

DoDEA Manual 2700.3
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HEALTH EDUCATION
PERFORMANCE STANDARDS

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FOREWORD

The goal of health education is to prepare students to make wise decisions on matters concerning personal, family, and community health. The Department of Defense Education Activity (DoDEA) accomplishes this goal, in partnership with parents and the community, by providing regular and sequential health education, pre-kindergarten through grade twelve. Health education should engage students in developmentally appropriate and self-directed activities that are designed to help them take responsibility for their well-being and learning. In health education, students should gain an understanding and appreciation of healthful lifestyles that promote lifelong wellness.

This *DoDEA Health Education Performance Standards* manual serves as the framework of the health education curriculum. The standards guide teachers in planning lessons and learning experiences and in assessing student achievement of the minimum standards for being health educated. In addition, the standards clearly communicate the DoDEA health education expectations for all students to students, teachers, principals, parents, and the community.

The *DoDEA Health Education Performance Standards* manual, which was developed in accordance with the five-step cycle of the DoDEA Curriculum Development and Assessment Development Process, reflects input from students, parents, teachers, administrators, and curriculum specialists. It addresses the following DoDEA goals:

Goal 3: Student Achievement and Citizenship

Goal 6: Safe, Disciplined, and Alcohol and Drug-Free Schools

Goal 7: Teacher Education and Professional Development

Goal 8: Parental Participation

Goal 9: Accountability

The DoDEA health education standards align with the American Association for Health Education's National Health Education Standards and the latest research and guidelines on appropriate practices in comprehensive school health education. It is clear that good health and learning go hand in hand. In fact, most people agree that healthful young people make better students and better students make healthful communities. If schools do not deal with children's health education by design, they deal with it by default!

Ray Tolleson
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INTRODUCTION

Vision

We envision students, empowered by health literacy, applying health promotion and risk reduction concepts, attitudes, and skills in their pursuit of personal, family, and community health and wellness.

Philosophy

Health and well-being are not only necessary for effective learning, they help determine the quality of life each person enjoys. Ultimately, the focus of health education is on behavior, and is balanced between behavior that prevents disease and behavior that promotes health and the attainment of wellness. Comprehensive school health education (CSHE) is designed to assist students in the development of healthful behaviors that are based on valid health concepts and the application of skills related to health information literacy, health communications, and healthful choices. Health education is firmly rooted in medicine, public health, social/behavioral sciences, and education and encourages students to enhance the physical, intellectual, emotional, spiritual, and social aspects of their wellness. Most behavior that leads to poor health is established during youth. Threats to health that emerge during adolescence come primarily from behavior. The tendency of youth to exhibit risk-taking behavior makes it essential that professionally trained teachers teach health education and that health education be comprehensive in order to have a continuous and long-lasting effect.

Connections to school, family, and community provide supportive and protective factors that shape students' assets for enhancing their health and human potential. The experiences of school, home, and community influence how students feel about themselves. They also influence the choices students make, which can affect their health and their future. Comprehensive school health education (CSHE) experiences, in partnership with those from parents and the community, can provide the means to enable students to take responsibility for promoting health and wellness and avoiding risk-taking behavior.

Standards-based health education, using the latest materials, multiple teaching and assessment strategies, technologies, and a research base, should challenge diverse populations of students to access, understand, interpret, and apply health information and services to enhance their health and the health of others. Ultimately the community, faith organizations, and schools should view themselves as partners in CSHE. They should collaboratively support parents, the primary health educators, in addressing the health needs and interests of young people. Together, they should encourage young people to make healthful choices based on a health and wellness ethic. Appendix A cites guidelines for the role delineation in curriculum implementation.

PERFORMANCE STANDARDS AND ASSESSMENT

Standards are designed to improve the effectiveness of teaching and learning by focusing on outputs. They do this by establishing a common core for academic learning, clearly defining what is to be taught, what kind of performance is expected, and aligning assessment so that students know where to concentrate their efforts to meet or exceed the established standards. Success and quality of educational opportunity in a standards-based school system is measured by what students have actually learned. Schools are challenged to judge their efforts by the learning that occurs and to hold themselves accountable for results.

National Health Education Standards

The National Health Education Standards, developed with input from health educators, other professionals, parents, and community members, provide a framework to help students become healthy and successful. Based on the concept of *health literacy*, they address the ways in which health literacy is imparted: *Health literacy is the capacity of individuals to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that enhance health.*

The national standards represent the work of the Joint Committee on National Health Education Standards. Copies of the *National Health Education Standards: Achieving Health Literacy* can be obtained from the American Association for Health Education, <http://www.aahperd.org>, the American Cancer Society, <http://www.cancer.org>, or the American School Health Association, <http://www.ashaweb.org>. The seven National Health Education Standards state that:

1. Students will comprehend concepts related to health promotion and disease prevention. (In this manual, the concepts of the national standards are addressed in Standard HE1, *Health Education Concepts*.)
2. Students will demonstrate the ability to access valid health information and health-promoting products and services. (In this manual, the skills in national standard 2 are addressed in Standard HE2, *Health Information Literacy*.)
3. Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks. (In this manual, the skills in national standard 3 are addressed in Standard HE4, *Healthful Choices*.)
4. Students will analyze the influence of culture, media, technology, and other factors on health. (In this manual, the skills in national standard 4 are addressed in Standard HE3, *Health Communications and Influences*.)
5. Students will demonstrate the ability to use interpersonal communication skills to enhance health (In this manual, the skills in national standard 5 are

addressed in Standard HE3, *Health Communications and Influences*.)

6. Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health (In this manual, the skills in national standard 6 are addressed in Standard HE4, *Healthful Choices*.)
7. Students will demonstrate the ability to advocate for personal, family, and community health (In this manual, the skills in national standard 6 are addressed in Standard HE4, *Healthful Choices*.)

DoDEA Health Education Performance Standards

The DoDEA Health Education Performance Standards focus on the achievement of health literacy for all students. The health literate student is a critical and creative thinker, an effective communicator, a responsible and self-directed learner, and a productive citizen. It is well known that students' attitudes dictate the way they perceive knowledge and develop skills. Therefore, it is paramount that the development of positive attitudes be emphasized in the entire school and classroom culture as well as in the teaching and learning process.

Comprehensive school health education is essential to build the capacity of students to meet or exceed the *DoDEA Health Education Performance Standards*. The DoDEA performance standards are aligned to the National Health Education Standards and state that the student:

- HE1** Synthesizes health promotion and risk reduction concepts and attitudes.
- HE2** Develops health information literacy concepts, attitudes, and skills.
- HE3** Applies effective communication skills to analyze and enhance personal, family, and community health and wellness.
- HE4** Demonstrates the ability to self-manage by thinking then choosing behaviors that promote health and reduce health risks.

All teaching, learning, and assessment in health education should focus on these four standards. A detailed description of each of the standards follows. The numbering system and symbols are explained in the section **How To Understand and Use The Grade Level Performance Standards** found on page 21.

HE1 - Health Education Concepts: Through health education, the student synthesizes health promotion and risk reduction concepts and attitudes and is encouraged to make wise choices based on a health and wellness ethic. Basic to health education is a foundation of declarative knowledge about the interactions within the human body, the prevention of disease and other health problems, and the interrelationship between behavior and health. The physical, intellectual, emotional, spiritual, and social changes experienced as one grows and develops provide the student with a self-contained "learning laboratory." This behavioral approach to health education encompasses the application of specific skills to concepts and attitudes related to personal and community health; safety; nutrition and

physical activity; mental health; alcohol, tobacco and other drugs; and family life and human sexuality. In this manual, disease prevention and control, consumer health, and environmental health are all included under the broad personal and community health concept area. The assessment of conceptual understanding is explained on page eleven. The synthesis of the following six health promotion and risk reduction concepts and attitudes should enable students to become health literate self-directed learners and establish a foundation for leading healthful and productive lives. The six health concept areas are numbered and labeled with an abbreviation, as follows:

- 1a. Personal and Community Health (PCH):** This concept area includes an introduction to health and wellness in terms of basic concept attainment of risk reduction and health promotion principles. A focus on personal hygiene; disease prevention and control; the selection and use of health care products; access to health care; resources that promote community and environmental health; environmental health risks such as noise, UV light, lead, radiation, asbestos, pesticides and unclean water; and community health at the local, national, global, military, and civilian levels are included in this concept area.
- 1b. Safety (SFTY):** The concept of safety includes first aid for injury or sudden illness, prevention of child abuse and neglect (physical and sexual assault or abuse and child neglect), suicide prevention, and injury prevention. Injury prevention includes being safe at home (fires, falls, poisonings, drowning, and violence); being safe on the move (motor vehicles, bicycles, motorcycles, and pedestrian crashes); being safe at school (playground, sports injuries, and violence); being safe at work (hazards, equipment, working conditions, and violence); being safe in the community (intentional and unintentional injuries, i.e., falls, fire-related injuries, and drownings that occur in public places); and protection after the injury occurs by emergency medical systems, 911 emergency response, poison control centers, and trauma care systems.
- 1c. Nutrition and Physical Activity (NPA):** Healthful nutrition contributes to growth and energy and helps prevent chronic diseases such as heart disease, cancer, and diabetes. This concept area focuses on healthful food choices, the concepts of variety and moderation, benefits of healthful eating from the food groups, serving sizes, recommended proportions of foods, nutrient density, and using information on nutrition labels. Physical activity concepts focus on the relationship of exercise and nutrition, the role of nutrition and exercise in promoting health, and the benefits of physical activity to total wellness. At the middle and high school levels, this concept area is optional to teach because it is explicitly taught in either home economics or physical education. As appropriate, cooperation for planning curriculum integration in this concept area is encouraged.
- 1d. Mental Health (MH):** The mental health concept area includes a focus on the ability to express needs, wants, and feelings; to handle emotions in positive ways; to manage anger and conflict; to deal with frustration; and to develop stress management skills. The importance of using humor, having a positive

outlook on life, having an ongoing spirit of inquiry, and having positive self-esteem are also important components of health education about mental health.

- 1e. Alcohol, Tobacco, and Other Drugs (ATOD):** This concept area includes a focus on licit and illicit drugs. Benefits and risks of medicinal (licit) drug use, short- and long-term effects of non-medicinal (illicit) drug use, misuse, and abuse; dependency; the variety of influences on the use of alcohol, tobacco, and other illicit drug use; and strategies for prevention, intervention and treatment for chemical dependency are included. Educators are expected to convey a strong message about the dangers of illicit drug use to all students as well as assist students to explore nonchemical ways of coping with problems.
- 1f. Family Life and Human Sexuality (FLHS):** This concept area focuses on family life, human development, relationships, personal skills, society, and culture, preparation for parenthood, and sexual health. Behaviors that can place one at risk of contracting a sexually transmitted disease (STD), including HIV/AIDS are included beginning in grade four. Young people need to know that it is normal and healthy for human beings to give and receive affection. Abstinence from sexual intercourse is advocated as the healthful, safe, and responsible decision for adolescents.

HE2 - Health Information Literacy: Through health education, the student develops health information literacy concepts, attitudes, and skills by accessing, evaluating, using, and generating information efficiently, critically, and creatively for application to decisions and choices about health and wellness. The procedural knowledge of information literacy is numbered and labeled by an abbreviation, as follows:

- 2a.** The student demonstrates health **information literacy (IL)** skills by efficiently accessing health information and health-promoting products and services; critically evaluating information; accurately and creatively using health-related information; independently pursuing information related to personal health interests; appreciating health-related literature and other creative expressions of health information; practicing ethical behavior in regard to health-related information and information technology; and participating in groups to pursue and generate health-related information. Assessment is based on the identification of specific sources, the student's evaluation of source validity, the rationale for the need to access information; the rationale for source appropriateness, and on demonstration of the ability to access appropriate community resources to meet specific needs.

HE3 - Health Communications and Influences: In health education, the student applies effective intrapersonal and interpersonal communications skills to analyze and enhance personal, family, and community health and wellness. The procedural and conditional knowledge associated with health communications and influences are numbered and labeled by abbreviations, as follows:

- 3a. The student demonstrates the ability to use **intrapersonal** and **interpersonal communication (IC)** skills to enhance health and wellness. Assessment is based on the use of appropriate self-reflection, communication, and effective interactions among individuals as evidenced by appropriate message tactics such as "I-messages," eye contact, respectful tone, and expression of clear organized ideas. The use of refusal skills, such as a clear "no" statement, walking away, providing an excuse, and appropriate body language are included.
- 3b. The student analyzes the **influences (INF)** of the family, peers, laws, culture, media, technology, and other factors on health and wellness. Assessment is based on the examination, analysis, and presentation of a variety of external influences, including media, family, and peers. Internal influences, such as desires, likes and dislikes, interests, and curiosity are also emphasized. Student work should address and analyze the interrelationships and complexity of these influences.

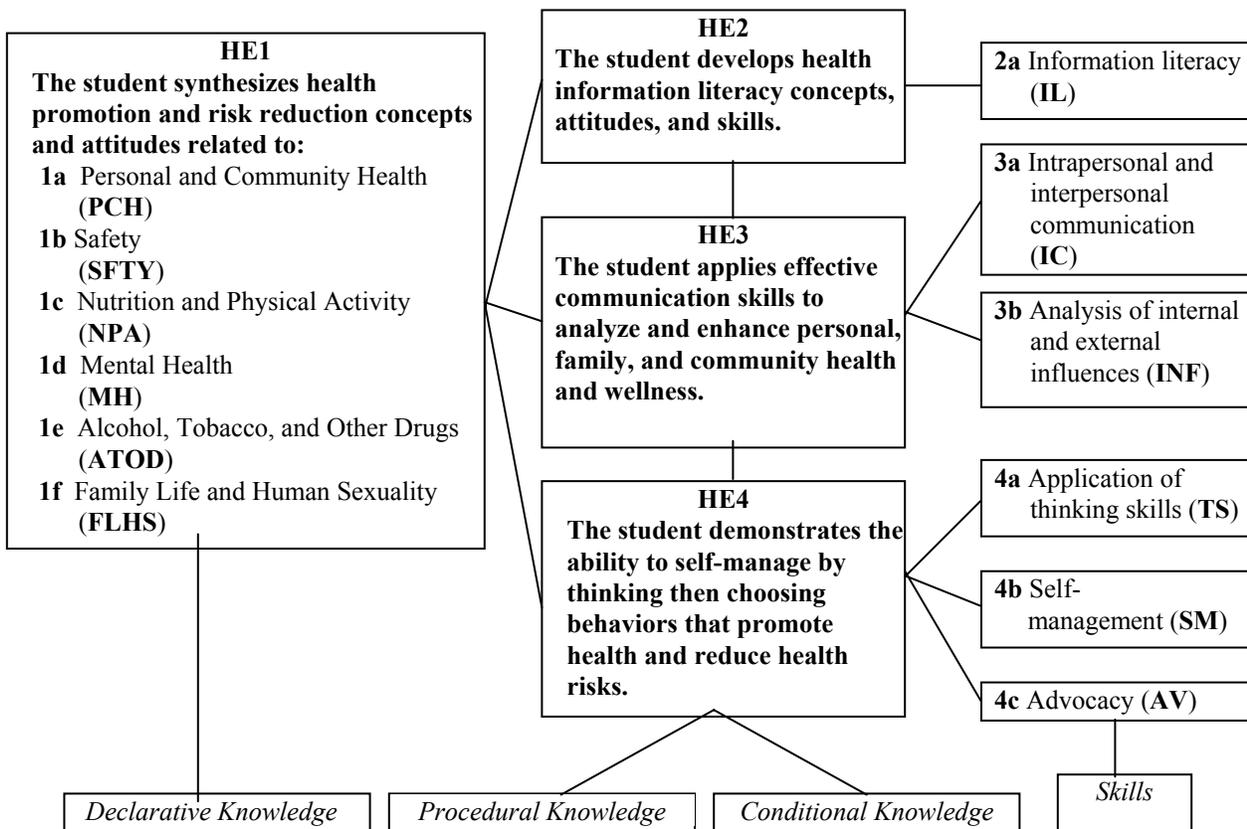
HE4 - Healthful Choices: Through health education, the student demonstrates the ability to self-manage by thinking and choosing behaviors that promote health and wellness and reduce risks. The procedural and conditional knowledge associated with healthful thinking and choosing are numbered and labeled by abbreviations for future reference.

- 4a. The student demonstrates the ability to apply critical and creative **thinking skills (TS)** to enhance health. Thinking processes and skills should be embedded in health education because dispositions toward thoughtful behavior are indicators of intellectual wellness and a foundation for health-enhancing behaviors. Assessment of thinking skills is based on personalized evaluation, reflection, and a logical progression through a thinking process. In addition to having students practice and "exercise" their thinking skills in health education, opportunities should be provided for metacognition – students' awareness of their thinking processes as they consciously perform tasks. Problem-solving; decision-making; goal-setting; use of inductive, deductive and analogical reasoning; conceptualization and generalization; and creation, communication, and evaluation of ideas and products encompass the processes of thinking development as applications of critical and creative thinking interact within and across the six health education concept areas.
- 4b. The student demonstrates the ability to practice health-enhancing **self-management (SM)** behaviors based on a health and wellness ethic. Strategies for reducing health risks and promoting positive health and wellness are learned. Assessment is based on evidence of the student's ability to take responsibility for health-enhancing behaviors and demonstrate the appropriate and complete health actions necessary for particular situations and circumstances.
- 4c. The student demonstrates the ability to advocate for personal, family, and community health and wellness. **Advocacy (AV)** is a unique skill and is based

on the student’s ability to promote and protect personal, family, and community health and wellness. Assessment is based on evidence of a clear, passionate, health-enhancing stand that persuades others to make healthful choices based on a health and wellness ethic.

DoDEA Health Education Performance Standards Overview

The overall design of the health education performance standards is based on the acquisition and application of knowledge and the integration of concepts, attitudes, and skills.



DoDEA Health Education Assessment Standard

Assessment employs multiple strategies to gather data on student achievement of established standards. Performance assessment should be embedded in the written, taught, and learned health education curriculum to guide and to provide diagnostic feedback on instruction. It provides students the best opportunity to demonstrate what they know and can do. The DoDEA health education assessment standard is modeled after the health education scoring rubric developed by the Council of Chief State Schools Officers~State Collaborative on Assessment and Student Standards (CCSSO-SCASS) Health Education Assessment Project and is aligned with the DoDEA health education performance standards.

DoDEA Health Education Rubric Scoring System

Student learning is assessed by scoring both the concept and the skill(s) addressed in a performance task, using separate five-point rubric scales - one for concept and one for skills. The five-point concept rubric scale is used to score the level of a student's declarative knowledge and thinking related to the health concept associated with a performance task. The five-point rubric scale for skill(s) is used to score the level of application of a student's procedural and conditional knowledge related to the skill(s).

DoDEA Assessment of a Student's Conceptual Understanding

Assessing conceptual understanding includes knowledge of accurate facts and the ability to see relationships, draw conclusions, and demonstrate comprehensiveness in a response. Student scores are based on the accuracy and completeness of information provided by means of authentic performance assessments. The Concept(s) Rubric Scale that follows is based on a one to five continuum. A score of four is considered to be "standard setting" and a score of five is considered to exceed the standard.

Concept(s) Rubric Scale

- 5—The response analyzes the relationship of health education concepts to wellness; is supported by comprehensive and accurate information; and exceeds proficiency through formulation of a unique and complex conclusion about health education concepts and wellness.
- 4—The response focuses on the relationship of health education concepts to wellness; is supported by comprehensive and accurate information; and draws conclusions about the health education concepts and wellness.
- 3—The response shows relationships between two or more health education concepts and includes breadth of information but may contain inaccuracies.
- 2—The response shows limited understanding of the information presented on the health education concept and contains inaccuracies or is incomplete.
- 1—The response addresses the assigned task but provides little or no accurate information about health education concepts.

DoDEA Assessment of a Student's Skill Proficiency

The assessment of skill is based on the student's level of proficiency in using the skill(s) in the application of a health concept to an authentic performance task. The Skill(s) Rubric Scale that follows is based on a one to five continuum. A score of four is considered to be "standard setting" and a score of five is considered to exceed the standard.

Skill(s) Rubric Scale

- 5—The response shows evidence of the ability to apply health education skills and exceeds proficiency through the formation of a unique and complex response that involves planning and forethought.
- 4—The response shows evidence of the ability to apply health education skills and is complete and contains no inaccuracies.
- 3—The response shows application of health education skills and may be complete but may contain minor inaccuracies.
- 2—The response shows limits in the application of health education skills and contains inaccuracies or is incomplete.
- 1—The response shows little or no application of health education skills.

DoDEA Assessment Overview

Examples of activities or sample performance tasks have been developed for concept areas considered “essential” to teach at each grade level. The following charts reference these activities and performance tasks for each of the six health education concept areas with their assigned grade level. Where samples of student work with scores and commentary are included in the grade level section of the manual, their performance tasks are asterisked (*).

Personal and Community Health (PCH)

Prek	SM —Making "good health choices" is important on a daily basis. Students will identify two good health choices that they make each day.
Kindergarten	SM* —Hand washing is essential for cleanliness and disease prevention. Students will practice and use the proper technique for hand washing.

Grade 1	IL* —Proper dental care techniques are essential for lifelong personal health. Students will recognize the importance of accessing community resources in order to maintain dental health.
Grade 2	AV* —The spread of many communicable diseases can be prevented with specific behaviors. Students will demonstrate the ability to influence others to use preventive health care techniques to help reduce the transmission of germs.
Grade 3	INF, TS, & SM* — Personal health habits are developed at a young age. It is important for students to recognize how these habits affect their health and make these habits part of their daily routine. Students will demonstrate proficiency in hygiene practices.
Grade 4	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>
Grade 5	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>
Grade 6	IL — Students in middle school are beginning to take responsibility for their own health care. Students will conduct research resulting in fact-based media presentations on a selected health care topic.
Grade 7	<i>At this level, this concept area is recommended to teach and assess; however, it is not essential.</i>
Grade 8	IL —Many non-communicable diseases are inherited and/or tend run in families. Students will investigate those that are genetically based.
HS - HE I	INF, TS, & AV —Music can be played too often, too loud, and/or too long causing potential environmental health, including hearing problems. Students will create a public awareness campaign targeted at enjoying music while reducing health-related risks.

Safety (SFTY)

Prek	AV —On the school playground, safe use of equipment and reports of playground hazards are important to promote. Students will advocate for safety on the playground.
Kindergarten	IC —Knowing the dangers of the unsupervised use of matches, lighters, etc., students will demonstrate how effective use of refusal skills and strong interpersonal communication can help prevent fire injuries to themselves and others.
Grade 1	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>

Grade 2	TS —Taking steps to prevent injuries when using a bicycle requires thoughtful decision-making. Students will demonstrate an ability to apply effective decision-making skills when operating their own bicycles in everyday use.
Grade 3	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>
Grade 4	SM* —Unintentional injuries are a major cause of death among young people. Students will demonstrate appropriate responses and basic first aid in a simulated emergency where an injury or sudden illness has occurred.
Grade 5	<i>At this level, this concept area is recommended to teach and assess; however, it is not essential.</i>
Grade 6	SM —Proper action by the first responder at the scene of an injury can save lives. Students will simulate proper techniques to use in respiratory emergencies (rescue breathing and aiding a choking victim).
Grade 7	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>
Grade 8	SM —Recognizing that there is a relationship between violence and lifestyle behaviors, students will be able to identify stressors that lead to interpersonal conflict and then apply various techniques for appropriate conflict resolution.
HS - HE I	SM —Appropriate care after an injury can reduce bodily harm and save lives. Students will demonstrate the emergency care skills for early heart attack and stroke symptom recognition and emergency room access, CPR, musculo-skeletal injuries, soft tissue injuries, burns, shock, cold and heat emergencies, and other simulated medical emergencies.

Nutrition and Physical Activity (NPA)

Prek	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>
Kindergarten	TS* —Snack foods can be a part of a healthful and balanced diet. Students will demonstrate the ability to apply the decision-making process to choose a variety of healthful snacks.
Grade 1	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>

Grade 2	INF —Nutrition in an overall healthful lifestyle is made up of many small choices, which are subject to a variety of influences. Students will begin to identify various influences and evaluate their importance in making personal food choices.
Grade 3	IL —Lifelong participation in physical activity is important for young people in the school and community. Students will investigate opportunities for physical activities in school and community settings.
Grade 4	TS —Making healthful food choices is essential for proper growth and development. Students will demonstrate healthful food choices and develop plans for a healthful diet based on the Food Guide Pyramid.
Grade 5	SM —When personalizing a health-related physical fitness workout, the FIT formula should be applied for each activity. Students will create a personalized weeklong exercise and physical activity plan based on the principles and components of physical fitness.
Grade 6	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>
Grade 7	<i>At this level, this concept area is totally optional because it is explicitly taught in either home economics or physical education. As appropriate, the transfer of learning through integrated curriculum and instruction is encouraged.</i>
Grade 8	<i>At this level, this concept area is totally optional because it is explicitly taught in either home economics or physical education. As appropriate, the transfer of learning through integrated curriculum and instruction is encouraged.</i>
HS - HE I	<i>At this level, this concept area is totally optional because it is explicitly taught in either home economics or physical education. As appropriate, the transfer of learning through integrated curriculum and instruction is encouraged.</i>

Mental Health (MH)

Prek	<i>At this level, this concept area is totally optional.</i>
Kindergarten	<i>At this level, this concept area is recommended to teach and assess; however, it is not essential.</i>
Grade 1	IC —The potential for conflict with peers exists in a child’s everyday experience. In order to deal with these situations in a manner that contributes to an overall healthful lifestyle, students will demonstrate skills of anger management and conflict resolution as they apply to interpersonal communications.

Grade 2	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>
Grade 3	<i>At this level, this concept area is recommended to teach and assess; however, it is not essential.</i>
Grade 4	SM —Emotional wellness is an integral component of good health. Students will demonstrate coping strategies for emotional wellness that include a focus on stress management and conflict resolution.
Grade 5	IC —Within our diverse society, students need to be able to communicate effectively in order to build strong and healthful relationships. Students will demonstrate effective interpersonal communication strategies that are essential in developing and maintaining healthful relationships.
Grade 6	<i>At this level, this concept area is recommended to teach and assess; however, it is not essential.</i>
Grade 7	IL —While middle school students confide more readily in peers than adults, at times professional assistance is warranted. Students will analyze a hypothetical peer crisis and then conduct research on available resources to compile an adolescent mental health directory. IL & INF —Internal attitudes about personal successes and talents and pressures from peers, family, and society influence the development of self-esteem. Students will analyze how personal experiences and societal influences affect self-esteem. *
Grade 8	<i>At this level, this concept area is recommended to teach and assess; however, it is not essential.</i>
HS - HE I	IC — Personal, family, and community health are enhanced through effective communication. Students will use verbal and nonverbal skills to simulate developing and maintaining healthful interpersonal relationships. SM — The ability to cope with stress effectively affects physical and emotional health and overall quality of life. Students will identify the sources of stressors in their lives and develop various stress management techniques to promote and/or maintain overall physical, intellectual, emotional, spiritual, and social health and wellness.

Alcohol, Tobacco, and Other Drugs (ATOD)

Prekl	<i>At this level, this concept area is totally optional.</i>
Kindergarten	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>
Grade 1	AV* —Tobacco use affects the health both of smokers and of those around them. Students will demonstrate the ability to influence others to consider the health impacts of smoking and secondhand smoke.

Grade 2	<i>At this level, this concept area is recommended to teach and assess; however, it is not essential.</i>
Grade 3	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>
Grade 4	IL —Drugs, used appropriately for medicinal purposes, can treat illness, ease symptoms, and save lives; used inappropriately, they can cause health problems, even death. Students will conduct research to determine appropriate uses of drugs, accessing information from reliable sources. INF* — Choices about use or nonuse of tobacco are largely made before and during adolescence. Students will analyze the variety of internal and external influences on personal decisions about tobacco use.
Grade 5	TS* —Decisions about illicit drug use are frequently made before and during adolescence and those decisions can affect the rest of one’s life. Students will apply the decision-making process to enable them to make healthful choices about illicit drug use.
Grade 6	INF & IC* —Adolescents frequently make decisions based on social pressures, peer group conformity, and family values. Students will analyze protective and resiliency factors for maintaining healthful behaviors about not using alcohol and other drugs and effectively clarify and communicate their personal expectations to others.
Grade 7	INF —Alcohol use is a lifestyle choice that is related to health problems, injury, and disease. Students analyze how alcohol related messages from entertainment, media, and advertising influence health behaviors. TS — Adolescents frequently make decisions regarding alcohol and other drug use based on social pressures and peer group conformity. Students will conduct group research to analyze consequences of substance abuse for themselves and others.
Grade 8	<i>At this level, this concept area is recommended to teach and assess; however, it is not essential.</i>
HS - HE I	IL & AV* —Recognizing the increase in teen tobacco use, students will advocate for a tobacco-free community, including limited access and provision of tobacco-free activities, and will investigate smoking cessation opportunities for teens. IC & TS —Knowing that alcohol is a contributing factor in vehicular crashes, students will simulate a demonstration of positive decision-making to reduce personal injury. Students will use appropriate communication techniques to influence peers to take appropriate actions in high-risk alcohol-related situations.

Family Life and Human Sexuality (FLHS)

Prekl	<i>At this level, this concept area is totally optional.</i>
Kindergarten	<i>At this level, this concept area is totally optional.</i>
Grade 1	<i>At this level, this concept area is recommended to teach and assess; however, it is not essential.</i>
Grade 2	<i>At this level, this concept area is totally optional.</i>
Grade 3	<i>At this level, this concept area is totally optional.</i>
Grade 4	<i>At this level, this concept area is recommended to teach and assess; however, it is not essential.</i>
Grade 5	AV* — During puberty, the rate of human growth and development is distinctive and individual differences need to be accepted. Students will develop and advocate for positive relationships with others.
Grade 6	<i>At this level, this concept area is strongly recommended to teach and assess; however, it is not essential.</i>
Grade 7	IC & TS —Sexual involvement requires the maturity to be a parent. Students will research the consequences of sexual activity and demonstrate refusals to sexual contact that places them at risk for pregnancy or disease.
Grade 8	IL & AV —HIV infection is a life-threatening disease that can be transmitted through unprotected sexual activity. Students will create public awareness projects persuading others to make healthful behavioral choices and demonstrate their ability to access appropriate resources.
HS - HE I	IC —Sexual behavior of adolescents puts them at risk for serious health problems that can be life-threatening. Students will demonstrate communication skills with peers to express needs, wants, and feelings and to use refusal, negotiation, and collaboration skills to avoid potentially harmful sexually related situations. TS* —HIV and other serious STDs are transmitted through sexual activity. Students analyze sexual behaviors to determine risks of infection, apply thinking skills, and simulate choices about sexual involvement.

DoDEA Health Education Curriculum Grade Level Emphasis

The following chart identifies the concepts and skills to be taught at each grade level. An **E**, **SR**, or **R** in a shaded row indicates that the concept and skill(s) are essential (**E**), strongly recommended (**SR**), or recommended (**R**) to be taught and assessed at that grade level. If time permits, teaching other concepts is optional for each grade level. At the secondary

level, teaching nutrition and physical activity in health education is optional because it is explicitly taught in home economics or physical education. As appropriate, an integrated curricular approach to teaching these concepts is encouraged. An acronym for a skill(s) appearing in a row (**IL, IC, INF, TS, SM, or AV**) indicates that an example of an activity for demonstrating students' knowledge of the concept and their proficiency in utilizing the specified skill(s) is included in the grade level section of the manual. An asterisk (*) placed before the skill indicates that a sample performance task and one or more samples of student work with commentary are included in the manual for that grade level. At a glance, one can see the health concepts and skills that are essential to teach and assess at each grade level.

DoDEA Health Education Curriculum Grade Level Emphasis											
Concept / Skill Integration	Prek	K	1	2	3	4	5	6	7	8	Health Education I
PCH Personal & Community Health	SM	SM	IL	AV*	INF TS SM*			IL		IL	INF TS AV
	<i>E</i>	<i>E</i>	<i>E</i>	<i>E</i>	<i>E</i>	<i>SR</i>	<i>SR</i>	<i>E</i>	<i>R</i>	<i>E</i>	<i>E</i>
SFTY Safety	AV	IC		TS		SM*		SM		SM	SM*
	<i>E</i>	<i>E</i>	<i>SR</i>	<i>E</i>	<i>SR</i>	<i>E</i>	<i>R</i>	<i>E</i>	<i>SR</i>	<i>E</i>	<i>E</i>
NPA Nutrition & Physical Activity		TS*		INF	IL	TS	SM				
	<i>SR</i>	<i>E</i>	<i>SR</i>	<i>E</i>	<i>E</i>	<i>E</i>	<i>E</i>	<i>SR</i>	**	**	**
MH Mental Health			IC			SM	IC		IL		SM IC
		<i>R</i>	<i>E</i>	<i>SR</i>	<i>R</i>	<i>E</i>	<i>E</i>	<i>R</i>	INF <i>E</i>	<i>R</i>	<i>E</i>
ATOD Alcohol, Tobacco, & Other Drugs			AV*			IL	TS*	INF*	INF TS		IL & AV*
		<i>SR</i>	<i>E</i>	<i>R</i>	<i>SR</i>	INF* <i>E</i>	<i>E</i>	<i>E</i>	<i>E</i>	<i>R</i>	IC & TS <i>E</i>
FLHS Family Life & Human Sexuality							AV*		IC TS	IL AV	IC TS*
			<i>R</i>			<i>R</i>	<i>E</i>	<i>SR</i>	<i>E</i>	<i>E</i>	<i>E</i>

Grade Level/Course Emphasis: *E*- ESSENTIAL to teach and assess, *SR* -Strongly recommended to teach and assess, *R* -Recommended to teach and assess, or blank box - optional to teach and assess

HE2 - HEALTH INFORMATION LITERACY

IL—Information Literacy (2a)

HE3 - HEALTH COMMUNICATIONS & INFLUENCES

IC— Intrapersonal & Interpersonal Communications (3a)

INF—Analysis of Internal and External Influences (3b)

HE4 - HEALTHFUL CHOICES

TS—Application of Thinking Skills (4a)

SM—Self-management (4b)

AV—Advocacy (4c)

* Denotes work and commentary included in manual

** Denotes explicit instruction in either home economics or physical education

HEALTH EDUCATION COURSE CODES*

LONG TITLE	SHORT TITLE	COURSE CODE	GRADE	LENGTH	GRAD TYPE	COMMENTS
Health Education 5A	Health Ed 5A	HLME01	5	9	N/A	
Health Education 5 B	Health Ed 5B	HLME02	5	9	N/A	Recommended preparation is Health Ed 5A
Health Education 5AB	Health Ed 5AB	HLME03	5	18	N/A	
Health Education 6A	Health Ed 6A	HLMF01	6	9	N/A	
Health Education 6B	Health Ed 6B	HLMF02	6	9	N/A	Recommended preparation is Health Ed 6A
Health Education 6AB	Health Ed 6AB	HLMF03	6	18	N/A	
Health Education 7A	Health Ed 7A	HLM101	7	9	N/A	
Health Education 7B	Health Ed 7B	HLM102	7	9	N/A	Recommended preparation is Health Ed 7A
Health Education 7AB	Health Ed 7AB	HLM103	7	18	N/A	
Health Education 8A	Health Ed 8A	HLM201	8	9	N/A	
Health Education 8B	Health Ed 8B	HLM202	8	9	N/A	Recommended preparation is Health Ed 8A
Health Education 8AB	Health Ed 8AB	HLM203	8	18	N/A	
Health Education I	Health Ed I	HLH301	9-12	18	GH	Required Course for Graduation
Health Education II	Health Ed II	HLH401	10-12	18	GH	
Health Education III	Health Ed III	HLH501	10-12	18	GH	
Health Education / TEL	Health Ed / TEL	HLH3010T	9-12	18	GH	Required Course taken via Distance Learning

* Course descriptions are found at the front of each grade level section.

GRADE LEVEL PERFORMANCE STANDARDS

How to Understand and Use The Grade Level Performance Standards

The manual contains sections that are grade or course specific for prekindergarten through the required high school Health Education I course and elective Health Education IIa and IIB courses. Each section includes the health education performance standards for that grade or course. The manual also contains course descriptions for Grades 5 through Grade 8 Health Education, along with the required high school Health Education I and elective Health Education II and III courses. The DoDEA health education performance standards have the following features:

- **Each health education standard is identified by a symbol, consisting of letters and a number.** There are four performance standards for health education. The symbols for the health education performance standards are **HE1**, **HE2**, **HE3**, and **HE4**. These symbols appear throughout the manual wherever there is a reference to a specific health education performance standard.
- **Health education performance standards contain one or more parts.** Each part is identified by a lower case letter, such as a, b, c, and so on. **HE1 Health Education Concepts** is made up of six parts, each representing a major concept area (personal and community health; safety; nutrition and physical activity, mental health; alcohol, tobacco, and other drugs; and family life and human sexuality.) Each part of a performance standard is identified by a lower case letter, for example, the part of the **Health Education Concepts** performance standard that refers to synthesizing health promotion and risk reduction concepts and attitudes related to personal and community health is **HE1a**. The part that refers to synthesizing health promotion and risk reduction concepts and attitudes related to safety is **HE1b**, and so on through **HE1f**.
- **Performance descriptions** are narrative descriptions of what students should learn and the ways they should demonstrate the knowledge, attitudes, and skills they have developed in health education. They are identified by a bullet preceding the statement and a number and lower case letter following the statement. Each part of a performance standard has one or more performance descriptions. The performance standard that the performance description refers to is identified by a number appearing after the statement. The part of the performance standard that the performance description refers to is identified by the lower case letter appearing after the number. For example, a performance description ending with "**1a**" refers to the student's synthesis of health promotion and risk reduction concepts and attitudes "**1**," as it is related to the part of the performance standard dealing with personal and community health "**a**".

- **Examples of activities** are illustrations of the kinds of work students might do to demonstrate their achievement of the health education performance standard. They indicate the nature and complexity of activities that are developmentally appropriate. They are examples only and do not represent requirements nor a complete list of possible activities. When generating their own examples of activities, teachers are encouraged to have students encounter the "big ideas" worth knowing, use a multiple intelligences approach, and be involved in authentic learning experiences that connect to their interests.

- A **work sample and commentary** appears on the pages immediately following the examples of activities, where completed. They were provided by DoDEA Health Education Standards Writing Group members who developed sample grade-level performance tasks for essential teaching areas. They are intended to provide a detailed guide for curriculum-embedded assessment. Each performance task work sample and commentary provides the following information:
 - ◇ **The task** is a general description of the task the students were given to complete. It describes the specific concept and skill(s) to be demonstrated in the student work. It also provides ideas for appropriate products or projects that students could construct to demonstrate their knowledge and skill.

 - ◇ **Circumstances of performance** identify the conditions under which the work was performed.

 - ◇ **What the work shows** explains the criteria for a standards-setting performance. A commentary section addresses the identified concept and skill(s) of the student work sample, consists of brief descriptive phrases, and precedes the student work sample.

 - ◇ **Work samples** are actual DoDEA student work that was collected by teachers who volunteered to field-test the performance tasks. The examples include score points and commentaries to help teachers understand the DoDEA health education rubric scoring system and the rationale for the scores. The commentary draws attention to the qualities of the work in relation to the task description and concept and skill(s) being assessed. The student work sample scores and commentary were determined through an inter-rater reliability scoring process by members of the DoDEA Health Education Standards Writing Group.

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