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Curriculum Units by Fellows of the National Initiative
2025 Volume V: Infectious Respiratory Disease

COVID-19 and Influenza and How They Affect Our Society and Future

Curriculum Unit 25.05.03, published September 2025
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Introduction and Rationale

"Ms. Lopez, how do we know what CVOID even is?" This is a question I was asked a lot in 2020. It inspired me to research and write a unit that would help students understand the complicated answer to this question.

This unit is for high school juniors and seniors; however, it can be used at all high school levels. The unit is meant to elicit critical thinking from students and help them learn about respiratory infectious diseases, specifically COVID-19 and influenza. The unit was inspired by the COVID-19 pandemic and how much false information was being spread through social media and is still being spread about respiratory viruses and other illnesses. What has been learned from this experience is that students need to think about how infection spreads and how it is a societal responsibility that we all must share as a community. This unit is to help them understand how respiratory diseases spread and mutate, and how to prevent infections; how masking is a great way to slow transmission. The unit will also help students understand the human impact of infections and how they affect them on a personal level. The visuals of the unit are meant to keep students in electives engaged and it's a way for students of all levels to find an "in" to interact with the material.

COVID-19 is a respiratory infectious disease. It is caused by the SARS-CoV-2 virus. It spreads through liquid droplets and other small aerosols that can leave and enter the body through the nose and mouth when coughing, sneezing, breathing, speaking, or singing. It spreads through the air and close contact and requires people to cover their mouths and noses when sneezing or coughing to prevent transmission.[1]

Influenza (flu), similar to COVID-19, is also a respiratory infectious illness. It can also spread in the air through liquid droplets expelled from people and can infect the nose, throat, and lungs.[2]

It is important for students to learn about both of these respiratory infectious diseases because it affects them in their daily lives. Often, it's hard to distinguish which disease we have, COVID-19 or the flu. Learning the science behind COVID-19 and influenza can allow students to understand the importance of prevention. This way when they encounter misinformation on social media, they'll be able to critically think and research factual information. Learning how viruses work can also help students and families avoid future school shutdowns and it can keep communities and families healthy and safer.

The COVID-19 pandemic was a trying time for many. It led to school shutdowns and virtual learning in many areas of the U.S. that had never had to adapt to at home learning. It was difficult for all involved in the new process to learn how to teach from home, learn from home, and find child care. It was also deadly for many. As of June 22, 2025, 7,097,851 people have died from COVID-19 in the world.[3]

In 2020, there was a lot of misinformation being spread about the virus, which led many to distrust vaccines and mask wearing for prevention. Many teachers had a realization of the need for education on virus transmission and prevention. Education on the science of viruses could lead to people thinking more critically and being able to decipher what information is real and what is not.

This curriculum unit explores the science of respiratory infectious diseases. It will focus on COVID-19 and influenza. The students will start the first half of the unit with lessons on COVID-19 and the flu transmission, symptoms, prevention, testing, and vaccines. The rationale behind this is that students should know where infectious respiratory diseases come from. How they spread and mutate. How long they can infect others through the air or surfaces, and how to prevent the spread of infectious diseases. Students should know the science for their own knowledge and safety, but also to understand the necessary precautions that are needed to prevent or stop outbreaks in the future to protect others.

Knowledge may also help them understand that infectious respiratory diseases should not be a political issue. Knowing the science behind respiratory infectious diseases will help make students critical thinkers. This can lead to students making better decisions for themselves and their communities in any future outbreaks and pandemics. During this part of the unit, there will be clips from the movies *Outbreak*[4] and *Contagion.*[5]The unit will also include episodes and clips from *The Last of Us*[6] and *Station Eleven*[7] (book by Emily St. John Mandel and TV series). An accompanying text will be *The Masque of the Red Death* by Edgar Allen Poe.[8]

For the 2nd half of the curriculum unit, the students will think about their own personal experiences with viruses and respiratory infectious diseases. They will begin to write COVID memoirs related to memories they've had with colds, flus, and other illnesses, but especially COVID-19. Going through a pandemic like COVID-19 was traumatic, and this could be a way to process the pandemic and to start thinking about how the virus affected their lives in both positive and negative ways. The students will have the option to compile the narratives like a diary, a graphic novel, or a short story. The narratives will be used like a human library project[9] or like *StoryCorps*[10] and *The Moth*[11] podcasts. Students will check out "human books" to tell each other their stories. Counselors and the social workers will be on standby should any student need to check in with them.

This part of the unit requires an already established safe community where students feel safe to share their stories with others. During this part of the unit, students will read excerpts from the Following accompanying texts.

Unheard Voices of the Pandemic edited by Dao X. Tran[12]

Narratives of Resistance in Everyday Lives and the Covid Crisis by Molly Andrews[13]

Pandemic and Narration: Covid-19 Narratives in Latin America by Andrea Espinoza Carvajal, Luis A. Medina Cordova[14] These texts will serve as anchor texts and examples of how to write their own stories. The texts will also serve to show students how many people have shared experiences about COVID-19 and other pandemic crises; it will help to humanize and help them think about how infectious disease affects everyone. The goal is

for students to understand that statistics aren't just numbers, they're human lives that have been altered and lost.

Demographics and Student Description

I teach at a Back of the Yards College Preparatory High School, a Chicago Public School, on the Southwest side of Chicago. The school is named for the neighborhood it serves, Back of the Yards. The neighborhood is the former location of the Union Stock Yards and has always been a diverse immigrant community.[15] Upton Sinclair wrote *The Jungle*, portraying the harsh conditions of the Union Stock Yards. It is currently primarily a Latino and Black neighborhood.[16]

The enrollment of the school is about 1,000 students. The school's population is comprised of students who are 95.9% Latino, 1.5% Black, 1.3% Asian, and 1.3% White. 93% of our students are low-income, 45% have chronic absenteeism, 38% are English Language Learners, and 9% have an Individualized Education Plan (IEP).

At Back of the Yards College Prep, I teach 12th-grade English. I am a general education and special education teacher. I teach English IV co-taught as the special education teacher, English IV instructional (self-contained), and general-ed Argumentative Literature, senior elective. My Argumentative Literature classes are an elective that can have students of all levels; it's a great opportunity for diverse learners to have classes with their at-level peers. I always have several students with IEPs, some with more severe conditions, IB students, ELL students, Bilingual students, and at-level students; it's a mix of all levels. This unit will be designed for the Argumentative Literature classes; however, I will also incorporate aspects of the curriculum unit in the English IV classes.

Content

The culminating objective of this unit will be for students to be able to see the connections between COVID-19 and influenza and recognize the importance of prevention. During the COVID-19 pandemic, students saw a lot of misinformation on social media and didn't know which sources could be trusted. The unit will teach them how these respiratory infectious viruses infect, replicate, change, transmission routes, prevention, and social media positives and negatives. This scientific knowledge could leave to more critical thinking and questioning of sources in future pandemics. It can help students understand that not everything we see on social media can be trusted. It will help them learn how to do their own research and what sources are credible.

Respiratory Infectious Diseases COVID-19 and Influenza

Often in a classroom setting, it is difficult to tell the difference between a flu or the COVID-19 viral infection. The symptoms can be the same and vary from person to person. Because both of these respiratory viruses are difficult to tell apart once one has it, it is important to know the smaller details to have the appropriate response when ill. This can help with prevention and spread precautions.

COVID-19

COVID-19, named after the coronavirus disease in 2019, is caused by the SARS-CoV-2 virus.[17] It is known that COVID-19 "host-switched,"[18] from animal to human, "Emergence of a pathogen between a vertebrate or an insect has been referred to as host-switching, sometimes described as a spillover event."[19] Host-switching occurs when hosts and humans have interactions socially, environmentally, and biologically. Coronavirus is the 3rd fatal bat virus to host-switch into humans. Researchers have found an emergence of factors associated with infections, "for example bat tourism, wet markets, wildlife supply chains for human consumption,15 land management practices, and environmental perturbations."[20] These are all the factors' investigators have found as to why coronavirus has host-swtiched from animals to humans. It is important to recognize the risk factors because the rise of another coronavirus is going to happen again in the future and people should be aware of why and how virus emerges and spreads. As teachers and community members, one must stay prepared for the potential of a future virus pandemic, "The findings described earlier reaffirm what has long been obvious: that future coronavirus transmissions into humans are not only possible, but likely. Scientists knew this years ago and raised appropriate alarm. Our prolonged deafness now exacts a tragic price."[21] As a society, and as educators, we must know the risk factors and act accordingly the next time we see the emergence of a similar virus.

Transmission Route

COVID-19 spreads via aerosols and droplets when an infected person expels liquid droplets and small particles of the virus (aerosols) that are then breathed in by someone else. The droplets can also infect others when they land on their face, nose, eyes, or mouth. Aerosols can be spread by airborne route and emitted from people when sneezing, coughing, singing, or talking.[22] Knowing these facts can help with knowing the correct ways to prevent the spread of the virus, especially in the classroom.

Symptoms

It is important to know the symptoms of COVID-19 for testing and prevention. Once people recognize the potential symptoms of this infectious respiratory disease, they will be able to prevent further spread to other people. According to the U.S. Centers for Disease Control (CDC), the symptoms of COVID-19 can be, "Fever or chills, cough, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, new loss of taste or smell, fatigue, muscle or body aches, headache, nausea or vomiting, [or] diarrhea."[23] Knowing the most common symptoms of COVID-19 can lead to people getting tested, wearing a mask, and isolated themselves until they are no longer contagious. This can help lower the risk of transmission to other people.

Prevention

It is important to know the ways in which we can prevent transmission of COVID-19 for the health and safety of those around us. Prevention starts with good hygiene practices. People should make sure to cover their mouth when coughing and sneezing at any time, even when not infected. A tissue can be used to cover the mouth and disposed of immediately after use. If a tissue is not ready at hand, sneezing in the elbow of the arm can also prevent spreading some of the liquid particles that can be expelled from the mouth. Frequent handwashing can also prevent the spread of COVID-19 as well as other illnesses.[24]

When someone knows they're sick, they should avoid others and stay home, if possible, especially if a fever is present with symptoms.[25] If a person has tested positive, they may be contagious for the next 5 days. People

should try to isolate in these 5 days and then take precautions to minimize spread after while they may still be contagious. Ways to minimize the spread are to wear a mask, have well ventilated rooms, good hygiene, and physical distancing.[26]

Air Quality

The COVID-19 virus is an airborne virus. “Taking steps for cleaner air is a core prevention strategy to lower risk from respiratory viruses.”[27] Bringing fresh air into a space can help prevent the spread of the virus in air particles. Opening the windows and doors inside, using an exhaust fan, or a portable air (HEPA) cleaner can help prevention illness. If buildings and homes have central heating and cooling, it is important to change the filter per the manufacturer’s directions for optimal air filtration. Aiming for 5 or more air changes per hour can help prevent the spread of COVID-19 and other respiratory illnesses. Gathering outdoors is also a good way to prevent the spread as virus particles don’t build up in the air outside as much as they do inside.[28]

Masks

Wearing a mask adds a layer of protection both for prevention and for lessening the spread of the virus when one is already sick. It is important that people choose the mask that is most protective for them, “Wearing the most protective one [mask] you can comfortably wear for extended periods of time that fits well (completely covering the nose and mouth) is the most effective option.”[29] There a several types of masks people can choose from. A cloth mask offers a lower amount of protection, surgical masks offer more protection, and masks like KN95 respirators offer the most amount of protection.[30] It’s important to find a mask that fits with minimal air gaps for best prevention of the spread of COVID-19 and other respiratory illnesses.

Testing

Testing for a respiratory virus like COVID-19 is a good way to know what prevention and treatment steps to take if someone is positive. There are different types of tests people can take, according to the CDC, “There are various types of tests for respiratory virus infections. Antigen tests ("self-tests" or "rapid tests") usually return results quickly (around 15 minutes). Nucleic acid amplification tests (NAATs), which include polymerase chain reaction (PCR) tests, are normally conducted by a healthcare provider.”[31] It is important for people to know of the various test options available to choose which one works best for them. However, the CDC does make a note, “Although antigen tests are usually faster, they are not as good at detecting viruses as NAATs. This means that you might get a negative result with an antigen test, but actually be infected with the virus.”[32] Although NAATs may be more reliable, experts still encourage the use of antigen tests as they are a great first step in determining if someone is infected with COVD-19. Antigen tests are readily available, cheap, or sometimes free. It’s a great way for people to determine their next steps while at home.

Vaccines

Vaccines help our bodies build immunity to the virus it is protecting us from without people having to actually get the virus. The COVID-19 vaccine works just like this. The COVID-19 vaccine does not carry any live virus and cannot cause infections.[33] However, they can trigger a side effects. According to the CDC, the following as known side effects:

mRNA vaccines (Pfizer-BioNTech and Moderna)

- Pain, soreness, redness at injection site
- Fatigue
- Headache
- Muscle pain
- Joint pain
- Chills
- Fever
- Nausea/vomiting (Moderna)
- In infants and toddlers, common symptoms include irritability or crying, decreased appetite, and sleepiness.

Protein subunit vaccine (Novavax)

- Pain, soreness, redness, swelling at injection site
- Fatigue
- Headache
- Muscle pain
- Joint pain
- Chills
- Fever
- Nausea/vomiting[34]

Severe allergic reactions can include anaphylaxis, swelling of the face, hives, high or low blood pressure. If someone is having an emergency reaction such as anaphylaxis, difficulty breathing, fast heart rate, dizziness, or weakness, they should seek immediate medical attention or call 911.[35]

mRNA vaccines (Pfizer-BioNTech and Moderna) vaccines

These vaccines contain messenger RNA or mRNA. This mRNA is the code for producing the spike proteins in the coronavirus. Once the mRNA is in your body, your cells make this protein and one's immune response is triggered. This response creates antibodies that get help the body from future illness. This helps train the body on how to protect against future COVID-19 infections. Side effects, that are typically much milder than infection, may occur which is a normal part of the process.[36] The mRNA is degraded over time and your body stops making the spike proteins. This mRNA cannot change a person's DNA.

Protein subunit vaccine (Novavax)

Protein subunit vaccines, "Protein subunit vaccines contain pieces (proteins) of the virus that causes COVID-19. These virus pieces are the spike protein."[37] These vaccines also contain a separate ingredient called an adjuvant, that help supercharge the immune system to respond to that spike protein. Once there is a response, the immune system will be able to recognize the spike protein and protect against COVID-19 infections in the future. Side effects are normal and are part of the process.[38]

COVID-19 vaccines are currently advised for adults ages 18 and over.[39] For anyone wanted a vaccine under the age of 18, it is advised people consult with medical professionals. The CDC advises the following people get vaccinated against COVID-19, [those who] never received a COVID-19 vaccine, are ages 65 years and older, are at high risk for severe COVID-19, are living in a long-term care facility, are pregnant, breastfeeding,

trying to get pregnant, or might become pregnant in the future, [and those who] want to lower your risk of getting Long COVID."[40]

Influenza

Influenza is a contagious respiratory infection. "There are three distinct types [genera] of influenza viruses that infect humans: influenza A, B, and C. Influenza A infects multiple species, including humans, swine, equines, and birds. It is more susceptible to antigenic variation and, hence, is the cause of major pandemics."[41] Influenza A is responsible for more pandemics while Influenza B and C typically remain at the epidemic level. "(Epidemic- An increase often sudden in the number of cases of a disease above what is normally expected in that population in a specific area. Pandemic- An epidemic that has spread over several countries or continents and affects many people.)"[42]

Transmission Route

Like COVID-19, Influenza or "the flu" can be directly transmitted by droplets or contact and is also considered an airborne virus, meaning it can spread when someone infected with the flu expels small particles while talking, coughing or sneezing into the air. These small infected particles infect another person when they enter the nose or mouth.[43]

Symptoms

Symptoms of the flu can be mild but are often severe and appear within two days of infection. According to the CDC, the following are the common symptoms of the flu:

People who have flu often feel some or all of these signs and symptoms:

- fever* or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (tiredness)
- some people may have vomiting and diarrhea, though this is more common in children than adults.

*It's important to note that not everyone with flu will have a fever[44]

The *Journal of Infectious Diseases* reports that 8% of people in their household study tested positive for the flu but had no symptoms.[45] It's important to remember that with some viruses like flu or COVID-19, some people are asymptomatic but may still be able to transmit disease to others.

Prevention and Vaccination

According to the CDC, getting a flu vaccine every year is the most important step in preventing the flu, "The first and most important step in preventing flu is to get a flu vaccine each year. Flu vaccine has been shown to reduce flu-related illnesses and the risk of serious flu complications that can result in hospitalization or even death."[46] The CDC also recommends people practicing distancing, properly covering their mouth in the elbow

of their arm when they sneeze or cough, good hygiene, and taking steps for cleaner air. The same prevention steps one would want to take in the prevent of COVID-19 as well.[47]

Available Vaccines

According to the CDC, “Beginning again in 2024-2025, all flu vaccines in the United States will be "trivalent" vaccines, which means they protect against three different influenza viruses: an influenza A(H1N1) virus, an influenza A(H3N2) virus, and an influenza B/Victoria virus.”[48] These flu vaccines work much like the COVID-19 vaccine in that they allow the body to build immunity by creating antibodies two weeks after the vaccine has been administered. These vaccines are created to cover some of the more prevalent strains of seasonal flu in the moment. Flu vaccines are re-engineered every flu season to try to protect against the current strains of the flu.

Testing

There are tests that can help detect the flu virus. They require health care professionals to swab the nose and back of throat. The most common test is the "rapid influenza diagnostic tests (RIDTs).[49] These test work by detecting the antigens that create an immune response; these tests may not be as accurate as other flu tests. There are also tests called “rapid molecular assays.”[50] These tests can detect the genetic material of the flu. These tests take a little longer for results but can be more accurate. There are other tests that can be done in a hospital setting that require the swabbing of the nose and back of the throat as well. However, testing doesn’t have to be done in order for a health care professional to diagnose a patient. The medical professional can diagnose a patient based on the symptoms they have present. Testing doesn’t have to be done for a doctor to prescribe an antiviral medicine and recent advances in testing have resulted in the availability of home flu test kits that are similar to the COVID-19 test kits.

Treatment

There are antiviral drugs a doctor can prescribe to treat the flu. These drugs work best when taken 1-2 days at the onset of the flu. It is important to note that these antiviral drugs are not antibiotics and they are not prescribed to treat COVID-19.[51] According to the CDC, “There are four FDA-approved antiviral drugs recommended by CDC to treat flu this season.

- oseltamivir phosphate (available as a generic version or under the trade name Tamiflu®),
- zanamivir (trade name Relenza®),
- peramivir (trade name Rapivab®), and
- baloxavir marboxil (trade name Xofluza®”[52]

It is recommended that these drugs be used to treat people with more severe cases of flu; people hospitalized with flu, people with serious flu illness, people with other health complications such as asthma, chronic lung disease, diabetes, or heart disease are at higher risk, as well as pregnant people.[53] These medications are not perfect and may not work for everyone. There are still thousands of deaths associated with COVID-10 and Influenza every year. People with milder flu illness do not usually need antiviral treatments.

Comparisons between COVID-19 and Influenza

Both COVID-19 and Influenza are infectious respiratory illness, but they’re caused by different viruses. According to the CDC, COVID-19 spreads more easily than the flu and can cause illness that is more severe

than the flu.[54] Although symptoms for both viruses may be similar, people with COVID-19 may take longer to show symptoms and can spread the virus for a longer period of time. Due to the similarity of the symptoms, testing is needed to confirm diagnosis. Although rare, people can be infected with both viruses at the same time.[55]

Chicago COVID-19 Statistics

Data that tracked COVID-19 deaths in Chicago from 2020-to the present show that 7,413 deaths were attributed to COVID-19.[56][57] Broken down by race, of those 7,413 deaths attributed to COVID-19, 2,024 deaths were identified as White (27.30%), 3,076 were identified as Black (41.46%), 1,901 were identified as Latinx (25.64%), 238 as Asian (3.21%), 106 as Other (1.43%), and 62 as Unknown (0.84%).[58] These statistics were taken from the Cook County Medical examiner's office. One can see the differences in deaths among the different racial groups in Chicago.

Back of the Yards, the Chicago neighborhood my school resides in also known as "New City," is primarily a Latinx and Black neighborhood. Total Population of Back of the Yards is 39,463. Of that population, 23.61% are Black non-Hispanic, 61.79% are Hispanic or Latinx, 11.65% are White non-Hispanic, and 2.03% are Asian non-Hispanic.[59] In the Back of the Yards neighborhood, there have been 156 deaths attributed to COVID-19 since the start of the pandemic.

Total deaths in Illinois since the start of the pandemic are 43,284.[60] In 2022, in Illinois, COVID-19 was ranked 4th for cause of death and Influenza/Pneumonia was ranked 10th .[61] These metrics can be important in the classroom because there will always be students who want to know how the pandemic affected their city or neighborhood in terms of deaths. It is important for the students to recognize the severity of these metrics.

Pedagogical Philosophy

My teaching philosophy is all about truth and how to make learning accessible for everyone at any level. I always think about what kind of learner I was and am, and what helps keep me engaged in learning. I then try to model that for my students. In my classes, I often have students of all levels and abilities. I always teach students who are special education, bilingual, English language learners, general education, and IB students. Within my units, I always like to include a variety of assignments and mixed media. I always include podcasts, videos, and movies as text. We annotate and answer text-dependent questions from our mixed media just like we do for our written texts. I have always been a visual and auditory learner, and I find that most of my students are as well. Using mixed media as well as written text helps my students of all levels find a way to engage with the materials. Some of my special education or English language learners may have difficulty with written text but thrive with visuals, podcasts, or audiobooks. It also keeps the students engaged, and it helps my units not get stale and boring for students. I take student input and suggestions and always include their suggestions in my curriculum units.

This unit has been created for a senior English elective class. The class is meant to be a place for students of all levels to continue practicing and working on the skills they need in their English core class. These strategies are used for the entire school year as we circulate through our curriculum units. We start the school

year with Social Emotional Learning (SEL) activities to begin to build trust and community for the entire school year. Throughout the year, SEL activities are used to maintain community in the classroom. Students learn best in environments they feel trust, care, and belonging. As an English class, students will also always Close Read and use Claim, Evidence, Reasoning (CER), when reading and analyzing a text. These three teaching strategies are the most important in our English classes.

Teaching Strategies

Social Emotional Learning (SEL)

In order to have students trust that their classroom is a safe space to share private and powerful stories of the COVID-19 pandemic, they need to develop a relationship with their teachers and feel a sense of community in the class. This can be supported with SEL activities. Students need to feel a connection to their teachers and classrooms to fully engage and open themselves to learning and support. SEL as a strategy can be anything that builds a community in a classroom. SEL activities can lead to fewer behavioral and disruption issues in the class. SEL can be done with class projects, artwork, games, one-on-one conferences, celebrations, field trips, etc.

Claim, Evidence, Reasoning (CER)

The main teaching strategy used in this English elective is claim, evidence, reasoning, or CER. This strategy aligns with Illinois Common Core Standards and can be used across all content subjects.

With CER, students learn that anytime you make a claim, you have to support it with evidence from a text, followed by an explanation of how the evidence supports the claim. It's a strategy or "formula," that can be used for short response questions, writing paragraphs, or writing essays. It works hand in hand with the teaching strategy of Close Reading.

When CER is used in a paragraph or essay, students can use the following "formula" to expand their paragraphs:

- Claim
- Evidence
- Reasoning
- Evidence
- Reasoning
- Conclusion of paragraph

This "formula" can be changed and edited per the needs of the student or the class. However, it's a good way to get students to structure their writing until they become experts and find their own voice and formulation that better works for them. This is the foundation they can use to build from.

Close Reading

Close reading a text is when students specifically read and annotate a text with a purpose or a lens. The

students may be reading to identify an author's central idea and find the evidence that will support the central idea. They can also be close reading for a multitude of other topics such as author's purpose, contradictions, literary devices, patterns, ambiguity, deeper layers or meaning, historical or cultural context, relationship to other texts, and many other topics. Annotating the text is a good way for students to retain information, but also to quickly go back to the text to find the evidence they need to support their answer.

Close reading and CER go hand in hand because as a student reads, they can be annotating for evidence that will support their short answer response, their paragraph, or their essays.

Intentional Grouping

Intentional Grouping is when an educator uses classroom data to place students together for better learning. Data may include ACT/SAT scores, ACCESS scores, reading and writing scores, behavior management, language barriers, accommodations, IEP data, and other data metrics specific to a certain school district. Intentional grouping assures that small groups of students will have a person from different skill sets to support learning together.

Accountable Talk

Accountable talk can be questions and sentence stems that can help students have more academic conversations related to any topic. This method can be used to check that students have understood the lesson and identify the gaps for reteaching. Intentional grouping and accountable talk can go hand-in-hand to allow academic conversations to take place.

Classroom Activities

Social Emotional Learning Activities (SEL)

Students will start the school year with SEL activities that will help them trust their teacher and the classroom community. We will begin the class with the following SEL activities:

Interest and Info survey: This survey is done on a Google Form and includes questions like, "What is your preferred name? What pronouns do you go by? Do you have any food allergies or medical conditions I should know about? Who are your favorite musical artists or musical genres? What are your favorite movies or genre to watch? Favorite TV shows? What video games do you like to play? What are your favorite podcasts? What are your favorite sports or hobbies?" As a teacher, I use these surveys to build classroom playlists and to try to create lessons according to some of their favorite things.

Identity and Vision Board: We do identity and vision boards at the beginning of class on Google Slides to represent different aspects of ourselves. We present them and display them (printouts) around the class. We revisit the vision boards mid-year and at the end of the year to reflect and make changes for our goals after high school.

Journaling: At the beginning of the year, students begin journaling to prepare them for the COVID Memoirs they will be writing later in the year. Journaling also prepares them for other writing projects and helps them

release and vent about anything happening in their lives.

One-on-one mini-conferences: throughout the school year, we will do one-on-one check-ins to check in with each student and to give them individual attention. The conferences can be for writing, but can also be just to check-in on how they're doing at that particular time period. Students can also request a mini-conference at any time.

Science Articles

We will be using Close Reading and Claim, Evidence, Reasoning (CER) for the COVID-19 and Influenza articles they will be reading. Students will read and annotate to identify the answers to their text-dependent questions. Students will scan the questions first and use them as their lenses for annotating. Example questions include: "What is COVID-19? How does it spread? How do we prevent the spread?"

For each question, students will answer the question in their own words as the Claim, find a quote from the text that supports their answer for their Evidence, and explain how that quote supports their answer with their Reasoning. This is a strategy and activity they will be doing with all their readings, videos, and podcasts.

Movie/Video/Podcasts Assignments

Like their reading assignments, students will treat their movies, videos, and podcasts as text. As they listen or watch, they will write down their annotations of the media. They will then use CER to answer text-dependent questions from the media. Students will not be expected to use direct quotes unless provided a transcript for the Evidence; instead, students will paraphrase what they watched or listened to. For example, "We can see the virus was spread from monkey to human in the scene where the monkey bites the human…"

Reading Short Stories

Students will be reading short stories from the following texts:

Unheard Voices of the Pandemic edited by Dao X. Tran[62]

Narratives of Resistance in Everyday Lives and the Covid Crisis by Molly Andrews[63]

Pandemic and Narration: Covid-19 Narratives in Latin America by Andrea Espinoza Carvajal, Luis A. Medina Cordova[64]

Short stories from these books will be used as anchor texts. Students will be using the Close Reading and Claim, Evidence, Reasoning strategies they have been using with their science readings and media. These stories of people's pandemic experiences are meant to get them ready to write their own COVID-19/pandemic stories. Students will discuss the impact of these stories in their small groups with accountable talk stems and answer text-dependent questions using CER.

Storytelling podcasts

Students will be listening to storytelling podcasts for more examples of how people tell their stories to others. They will be listening to episodes from the following podcasts:

The human library project[65]

StoryCorps[66]

The Moth[67]

Students will make annotations from each episode and discuss the impact of the stories in their small groups with accountable talk stems. They will use CER to answer text-dependent questions.

Memoir writing

The final activity of this unit will be writing their COVID-19 memoirs. Each student will write 4 or more true short stories about their life during the COVID-19 pandemic. The stories can focus on their actual COVID-19 illness and their experience with it. The stories can also focus on friends and family who contracted the disease, virtual learning, mental health, virtual meetings with friends and family, and any positive or negative experiences that happened during that time period. Students will have been journaling since the beginning of the school year to prepare for this assignment.

After writing their memoirs, students will become a Human Library Book. Students will go through 2-3 rounds of sharing their stories with peers. While students are listening to their peers tell their stories, they will write bullet points of anything that stood out to them or anything they could relate to. Students will then share their thoughts (positive only) with each other after sharing their stories. Students will not be required to tell their stories in front of the whole class, but may be offered additional credit if they do.

Graphic novel/comic assignment

The last part of the memoir assignment will be to choose at least 1 story to turn into a mini-graphic novel or comic. Students will be given a comic template to turn 1 of their stories into a graphic novel or comic. They may use digital tools to create their graphic novel as well. They will share completed graphic novels with their peers and discuss them using accountable talk stems. Their graphic novels will become part of the classroom library with the students' permission.

Enduring Understandings for this curriculum unit:

- Students will gain a better understanding of how viruses originate, spread, and mutate
- Students will gain a better understanding of the impact of infectious diseases on society and how we can all make a difference

Essential Questions for this curriculum unit:

- What is a virus made up of?
- How do viruses reproduce and mutate?
- How are viruses transmitted?
- How long can viruses infect others through the air or surfaces?
- How can we prevent the spread of viruses?
- How do viruses affect our society?
- Who is responsible for the spread of the viruses in society?
- Who should make the rules and laws about viruses and healthcare?

Appendix on Implementing District Standards

The teaching strategies and activities are aligned with the Common Core Learning Standards[68] for ELA grades 11-12 as required by Chicago Public Schools and The Illinois State Board of Education.

CCSS.ELA-LITERACY.RI.11-12.1 Cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text, including determining where the text leaves matters uncertain.

This standard ties into using CER (claim, evidence, reasoning); using textual evidence.

CCSS.ELA-LITERACY.SL.11-12.1 Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on grades 11-12 topics, texts, and issues, building on others' ideas and expressing their own clearly and persuasively.

Students have to actively discuss their thoughts and ideas with the whole class, small groups, and partners.

CCSS.ELA-LITERACY.W.11-12.1 Write arguments to support claims in an analysis of substantive topics or texts, using valid reasoning and relevant and sufficient evidence.

Students are required to be able to support their arguments with textual evidence; it’s part of CER (claim, evidence, reasoning).

CCSS.ELA-LITERACY.L.11-12.1 Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.

This unit will be used in an English class where students are expected to use the conventions standard English and grammar.

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