Grade 7: Module 4A: Unit 2: Lesson 1
Analyzing Interactions: Launching the Unit

Long-Term Targets Addressed (Based on NYSP12 ELA CCLS)	
I can analyze the interactions between individuals, events, and ideas in a text. (RI.7.3) I can evaluate the credibility and accuracy of each source. (W.7.8)	
Supporting Learning Targets	**Ongoing Assessment**
• I can use close reading strategies to determine the details of the AAP recommendation for children's screen time. • I can evaluate the credibility and accuracy of the AAP recommendation.	• Reader's Notes for AAP Recommendation • Answers to Text-Dependent Questions for the Excerpts from the AAP Recommendation • Thinking Log

Agenda	Teaching Notes

1. Opening
 	
  A. Unpacking Learning Targets/Introducing the Triad Talk (5 minutes)
 	
2. Work Time
 	
  A. Close Read/Jigsaw: The AAP Recommendation for Screen Time (25 minutes)
 	
  B. Review AAP Recommendation Process/Introduce Prompt (5 minutes)
 	
  C. Mini Lesson: Credible Sources (5 minutes)
 	
3. Closing and Assessment
 	
  A. Is the AAP Recommendation a Credible Source? (5 minutes)
 	
4. Homework
 	
  A. Fill in neurologist's notebook #6.
 	
  B. Continue independent reading (at least 20 minutes).
	• This is the first lesson in a full unit arc that scaffolds background knowledge, research skills, and note-taking toward a final written argument in which students will present a position on whether the American Academy of Pediatrics should increase its recent recommendation for screen time for children from two hours to four hours. Preview Lessons 13-19 in particular, to understand the writing that students will be asked to do, so it is clear how their reading in the first half of the unit scaffolds them toward success with this writing task.
	
	• This first lesson lays the foundation for the rest of the unit and launches a number of key routines.
	
	• First, students examine the actual AAP recommendation. They then look at the process the AAP uses to create its recommendations. This not only gives authenticity to the unit, but also highlights the importance of evidentiary argument in real-world applications. Finally, the writing prompt is introduced. The prompt will be posted as an anchor chart for reference throughout the unit. The same prompt is formally given to the students in Lesson 13 as the basis for developing their positions.
	
	• The texts used in this lesson from the AAP are authentic, which is important in order for students to understand the real overarching issues of screen time. However, the texts also are very complex, ranging in Lexile measures from approximately 1100 (subsections) to 1700 (the introduction). The lesson builds in a scaffolded close read and peer support as students work through these texts, but bear in mind that more support may be needed. As always, use your professional judgment as to how these texts are used: given the needs of your students, consider chunking the texts more, or allowing more time.
	
	• Later, in Lesson 2, students will begin reading, taking notes, and evaluating their research in earnest.
	
	• To orient students to the location of certain portions of the text, consider numbering the paragraphs on printouts of the PDF This also will help students keep track of text they can use to answer the text-dependent questions.
	
	• This lesson also introduces a speaking protocol, Triad Talks, which will be used to begin to prepare students for the Speaking and Listening Standards that will be assessed at the end of the unit (in Lesson 16). Although the Common Core Standards focus mainly on reading and writing, it is essential for students to be able to listen and speak effectively as well; this skill is especially important when orally outlining an argument and evidence to support it. Consider whether student triads will be standing groups of three or rotating groups.

Agenda	Teaching Notes
	• In this lesson, students are also introduced to the Assessing Sources document. This serves as a guide as they locate and gather information from Internet sources. Consider keeping extra copies on hand for those who would benefit from using it as a concrete checklist.
	• In the Closing, collect the independent reading homework students that completed in Unit 1, Lesson 10. Review this to get feedback as to whether the students have chosen books that are a good match for their abilities and interests.
	• For independent reading throughout this unit, students may continue to read their self-selected books. Or some students may choose to re-read the articles that the class read together in lessons.
	• In advance:
	– Consider how to group students into triads for Triad Talks.
	– Review Jigsaw protocol (see Appendix); an adapted version of this is used in Work Time A.
	• Post:
	– Position Paper Prompt anchor chart.
	– Assessing Sources anchor chart.
	– Learning targets.

Lesson Vocabulary	Materials
AAP (American Academy of Pediatrics), pediatrician, screen time, peer review, substantially, prosocial, penetration, necessitates, mitigate	• Speaking and Listening anchor chart (new, teacher-created) • AAP Policy Statement: "Children, Adolescents, and the Media" (one per student) • Text-Dependent Questions: Introduction to the "AAP Policy Statement: Children, Adolescents, and the Media" (one per student) • Close Reading Guide: Introduction to the AAP Policy Statement: "Children, Adolescents, and the Media" (for teacher reference) • AAP Policy Statement note-catcher (one per student) • Explanation of the AAP Recommendation Process (one per student and one to display) • Document camera • Position Paper Prompt anchor chart (new, teacher-created) • Domain-Specific Vocabulary anchor chart (from Unit 1, Lesson 1) • Assessing Sources document (one per student and one to print and ideally enlarge as anchor chart) • Assessing Sources anchor chart (see above) • Neurologist's notebook #6 (one per student)

Opening	Meeting Students' Needs

A. Unpacking Learning Targets/Introducing the Triad Talk (5 minutes)
 	
• Greet students and arrange them into triads.
 	
• Direct their attention to the learning targets:
 	
   * "I can use close reading strategies to determine the details of the AAP recommendation for children's screen time."
 	
   * "I can evaluate the credibility and accuracy of the AAP recommendation."
 	
• Explain that AAP stands for *American Academy of Pediatrics* and ask triads to discuss whether anyone knows what this organization is or does.
 	
• Cold call two or three triads for their answers. Explain if needed that the AAP is a large professional organization of pediatricians, or doctors who specialize in treating children.
 	
• Explain that the AAP makes many health recommendations based on its members' collective professional opinion and that students will look at one of those recommendations today, dealing with screen time.
 	
• Tell students that they will often have brief discussions in triads as an opening to the lessons in this unit, to practice the speaking skills they will need at the end of the unit. Refer them to the **Speaking and Listening anchor chart** posted in the room. Read through the criteria briefly.
 	
• Ask triads to discuss a last brief prompt, encouraging them to use the criteria on the Speaking and Listening anchor chart to guide their discussion:
 	
   * "Predict what the AAP will recommend about screen time and children's use of screen time." (If needed, clarify that *screen time* covers television, media, and portable media such as cell phones, tablets, and e-readers.)
 	
• Circulate as triads address the prompt. Provide feedback for groups based on the Speaking and Listening criteria, such as:
 	
   * "I really like how you're making eye contact with one another."
 	
   * "I'm having trouble hearing you. Could you increase your volume?"
	• Consider assigning single vocabulary words for both the Opening and Work Time A to students with emergent literacy. Ask them to serve as the expert on that word and to volunteer the definition when it is needed in class. Call on that student when the vocabulary word is encountered. Alternatively, pre-teach the vocabulary to students with emergent literacy.
	
	• Triads may be arranged ahead of time to meet students' academic or social needs. Consider the benefits of homogenous versus heterogeneous groups in terms of reading level, or matching levels of introversion and extroversion.

Work Time	Meeting Students' Needs
A. Close Read/Jigsaw: The AAP Recommendation for Screen Time (25 minutes)	• Consider assigning smaller, more manageable sections of text to students with emergent literacy. An alternative is to pull those who need reading support into a small group and work with them on a section of the document of your choice during this work time. Of the three sections listed here, "Pediatricians Should Recommend the Following to Parents" is the least complex.
• Hand out the **AAP Policy Statement: "Children, Adolescents, and the Media,"** and **Text-Dependent Questions: Introduction to the AAP Policy Statement: "Children, Adolescents, and the Media."**	
• Have students look through the AAP policy statement, conducting a "notice and wonder" for a few minutes. Assure them that this document is important and interesting, but not as complex as it looks.	
• Ask a few students to share out their notices and wonders.	
• If students do not comment on some of the organizing text features that you feel would be helpful for students to navigate the text, point these out: subheadings, columns, bullets, and so on.	
• Direct students' attention to the introduction of the AAP policy statement. Use the **Close Reading Guide: Introduction to the AAP Policy Statement: "Children, Adolescents, and the Media"** to guide students through a series of text-dependent questions based on this section of the document.	
• Distribute the **AAP Policy Statement note-catchers**.	
• Using student triads from the Opening, at your discretion, have them read and take notes on these sections of the AAP policy statement, assigning one section to each student in the triad. (Notes in the margin are recommended here, but consider using any notation system with which students have experience).	
– "Recommendations for Pediatricians and Other Health Care Providers"	
– "Pediatricians Should Recommend the Following to Parents"	
– "Recommendations for Schools"	
• After about 15 minutes, give specific positive feedback on students' focus and stamina. Invite them to take a quick stretch.	
• Then ask them to gather in groups of three with other students who read the <u>same</u> section.	
• Invite these new groups of three to spend several minutes comparing and revising their notes on their sections.	
• Ask students to return to their original triads and share their notes.	
• If there is time, conduct a whole-class debrief on any points of the AAP policy statement that were confusing to students.	
• Wrap up by noting to the class that the AAP recommendation for children's screen time is two hours a day, maximum. This is the recommendation that students are going to use to create their position statement on screen time for adolescents. Ask whether the recommendation matches students' predictions from the Opening.	

Work Time (continued)	Meeting Students' Needs

B. Review AAP Recommendation Process/Introduce Prompt (5 minutes)
 	
 • Distribute the **Explanation of the AAP Recommendation Process** and display a copy using a **document camera**.
 	
 • Explain that what is pictured is the actual process by which the American Academy of Pediatrics makes a recommendation.
 	
 • Review the steps briefly and define any words or phrases that may be confusing to the students, such as *peer review*.
 	
 • Ask students to briefly discuss these prompts and share their answers, one prompt at a time:
 	
   * "Knowing that this is the process the AAP went through, what can we infer about the recommendation for screen time?"
 	
 • Listen for answers such as: "We know the evidence was considered carefully" or "We know that the AAP tried to balance potential harm and potential benefit."
 	
   * "You've been studying a great deal about evidence this year. How does this recommendation process demonstrate the real-life importance of evidence?"
 	
 • Listen for answers such as: "The AAP didn't make this decision up; it considered evidence first" or "The AAP formed a committee specifically to review evidence."
 	
 • Direct students' attention to the **Position Paper Prompt anchor chart** and read the prompt aloud, explaining that the research and note-taking students will do in Unit 2 will be gathering evidence to answer this question. Note the connection between the prompt and the real-life decision-making process of the AAP.	

Work Time (continued)	Meeting Students' Needs
C. Mini Lesson: Credible Sources (5 minutes) • Point out to students that they have been reading a lot of articles about the topic, and will continue to read more throughout the unit. They are doing real research. • Speak to students about the importance of using credible sources to build up their background knowledge and conduct research. On the **Domain-Specific Vocabulary anchor chart**, briefly create a class definition of *credible source*, including but not limited to: "uses a significant amount of verifiable evidence and is as unbiased as possible." • Hand out the **Assessing Sources document**. Briefly review its contents with the class. • Refer back to the definition of a credible source on the Domain-Specific Vocabulary anchor chart. Ask students to have a 30-second discussion with a partner about one thing they would change, keep, or modify about the definition, now that they have reviewed the Assessing Sources document. • Cold call two or three students for their answers. Make the changes suggested on the anchor chart. If students do not offer a key point of determining a credible source or incorrectly identify a change, model adding an accurate response on the anchor chart for the class. • Direct students' attention to the **Assessing Sources anchor chart a**nd remind them that it will be posted for the remainder of the unit for their reference.	

Closing and Assessment	Meeting Students' Needs
A. Is the AAP Recommendation a Credible Source? (5 minutes)	
• Bring students' attention back to the learning targets. State that now that students have read the AAP recommendation for screen time (the first learning target), they will take the last few minutes of class to apply their knowledge on assessing sources to the AAP recommendation (the second learning target).	
• Focus them on the second set of criteria (Assess the Text's Credibility and Accuracy). Have students work with a partner to apply each of the criteria to the AAP recommendation.	
• Debrief with the class on their answers. Listen for answers similar to these:	
– Is the author an expert on the topic? (yes—professional organization, expert committee)	
– Is the purpose to inform or to persuade/sell? (inform and persuade, but not to sell)	
– When was the text first published? (2013)	
– How current is the information on the topic? (current)	
– Does the text have specific facts and details to support the ideas? (yes—footnotes)	
– Does the information in this text expand on or contradict what I already know about the topic? (Students may correctly answer that the recommendation expands and/or contradicts their background knowledge. Encourage them to specify exactly how this may be.)	
• Hand out **neurologist's notebook #6** for homework.	
• Collect the independent reading homework from Unit 1, Lesson 10.	
Homework	**Meeting Students' Needs**
• Fill in neurologist's notebook #6.	
• Continue independent reading (at least 20 minutes).	

EXPEDITIONARY LEARNING

Grade 7: Module 4A: Unit 2: Lesson 1
Supporting Materials

During our conversations in this unit, I am expected to …
Present my knowledge in a focused, logical, and coherent manner
Incorporate relevant facts, descriptions, details, and examples to support claims
Use appropriate eye contact
Use adequate volume
Use clear pronunciation
Use formal English: • Academic and domain-specific vocabulary • Language that expresses ideas precisely, eliminating wordiness and redundancy
Be an active listener: face the speaker, make eye contact, and make thoughtful statements/ask thoughtful questions.

AAP Policy Statement: "Children, Adolescents, and the Media"

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Children, Adolescents, and the Media
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POLICY STATEMENT

Children, Adolescents, and the Media

abstract

Media, from television to the "new media" (including cell phones, iPads, and social media), are a dominant force in children's lives. Although television is still the predominant medium for children and adolescents, new technologies are increasingly popular. The American Academy of Pediatrics continues to be concerned by evidence about the potential harmful effects of media messages and images; however, important positive and prosocial effects of media use should also be recognized. Pediatricians are encouraged to take a media history and ask 2 media questions at every well-child visit: How much recreational screen time does your child or teenager consume daily? Is there a television set or Internet-connected device in the child's bedroom? Parents are encouraged to establish a family home use plan for all media. Media influences on children and teenagers should be recognized by schools, policymakers, product advertisers, and entertainment producers. *Pediatrics* 2013;132:958–961

INTRODUCTION

Media, from traditional television to the "new media" (including cell phones, iPads, and social media), are a dominant force in children's lives. Although media are not the leading cause of any major health problem in the United States, the evidence is now clear that they can and do contribute substantially to many different risks and health problems and that children and teenagers learn from, and may be negatively influenced by, the media. However, media literacy and prosocial uses of media may enhance knowledge, connectedness, and health. The overwhelming penetration of media into children's and teenagers' lives necessitates a renewed commitment to changing the way pediatricians, parents, teachers, and society address the use of media to mitigate potential health risks and foster appropriate media use.

According to a recent study, the average 8- to 10-year-old spends nearly 8 hours a day with a variety of different media, and older children and teenagers spend >11 hours per day.[1] Presence of a television (TV) set in a child's bedroom increases these figures even more, and 71% of children and teenagers report having a TV in their bedroom.[1] Young people now spend more time with media than they do in school—it is the leading activity for children and teenagers other than sleeping.[1,2]

In addition to time spent with media, what has changed dramatically is the media landscape.[3,4] TV remains the predominant medium (>4 hours per day) but nearly one-third of TV programming is viewed on alternative platforms (computers, iPads, or cell phones). Nearly all children and teenagers have Internet access (84%), often high-speed, and one-third have

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access in their own bedroom. Computer time accounts for up to 1.5 hours per day; half of this is spent in social networking, playing games, or viewing videos. New technology has arrived in a big way: some 75% of 12- to 17-year-olds now own cell phones, up from 45% in 2004. Nearly all teenagers (88%) use text messaging. Teenagers actually talk less on their phones than any other age group except for senior citizens,[5,6] but in the first 3 months of 2011, teenagers 13 through 17 years of age sent an average of 3364 texts per month.[5] Half of teenagers send 50 or more text messages per day, and one-third send more than 100 per day.[5] Teenagers access social media sites from cell phones,[6] and as reviewed in a recent clinical report from the American Academy of Pediatrics (AAP), social media, mainly Facebook, offers opportunities and potential risks to young wired users.[7] They are also avid multitaskers, often using several technologies simultaneously,[1] but multitasking teenagers are inefficient.[8] For example, using a mobile phone while driving may result in both poor communication and dangerous driving.[9]

Despite all of this media time and new technology, many parents seem to have few rules about use of media by their children and adolescents. In a recent study, two-thirds of children and teenagers report that their parents have "no rules" about time spent with media.[1] Many young children see PG-13 and R-rated movies—either online, on TV, or in movie theaters—that contain problematic content and are clearly inappropriate for them.[10,11] Few parents have rules about cell phone use for their children or adolescents. More than 60% of teenagers send and/or receive text messages after "lights out," and they report increased levels of tiredness, including at school.[12] One study found that 20% of adolescents either sent or received a sexually explicit image by cell phone or Internet.[13]

For nearly 3 decades, the AAP has expressed concerns about the amount of time that children and teenagers spend with media and about some of the content they view. In a series of policy statements, the AAP has delineated its concerns about media violence,[14] sex in the media,[10] substance use,[11] music and music videos,[15] obesity and the media,[16] and infant media use.[17] At the same time, existing AAP policy discusses the positive, prosocial uses of media and the need for media education in schools and at home.[18] Shows like "Sesame Street" can help children learn numbers and letters, and the media can also teach empathy, racial and ethnic tolerance, and a whole variety of interpersonal skills.[19] Prosocial media may also influence teenagers. Helping behaviors can increase after listening to prosocial (rather than neutral) song lyrics, and positive information about adolescent health is increasingly available through new media, including YouTube videos and campaigns that incorporate cell phone text messages.[20]

RECOMMENDATIONS FOR PEDIATRICIANS AND OTHER HEALTH CARE PROVIDERS

- Become educated about critical media topics (media use, violence, sex, obesity, substance use, new technology) via continuing medical education programs.

- Ask 2 media questions and provide age-appropriate counseling for families at every well-child visit: How much recreational screen time does your child or teenager consume daily? Is there a TV set or an Internet-connected electronic device (computer, iPad, cell phone) in the child's or teenager's bedroom? In a busy clinic or office, these 2 targeted questions are key. There is considerable evidence that a bedroom TV increases the risk for obesity, substance use, and exposure to sexual content.[1,21–26]

- Take a more detailed media history with children or teenagers who demonstrate aggressive behavior; are overweight or obese; use tobacco, alcohol, or other drugs; or have difficulties in school.

- Examine your own media use habits; pediatricians who watch more TV are less likely to advise families to follow AAP recommendations.[27]

PEDIATRICIANS SHOULD RECOMMEND THE FOLLOWING TO PARENTS

- Limit the amount of total entertainment screen time to <1 to 2 hours per day.

- Discourage screen media exposure for children <2 years of age.

- Keep the TV set and Internet-connected electronic devices out of the child's bedroom.

- Monitor what media their children are using and accessing, including any Web sites they are visiting and social media sites they may be using.

- Coview TV, movies, and videos with children and teenagers, and use this as a way of discussing important family values.

- Model active parenting by establishing a family home use plan for all media. As part of the plan, enforce a mealtime and bedtime "curfew" for media devices, including cell phones. Establish reasonable but firm rules about cell phones, texting, Internet, and social media use.

RECOMMENDATIONS FOR SCHOOLS

Community-based pediatricians, especially those serving in an advisory role to schools, are influential voices in school and neighborhood forums and can work to encourage a team approach among the medical home, the school home, and the family home. So pediatricians, especially

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those serving as school physicians or school medical advisors should:

- Educate school boards and school administrators about evidence-based health risks associated with unsupervised, unlimited media access and use by children and adolescents, as well as ways to mitigate those risks, such as violence prevention, sex education, and drug use-prevention programs.

- Encourage the continuation and expansion of media education programs, or initiate implementation of media education programs in settings where they are currently lacking.

- Encourage innovative use of technology where it is not already being used, such as online education programs for children with extended but medically justified school absences.

- Work collaboratively with parent-teacher associations to encourage parental guidance in limiting or monitoring age-appropriate screen times. In addition, schools that do use new technology like iPads need to have strict rules about what students can access.

PEDIATRICIANS SHOULD WORK WITH THE AAP AND LOCAL CHAPTERS TO CHALLENGE THE ENTERTAINMENT INDUSTRY TO DO THE FOLLOWING

- Establish an ongoing dialogue with health organizations like the AAP, the American Medical Association, the American Psychological Association, and the American Public Health Association to maximize prosocial content in media and minimize harmful effects (eg, portrayals of smoking, violence, etc).

- Make movies smoke-free, without characters smoking or product placement.[11]

PEDIATRICIANS SHOULD WORK WITH THE AAP AND LOCAL CHAPTERS TO CHALLENGE MANUFACTURERS OF PRODUCTS WITH PUBLIC HEALTH IMPLICATIONS (TOBACCO, ALCOHOL, FOOD) TO DO THE FOLLOWING

- Make socially responsible decisions on marketing products to youth; betterment of their health is the ultimate goal.

PEDIATRICIANS SHOULD WORK WITH THE AAP AND LOCAL CHAPTERS TO CHALLENGE THE FEDERAL GOVERNMENT TO DO THE FOLLOWING

- Advocate for a federal report within either the National Institutes of Health or the Institute of Medicine on the impact of media on children and adolescents that would establish a baseline of what is currently known and what new research needs to be conducted.

- Encourage the entertainment industry and the advertising industry to create more prosocial programming and to reassess the effects of their current programming.

- Issue strong regulations—self-regulation is not likely to work—that would restrict the advertising of junk food and fast food to children and adolescents.

- Establish an ongoing funding mechanism for new media research.

- Initiate legislation and rules that would ban alcohol advertising from television.[11]

- Work with the Department of Education to support the creation and implementation of media education curricula for schoolchildren and teenagers.

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AAP Policy Statement: "Children, Adolescents, and the Media"

Children, Adolescents, and the Media
COUNCIL ON COMMUNICATIONS AND MEDIA
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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Children, Adolescents, and the Media (print & online)

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Name:

Date:

Questions	Answers
1. The statement begins by saying that although media does not **cause** health problems in children, the evidence is that media can **contribute** to those health problems. What is the difference between "causing" an outcome to happen and "contributing" to that outcome?	
2. The text states we must "change the way pediatricians, parents, teachers, and society address the use of media to mitigate potential health risks and foster appropriate media use." Using the context of the sentence, find synonyms for the words *mitigate* and *foster*.	

Questions	Answers
3. What is the significant change being described in Paragraph 2?	
4. Paragraph 3 uses several pieces of evidence to illustrate the fact that the "media landscape has changed dramatically": in other words, that the types of media being used by children have become very diverse. Choose one of these pieces of evidence and describe how it supports the fact.	

Questions	Answers
5. Paragraph 4 documents that many parents and families do not have guidelines in place for use of media. Why would the AAP feel the need to include this information in the introduction to its policy statement?	
6. Paragraph 5 summarizes the statements the AAP has already made about media and children. Name one concern the AAP has about media and children, and one benefit the AAP has noted.	

Time: 15 minutes

Questions	Close Reading Guide
1. The statement begins by saying that although media does not **cause** health problems in children, the evidence is that media can **contribute** to those health problems. What is the difference between "causing" an outcome to happen and "contributing" to that outcome?	Say to students: * "Read along silently in your heads as I read aloud. Be sure to reread the text in your heads as well, after I give you the questions to answer." Read the first two sentences of the introduction aloud. Read Question 1. Have students write down their answers with their partners. Call on students to share out their answers. Listen for something such as: "Media does not directly make health problems happen, but it is one of many things that help to develop those health problems."
2. The text states we must "change the way pediatricians, parents, teachers, and society address the use of media to mitigate potential health risks and foster appropriate media use." Using the context of the sentence, find synonyms for the words *mitigate* and *foster*.	Read the next two sentences of the introduction aloud (finishing the first paragraph). Read Question 2. Have students write down their answers with their partners. Call on students to share out their answers. Be sure they note that *mitigate* means "to make less severe" and *foster* means "to help the growth and development of."

Questions	Close Reading Guide
3. What is the significant change being described in Paragraph 2?	Read aloud the second paragraph without interruption. Read Question 3. Have students write down their answers with their partners. Call on students to share out their answers. Listen for answers that indicate that children spend more time with media than ever before.
4. Paragraph 3 uses several pieces of evidence to support the claim that the "media landscape has changed dramatically": in other words, that the types of media being used by children have become very diverse. Choose one of these pieces of evidence and describe how it supports the claim.	Read the third paragraph without interruption. This paragraph is long and has much evidence in it; go slowly, pausing after each "chunk" of evidence. Consider supporting the paragraph with visuals if it would increase comprehension Read Question 4. Have students write down their answers with their partners. Call on students to share out their answers. Correct answers may vary (for example, students could discuss that 84 percent of children now have access to the Internet), but all answers should connect the evidence to the claim (for example, indicating that 84 percent is a large percentage of children).

Questions	Close Reading Guide
5. Paragraph 4 documents that many parents and families do not have guidelines in place for use of media. Why would the AAP feel the need to include this information in the introduction to its policy statement?	Read the fourth paragraph without interruption. Read Question 5. Have students write down their answers with their partners. Call on students to share out their answers. Listen for answers such as: "They want to show that there is a need for a statement from the AAP on this topic, because parents and families don't really know what to do about it, or don't understand how important it is to guide their children's use of media."
6. Paragraph 5 summarizes the statements the AAP has already made about media and children. Name one concern the AAP has about media and children, and one benefit the AAP has noted.	Read the final paragraph without interruption. Read Question 6. Have students write down their answers with their partners. Call on students to share out their answers. Correct answers may vary. Listen for those that directly reference the text, such as the connection to obesity and/or the extensive learning opportunities available through media.

AAP Policy Statement Note-catcher

Name:

Date:

Name of Section Assigned

Below, jot down the main ideas and supporting details of the section you have just read.

Main idea:	
Supporting detail:	Supporting detail:
Supporting detail:	Supporting detail:
Supporting detail:	Supporting detail:

Explanation of the AAP Recommendation Process

Researchers identify problems they want to study and seek funding from private and public (like the federal government) sources.

⇩

Researchers publish findings in medical journals, and other researchers try to replicate and test their findings. They also present their findings at conferences. This is called the peer review process.

⇩

The American Academy of Pediatrics appoints an Expert Advisory Committee to comb through medical journals and find those studies that have been peer-reviewed and proved to be sound. The Expert Advisory Committee focuses on one specific aspect of pediatric care and is made up of experts in that field.

⇩

The Expert Advisory Committee decides what recommendation should be made using several criteria. Among the questions members ask themselves: 1. How strong is the evidence that this recommendation should be made?   2. What is the balance between potential harm and potential benefit?   3. What has been recommended before? Is there new information that should change the existing recommendation?   4. How important is this to public health? How many people will this affect?   5. How likely is this recommendation going to address the health problem?

⇩

Finally the Expert Advisory Committee writes the recommendation, and the AAP disseminates the information to physicians and the public.

You are part of the Children and Media Expert Advisory Committee. Your job is to help the American Academy of Pediatrics revisit the recommendation that children older than 2 should spend no more than two hours a day on entertainment screen time. After examining both the potential benefits and risks of entertainment screen time, particularly to the development of teenagers, make a recommendation: **Should the AAP raise its recommended daily entertainment screen time from two hours to four hours?**

Name:
Date:

When you find a text you think you might use for research, you first need to assess it by asking these questions.

1. Assess the Text's Accessibility

- Am I able to read and comprehend the text easily?

- Do I have adequate background knowledge to understand the terminology, information, and ideas in the text?

2. Assess the Text's Credibility and Accuracy

- Is the author an expert on the topic?

- Is the purpose to inform or to persuade/sell?

- When was the text first published?

- How current is the information on the topic?

- Does the text have specific facts and details to support the ideas?

- Does the information in this text expand on or contradict what I already know about the topic?

3. Assess the Text's Relevance

- Does the text have information that helps me answer my research questions? Is it information that I don't have already?

- How does the information in the text relate to other texts I have found?

Informed by "Assessing Sources," designed by Odell Education

Neurologist's Notebook #6
The AAP Policy Statement: "Children, Adolescents, and the Media"

Name:
Date:

Read this quote from the AAP policy statement:

"They [teenagers] are also avid multitaskers, often using several technologies simultaneously, but multitasking teenagers are inefficient. For example, using a mobile phone while driving may result in both poor communication and dangerous driving."

How could the following aspects of adolescent neurology possibly explain, or connect to, the phenomenon described above?

Adolescent Neurology	How It Might Connect to the AAP Quote
The still-developing pre-frontal cortex	
The dopamine-based limbic system (also called the "risk/reward system")	