauma to a more holistic one that focuses on culture, civic action and collective healing. Dr. Shawn Ginwright, author of “Hope and Healing in Urban Education: How Activists are Reclaiming Matters of the Heart,” states, “A healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively. A healing-centered approach to addressing



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trauma requires a different question that moves beyond ‘what happened to you’ to what’s right with you’ and views those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events.”

How to Create a Healing-Centered Learning Environment

As an educator, you may not know who in your learning environment has experienced trauma and to what degree, because this information is typically confidential and families are often hesitant to share these details with educators. Therefore, it is your responsibility to create a healing-centered learning environment in which all students can thrive. As an educator, you can create this safe space for students to learn by:

- Helping students build a healthy identity and sense of belonging.
- Encouraging feelings of accomplishment and/or success among all students
- Helping students develop a sense of agency, and the ability to control some parts of their lives by providing choices and options in daily tasks
- Helping students learn and practice SEL skills to give them healthy ways of expressing and coping with emotions
- Using the "trauma lens" to consider the role of trauma in learning and behaviors that are observed in the learning environment
- Creating a physical space that provides emotional and physical safety
- Fostering positive relationships with caring adults and peers
- Focusing on a student’s assets and strengths. *“An asset-driven strategy acknowledges that young people are much more than the worst thing that happened to them, and builds upon their experiences, knowledge, skills and curiosity as positive traits to be enhanced. While it is important to acknowledge trauma and its influence on young people’s mental health, healing centered strategies move one step beyond by focusing on what we want to achieve, rather than merely treating emotional and behavioral symptoms of trauma.”*

Additionally, as educators, we are not therapists. We must, however, take steps to identify the school and district staff (administrators, social workers, school psychologists, etc.) who can provide support and guidance to students who may be experiencing trauma.

Finally, a healing-centered environment is communal. Having resources to connect students and families to local organizations for support and essential services (e.g., shelters for domestic abuse victims, housing support, food banks, etc.) can be helpful as families seek to address root causes of trauma. Social workers,



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community liaisons, faith-based organizations and other trained staff may also be able to help parents and guardians support their children as they heal.

Managing Your Own Trauma

As educators, we can become overwhelmed with the issues and problems that our students might bring to school. with. That is why it is important for you to take care of yourself and avoid compassion fatigue, burn out and/or secondary trauma. You should practice self-care strategies and know when and how to seek support from family, friends, and or professionals. In some cases, It may also be helpful to assess your own history of trauma and consider how it may be triggered while trying to take care of others. If this happens, please see the resources below for additional support. Remember this familiar airplane adage: In case of an emergency, remember to put *your oxygen mask first before helping others put on theirs*. These are some suggestions for self-care:

Addressing Triggers in the Moment	Long-Term Care
<ul style="list-style-type: none"> ● Breathing exercises ● Yoga ● Mindfulness activities ● Journaling ● Taking time away ● Taking media breaks 	<ul style="list-style-type: none"> ● Cultivate and maintain healthy relationships ● Attend workshops on social emotional skills ● Journaling ● Therapy ● Developing a regular mindfulness and meditation practice

Supporting Rationale and Research

Cénat, Jude Mary, and Rose Darly Dalexis. “The Complex Trauma Spectrum During the COVID-19 Pandemic: A Threat for Children and Adolescents' Physical and Mental Health.” *Psychiatry research* vol. 293 (2020): 113473.

doi:10.1016/j.psychres.2020.113473 Retrieved from:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7534660/>

Cole, S. et al, (2005). *Helping Traumatized Children Learn: Supportive school environments for children traumatized by family violence* [Online]. Available:

<https://traumasensitiveschools.org/wp-content/uploads/2013/06/Helping-Traumatized-Children-Learn.pdf>



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Peterson, Sarah. "Essential Elements." The National Child Traumatic Stress Network, 19 Mar. 2018,
www.nctsn.org/trauma-informed-care/trauma-informed-systems/schools/essential-elements

Pickens, I.B., & Tschopp, N. (2017). Trauma-Informed Classrooms. National Council of Juvenile and Family Court Judges. [Online]. Available:
https://www.ncjfcj.org/sites/default/files/NCJFCJ_SJP_Trauma_Informed_Classrooms_Final.pdf

Ginwright, S. (2018) *The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement*. [Online]. Available:
<https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

Resources

Trauma

[Understanding Childhood Trauma](#)

[What is Child Trauma](#)

[The Problem: Prevalence of Trauma \(Video\)](#)

[Paper Tigers \(video\)](#)

[Dr. Bruce Perry & Oprah discuss childhood trauma during the 2021 SXSW Edu Conference](#)

[Childhood Trauma Affects \(1 pager\)](#)

[The stress of racism may impact learning](#)

ACEs

[How Childhood Trauma Affects Health Across a Lifetime \(TED Talk\)](#)

[Adverse Childhood Experiences- CDC](#)

[Adverse Childhood Experiences Questionnaire](#)

[Aces Too High](#)



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SEL

[3 SEL Practices Middle and High School Teachers Can Use Every Day](#)

[If we aren't addressing racism, we aren't addressing trauma](#) (article)

[Trauma Informed Worksheet](#)

[Reflecting on Personal SEL Skills](#)

[Integrating SEL, Equity and Trauma](#)

[CASEL Framework](#)

[Equity Connections to SEL Competencies](#)

[Videos on PBS of the 5 competencies](#)

[Traumatic Experiences Can Impact Learning, Behavior and Relationships in School](#)

Healing-Centered/Trauma Informed

[Creating, Supporting and Sustaining Trauma-Informed Schools: A System Framework](#)

[The Future of Healing : Shifting From Trauma Informed Care to Healing Centered Engagement](#)

[Child Trauma Toolkit](#)

[Trauma Sensitive Schools — Flexible Framework](#)

[Trauma Aware Checklist](#)

[Essential Elements of A Trauma Informed School](#)

Trauma and The Brain

[Childhood trauma and the brain Understanding the brain and stress response](#)

[UK Trauma Council - Childhood Trauma and the Brain \(Video\)](#)

[The Hand-Brain Model \(video\)](#)

[Effects of Trauma on the Brain](#)

Strategies for Your Learning Environment

[Trauma Informed Classroom Strategies](#)

[Trusted Adult Campagne](#)

[How can schools create a community where all students have an adult they trust? |](#)

[Oklahoma State Department of Education](#)



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[11 ways to Make Your Classroom a Safe Haven for Children Who Have Experienced Trauma](#)

Theory of Action

[Why write a Theory of Action?](#)

[Chicago Design Challenge - Theory of Action Worksheet](#) The following worksheet is designed to support the “Theory of Action”

What To Do If You Are Triggered— Helpful Resources

[Managing Your Triggers Toolkit](#)

[Five Steps for Managing Your Emotional Triggers](#)

[Four Steps to Dealing with Negative Triggers](#)

[Emotional Triggers and What to Do About Them](#)

Submission Guidelines & Evaluation Criteria

To earn the micro-credential, you must receive a passing score in Parts 1 and 3, and be proficient for all components in Part 2.

Part 1. Overview Questions (Provides Context)

450–500 word count max.

Please do not include any information that will make you identifiable to your reviewers.

Take the ACEs Questionnaire linked in the resource section. Please note the word count.(You will not submit your responses.)

Answer the following questions:

1. ACEs Reflection:
 - a. Was your ACEs score surprising to you? Why/why not?
 - b. How may your results affect your professional practice?
2. Activate Prior Knowledge
 - a. What do you already know about the effects of trauma on learning?
 - b. Do you currently use any trauma-informed/healing-centered learning strategies?
3. Expected Outcomes
 - a. Why do you wish to complete this micro-credential (MC)?
 - b. How do you expect this MC to impact your students?



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Passing: Response includes a complete reflection of ACEs and discusses how these results may affect educational practices. Prior knowledge questions are complete and reasonable. Outcomes reasonably justify the reason for choosing this micro-credential to address specific needs of both the teacher and the student.

Part 2. Work Examples/Artifacts/Evidence

To earn this micro-credential, please submit the following three (3) artifacts as evidence of your learning. See Rubric for passing score.

**Please do not include any information that will make you or your students identifiable to your reviewers.*

Artifact 1: Vision Statement (250–350 words)

Using what you have learned about trauma, describe your vision for a healing-centered learning environment. Your vision should address:

- Emotional and physical safety
- Access to caring adults
- Building positive relationships
- Strength- and asset-based strategies
- Student choice
- Social Emotional Learning
- Culturally Responsive Teaching Practices

Artifact 2: Presentation (10–20 slides)

Create a presentation to introduce your vision of a healing-centered environment to your colleagues. Your presentation should include:

- Why healing-centered environments are important for student success
- Background information on trauma, SEL, and ACEs
- Creating an emotionally and physically safe learning environment
- Why access to caring adults is important
- Strategies for building positive relationships
- Strength-based teaching strategies
- Integration of student choice into daily activities
- One activity for participants to complete during the training



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Artifact 3: Theory of Action (200–400 words)

Use what you have learned about a healing-centered approach and the examples found in the resource section of this micro-credential to develop a theory of action to create a more inclusive, healing-centered environment. Your action needs to include:

- The problem
- Your intended outcome
- How you will attempt to solve the problem
- What success could look like

You may wish to use this format:

The problem I am trying to address is _____. If I do_____ (give details), then ____ will happen (use research/best practice to explain why this will work). And we will see this result in____. (results should be observable and/or measurable.)

Artifact 4: Summary (200–500 words)

After you implement your theory of action step(s), write a brief summary of the outcomes. This should include:

- How the change impacted students (positive and negative)
- How the change impacted teaching (positive and negative)
- The actual results as compared to the predicted results
- Next steps needed to attain your vision



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Part 2. Rubric

	Proficient	Basic	Developing
Artifact 1: One-Page Vision Statement	<p>Vision Statement is cohesive and clear, well-organized, and addresses all of the elements below:</p> <ul style="list-style-type: none"> -Emotional and physical safety -Access to caring adults -Building positive relationships -Strength-based strategies - Student choice 	<p>Vision Statement addresses some of the elements below:</p> <ul style="list-style-type: none"> -Emotional and physical safety -Access to caring adults -Building positive relationships -Strength-based strategies - Student choice 	<p>Vision Statement is unclear and fails to address the elements below:</p> <ul style="list-style-type: none"> -Emotional and physical safety -Access to caring adults -Building positive relationships -Strength-based strategies - Student choice
Artifact 2: Presentation	<p>Presentation has 10–20 slides and is well-organized, easy-to-follow, and includes all of the following elements:</p> <ul style="list-style-type: none"> -Why healing-centered learning environments are important for student success 	<p>Presentation has less than 10 slides and includes some of the following elements:</p> <ul style="list-style-type: none"> -Why healing-centered learning environments are important for student success -Background information on trauma, SEL, and ACEs 	<p>Presentation has less than 10 slides and includes only a few of the following elements:</p> <ul style="list-style-type: none"> -Why healing-centered learning environments are important for student success -Background information on



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	<ul style="list-style-type: none"> -Background information on trauma, SEL, and ACEs -Strategies to create an emotional and physically safe learning environment -Why access to caring adults is important -Strategies for building positive relationships -Strength-based teaching strategies -Integration of student choice into daily activities <p>One activity for participants to complete during the training</p>	<ul style="list-style-type: none"> -Strategies to create an emotional and physically safe learning environment -Why access to caring adults is important -Strategies for building positive relationships -Strength-based teaching strategies -Integration of student choice into daily activities 	<p>trauma, SEL, and ACEs</p> <ul style="list-style-type: none"> -Strategies to create an emotional and physically safe learning environment -Why access to caring adults is important -Strategies for building positive relationships -Strength-based teaching strategies -Integration of student choice into daily activities
Artifact 3: Theory of Action Statement	Theory of Action Statement is realistic, based on research and best practices as outlined in this micro-credential and if	Theory of Action Statement is based on research and best practices as outlined in this micro-credential	Theory of Action Statement is not based on research And/or may not be realistic



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	<p>implemented, will support a healing-centered learning environment:</p> <p>And includes the following:</p> <p>It also includes the following:</p> <ul style="list-style-type: none"> -Problem statement -Intended outcome -Solution -What success could look like 	<p>And includes the following:</p> <ul style="list-style-type: none"> -Problem statement -Intended outcome -Solution -What success could look like 	<p>And/or if implemented, will not support a centered learning environment:</p> <p>And/or is missing the four elements below:</p> <ul style="list-style-type: none"> -Problem statement -Intended outcome -Solution -What success could look like
Artifact 4: Summary	<p>Evidence of implementation includes:</p> <ul style="list-style-type: none"> -How the change impacted students (positive and negative) -How the change impacted teaching (positive and negative) -The actual results compared to the predicted results -Next steps needed to attain your vision -How the change impacted your 	<p>Evidence of implementation includes some of the following:</p> <ul style="list-style-type: none"> -How the change impacted students (positive and negative) -How the change impacted teaching (positive and negative) -The actual results compared to the predicted results -Next steps needed to attain your vision -How the change impacted your 	<p>Evidence of implementation includes none of the following:</p> <ul style="list-style-type: none"> -How the change impacted students (positive and negative) -How the change impacted teaching (positive and negative) -The actual results compared to the predicted results -Next steps needed to attain your vision -How the change impacted your



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	teaching (positive and negative) -The actual results compared to the predicted results -Next steps needed to attain your vision	teaching (positive and negative) -The actual results compared to the predicted results -Next steps needed to attain your vision	teaching (positive and negative) -The actual results compared to the predicted results -Next steps needed to attain your vision
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Part 3 Reflection

(300–500 words)

For tips on writing a good reflection, review the following resource:

[How Do I Write a Good Personal Reflection?](#)

Please do not include any information that will make you identifiable to your reviewers.

Answer all of the following questions:

- What are three ways you will work to build relationships with your students and/or families?
- What are two ways you will encourage your students to feel accomplishment and/or success?
- What has been the impact of this micro-credential on your professional practices as it relates to creating a healing-centered environment?

Passing: Reflection provides evidence that the educator understands the elements of a healing-centered learning environment and has worked to create this for their students. Response specifically identifies strategies that support healing-centered learning and the reflection on current and future practices is thoughtful and authentic.



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