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A N N U A L R E P O R T

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## OUR MISSION

*Our mission is to foster each child's well-being as a foundation for academic and life success by drawing on the strengths of the child's entire community including family, educators, and medical and mental health providers.*



## OUR VISION

*We envision a world in which every child, regardless of background, becomes a healthy and productive adult.*



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**OUR GOAL IS TO BUILD A...**

**GAME**

**CHANGING**

**AND**

*Fundamentally and dramatically changes the life trajectory of our most in-need children*

*Able to be built in another community with ordinary humans and public funding*

**REPLICABLE**

**...SYSTEM OF CARE FOR CHILDREN**

# LETTER FROM THE FOUNDERS

Friends, colleagues, and partners,

This report marks the end of our second year of welcoming students to The Primary School and our fourth in existence. This past year, we expanded our reach significantly, launching two new grade levels and tripling the size of our school program. We continued to enhance our parent and child experience through the refinement of existing programs and adoption of new programs, including Conscious Discipline and an early childhood curriculum co-developed with Sesame Workshop. We deepened our partnership with our core health care partner, Ravenswood Family Health Center, including by locating a pediatric nurse on our school site two days a week. We saw children grow across our outcome areas of academic, soul, and health, facilitated by parent growth in self-efficacy, well-being, and home stability.

We continue to be humbled by the challenge of this work and inspired by those individuals and organizations who have the audacity to undertake it. We are grateful to continue to learn from and with hundreds of individuals and organizations across the country, and world, who have visited our program and allowed us to visit theirs. While proud of what we have built so far, we are only at the beginning of our journey. This coming year, we make an even greater leap to launching new sites and partnerships with the goal of both expanding our impact to more children and increasing our learning about what works.

As we reflect back on how we started, two people with an idea of how we could bring health and education together to help all children succeed, one of our greatest sources of pride is how our organization has grown broad branches and deep roots. Our accomplishments this year would not have been possible without our powerful Primary School community: our dedicated families, our collaborative community partners, our curious students, and our very talented and passionate staff. Thanks to them, this will be our best year yet.

With gratitude and hope,

Handwritten signatures of Priscilla Chan and Meredith Chan in black ink.

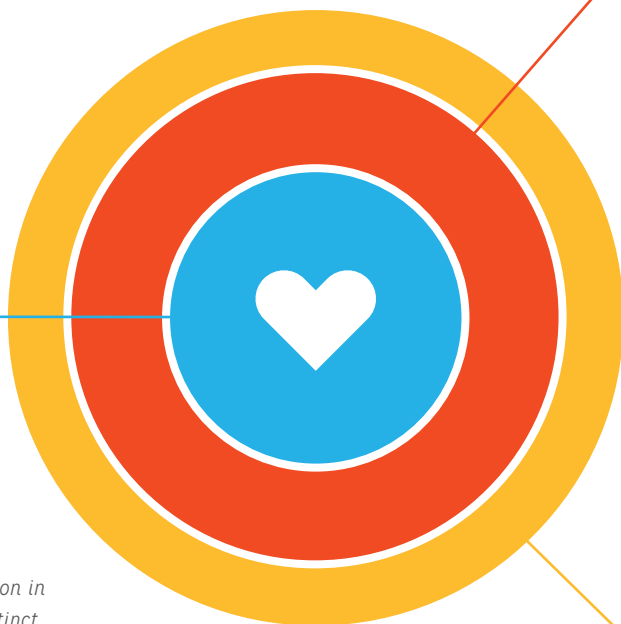
Priscilla and Meredith

# ORGANIZATIONAL SCALE STRATEGY

## THEORY OF SCALE

*Our ultimate goal: Build a game-changing and replicable system of care for children*

*We believe that to achieve impact at scale, we must not just replicate our model but also partner with other schools and organizations to broaden our impact. Over the long term, we seek to have permanent, large-scale, and transformative impact by influencing the policies and public systems that serve children and families.*



### **1. Build the TPS full model**

**Develop and run 3 - 5 comprehensive sites**

- ★ Sites are built on common principles but have intentional variation to understand adoption in different contexts and test distinct hypotheses.
- ★ Sites serve as laboratories to learn about what works and incubate specific tools.
- ★ Goal is to provide rigorous evidence that this model works.

### **2. Develop and pilot components with partners**

**Build and pilot elements of our model at sites external to TPS**

- ★ Implement components of our model with partners, including other schools and educational organizations.
- ★ Enable us to learn faster about what parts of the model work and in what contexts.
- ★ Selectively develop tools, products, and resources that will further our goals.
- ★ Test new pathways to scale outside of wholly-owned replication.

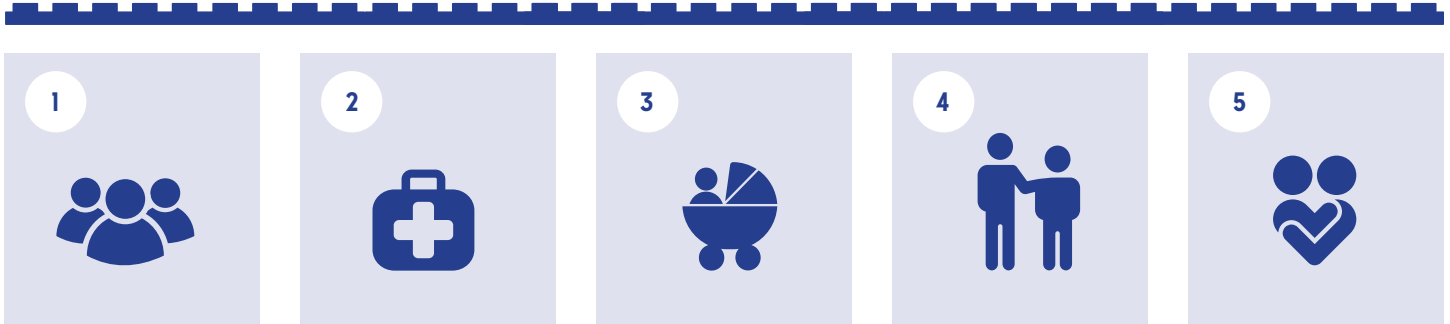
### **3. Prepare for broader adoption**

**Lay the groundwork for broader adoption of this model**

- ★ Bring practitioner and policymaker attention to the needs addressed by our model.
- ★ Share what we are learning with a broad network of stakeholders.
- ★ Identify and build relationships with like-minded partners to generate will to change.

# BIG BETS

WHERE ARE WE FOCUSING OUR INNOVATION WITH THE GOAL OF TRANSFORMING THE FIELD?



## **1. Bringing Together the Power of the Team**

*Convene the team of adults in a child's life, both to gain a comprehensive understanding of need and to be able to implement a multifaceted, child-centric support plan.*

## **2. Reinventing Primary Care**

*Rethink and expand the traditional boundaries of pediatric care in order to keep high-need children healthy.*

## **3. Building Early Foundations of Success**

*Prepare children to succeed in school by providing support during critical early childhood years.*

## **4. Unleashing the Power of Parents**

*Leverage parents as partners in the work of achieving child health and education outcomes.*

## **5. Addressing the Impact of ACES**

*Enable children to be successful in school and life by preventing or mitigating the impact of Adverse Childhood Experiences.*

# OUR WORK

## TWO YEARS IN EAST PALO ALTO



### BIG BETS

1. BRINGING TOGETHER THE POWER OF THE TEAM
2. REINVENTING PRIMARY CARE
3. BUILDING EARLY FOUNDATIONS OF SUCCESS
4. UNLEASHING THE POWER OF PARENTS
5. ADDRESSING THE IMPACT OF ACES



# 1. BRINGING TOGETHER THE POWER OF THE TEAM



*We believe children thrive when they are learning and growing not only within the walls of the school but also across other settings. This requires the coordination of care among all the adults in a child's life (teachers, parents, other family members, physicians) and across systems (education and health care).*

*The "Children's Circle" is our central mechanism for coordinating student success across school and home. Each term, parents meet with their coach and child's teacher to make a personalized growth plan for their child. These meetings are intended to improve student outcomes by motivating parents to implement positive practices at home that support what happens in school. They are also the foundation for strong relationships between families, teachers, and coaches.*



YEAR 2 EXAMPLE

## HEALTHY TEETH

### AN INTEGRATED AND MULTIFACETED APPROACH TO ORAL HEALTH

For each Children’s Circle, we give particular focus to one theme in each of our three core programming areas: academics, health, and soul (or socio-emotional development). Each theme represents an area that we believe is foundational to student success.

For example, in Fall 2017, we focused on teeth and gum care as our health theme. We selected this theme because poor oral health has a huge impact on a child’s ability to attend and focus in school, and it is entirely preventable through basic everyday behavior changes. We launched a multifaceted program over three months to build the knowledge, skills, capacity, and will necessary for our families to succeed on this front.

### The Four Components of Our Approach

#### Knowledge

*An understanding of what success in this area looks like and the importance of good practices and behavior to a child’s well-being*

#### Skills

*The ability and techniques to implement these practices at home*

#### Capacity

*The time, space, and resources to do the work*

#### Will

*A belief in the importance of these practices and being motivated and empowered to do them*

### 2017-18 Goal Themes for Children’s Circles

	Fall	Winter	Spring
Academic	Language/literacy	Math	Writing
Soul	Self-regulation	Social skills	Passion & curiosity
Health	Oral health	Sleep	Medical homes

To build **KNOWLEDGE**, we hosted a community night with dental practitioners and introduced oral health experiments and activities in the classroom. We built **SKILLS** by teaching good toothbrushing techniques and making toothbrushing part of students’ daily school routine. And we built **CAPACITY** by offering free dental services on site to all of our students (in partnership with Ravenswood Family Health Center’s “Virtual Dental Home”) and by sending home kits with tools for good oral health.

To build **WILL**, parents chose a specific oral health goal for their child and worked with their Children’s Circle team to develop an action plan for achieving it. Goals included: 1) brushing child’s teeth twice a day; 2) integrating flossing into routines; and 3) reducing consumption of sugary snacks and drinks. Parent groups provided shared accountability and motivation. Coaches checked in with parents on a monthly basis to give support and help problem solve any issues.

*This year, ninety percent of our parents surveyed were able to name a specific change at home they made as a result of Children’s Circles.*

YEAR 2 EXAMPLE

**BRIDGE PILOT**

*INTENSIVE SUPPORT FOR CHILDREN WITH SPECIFIC NEEDS*

While we strive to build an inclusive environment where peers with varied needs and strengths learn together, we also recognize that some children may need a longer on-ramp to be successful in a traditional school environment. This year, we piloted a “Bridge” support program for children who were not yet ready to participate in the traditional classroom environment for a whole school day. This program served children who required more adult support, more space to regulate, and more time to build the foundational skills necessary to be healthy and productive students.

Each Bridge participant received an individualized “Success Plan” that identified that student’s goals for the program and enabled all involved adults (specialists, classroom teachers, parent coaches) to coordinate supports and assess progress toward those goals.

Six preschool-age children participated in the Bridge program during the school year, and the program enabled all six children to be successfully reintegrated back into full-day classrooms prior to the end of the year. The success of Bridge also spawned the Bridge to Preschool program, which provided similar supports prior to the opening of school to ensure children can access learning on day one of preschool.



**CASE STUDY**

ANTHONY, PARTICIPANT IN BRIDGE PROGRAM

♥ *Anthony is a three-year-old who started at The Primary School in fall 2017. He had severe behavioral and communication problems, which made him unable to participate in the majority of classroom activities and caused daily unsafe interactions with his peers. In the Bridge program, we focused on teaching Anthony techniques for communicating his needs, replacement behaviors, and positive strategies for entering into peer social interactions. Over the 18 weeks he participated in Bridge, we saw his unsafe classroom behaviors completely extinguish. Anthony is now fully integrated into the classroom and no longer requires any special behavioral services. His incredible growth was a result of a coordinated effort on the part of his whole team: his regular classroom teacher, special education teachers, parents, and parent coaches.*

BIG BET

## 2. REINVENTING PRIMARY CARE



*Our goal is to leverage our unique relationship with families and daily interaction with students to proactively support the whole child, especially with respect to health outcomes. We work with existing health care providers, including our main partner Ravenswood Family Health Center, to coordinate medical care for children, while promoting good health throughout our school and family programs.*



*Our health work is based in three core areas: innovations in school-based health services, reinforcement of existing health systems, and promotion of healthy behaviors.*

<i>Health Services</i>	<i>Health Systems</i>	<i>Health Behaviors</i>
<i>Dental screening, cleaning, and exams in school through the novel “Virtual Dental Home” program</i>	<i>Assistance with establishing medical homes (100% of our parents were able to identify a medical home for their child)</i>	<i>Promotion of oral health care in classroom with daily teeth brushing</i>
<i>Vision and hearing screening with follow-up support</i>	<i>Requirement that all students have annual well child visits with their medical home</i>	<i>Sharing everyday health knowledge through our health unit (integrated in our Sesame curriculum)</i>
<i>Asthma screening and supports</i>	<i>Support for accessing and maintaining health insurance (100% of our parents reported having insurance for their child)</i>	<i>Setting home health goals for each student at every Children’s Circle (examples of topics this past year include oral health and sleep hygiene)</i>
<i>Mental health supports</i>	<i>Partnership with neighboring health clinic, Ravenswood Family Health Center, utilizing the clinic’s nurse onsite with patient care coordination and support for chronic conditions like asthma</i>	
<i>Enhanced speech and occupational therapy</i>	<i>Coordination with other surrounding health clinics that serve TPS families to enhance communication with pediatricians</i>	

YEAR 2 EXAMPLE

**HEALTH SYSTEMS**

**ENHANCING CARE COORDINATION FOR STUDENTS WITH ASTHMA**

Our work emphasizes preventive care and supporting children’s health in ways that are particularly linked to educational outcomes. For example, we have focused on controlling student asthma, which is a leading cause of absenteeism in young children and a critical health barrier to learning. Often the healthcare system only sees children with asthma when they have reached a crisis point. This year, we developed protocols to identify and support our asthmatic students before it affects their education. To start, we ensure all students with asthma have asthma action plans, the necessary rescue inhalers, and consent for administration on file.

All of our students with asthma also receive monthly screenings to check on their asthma symptoms and management at home. When concerns arise on the screen we can quickly coordinate with partnering pediatric clinics. Finally, our teachers receive training to know what red flag symptoms to look for in students with asthma, including via educational videos we partnered to develop in English and Spanish. As a result, many of our parents with asthmatic students tell us they feel more comfortable sending their children to school every morning, even when they are slightly symptomatic.

## CASE STUDY

### JULIA, 5-YEAR-OLD WITH ASTHMA

♥ At her monthly asthma screening with the Asthma Control Test at school, Julia registered a low score indicating poor control of her asthma. The health team also noticed that she had been absent from school recently in the past month. Our health team spoke with Julia's parents who reported that she was missing school because she was exhausted from being unable to sleep due to difficulty breathing. We recommended that the parents take Julia to her pediatrician for an adjustment in her medication, and provided the doctor with information we collected at the school. The pediatrician put Julia on a new daily medication resulting in better asthma control and better school attendance for the remainder of the year.



## YEAR 2 EXAMPLE

### HEALTH BEHAVIORS IMPROVING SLEEP HYGIENE

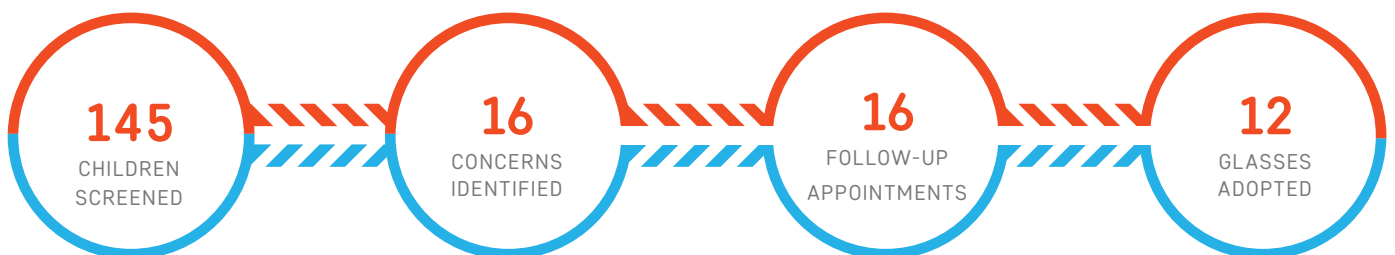
In addition to setting goals for improving sleep hygiene for all students at Children's Circles, this year we also elected to support a small number of volunteer families with more intensive coaching to improve their child's sleep. Poor sleep can often be the cause of behavior challenges in the classroom and a barrier to effective learning. In partnership with our parent coaching team, we worked closely with three families over the course of six weeks to improve their child's sleep, offering targeted coaching and strategies based on the particular needs of the family. As a result we increased sleep time by an average of 45 minutes per night.

## YEAR 2 EXAMPLE

### HEALTH SERVICES

#### IN-SCHOOL VISION SCREENING AND FOLLOW-UP CARE

Children who cannot see cannot learn. Yet many children who need glasses do not have them. This year, we set a goal to not only screen every child for vision needs but also to follow up with each family if the screening identified vision or hearing concerns. In partnership with Ravenswood Family Health Center, we screened 100% of our children on campus for vision and hearing. Our health team then contacted parents whose children screened positively to ensure they had appointments at their primary care clinic. This resulted in 12 students receiving first-time glasses.

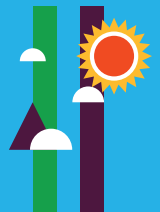


### 3. BUILDING EARLY FOUNDATIONS OF SUCCESS



*We believe in the power of a parent to be his or her child's first teacher. Our infant and toddler programming focuses on building three core skills: executive function, socio-emotional competencies, and language. We do this through both parent programming and parent-child playgroups.*

*We also connect families to existing community resources to support more targeted early childhood needs. For example, this year we partnered with the San Mateo County Library's LENA program to support language skill development. We also work closely with the healthcare system to support care coordination for children with health or developmental needs. This includes helping families follow up on positive developmental screens and advocate for services for their children.*



YEAR 2 EXAMPLE

**BRIDGE TO PRESCHOOL**

*IMPROVING SCHOOL READINESS  
OF TWO-YEAR-OLDS*

Last year, we piloted a program to improve the readiness of our two-year-olds in the four months leading up to their full-time enrollment in school at age three. The programming included screening and assessments, communication with primary care providers, and school readiness sessions for all families. We also identified the highest-need students based off of screening data, health data, parent reports, and staff observations. These students and families attended intervention groups twice a week.

Our interventions focused on two core areas: speech/language and behavior. These were chosen in consultation with both our preschool team and developmental experts as to what skills are most important for success in preschool.

The program was very successful in its two goals: 1) to better prepare families and children to start preschool and 2) to provide the school better information about children in order to serve them well at the start of school (e.g., with respect to class balancing, lining up intervention supports, and coordinating referrals for specialized services). We believe that if we identify our highest-need students early and support those children and families in accessing services and interventions, our students will enter preschool with more skills, and will be safer and more successful at school.



*The Primary School was awarded an  
Early Childhood Innovation Prize by  
Gary Community Investments and  
Open IDEO.*





## 4. UNLEASHING THE POWER OF PARENTS



*At The Primary School, we believe that when parents are well, children are successful. All of our parents attend regular group programming with other parents, engage with the school through Children's Circles and activities they can do at home ("24-hour" school supports), and receive individual coaching when there are higher levels of need.*



## PARENT PROGRAM OUTCOMES

### Engaged parents

Parents are empowered with the skills to support the health and education of their children.

## GOALS

**Healthy family relationships:** Parents and children have healthy, responsive, securely attached relationships

**Engagement in child's health and education:** Parents are owners of their child's health and education outcomes.

## ALIGNED PROGRAM ELEMENTS

- Children's Circles
- "24-hour school"
- Parent engagement

### Healthy individuals

Parents are resilient and healthy adults.

**Resilience:** Parents can manage stress and function well when faced with adversity.

**Self-efficacy:** Parents possess skills that are essential to becoming change agents in their own lives.

**Social connections:** Parents have positive relationships that provide emotional, informational, instrumental, and spiritual support.

- Parent Circles
- Parent goal setting
- Individual coaching

### Safe and stable homes

Families and homes are safe and stable for children.

**Basic needs:** Families are able to meet basic needs of food, housing, and medical care.

**Safe home:** Home environments are safe and stable.

- Family Success coaching
- Community partnerships

## YEAR 2 EXAMPLE

### HEALTHY INDIVIDUALS

#### SUPPORTING PARENTS IN ACHIEVING THEIR GOALS

Each of our parents is supported in their own growth by an individual coach and a dedicated peer group ("Parent Circle"). Parents choose goals to work toward based on their own personal motivations and also what they believe will most positively impact their child's health and education. Examples of goals achieved this year include: learning English, getting a driver's license, obtaining housing subsidies, becoming a homeowner, and getting a first-time job. We believe that goal setting both bolsters parents in making important achievements and builds parent confidence that they can effect change for themselves and their children.



*“ Before I came to this program, I had lost hope. I did not have a job, I lived in a single room with my whole family, and I was depressed. Since coming to The Primary School, I have a home with more rooms, I have a job, and I am happy. I now have resources that I did not know about.”*

*- The Primary School Parent*

YEAR 2 EXAMPLE

**SAFE AND STABLE HOMES**

*ADDRESSING FOOD INSECURITY*

Many of our families face the daily challenges of living in poverty, including food insecurity. A full stomach is especially important to children being able to focus and learn in the classroom. One of the priorities of our safe and stable homes program this year was to ensure that none of our families go hungry.

Although there are great food resources in East Palo Alto, we learned that many of our families were not accessing them due to both a lack of information and a stigma around needing help with food. We aimed to leverage our strong relationships with parents and the community to identify these resources, educate our families about them, and ensure that families feel comfortable using them.

Steps we took to achieve this included:

1. Screening all families to identify those at risk of food insecurity.
2. Following up privately with families who screened positive, connecting them to specific resources, and coaching them in navigating any barriers.
3. Developing strong relationships with food banks, public benefits providers, and other non-profit food partners and bringing them directly to families via a resource fair at the school.
4. Facilitating connections between families so that parents who had gone through similar problems could provide support for other parents.

In Year 2, 19% of our families identified themselves as food insecure and were connected to an appropriate provider.




*“ I just want to tell you that I really enjoy coming to your group because you make me feel like I’m heard. It’s not that you are just listening, but you are present and engaged in what every parent has to say. I leave feeling and realizing more things about my parenting style and how I can do better.”*

**- The Primary School Parent**

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**CASE STUDY**

JOHN & ALICIA, PARENTS OF 3-YEAR-OLD

 *John, Alicia, and their son had been in and out of homeless shelters before coming to The Primary School. The parents set goals with their coach to become more proactive in their own lives and secure stable housing. In pursuit of these goals, the family learned how to advocate for their rights with landlords and navigate applications for rental assistance. The coach also helped dad to obtain a job with stable daytime hours, including by building concrete skills like resumé writing and interviewing. Throughout the process, the coach also provided emotional support and guidance as the family made these difficult life changes. By the year’s end, the family had a stable home to call their own. The parents have now volunteered themselves to be a resource at Parent Circle for any other parents navigating housing challenges.*

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## 5. ADDRESSING THE IMPACT OF ACES



*The Primary School model is designed to prevent or mitigate the impact of Adverse Childhood Experiences—traumatic events like abuse, neglect or household instability—on children. Across our programming, we take a trauma-informed approach to continuously build protective factors around, and resiliency within, children and families.*





YEAR 2 EXAMPLE

**SESAME WORKSHOP CURRICULUM PARTNERSHIP**  
*BUILDING A WHOLE CHILD CURRICULUM*

In close partnership with Sesame Workshop, we developed a pre-kindergarten curriculum that represents a holistic approach to child development, emphasizing knowledge and skill development across academic, socio-emotional, and health domains. This curriculum also represents culturally relevant content for our children. Last year, we piloted the curriculum to great success with our students and teachers. This coming year, we look forward to continuing to improve the curriculum with a deeper focus on integrated socio-emotional learning. Our goal is for other schools to be able to adopt our curriculum in the coming years.

SCOPE & SEQUENCE

UNIT 1 • Me and My Community

WHY IS OUR COMMUNITY IMPORTANT TO US?

WEEK 1 LAUNCH & EXPLORE	WEEK 2 EXPLORE	WEEK 3 EXPLORE
GUIDING QUESTION		
WHAT MAKES OUR CLASSROOM SPECIAL?	WHAT MAKES OUR SCHOOL SPECIAL?	WHAT MAKES OUR FAMILIES SPECIAL?
CONTENT UNDERSTANDINGS		
<ul style="list-style-type: none"> <li>We can appreciate the differences in ourselves and others.</li> <li>We are all special.</li> <li>Together we make a school family.</li> </ul>	<ul style="list-style-type: none"> <li>We can enjoy learning to make new discoveries.</li> <li>Teachers help us learn and grow.</li> <li>We are a part of two learning groups: our classroom and our school community.</li> </ul>	<ul style="list-style-type: none"> <li>We are curious about how we are the same and different.</li> <li>There are different ways of being a family.</li> <li>Every family is special.</li> <li>Together we make a school family.</li> </ul>
LITERACY GOALS		
<ul style="list-style-type: none"> <li>Makes connections between texts and own lives.</li> <li>Uses pictures to gain important information.</li> <li>Notifies and acquires understanding of new words.</li> </ul>	<ul style="list-style-type: none"> <li>Uses background knowledge to understand the concept of settings and characters.</li> <li>Discusses new information learned.</li> </ul>	<ul style="list-style-type: none"> <li>Uses background knowledge to understand the content of a text.</li> <li>Uses pictures to gain important information.</li> <li>Uses new words in a discussion of a text.</li> </ul>
SEL GOALS		
<ul style="list-style-type: none"> <li>Expresses likes, dislikes, and preferences.</li> <li>Demonstrates pride in own name.</li> <li>Invite others to play.</li> </ul>	<ul style="list-style-type: none"> <li>Engages in positive interactions with familiar children and adults.</li> <li>Demonstrates pride in own strengths.</li> <li>Retains and manipulates concrete pieces of information over short periods of time.</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates pride in own strengths.</li> <li>Displays self-confidence.</li> <li>Asks questions about others.</li> </ul>
INTERACTIVE READ-ALOUDS		
<b>It's Okay to Be Different</b> by Todd Parr	<b>My Teacher Sleeps in School</b> by Leatie Weiss	<b>Family Pictures/ Cuadros de familia</b> by Carmen Lomas Garza
VOCABULARY	VOCABULARY	VOCABULARY
<ul style="list-style-type: none"> <li>Different</li> <li>Feelings</li> <li>Okay</li> <li>Proud</li> <li>Unique</li> </ul>	<ul style="list-style-type: none"> <li>Clue</li> <li>False</li> <li>Make-believe</li> <li>Mystery</li> <li>Setting</li> <li>True</li> <li>Whisper</li> </ul>	<ul style="list-style-type: none"> <li>Artisan</li> <li>Fair</li> <li>Family</li> <li>Neighbor</li> <li>Neighborhood</li> <li>Piñata</li> <li>Respect</li> <li>University</li> </ul>
LEARNING CENTERS		
T ART Our Self-Portraits	OBSERVATION Our School Photo Album	COOKING Family Recipes
D Our School Home	Our Classroom	Family Role-Play
S It's Playdough Time!	Bring On the Tools	Playdough Surprise
O Magnifying Glass	Who Am I?	Family Photos

WHY IS OUR COMMUNITY IMPORTANT TO US?

YEAR 2 EXAMPLE

## CONSCIOUS DISCIPLINE

### ADOPTING TRAUMA-RESPONSIVE SCHOOL AND HOME PRACTICES

We have always espoused an approach that is trauma-responsive and honors the emotional and cognitive needs of each child. For us, trauma-responsive means that everything—from the structure of our school day, to how we speak to children and families—takes into account the physiological and emotional impact of traumatic experiences. After our first year, we recognized that we needed to associate more concrete language and practices with this philosophy. Last summer, we decided to adopt Conscious Discipline, a comprehensive approach to classroom management and school practices rooted in brain science. It has been game-changing for our school culture. We have also begun introducing the principles and practices to our families through our parent coaching program.



*“ I would like to thank you for everything that you guys do for my son. He is a different child and he has also changed me. I get angry easily and frustrated. There was an incident where I was mad and yelling. My son went to his room, brought his bottle with glitter [a socio-emotional regulation tool] and handed it to me. He said, “Here. So you can calm down.” It was then when I stayed quiet and realized he was changing. And just like he was changing, I had to change too.”*

**- The Primary School Parent**

# ORGANIZATIONAL WINS

## BUILDING A LEARNING ORGANIZATION

The Primary School is committed to building a strong learning organization, with the dual goals of developing an internal learning culture and demonstrating what works to our external audiences. Over the past year, we deepened our investment in this learning work, including by making the decision to build an internal learning and evaluation function and hiring our first Director of Innovation & Learning. This function has quickly advanced our understanding of what elements of our model are having the greatest impact on child and family outcomes.

Our focus area for this year was articulating and refining our outcome measurement frameworks and our program logic models. We also set up structures to run program improvement cycles that help us quickly modify the way we serve our children and families in East Palo Alto. We will continue to focus on model codification and improvement this year, while we start to plan for summative evaluation in the future.



In addition, we continued to expand our learning with other practitioners who are implementing whole child and family models across the country. For example, we are participating in a Community of Practice run by the Chan-Zuckerberg Initiative that is bringing together schools integrating health and education. This Community of Practice has been an invaluable opportunity to learn from and with schools across the country who have similar models and face the same challenges, from how you share student data across systems to how to integrate mental health supports into a classroom.

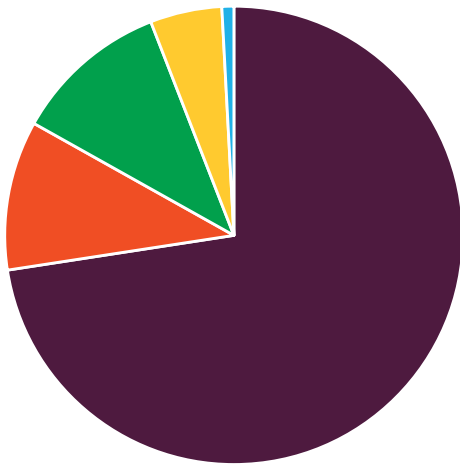
## PLANNING FOR REPLICABILITY

Our long-term goal is to create a model that is not only game-changing but also replicable. We define replicable as meaning that ordinary people in another community can build our model and sustain it on public funding. Throughout the design process we have scrutinized what is possible under public models and made design decisions with that context in mind. This year, we did an intensive public funding analysis across education, health care, and family support funding streams and set benchmarks for our model. We continue to learn that while a lot is possible if you creatively deploy or braid public funding, there are also systemic barriers that inhibit implementing the most effective solutions for children.

While we believe we need to design and resource our model with current public systems in mind, we also believe that these systems need to change. We are balancing the near-term replicability of our model within current systems, with the longer-term goal of getting systems to invest resources differently and in a more integrated and preventative manner. We look forward to sharing more about our work around replicability and our path to systems change.



STUDENTS BY RACE / ETHNICITY



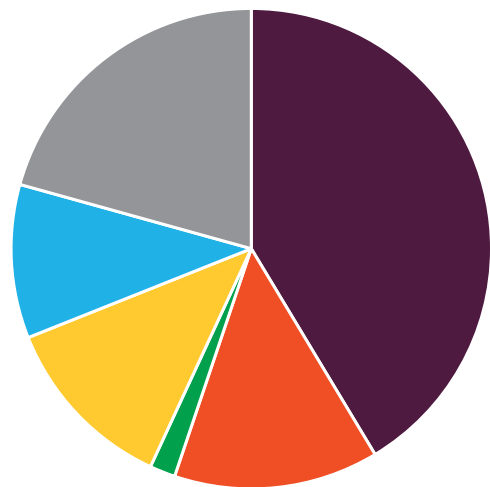
- Hispanic/Latino
- Pacific Islander/Native Hawaiian
- Asian
- Black/African American
- Multiracial
- White

## GROWING DIVERSE TALENT

At The Primary School, we believe in the power of diversity and are committed to building an organization that reflects the communities we serve. This includes hiring staff members from the East Palo Alto community and from a diverse range of backgrounds. We are proud that our current workforce demonstrates this commitment.

We are also proud that we retained greater than 90% of our teaching staff going into our third year at the school. As we grow, we will continue to focus on attracting, developing, and retaining diverse talent at both the school and the organization levels.

STAFF BY RACE / ETHNICITY





# LESSONS LEARNED

## YEAR TWO

*Every year we are humbled by how much we have learned, and grateful to the many people, both within and outside of the organization, who have contributed to our learning process. Four key lessons stand out to us from this year:*

★ **Developing a common culture and language is critical to implementing a model that works across siloed systems.**

We deliberately built a model that would cross over multiple systems and adults in a child's life. One difficulty with such an approach is that it is easy for individuals from different fields to stay siloed, even within a single organization. An essential term like "care coordination," for example, means something different to a doctor, a social worker, and an early education specialist. This year, we have put greater emphasis on defining terminology together and improving our communication. One tool that has been enormously helpful to our work is the adoption of the Conscious Discipline methodology across all of our programs. Our staff, parents, and children are all trained in this approach, which has brought a common language and ethos to our community.

★ **Meeting the diverse needs of children and parents requires personalization, but some standardization across profiles is possible and necessary.**

One of our core beliefs is that we can improve care by deeply knowing each child and family and tailoring our supports to their needs. We still believe this but also recognize that it is important to identify patterns and standardize our processes where possible. For example, in our first year of programming we customized the content of each Parent Circle to meet the needs and interest of the parents in that group. But we now operate almost 250 Parent Circles every year, meaning it is increasingly important that we streamline some content across Circles. This allows our parent coaches to spend more energy in the places where personalization really matters: in supporting the highest and most complex needs of individual families and children. It also increases the capacity of our model to be replicable across other sites.

★ **Building a great academic program while also investing in whole child supports is challenging but worthwhile.**

We believe fundamentally in a system of care that addresses the needs of the whole child, but we wrestled with questions about order of operations. Should we put all of our resources into building an exceptional instructional model first? Or should we prioritize building a trauma-responsive culture or ensuring that all children have access to health care? In our experience, it is worth investing up front in children's socio-emotional and health stability, so they have the necessary foundation to learn in the classroom. For example, this year we decided to adopt a "Unit 0" for the start of the school year—an intentional period of 4 - 6 weeks during which we focus on helping children adjust to the classroom environment. We predict this will lead to faster growth in academic gains once more rigorous instruction begins as children will feel more safe and ready to learn. Socio-emotional and health outcomes do not have to be at odds with academic ones, and in fact the two bolster each other.

★ **A team-based approach to care requires some immediate trade-offs with efficiency, but investments in better problem-solving and planning pay off down the line.**

Our model is built on the belief that when a team of adults collaborate around the needs of a child, then that child will receive better support and be more successful. In the short term, this collaborative effort is time-consuming and the pay-off is not always immediately evident. This year, we dedicated significant time to building relationships and culture among those adults, and to developing systems and protocols that streamline the complexity of multiple schedules, information sources, and hypotheses. While this has required a significant up-front investment, the cross-team model is already bearing fruit: with multiple stakeholders on the same page, we are able to better identify needs, tailor interventions, and ultimately support children's progress towards their goals.

# PARTNERS

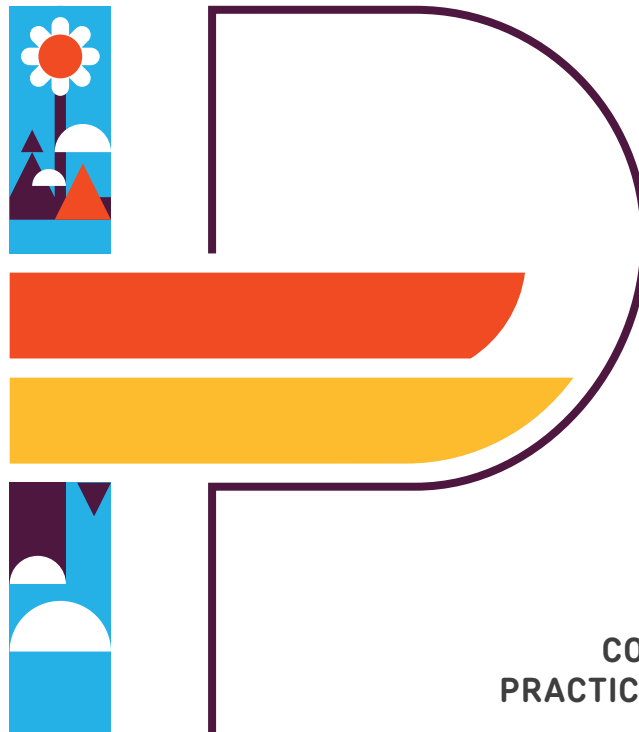
## BUILDING COMMUNITY

*The Primary School is deeply grateful for the support of our partners in East Palo Alto and across the country.*



### NATIONAL PARTNERS:

SESAME WORKSHOP  
OSMOSIS  
CONSCIOUS DISCIPLINE  
SPARKLER



### COMMUNITY PARTNERS:

RAVENSWOOD FAMILY HEALTH CENTER  
RAVENSWOOD CITY SCHOOL DISTRICT  
COUNTY OF SAN MATEO HEALTH SYSTEM  
CITY OF EAST PALO ALTO  
LENA/SAN MATEO COUNTY LIBRARY



### COMMUNITY OF PRACTICE PARTNERS:

COMMUNITY OF PRACTICE  
CODMAN ACADEMY  
MOMENTOUS INSTITUTE  
MONUMENT ACADEMY  
RALES CENTER & KIPP HARMONY  
OYLER SCHOOL  
WEDIKO SCHOOL

# LOOKING TO THE FUTURE



★ **NEW SITE:** In this coming year, we will both expand our student and family population at our flagship East Palo Alto site and pursue opening our next site in the Bay Area.

We are looking to open a second site because it will allow us to learn more quickly about our model and demonstrate its viability in a public context. In order to achieve these goals, we will be opening the new site as a public model. We will also implement our core program elements with specific differentiated innovations based on partners, community context, and systems context. We are excited to expand the number of children and families we can directly reach, while also continuing to innovate and learn about our model and create proof points for what is possible for children.

★ **PARTNERSHIPS:** In addition to building a new site, we are pursuing opportunities to partner with existing schools to implement components of our model.

With partners, we are able to expand our reach to more children and families and harness the experience and capabilities of others to jointly improve our model and other whole child models. We are grateful to have met other like-minded organizations that are grappling with and trying to solve the same issues as us. This year, we are excited to formalize an implementation and learning partnership, starting with a focus on integrated social-emotional development and mental health in the early childhood education space.

★ **MENTAL HEALTH:** This year, “Soul” is one of our organization-wide strategic priorities as we look to deepen our work across age ranges and levels of intensity.

We are partnering with a new mental health provider, Seneca Family of Agencies, to bring expertise to our design and learning process and to support implementation of the model at our East Palo Alto site. We are also adopting new metrics to help us measure our “Soul” outcomes, including a socio-emotional learning rating scale (SSIS) and a performance-based executive function assessment (MEFs).

## THE PRIMARY SCHOOL VALUES



EXCELLENCE



GROWTH



COURAGE



COMMUNITY



SOUL

