



Health Education

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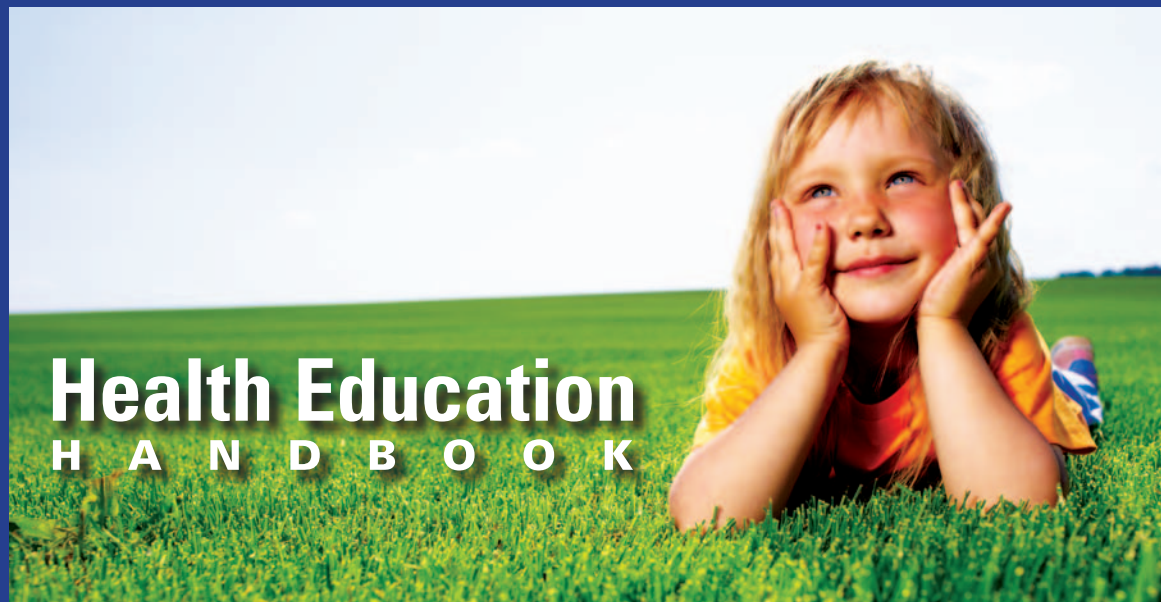
For further information, contact:

Michael Coburn
Division of Student and School Learning Support
(225)-342-3338
Michael.Coburn@la.gov

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OVERVIEW



Health Education
HANDBOOK

INTRODUCTION

Through legislative requirements of Act 180 (2007), the Louisiana Department of Education (LDOE) was given the responsibility to coordinate the development and implementation of health and physical education (PE) curricula in all public elementary and secondary schools. Also in 2007, coordinated school health stakeholders recommended the development of grade-level expectations (GLEs) for health and PE. GLEs have been developed for core content subjects to develop grade-by-grade standards to guide the development of curriculum, instruction, and assessment and to provide uniformity in subject content taught across Louisiana. Therefore, the Department of Education chose to develop GLEs to achieve the charge of developing curricula in health and PE.

PURPOSE OF THE GLE HANDBOOK

The Louisiana Health Education Content Standards Handbook includes grade-specific information about the GLEs. The Handbook includes introductory information, standards, benchmarks, GLEs, assessment strategies, glossary, references, and resources.

GRADE-LEVEL EXPECTATIONS DEVELOPMENT GUIDELINES

Each grade-level expectation is meant to further define a content standard and benchmark(s). There is a progression of specificity; the standards represent broad statements, benchmarks are more specific, and GLEs provide the most detail. Grade-level expectations have been developed from kindergarten through grade 12.

GLEs do not represent the entire curriculum for a given grade or course. Rather, they represent the core content that should be mastered by the end of a given year by all students. For mastery to be achieved at a given level, it may be necessary for those skills to be introduced at an earlier grade. Similarly, skills will need to be maintained after mastery has occurred.

The GLEs were developed with the following goals in mind:

- to articulate learning from K-12
- to be appropriate for the developmental or grade level of students
- to move from the concrete to the abstract
- to attend to prerequisite skills and understandings
- to be specific

The GLEs were developed with an effort to avoid:

- statements of curricular activities or instructional strategies
- value-laden concepts and understandings

SUMMARY OF GLE DEVELOPMENT PROCESS

1. Convening GLE Development Committee

In February 2009, health education professionals from around Louisiana, chosen for their knowledge of standards and curriculum, were convened by the Division of Student and School Learning and Support, Health and Wellness Section, to assist with the development of GLEs for health education.

2. Completing Initial Drafts

Although the development committee was organized into grade cluster levels of K-2, 3-5, 6-8, and 9-12, the GLEs were written specifically for each grade level. Throughout 2009 and 2010, the development committee met face-to-face on three occasions and spent numerous hours reviewing and modifying the GLEs. The draft GLEs were completed and prepared for further review.

3. Conducting an Online/Electronic Public Review

An online/electronic public review and feedback system was developed for the GLEs and made available on the LDOE Web site. The purpose of this review was to solicit a broad range of feedback on the GLEs from parents, teachers, and other stakeholders.

4. Identifying National Consultants

With the assistance of the National Association of Sport and Physical Education (NASPE), the Division of Student and School Learning and Support, Health and Wellness Section, was able to identify three national consultants to provide an external review of the GLEs and assist with GLE implementation strategy development.

5. Completing an External Review

The national consultants conducted a thorough review of the GLEs and each provided the DOE and the development committee with a report of suggested GLE revisions.

6. Conducting Final Committee Meeting

The GLE development committee was reconvened to review public comments and feedback from the external review consultants. The committee made final edits to the documents for presentation to the Louisiana State Board of Elementary and Secondary Education (BESE).

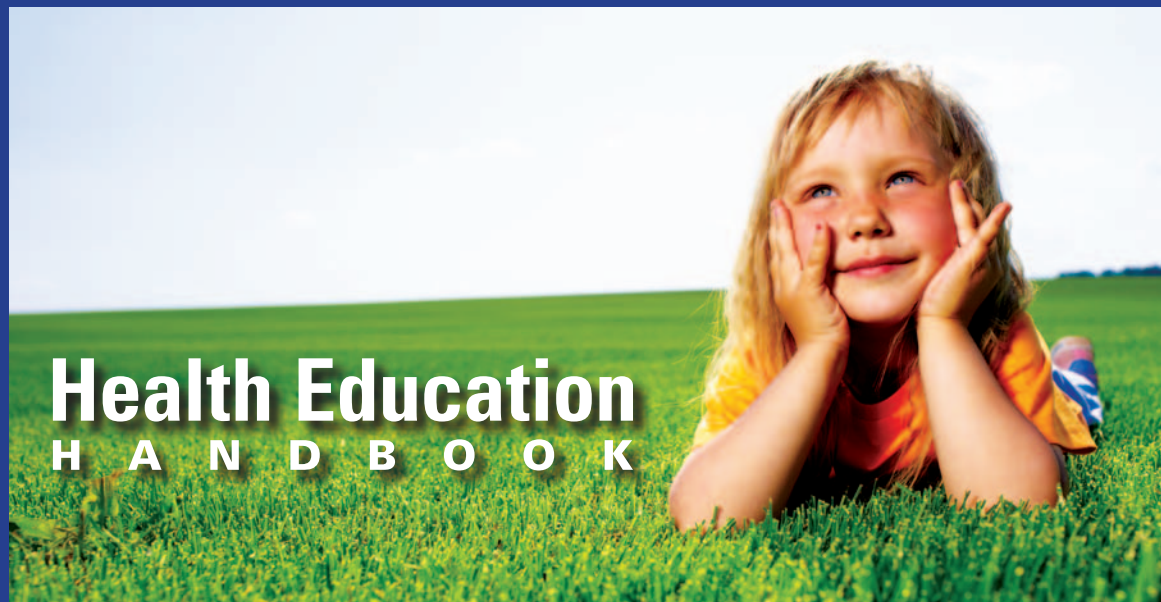
7. Obtaining BESE Approval of the GLEs

In January 2011, the LDOE staff presented the GLEs to the BESE for review and approval.

CONCLUSION

Louisiana's content standards and benchmarks have guided the Louisiana education reform program for several years. As an extension of the content standards and benchmarks, the GLEs provide a link among instruction, curriculum, and assessment. The primary goal is a common understanding among parents, students, teachers, and the general public about what is expected of Louisiana students as they progress from grade to grade.

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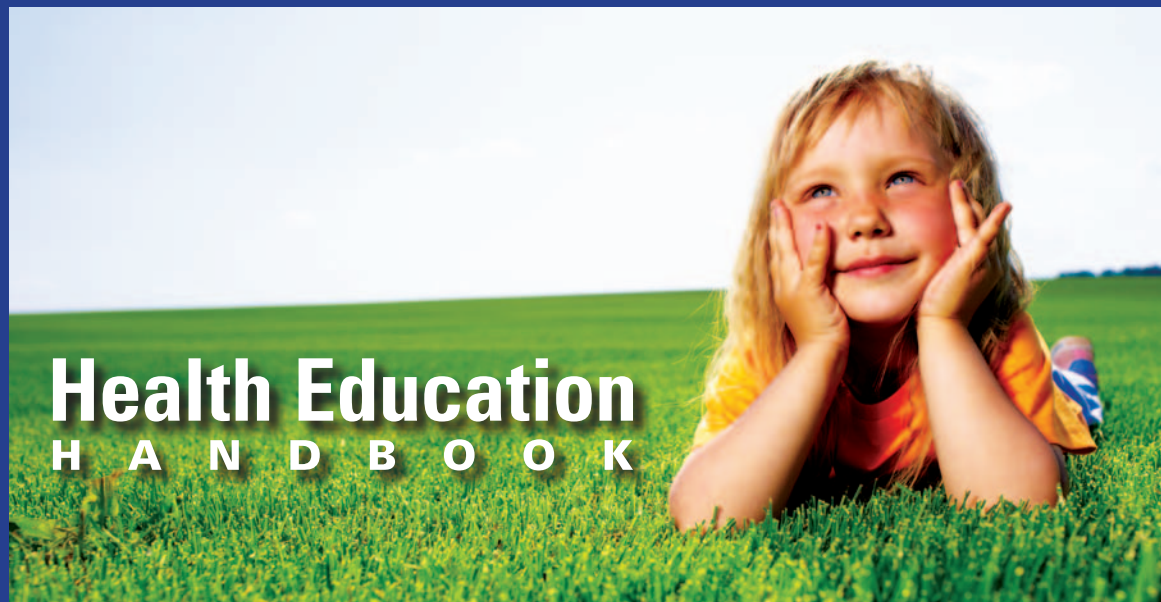


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INTRODUCTION



SECTION I: INTRODUCTION

In this era of educational reform, health education standards are critical to improving quality of life through student learning. They provide direction for moving toward excellence in teaching health information. Quality health education provides guidance for maintaining a healthy lifestyle for all individuals, including those with disabilities. Through competency of key concepts and skills outlined in this document, students will become health-literate, effective problem-solvers, self-directed learners, effective communicators, and responsible, productive citizens.

Health literacy is the capacity of an individual to obtain, interpret, and comprehend basic health information and services and the competence to use such information and services in ways that are health enhancing for the individual, family, and community. Four characteristics are identified as being essential to health literacy. The health-literate person is:

- a critical thinker and problem-solver,
- a responsible, productive person,
- a self-directed learner, and
- an effective communicator.

A fundamental mission of schools is the promotion of healthy behaviors by providing individuals with knowledge, abilities, and skills to become healthy and productive citizens. Optimal health leads to effective living, learning and enjoyment of life for all individuals. It is also an asset for students facing intense competition, peer pressure, stress, and a full program of intellectual and physical activities. The primary purpose of health education is the translation and integration of health concepts into personal behavior.

The *Louisiana Health Education Content Standards* offer a coherent vision of what it means to be health-literate. These standards identify the knowledge and skills essential to the development of health literacy. In addition, the standards provide a guide for enhancing and continuing education of teachers and a blueprint for local curriculum developers. The standards are broad enough to allow flexibility according to strengths or challenges identified in each community and to make them culturally relevant.

Louisiana Health Education Content Standards establish a framework for interdisciplinary connections across learning areas and the inclusion of school health curriculum. This type of framework will facilitate a new and more informed consensus among Louisiana educators and the public to further refine the answers to the question, “What should all Louisiana students know and be able to do at the end of health education instruction?”

Goal: The goal of the standards project is to develop a framework of essential knowledge and skills for Louisiana students that accurately reflects contemporary knowledge about teaching and learning, prepares students to apply their knowledge in a variety of situations, and prepares students for life-long learning.

LOUISIANA CONTENT STANDARDS FOUNDATION SKILLS

The Louisiana Content Standards Task Force has developed the following foundation skills that should apply to all disciplines:

1. **Communication**: A process by which information is exchanged and a concept of “meaning” is created and shared between individuals through a common system of symbols, signs, or behavior. Students should be able to communicate clearly, fluently, strategically, technologically, critically, and creatively in society and in a variety of workplaces. This process can best be accomplished through use of the following skills: reading, writing, speaking, listening, viewing, and visually representing.
2. **Problem-Solving**: The identification of an obstacle or challenge and the application of knowledge and thinking processes which include reasoning, decision-making, and inquiry in order to reach a solution using multiple pathways, even when no routine path is apparent.
3. **Resource Access and Utilization**: The process of identifying, locating, selecting, and using resource tools to help in analyzing, synthesizing, and communicating information. The identification and employment of appropriate tools, techniques, and technologies are essential in all learning processes. These resource tools include pen, pencil, paper, audio and video material, word processors, computers, interactive devices, telecommunication, and other emerging technologies.
4. **Linking and Generating Knowledge**: The effective use of cognitive processes to generate and link knowledge across the disciplines and in a variety of contexts. In order to engage in the principles of continued improvement, students must be able to transfer and elaborate on these processes. “Transfer” refers to the ability to apply a strategy or content knowledge effectively in a setting or context other than that in which it was originally learned. “Elaboration” refers to monitoring, adjusting, and expanding strategies into other contexts.
5. **Citizenship**: The application of the understanding of the ideals, rights, and responsibilities of active participation in a democratic republic that includes: working respectfully and productively together for the benefit of the individual and the community; being accountable for one’s civil, constitutional, and statutory rights; and mentoring others to be productive citizens and lifelong learners.

NEED AND CONTEXT FOR REFORM

Education reform is driven by concerns of government and business leaders for the future of the country in a technological world economy. Parents and community members concur that calling for reform will enable students to become responsible members of their families and communities. It is agreed that essential preparation for success in work and family and community settings includes the acquisition of the foundation skills. Future workers and members of society need the ability to apply knowledge from multiple sources to a variety of contexts while working cooperatively.

Twenty-First Century Skills

The elements described in this section as “21st century student outcomes” are the skills, knowledge and expertise students should master to succeed in work and life in the 21st century. (*Framework for 21st Century Learning*)

Health Literacy

- Obtaining, interpreting and understanding basic health information and services and using such information and services in ways that are health enhancing
- Understanding preventive physical and mental health measures, including proper diet, exercise, risk avoidance and stress reduction
- Using available information to make appropriate health-related decisions
- Establishing and monitoring personal and family health goals
- Understanding national and international public health and safety issues

Learning and Innovation Skills

Learning and innovation skills are increasingly being recognized as the skills that separate students who are prepared for increasingly complex life and work environments in the 21st century and those who are not. A focus on creativity, critical thinking, communication and collaboration is essential to prepare students for the future.

Information, Media, and Technology Skills

People in the 21st century live in a technology- and media-suffused environment, marked by various characteristics, including:

- 1) access to an abundance of information,
- 2) rapid changes in technology tools, and
- 3) the ability to collaborate and make individual contributions on an unprecedented scale.

To be effective in the 21st century, citizens and workers must be able to exhibit a range of functional and critical thinking skills related to information, media and technology.

Life and Career Skills

Today’s life and work environments require far more than thinking skills and content knowledge. The ability to navigate the complex life and work environments in the globally competitive information age requires students to pay rigorous attention to developing adequate life and career skills such as:

- Flexibility and Adaptability
- Initiative and Self-Direction
- Social and Cross-Cultural Skills

Whenever possible, instructors are encouraged to integrate 21st Century skills into classroom instruction. In reviewing these skills, you will see that many of them are aligned with health education standards and the foundations skills.

Health: A Key Component

Educational excellence in traditional content areas may not be sufficient to secure the future competitiveness of the country. Alcohol, tobacco, and other drug use, as well as low levels of physical activity, poor nutrition, injuries, teenage pregnancy, sexually transmitted infections and diseases, obesity, depression, stress and other mental health issues contribute to a lower health status and result in loss of work and school time.

Health education in schools is essential to enable students to acquire the knowledge and skills needed to practice good health. Implementation of planned, sequential health curricula has been linked to changes in students' attitudes and behaviors. Poor health habits often carry over into adulthood. Students who follow good health habits are more alert, perform at a higher level, are absent less, and have greater self-esteem. These traits carry over into adulthood. Healthy adults will be prepared to contribute to the nation's economic competitiveness by working more effectively and decreasing employee absenteeism. Due to an increase in disease prevention, fewer medical services should be required, thereby reducing health insurance costs.

Decreased business costs will increase productivity as a result of a workforce of healthy individuals. In addition, health knowledge and skills, when applied, ensure a better quality of life.

The Recognized Need

The major health problems facing the United States today are largely preventable, and attributable to a few types of behaviors. Such behaviors include those that lead to injury through violence or accidents, drug and alcohol abuse, poor nutrition, suicide, pregnancy and insufficient physical activity (*Surgeon General's Vision for a Healthy and Fit Nation*, 2010). Additionally, recent studies suggest that adolescent depression may approach 8 percent of the population, and approximately 15-20 percent of adolescents will exhibit depression during their teen years (Schlozman, 2001). It is important that we address these behaviors early in a child's education through school programs.

An increasing number of children are developing habits that lead to unhealthy lifestyles. Findings from the *Surgeon General's Report* and the Centers for Disease Control and Prevention (CDC) indicate that as students age they participate in fewer forms of physical activity. This finding, coupled with additional risk factors (e.g., tobacco and drug use, poor eating habits, and an increase in sedentary activities) leads to an increased incidence of cardiovascular disease,

cancer, stroke, obesity, and Type II diabetes. According to the 2008 Behavior Risk Factor Surveillance System (BRFSS), only 27.8 percent of Louisiana residents categorize themselves as being in good health.

The cost of cardiovascular diseases in the United States in 2009 was estimated at \$475.3 billion (Circulation, 2009). This figure includes both direct cost health expenditures (the cost of physicians and other professionals, hospitals and nursing home services, medications, home health, and other medical durables) and indirect cost health expenditures (loss of productivity resulting from morbidity and mortality). In 2005, more than 30 percent of the deaths in Louisiana were due to cardiovascular diseases (DHH, 2008). Many of these lives could have been saved if bystanders promptly phoned 911, began cardiopulmonary resuscitation (CPR), and trained rescuers provided defibrillation within minutes.

Louisiana has alarming rates of obesity. In a recent report from the CDC, Louisiana had the 8th highest rate of adult obesity and 7th highest rate of overweight and obese youths (ages 10-17). In a similar report, New Orleans was found to be the most obese city in America. In 2008, according to the BRFSS, 34.7 percent of adults in Louisiana reported being overweight and 28.9 percent reported being obese. There is evidence to conclude that obesity-related diseases account for approximately 80 percent of the national health care budget, or about \$100 billion. Health-risk behaviors claim a high proportion of Louisiana's Medicaid dollars (48 percent).

In addition, suicide has become a significant cause of death in the United States. Based on facts published by the CDC and the Louisiana Adolescent Suicide Prevention Task Force:

- For people from 15-25 years old, suicide is the third leading cause of death;
- More teenagers and young adults die from suicide than from cancer, AIDS, heart disease, birth defects, strokes, pneumonia, influenza, and chronic lung disease combined; and
- In 1996, medical treatment for youth suicide in Louisiana for ages 0 to 20 years was \$364 billion.

According to the 2008 Louisiana Youth Risk Behavior Survey (YRBS), 14.5 percent of high school students have made a suicide attempt, 6.9 percent have attempted suicide and another 2.0 percent have made a suicide attempt that resulted in an injury requiring treatment by a doctor or nurse. The Louisiana 2008 YRBS results show that in a class of 30 students 2.8 students have attempted suicide in the past twelve months.

Suicide prevention, along with other health education issues, can be easily integrated into the health education curriculum that is based on health education content standards. Today, the goals of health education focus more on the development of the whole person. Greater emphasis is placed on health and wellness of the human being. Promoting personal well-being includes attention to mental health, as well as physical health.

Additionally, the 2008 Louisiana YRBS reports that 17.6 percent of Louisiana high school students surveyed smoked cigarettes and 45.1 percent drank alcohol during the past 30 days prior to survey administration.

Looking Forward

Traditionally, the health education curriculum has been organized around health content topic areas. Today, greater emphasis is being placed on health and wellness. The *Health Education Content Standards* are an ideal means for providing guidelines for a curriculum addressing high-risk behaviors and healthy lifestyles.

The CDC has identified six risk behaviors that are incorporated in the organization of the new health content standards. The six risk behaviors are:

1. Tobacco use
2. Sedentary lifestyle; poor physical activity patterns
3. Alcohol and drug abuse
4. Unhealthy dietary behaviors
5. Behaviors that result in accidents and injuries
6. Sexual behaviors that result in sexually transmitted infections and diseases and unintended pregnancy

In collaboration with health and education partners (Association for the Advancement of Health Education of the American Alliance for Health, Physical Education, Recreation, and Dance, American School Health Association, American Public Health Association, and American Cancer Society), the CDC assists in providing states with information and skills needed to avoid such risk behaviors. The eight components of a coordinated school health program systemically address these risk behaviors and the development of healthy lifestyles. They are:

1. Health Education
2. Physical Education
3. Health Services
4. Nutrition Services
5. Counseling, Psychological, and Social Services
6. Healthy School Environment
7. Health Promotion for Staff
8. Family and Community Involvement

Coordinated school health programs offer the opportunity to provide the services and knowledge necessary to enable children to be productive learners and to develop skills to make health decisions for the rest of their lives.

PURPOSE

This framework document organizes and integrates the content and process of health education. It serves as a bridge between classroom practice and national standards established by the health education community. The standards define what a health-educated person should know, understand, and be able to do. Although the standards provide a framework for curriculum development, local education agencies may choose topics to meet the needs of children and youth in their communities.

The *Louisiana Health Education Content Standards* framework is designed to guide the process of reforming health education in this state. It provides the following:

- A framework for developing a comprehensive K-12 health education curriculum,
- A catalyst for insightful discussion of the fundamental nature of health education,
- A guide for evaluating progress and achieving health education benchmarks among the students of Louisiana,
- A vision of health education for the state, and
- A tool to enable local districts, schools, and educators to grasp the nature, purpose, and role of health education.

INTENDED AUDIENCES

This document is intended for use mainly by kindergarten through grade 12 teachers of health education and curriculum developers.

INTENDED USE

Intended uses for this framework include the following:

1. For teachers and curriculum developers, a guide for planning curriculum, instruction and assessment;
2. For parents, a means for gaining information regarding the effectiveness of their children's health education program;
3. For administrators and school board members, a vision for health education and a basis for planning resource allocations, material purchases, local curriculum development and teachers' professional development;
4. For policy makers and state education staff, a basis for developing laws, policies and funding priorities to support local reforms;
5. For staff developers, a basis for creating professional development materials and strategies designed to increase teachers' knowledge of health education content, teaching methods and assessment strategies;
6. For assessment specialists and test developers, a guide for the development of an assessment framework to assess students' health education understanding and ability more effectively;
7. For colleges and university faculties, a guide for content and design of teacher preparation programs; and

8. For business and industry leaders and government agencies, a basis for developing effective partnerships and local reforms for funding instructional materials and professional development.

SECTION II: THE TEACHING AND LEARNING OF HEALTH EDUCATION

The CDC recommends teaching health education as a self-contained class with infused classes serving as an adjunct to, instead of substituting for, health education classes. Infused classes are defined as courses that include some health education content, but primarily focus on another subject. The CDC recommends teaching health as an academic class where the lessons are taught sequentially, are behaviorally-focused, and promote positive messages.

Curriculum Integration

Adoption of standards across curricular areas increases the potential to make connections which come naturally among subjects from early childhood through high school. Curriculum integration can help students make connections between health content and generic skills (e.g., critical thinking, decision-making, etc.). In addition to teaching health education in a self-contained environment, integration of other subjects will support, rather than replace, student learning of health education concepts. However, for integration to be effective, staff development must occur. Teachers need time to meet collaboratively, to identify connections across subject areas, and to plan curricular integration within and across grade levels.

In teaching health education, other subject areas can be easily integrated. Health education curricula can be easily integrated with reading comprehension, language arts, science, mathematics, social studies, and physical education. For example, at the elementary level, the health education curriculum is specifically intended to teach the interpersonal and conflict management skills students need to "get along." These skills are grounded in listening and speaking effectively. Health education also affords students many opportunities to write about topics of interest to them, such as their personal feelings, growth, and development. In addition, students can apply the mathematical and science processes of measuring, charting, graphing, estimating, predicting, justifying, and classifying in conjunction with health lessons. At the middle and high school levels:

- language skills are utilized in accessing and evaluating health information,
- citizenship and communication skills are involved in community advocacy,
- knowledge of body system functions includes anatomy, and
- environmental science concepts are reinforced by the understanding of ecological systems.

Technology

Technology can enhance learning by improving both the efficiency and effectiveness of instructional time. The *National Health Education Standards* and *Louisiana Health Education Content Standards* expect students to demonstrate the ability to access health information. School districts are expected to provide for the utilization of information technologies in the delivery of health instruction.

Students will be required to make numerous health care decisions in their lifetimes and must do this in an environment in which they are bombarded with health information that may, or may not, be accurate. Comprehensive health education prepares students to use and evaluate information from a variety of sources for accuracy. This requires that students use technology to gather current, accurate information prior to making decisions and taking action. The use of technology to access information is an essential lifelong health literacy skill.

The technology choices available to educators are simply staggering compared to a few years ago. The advent of podcasting, for example, has enabled the teaching of technology and media skills through the creation of student-run "radio shows." Subscribing to topical podcasts can be a cheap, enlightening way for students and teachers alike to get more out of a lesson; streaming video presents a means of making any subject more easily understood, such as by observing medical conditions or treatments in action; and interactive web sites allow for easy, more efficient, research, plus the use of realistic simulations and models. Taken as a whole, the possibilities are endless, but technology must be used in the context of learning specific content.

The careful, guided use of technology to enhance the effectiveness of health education can allow all students to access the most current information, health data, models, and resources. Due to the abundance of information available, educators, administrators, and parents are encouraged to evaluate the quality of available information prior to presenting it to students.

Assessment

Standards involve statements about what students should know and be able to do. Included in this process is the construct of assessment. Health education assessment reflects the process of accumulating evidence about a student's level of competence in the area of health. Inferences can then be made based upon the evidence ascertained. The primary goal of assessment facilitates learning, rather than the documentation of learning. It is critical for health educators to assess individual performance. Such assessment should:

1. Reflect health education content that is most important for students to learn, based upon the *Louisiana Health Education Content Standards*, Benchmarks and GLEs;
2. Enhance learning through a connection with instruction;
3. Provide valid and reliable evidence of student performance; and

4. Produce valid inferences about student learning specific to health education.

Formative assessment by instructors has proven to be the most effective form of assessment for improving student performance. While many educators are highly focused on state tests, it is important to consider that over the course of a year teachers can build in many opportunities to informally assess how students are learning and then use this information to make beneficial changes in instruction to meet student needs. This diagnostic use of assessment to provide feedback to teachers and students over the course of instruction is called formative assessment. It stands in contrast to summative assessment, which generally takes place after a period of instruction and requires making a judgment about the learning that has occurred (e.g., by grading or scoring a test or paper).

At a time in which greater demands are likely to be placed on assessment than any other time in United States education history, there continues to be escalating discomfort with traditional forms of assessment, including multiple-choice, true-false, matching machine-scored tests. With this in mind, assessment practices must support instruction of health education and student learning.

Alternative assessment can take many forms, such as portfolios, group projects, discussions and debates, event tasks, case studies, student logs, and role-playing. Such assessments can include:

- Tasks that directly examine the behavior the teacher wishes to measure;
- Criterion-referenced scoring;
- Assessment of higher levels of learning;
- Student participation in development of the assessment and ownership of the final product; and
- Assessment criteria or rubrics that are given to students in advance.

Rubrics are the scoring criteria by which student performance is judged. They are used most often with alternative assessments, such as portfolios, event tasks, and student performance, but can actually be used for other types of assessment, as well. They should be written by the health educator before instruction begins and shared with students as the unit or project is explained. Because students have the criteria early, they have a standard by which they can judge their own performance, thereby providing feedback during instruction.

The *Louisiana State Health Education Standards* focus on both alternative assessment options and traditional ones, in order to forge a more complete picture of student learning. An assessment strategy that is balanced will best assess the objectives of the K–12 health education program.

Requirements

The Louisiana Department of Education in Bulletin 741, *Louisiana Handbook for School Administrators*, sets the hours required in health and physical education.

For grades 1-6, 150 minutes of instruction per week are required in health, music, arts and crafts. (B 741:2313, F.)

In grades 7 and 8, 250 minutes of instruction per week are required in health, music, arts and crafts. (B 741:2313, F.)

Grades 9 –12: In order to graduate from high school, public school students must earn a ½ unit in health education. (B 741:2319, E.) A minimum of 3,863 minutes of health instruction shall be taught. (B 741:709, C.) Cardiopulmonary resuscitation (CPR) and instruction in adoption awareness must be taught during health education. (B 741:2347, A.) Nonpublic schools require two units of combined health and physical education for graduation. (B 741: 2109, C.)

The maximum class size for Health and Physical Education in grades K-8 and in Physical Education I and II shall be 40. For Health Education at the high school level, which is taught in a classroom setting, the maximum number of students is 33. (B 741: 913, C.)

Each Local Education Agency must include in the curriculum a program on substance abuse prevention, to include informational, effective, and counseling strategies, and information designed to reduce the likelihood that students shall injure themselves or others through the misuse and abuse of chemical substances. (B 741: 2305, F.) Each school district determines the content area in which to include substance abuse instruction. It is often included in health education or life science.

- The substance abuse programs and curricula must also include procedures for identifying students who exhibit signs of misuse or abuse of such substances and procedures for referral for counseling or treatment.
- Elementary schools shall provide a minimum of 16 contact hours of substance abuse prevention education each school year. Instruction shall be provided within a comprehensive school health program and in accordance with the state substance abuse curriculum (Bulletin 1864) or through substance abuse programs approved by the Board of Elementary and Secondary Education (BESE).
- Secondary schools must provide a minimum of eight contact hours of substance abuse prevention education each school year for grades 10-12 and 16 hours for grade 9. Instruction shall be provided within a comprehensive school health program and in accordance with the state substance abuse curriculum (Bulletin 1864) or through substance abuse programs approved by the BESE.

R.S. 17:275, §275 states that all public middle and senior high schools shall provide instruction to all female students in the proper procedure for breast self-examination and the need for an annual Pap test for cervical cancer. Such instruction may be provided in the context of courses in the study of health, physical education, or such other appropriate curriculum or instruction period as may be determined by the respective local school boards. This instruction may be taught by a school nurse, physician, or competent medical instructor. The local school boards shall adopt rules and regulations necessary for the implementation of this program of instruction. No student shall be required to take such instruction if his parent or tutor submits a written statement indicating that such instruction conflicts with the religious beliefs of the student.

Added by Acts 1980, No. 789, § 1.

In 2001, through Senate Bill No. 792, guidelines were established for the development of youth suicide prevention programs as required in R.S. 17:282.3. Some features of this bill include the involvement of the Department of Education in developing standards for these programs, classroom instruction integrated into the curriculum, and access to prevention services. Some of the instructional topics suggested for prevention in SB No. 792 are:

- Encourage sound decision-making and promote ethical development,
- Increase student awareness of the relationship between drug and alcohol use and suicide,
- Teach students to recognize signs of suicidal tendencies, and
- Inform students of available community suicide prevention services.

In 2009, House Bill No. 319 established that each city, parish, or other local public school board shall provide each school year, to high school students enrolled in Health Education, at least thirty minutes of age- and grade-appropriate classroom instruction relative to the state's safe haven relinquishment law, Children's Code Articles 1149 through 1160, which provides a mechanism whereby any parent may relinquish the care of an infant who is not more than thirty days old to the state in safety and anonymity and without fear of prosecution.

Such information shall include, but not be limited to, providing students with the following information:

- An explanation that the relinquishment of an infant means to give over possession or control of the infant to other specified persons, as provided by the law, with the settled intent to forego all parental responsibilities.
- The process to be followed by a parent making relinquishment,
- The general locations where the infant may be left in the care of certain others,
- The toll-free number established by the Louisiana Department of Children and Family Services to direct individuals to designated emergency care facilities,
- The available options if a parent is unable to travel to a designated emergency care facility, and
- The process by which the relinquishing parent may reclaim parental rights to the infant and the timelines established for taking this action.

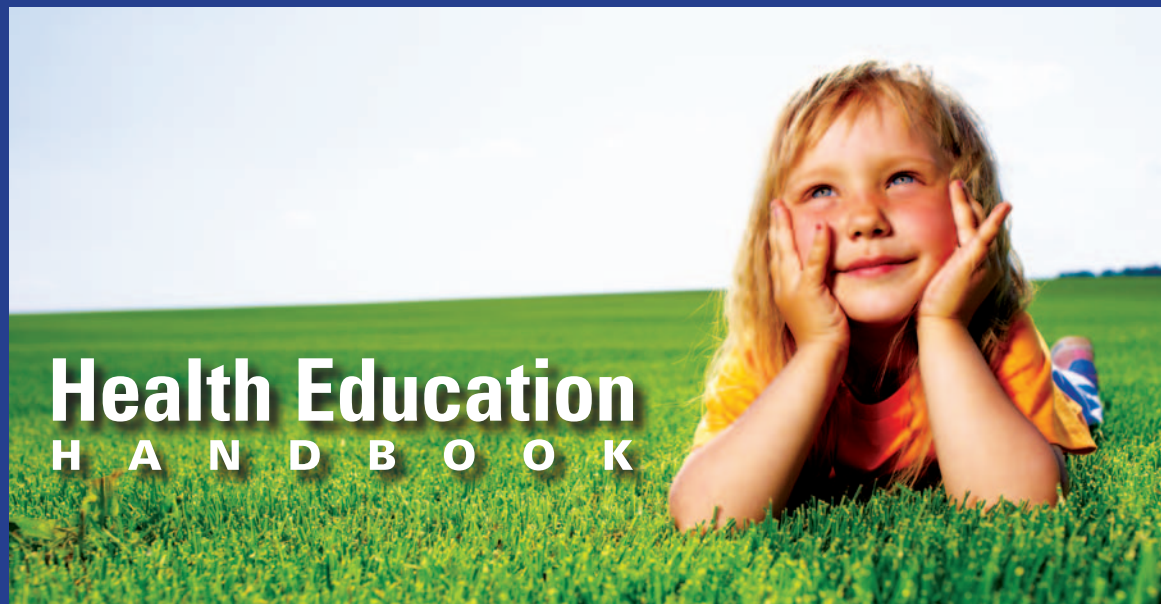
In 2010, House Bill 46, Act 321, established that each school year the governing authority of each public school shall provide to students in grades seven through twelve, enrolled in Health Education, age- and grade-appropriate classroom instruction relative to dating violence. Such

instruction shall include, but need not be limited to, providing students with the following information:

- The definition of "dating violence", which is a pattern of behavior where one person threatens to use, or actually uses, physical, sexual, verbal, or emotional abuse to control his or her dating partner.
- Dating violence warning signs.
- Characteristics of healthy relationships.

The above measures easily fit within the health education curriculum that is based on these *Health Education Content Standards*.

KINDERGARTEN



Health Education
HANDBOOK

Kindergarten

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-E-1: Identify that healthy behaviors affect personal health.

GLEs:

- 1-E-1.1 Identify major body parts (e.g., stomach, ears, eyes).
- 1-E-1.2 List personal health behaviors (e.g., hand washing, teeth brushing).
- 1-E-1.3 Name a variety of healthy foods.
- 1-E-1.4 Explain why a variety of foods are necessary for good health.
- 1-E-1.5 Describe why a healthy breakfast is important.
- 1-E-1.6 Identify healthy snacks and beverages.
- 1-E-1.7 List ways to be physically active.
- 1-E-1.8 Explain the importance of sleep and rest.

Benchmark 1-E-2: Recognize that there are multiple dimensions of health (social, emotional, and physical).

GLEs:

- 1-E-2.1 Describe one's own physical characteristics.
- 1-E-2.2 Review similarities and differences between self and others.
- 1-E-2.3 State characteristics that make each individual unique.
- 1-E-2.4 Identify a variety of emotions (e.g., angry vs. sad, happy vs. excited).
- 1-E-2.5 Identify appropriate ways to express emotion.

Benchmark 1-E-3: Identify the prevention and treatment of communicable and non-communicable diseases.

GLEs:

- 1-E-3.1 List common illnesses and diseases (e.g., colds, flu, and asthma).
- 1-E-3.2 Practice ways to prevent diseases and other health problems.
- 1-E-3.3 Describe germs and why they can be harmful.
- 1-E-3.4 Review effective dental and personal hygiene practices.
- 1-E-3.5 Explain why medicines are used for illnesses and diseases such as asthma.
- 1-E-3.6 Recognize that medicines should only be taken with adult supervision.

Benchmark 1-E-4: Identify risky behaviors and ways to avoid and reduce them.

GLEs:

- 1-E-4.1 Describe how to get on and off a school bus safely.
- 1-E-4.2 Explain how rules at home and school can help keep one safe.
- 1-E-4.3 Identify ways injuries can be prevented (e.g., seatbelt, playground, street, water).
- 1-E-4.4 Distinguish between appropriate and inappropriate touch.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Benchmark 2-E-1: Identify how family and culture influence personal health practices and behaviors.

GLEs:

- 2-E-1.1 State roles and responsibilities of family members.
- 2-E-1.2 List ways family can help promote well-being.

Benchmark 2-E-2: Describe how peers influence personal health behaviors.

GLEs:

- 2-E-2.1 Review that everyone has unique talents and interests they can share.
- 2-E-2.2 Identify how friends can affect health behaviors.
- 2-E-2.3 State how schools promote good health.
- 2-E-2.4 Discuss the importance of respect and getting along with others.

Benchmark 2-E-3: Explain how media influence thoughts, feelings and health behaviors.

GLEs:

- 2-E-3.1 List examples of media (e.g., television, radio, internet, signs/billboards, advertisements).
- 2-E-3.2 Recognize that not all products advertised or sold are healthy choices.

Standard 3: Students will demonstrate the ability to access valid information, products and services to enhance health.

Benchmark 3-E-1: Identify sources of valid health information.

GLEs:

- 3-E-1.1 Identify characteristics of a trusted adult at home, school or in the community.
- 3-E-1.2 List trusted adults who can help in an emergency situation.

Benchmark 3-E-2: Demonstrate the ability to locate resources for health-promoting products and services.

GLEs:

- 3-E-2.1 Identify people who are sources of valid health information and health-promoting products and services (e.g., trusted adults, doctor, police, teacher).
- 3-E-2.2 Discuss how to get help from trusted adults in a health emergency (e.g., dial 911, firefighters, police, teachers, family).

Benchmark 3-E-3: Explain how media influence the selection of health information, products and services.

GLE:

3-E-3.1 Recognize how television programs, websites and magazines/books influence one's health choices.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-E-1: Use effective communication skills.

GLEs:

4-E-1.1 Speak clearly and directly to express needs and emotions.

4-E-1.2 Review verbal and non-verbal forms of communication.

4-E-1.3 Use active listening skills in everyday situations.

4-E-1.4 Recognize that others have needs and feelings.

Benchmark 4-E-2: Demonstrate healthy ways to communicate needs, wants and feelings through verbal and non-verbal communication.

GLEs:

4-E-2.1 Use effective communication (I-messages) to communicate emotions and needs.

4-E-2.2 Use words to identify emotions and communicate needs.

4-E-2.3 Describe and practice situations when it is appropriate to use "please," "thank you," "excuse me," and "I'm sorry."

4-E-2.4 Tell when to seek help from a trusted adult (e.g., fire, if threatened, crossing the street).

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-E-1: Discuss the steps of effective decision-making.

GLEs:

5-E-1.1 Discuss how to make healthy decisions (choices).

5-E-1.2 Demonstrate making simple decisions (choices).

Benchmark 5-E-2: Identify situations when a health-related decision is needed.

GLEs:

5-E-2.1 Recognize choices or decisions that could affect one's health.

5-E-2.2 List a range of choices that could affect one's health (e.g., healthy foods – grow strong, taking medicines – get well, going to bed on time – feel good in the morning).

Benchmark 5-E-3: Apply a decision-making process to address personal health issues and problems.

GLE:

5-E-3.1 Distinguish between decisions that can be made on one's own and decisions that require the help of a trusted adult.

Benchmark 5-E-4: Demonstrate refusal skills to enhance health.

GLEs:

5-E-4.1 Recognize that other people can influence choices.

5-E-4.2 Review that it is all right to say no to choices that are unsafe or unhealthy.

Standard 6: Students will demonstrate the ability to use goal setting skills to enhance health.

Benchmark 6-E-1: Use goal setting to enhance health.

GLEs:

6-E-1.1 Describe what a goal is.

6-E-1.2 List healthy goals (e.g., to eat more fruit and veggies, to exercise daily, to brush teeth, to wash hands).

6-E-1.3 Identify ways that parents and trusted adults can help meet a goal.

Benchmark 6-E-2: Establish personal health goals and track progress towards achievement.

GLE:

6-E-2.1 Create and work toward a simple health enhancing goal (to choose healthy snacks daily, to exercise daily, to play safely and to remain injury free on playground).

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Benchmark 7-E-1: Demonstrate healthy practices and behaviors to maintain or improve personal health.

GLEs:

7-E-1.1 Identify healthy practices in one's daily routine (e.g., nutrition, fitness, safety, conflict resolution).

7-E-1.2 Illustrate how healthful behavior choices can help maintain health.

Benchmark 7-E-2: Demonstrate behaviors that avoid or reduce health risks.

GLEs:

7-E-2.1 Describe how following rules can help keep one safe.

7-E-2.2 Practice using effective communication skills to avoid or reduce health risks.

Standard 8: Students will demonstrate the ability to advocate for personal, family and community health.

Benchmark 8-E-1: Define advocacy.

GLEs:

8-E-1.1 Review examples of advocacy.

8-E-1.2 Tell others how to be healthy.

Benchmark 8-E-2: Demonstrate the ability to communicate information that promotes positive health choices.

GLE:

8-E-2.1 Practice making healthy choices.

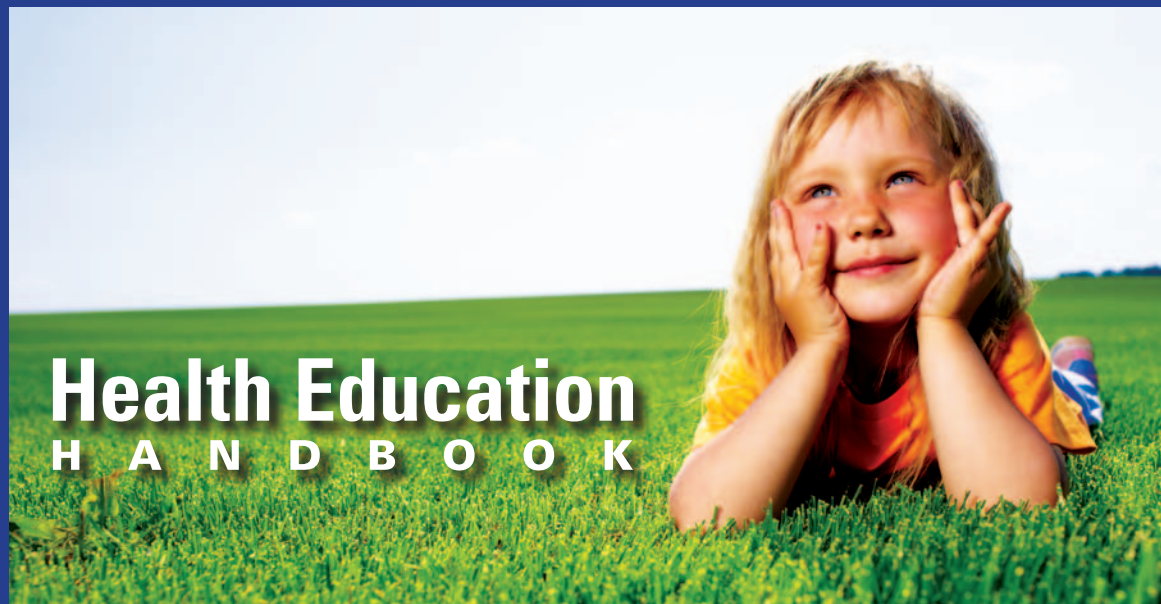
Benchmark 8-E-3: Encourage peers and family to make positive health choices.

GLEs:

8-E-3.1 Identify ways to encourage others to make positive health choices.

8-E-3.2 Describe positive ways to show care, consideration and concern for others.

GRADE 1



Health Education
H A N D B O O K

GRADE 1

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-E-1: Identify that healthy behaviors affect personal health.

GLEs:

- 1-E-1.1 Describe the relationship between personal health behaviors and individual well-being.
- 1-E-1.2 Explain why sleep and rest are important for growth and good health.
- 1-E-1.3 Identify ways injuries can be prevented.
- 1-E-1.4 Explain the relationship between healthy eating and daily exercise.
- 1-E-1.5 Report how personal decisions impact one's safety.
- 1-E-1.6 Describe a healthy relationship.
- 1-E-1.7 Discuss personal hygiene.

Benchmark 1-E-2: Recognize that there are multiple dimensions of health (social, emotional and physical).

GLEs:

- 1-E-2.1 Recognize the difference between physical and emotional health.
- 1-E-2.2 Demonstrate appropriate ways to express and deal with emotions and feelings.
- 1-E-2.3 List ways to eat healthy and be physically active every day.
- 1-E-2.4 Identify stress makers and stress helpers.

Benchmark 1-E-3: Identify the prevention and treatment of communicable and non-communicable diseases.

GLEs:

- 1-E-3.1 Identify ways to keep germs from spreading.
- 1-E-3.2 Recognize when hand-washing is necessary.
- 1-E-3.3 Discuss how behaviors can reduce the spread of some diseases.
- 1-E-3.4 Review the role of health care providers in diagnosing and treating diseases.
- 1-E-3.5 Describe how to keep food safe to eat.

Benchmark 1-E-4: Identify risky behaviors and ways to avoid and reduce them.

GLEs:

- 1-E-4.1 State risky behaviors and potentially harmful consequences.
- 1-E-4.2 Identify safety rules for home, school and community (e.g., fire, falls, burns, medications/poisons, seat belts, street crossing, sun, bike, weapons).
- 1-E-4.3 Identify strategies for avoiding second-hand smoke.
- 1-E-4.4 Review that everyone has the right to tell others not to touch his or her body.
- 1-E-4.5 Describe the characteristics of a bully and how to avoid conflict.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Benchmark 2-E-1: Identify how the family influences personal health practices and behaviors.

GLEs:

2-E-1.1 List family habits that relate to one's health practices.

2-E-1.2 Identify how family can influence one's personal health.

Benchmark 2-E-2: Describe how culture influences personal health behaviors.

GLEs:

2-E-2.1 Define culture and discuss how it impacts the health-impacting choices we make.

2-E-2.2 Review cultural influences on food choices and physical activity.

2-E-2.3 Discuss the influence of school on health behaviors.

Benchmark 2-E-3: Explain how media influence thoughts, feelings and health behaviors.

GLE:

2-E-3.1 Explain how advertisements can influence food choices and other behaviors related to health.

Standard 3: Students will demonstrate the ability to access valid information, products and services to enhance health.

Benchmark 3-E-1: Identify sources of valid health information.

GLEs:

3-E-1.1 Identify the range of health care workers who can promote healthful practices.

3-E-1.2 Locate websites that provide accurate health information.

Benchmark 3-E-2: Demonstrate the ability to locate resources for health-promoting products and services.

GLE:

3-E-2.1 List where to find health resources in one's community.

Benchmark 3-E-3: Explain how media influence the selection of health information, products and services.

GLE:

3-E-3.1 Explain how television programs, movies, websites or magazines/books affect health-related choices.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-E-1: Practice effective communication skills.

GLEs:

- 4-E-1.1 Identify the characteristics of a good communicator.
- 4-E-1.2 Demonstrate ways to respond when in an unwanted, threatening or dangerous situation.

Benchmark 4-E-2: Demonstrate healthy ways to communicate needs, wants and feelings through verbal and non-verbal communication.

GLEs:

- 4-E-2.1 Demonstrate how to express a range of emotions using words, expressions and body language.
- 4-E-2.2 Identify ways to treat others kindly.
- 4-E-2.3 Use “I” messages in communicating to avoid a conflict.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-E-1: Discuss the steps of effective decision-making.

GLEs:

- 5-E-1.1 Recognize the steps in making a decision.
- 5-E-1.2 Identify decisions one makes every day.
- 5-E-1.3 Differentiate between healthy and unhealthy decisions.
- 5-E-1.4 Review when help is needed to make healthy decisions.

Benchmark 5-E-2: Identify situations when a health-related decision is needed.

GLEs:

- 5-E-2.1 Recognize choices or decisions that could affect family health.
- 5-E-2.2 Explain a range of personal or family choices and how they enhance health.

Benchmark 5-E-3: Apply a decision-making process to address personal health issues and problems.

GLEs:

- 5-E-3.1 Identify health-related decisions made daily.
- 5-E-3.2 Distinguish between healthy and unhealthy choices.

Benchmark 5-E-4: Demonstrate refusal skills to enhance health.

GLE:

5-E-4.1 Practice refusal skills that help avoid unhealthy or unsafe situations.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-E-1: Demonstrate how to set a goal and why it is important to enhance health.

GLEs:

6-E-1.1 Practice writing a goal.

6-E-1.2 Describe how setting and reaching a goal can enhance health.

Benchmark 6-E-2: Establish personal health goals and track progress towards achievement.

GLEs:

6-E-2.1 Plan and apply a simple health-enhancing goal related to physical health.

6-E-2.2 Plan and apply a simple health-enhancing goal related to social/emotional health (e.g., to be a good friend, to get along/resolve conflict peacefully, to help others daily).

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Benchmark 7-E-1: Demonstrate healthy practices and behaviors to maintain or improve personal health.

GLEs:

7-E-1.1 Practice choosing a variety of healthy snacks.

7-E-1.2 Identify physical activities that one can do daily.

7-E-1.3 Discuss the importance of following rules at home and school.

7-E-1.4 Practice relaxation techniques to reduce stress effects on the body.

Benchmark 7-E-2: Demonstrate behaviors that avoid or reduce health risks.

GLEs:

7-E-2.1 List ways to reduce or prevent injuries while participating in a variety of activities.

7-E-2.2 Describe how personal choices can affect one's health (e.g., eating fatty foods = obesity or diabetes; not brushing teeth = tooth decay; tobacco = lung/heart disease).

7-E-2.3 Demonstrate the ability to use self-control when angry.

Standard 8: Students will demonstrate the ability to advocate for personal, family and community health.

Benchmark 8-E-1: Define advocacy.

GLEs

8-E-1.1 Explain what it means to be an advocate.

8-E-1.2 Report how one can advocate for healthy behaviors (e.g., asking parents to buy more fruit, asking friends to exercise with them).

Benchmark 8-E-2: Demonstrate the ability to communicate information that promotes positive health choices.

GLE:

8-E-2.1 Practice using good communication skills to promote the health of others.

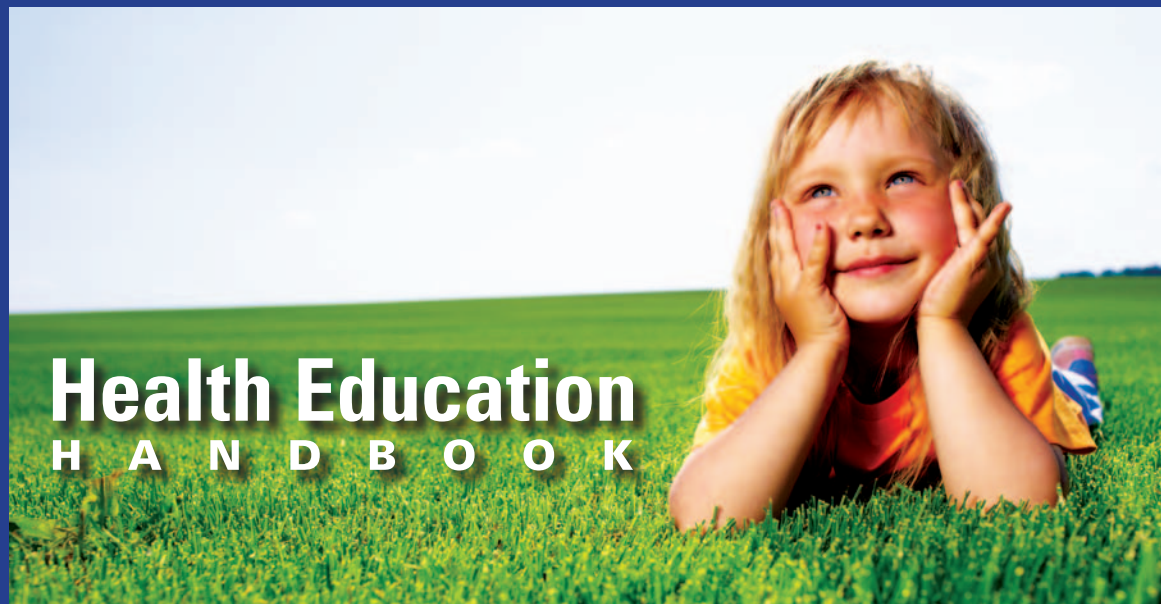
Benchmark 8-E-3: Encourage peers and family to make positive health choices.

GLEs:

8-E-3.1 Explain how making healthy choices makes one feel better (e.g., eating healthy gives me energy, exercising makes me sleep better, crossing at the corner helps keep me safe).

8-E-3.2 Review how one can encourage family and friends to make healthier choices.

GRADE 2



Health Education
H A N D B O O K

GRADE 2

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-E-1: Identify that healthy behaviors affect personal health.

GLEs:

- 1-E-1.1 Describe what it means to be healthy.
- 1-E-1.2 Compare healthy and unhealthy behaviors and how they affect one's health (e.g., disease prevention, healthy eating, fitness, safety).
- 1-E-1.3 Identify healthy behaviors one can practice.
- 1-E-1.4 List ways to prevent harmful effects of the sun.
- 1-E-1.5 Create an individual fitness diary to record physical activity each day (time of day, duration, activity).
- 1-E-1.6 Review MyPyramid and identify food groups.

Benchmark 1-E-2: Recognize that there are multiple dimensions of health (social, emotional and physical,).

GLEs:

- 1-E-2.1 Identify each of the dimensions of health.
- 1-E-2.2 Define the concepts of self-image and self-esteem.
- 1-E-2.3 Analyze characteristics that impact self-image.
- 1-E-2.4 Report the benefits of healthy relationships among family and friends.
- 1-E-2.5 Explain ways to reduce or manage stress (e.g., study early for tests, go to bed on time).
- 1-E-2.6 Identify negative influences on one's environment and how to avoid them.

Benchmark 1-E-3: Identify the prevention and treatment of communicable and non-communicable diseases.

GLEs:

- 1-E-3.1 Define communicable and non-communicable diseases.
- 1-E-3.2 List communicable and non-communicable diseases.
- 1-E-3.3 Describe healthy behaviors to prevent the spread of germs (e.g., immunizations, vitamins, sanitary food practices, hand washing).

Benchmark 1-E-4: Identify risky behaviors and ways to avoid and reduce them.

GLEs:

- 1-E-4.1 Describe how risky behaviors can affect one's personal health.
- 1-E-4.2 Identify safety hazards at home, school and in the community.
- 1-E-4.3 Apply fire safety rules to various situations.
- 1-E-4.4 Explain the importance of using safety belts and car booster seats.
- 1-E-4.5 Demonstrate basic traffic safety rules for pedestrians and bicyclists (include crossing a street safely, crossing an intersection, parking lot

safety).

1-E-4.6. Dramatize using good communication skills to defuse a bully or aggressive situation (e.g., listening, observing body language, using assertive communication, I messaging).

1-E-4.7 Describe eating behaviors that contribute to maintaining healthy weight.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Benchmark 2-E-1: Identify how the family influences personal health practices and behaviors.

GLEs:

2-E-1.1 Report how family health practices can influence personal health practices.

2-E-1.2 Explain how family can influence food choices.

2-E-1.3 Describe activities an individual's family can do to increase physical activity.

Benchmark 2-E-2: Describe how culture influences personal health behaviors.

GLEs:

2-E-2.1 Document how cultural influences impact one's daily life.

2-E-2.2 Identify how culture affects one's individual choices and behaviors.

2-E-2.3 Relate how cultural influences impact one's health.

Benchmark 2-E-3: Explain how media influence thoughts, feelings and health behaviors.

GLEs:

2-E-3.1 Identify television, print or web ads that may influence health.

2-E-3.2 Summarize how media can influence choices related to health (positively or negatively).

Standard 3: Students will demonstrate the ability to access valid information, products and services to enhance health.

Benchmark 3-E-1: Identify sources of valid health information.

GLEs:

3-E-1.1 Identify resources for health information in one's home, community and school.

3-E-1.2 Select websites and other media that provide valid health information.

Benchmark 3-E-2: Demonstrate the ability to locate resources for health-promoting products and services.

GLEs:

3-E-2.1 Identify trusted adults who can help one read and follow directions on medicine labels.

3-E-2.2 Demonstrate how to dial 911 or other emergency numbers and provide

appropriate information (knowing what to say).

Benchmark 3-E-3: Explain how media influence the selection of health information, products and services.

GLEs:

- 3-E-3.1 Review the variety of health-related information available in the media (television, radio, web).
- 3-E-3.2 Question how media messages influence one's health behaviors and the choice of products/services.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-E-1: Develop effective communication skills.

GLEs:

- 4-E-1.1 Define the steps to effective communication (e.g., listening, eye contact, body language).
- 4-E-1.2 Practice using effective communication skills with peers.

Benchmark 4-E-2: Demonstrate healthy ways to communicate needs, wants and feelings through verbal and non-verbal communication.

GLEs:

- 4-E-2.1 Demonstrate verbal and non-verbal ways to communicate clearly.
- 4-E-2.2 Practice expressing feelings in a positive, non-confrontational way.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-E-1: Discuss the steps of effective decision-making.

GLEs:

- 5-E-1.1 Review steps in the decision-making process.
- 5-E-1.2 Conclude that every decision has a consequence that may affect one's health.

Benchmark 5-E-2: Identify situations when a health-related decision is needed.

GLEs:

- 5-E-2.1 Identify situations that could put one's health or safety at risk.
- 5-E-2.2 Describe safe places to go in order to avoid danger.

Benchmark 5-E-3: Apply a decision-making process to address personal health issues and problems.

GLEs:

- 5-E-3.1 Use a decision-making model.
- 5-E-3.2 Analyze the outcome of using a decision-making model.
- 5-E-3.3 Restate how using a decision-making model can improve one's health and safety.

Benchmark 5-E-4: Demonstrate refusal skills to enhance health.

GLEs:

- 5-E-4.1 Practice skills to avoid unhealthy behaviors.
- 5-E-4.2 Demonstrate refusal skills to avoid unhealthy or unsafe situations.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-E-1: Explain how to set a goal and why it is important to enhance health.

GLEs:

- 6-E-1.1 Analyze how others have set and reached personal goals (e.g., Olympic athletes set goal, work toward goal, reach Olympics).
- 6-E-1.2 Create a list of personal health goals.
- 6-E-1.3 Describe how the accomplishment of a personal goal enhances one's health.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Benchmark 7-E-1: Demonstrate healthy practices and behaviors to maintain or improve personal health.

GLEs:

- 7-E-1.1 Demonstrate ways to show respect, consideration and caring for classmates.
- 7-E-1.2 Demonstrate pride in personal qualities and accomplishments (e.g., self-esteem).
- 7-E-1.3 Examine how one's personal choices can positively impact health.
- 7-E-1.4 Develop a plan to eat a variety of nutritious foods each day.
- 7-E-1.5 Demonstrate ways to be physically active.

Benchmark 7-E-2: Demonstrate behaviors that avoid or reduce health risks.

GLEs:

- 7-E-2.1 Examine personal choices that can affect one's health.
- 7-E-2.2 Demonstrate strategies to avoid risks (e.g., social/emotional; violence; intentional/unintentional injury).
- 7-E-2.3 Identify behavior choices that can reduce health risks (e.g., physical activity, nutrition, fitness, avoiding tobacco).

Standard 8: Students will demonstrate the ability to advocate for personal, family and community health.

Benchmark 8-E-1: Define advocacy.

GLEs:

8-E-1.1 Dramatize advocating for a healthy behavior.

8-E-1.2 Demonstrate ways to support friends and family who are trying to maintain or improve healthy practices.

Benchmark 8-E-2: Demonstrate the ability to communicate information that promotes positive health choices.

GLE:

8-E-2.1 Illustrate how one can communicate what one has learned about health to others (e.g., family, friends, peers).

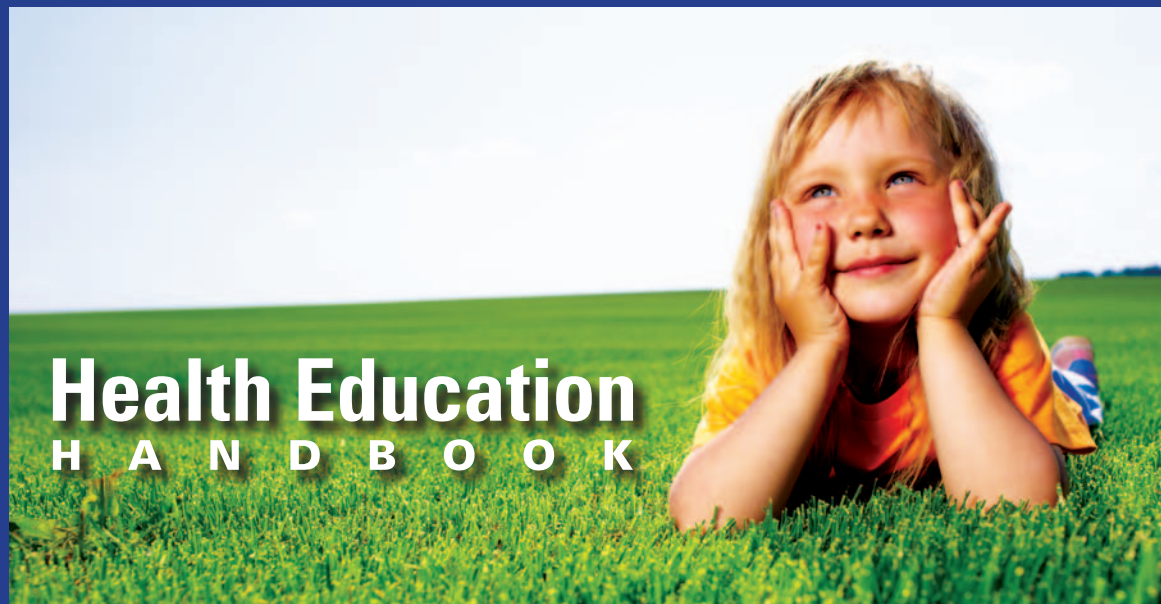
Benchmark 8-E-3: Encourage peers and family to make positive health choices.

GLEs:

8-E-3.1 Demonstrate the ability to influence health and safety practices of family members (e.g., smoking cessation).

8-E-3.2 Explain the benefits of positive health choices to family and friends.

GRADE 3



Health Education
H A N D B O O K

Grade 3

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-E-1: Explain relationships among physical, emotional and social health.

GLEs:

1-E-1.1 Define physical, emotional and social health.

1-E-1.2 Describe the influence of the components of health on each other.

Benchmark 1-E-2: Discuss the relationship between healthy behaviors and personal health.

GLEs:

1-E-2.1 Identify personal health behaviors (e.g., good nutrition, brushing teeth, washing hands, exercise).

1-E-2.2 Explain how personal health behaviors affect individual well being.

1-E-2.3 Identify serving sizes and their relationship to healthy eating.

1-E-2.4 Describe the connection between food consumption and energy expenditure.

Benchmark 1-E-3: Describe ways to prevent common childhood injuries and health problems.

GLEs:

1-E-3.1 List ways to prevent injuries at home, school, and in the community.

1-E-3.2 Identify methods of personal hygiene to prevent common health problems (e.g., washing hands, covering mouth when coughing).

Benchmark 1-E-4: Describe ways in which a safe and healthy school and community environment can promote personal health.

GLEs:

1-E-4.1 Identify safe pedestrian behaviors and how they promote health.

1-E-4.2 List school safety rules (e.g., playground, halls, lunch room, etc.) and how they promote health.

1-E-4.3 Describe public transportation safety rules (e.g., seatbelts, child car seats, road signs and how they promote health).

Benchmark 1-E-5: Identify when it is important to seek health care.

GLEs:

1-E-5.1 Recognize when and how to seek help from a trusted adult.

1-E-5.2 Demonstrate the ability to access important phone numbers to get help in emergencies.

1-E-5.3 Illustrate through role play the ability to seek help when sick or hurt.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Benchmark 2-E-1: Identify the influence of culture on health practices and behaviors.

GLEs:

2-E-1.1 List different cultural traditions in the community.

2-E-1.2 Identify cultural influences on nutrition and physical activity.

Benchmark 2-E-2: Describe how the family influences personal health practices and behaviors.

GLEs:

2-E-2.1 Identify healthy and unhealthy practices and behaviors in families (e.g., tobacco use, alcohol use, overeating).

2-E-2.2 Discuss the ability to make healthy choices based on personal preferences.

Benchmark 2-E-3: Identify how peers can influence healthy and unhealthy behaviors.

GLEs:

2-E-3.1 Define peer pressure.

2-E-3.2 Describe how peers can influence one's health choices (e.g., food, tobacco, alcohol, drugs).

Benchmark 2-E-4: Describe how the school and community can support personal health practices and behaviors.

GLEs:

2-E-4.1 Identify school and community support staff (e.g., school nurse, counselor, social worker, nutritionist).

2-E-4.2 Explain the role of school and community support staff.

2-E-4.3 Identify health care facilities in the community and their functions.

Benchmark 2-E-5: Explain how media influence thoughts, feeling, and health behaviors.

GLEs:

2-E-5.1 List different media types (e.g., TV, newspaper, billboards).

2-E-5.2 Discuss how and why media attempt to influence personal thoughts, feelings, and health choices.

2-E-5.3 Identify strategies to make positive health choices despite the influence of media.

Benchmark 2-E-6: Discuss ways that technology can influence personal health.

GLEs:

2-E-6.1 Identify different types of technology (e.g., TV, computer, video games).

2-E-6.2 Discuss how these technology sources positively and negatively impact personal health.

2-E-6.3 List ways to make positive health choices when using technology.

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Benchmark 3-E-1: Identify characteristics of valid health information, products, and services.

GLEs:

3-E-1.1 Recognize what makes something valid and invalid as it relates to health.

3-E-1.2 Identify health websites.

Benchmark 3-E-2: Locate resources from home, school, and community that provide valid health information.

GLEs:

3-E-2.1 Examine sources of valid health information from the home, such as parents.

3-E-2.2 Examine health information that can be obtained from school personnel (e.g., school nurse, teacher).

3-E-2.3 Research sources of valid health information from the community (e.g., library, family health care provider).

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-E-1: Compare effective verbal and non-verbal communication skills to enhance health.

GLEs:

4-E-1.1 Identify verbal and non-verbal communication skills that enhance health.

4-E-1.2 Demonstrate how verbal and non-verbal communication skills are used to enhance health.

Benchmark 4-E-2: Demonstrate refusal skills to avoid or reduce health risks.

GLEs:

4-E-2.1 Identify examples of dangerous or risky behaviors that might lead to injuries.

4-E-2.2 Create a list of risky health behaviors.

4-E-2.3 Identify ways to say “no” to risky health behaviors.

4-E-2.4 Apply refusal skills to given situations through activities such as role play.

Benchmark 4-E-3: Adopt non-violent strategies to manage or resolve conflict.

GLEs:

4-E-3.1 Discuss different kinds of conflict.

4-E-3.2 List violent and non-violent responses to conflict.

4-E-3.3 Explain benefits of using non-violence to resolve conflicts.

Benchmark 4-E-4: Demonstrate how to ask for assistance to enhance personal health.

GLEs:

4-E-4.1 List ways to ask for help in uncomfortable situations.

4-E-4.2 Identify adults in the school and community who can provide personal health guidance.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-E-1: Illustrate the outcomes of a health-related decision.

GLEs:

5-E-1.1 Identify health-related situations that require a thoughtful decision.

5-E-1.2 Recognize when assistance is needed when making health-related decisions.

5-E-1.3 List options in dealing with health-related issues or problems.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-E-1: Establish personal health goals and track progress towards achievement.

GLEs:

6-E-1.1 Create a personal goal to improve a personal health practice (e.g., exercise daily, eat fruits/veggies daily).

6-E-1.2 Examine the steps completed in reaching a personal health goal (journal listing of steps over time).

6-E-1.3 Report to the class a personal health goal and progress toward achieving that goal.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Benchmark 7-E-1: Examine personal health behaviors.

GLEs:

7-E-1.1 List actions or habits that are healthy.

7-E-1.2 List actions or habits that are harmful or unhealthy.

7-E-1.3 Demonstrate ways to avoid engaging in risky behaviors associated with childhood injuries and health problems.

Benchmark 7-E-2: Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health.

GLE:

7-E-2.1 Describe how a healthy behavior can be maintained.

Benchmark 7-E-3: Demonstrate a variety of behaviors that avoid or reduce health risks.

GLEs:

- 7-E-3.1 Describe how an unhealthy behavior could be avoided or eliminated.
- 7-E-3.2 Practice and log the selection of healthful foods and being physically active.
- 7-E-3.3 Demonstrate how to prepare a meal or snack using sanitary food preparation.

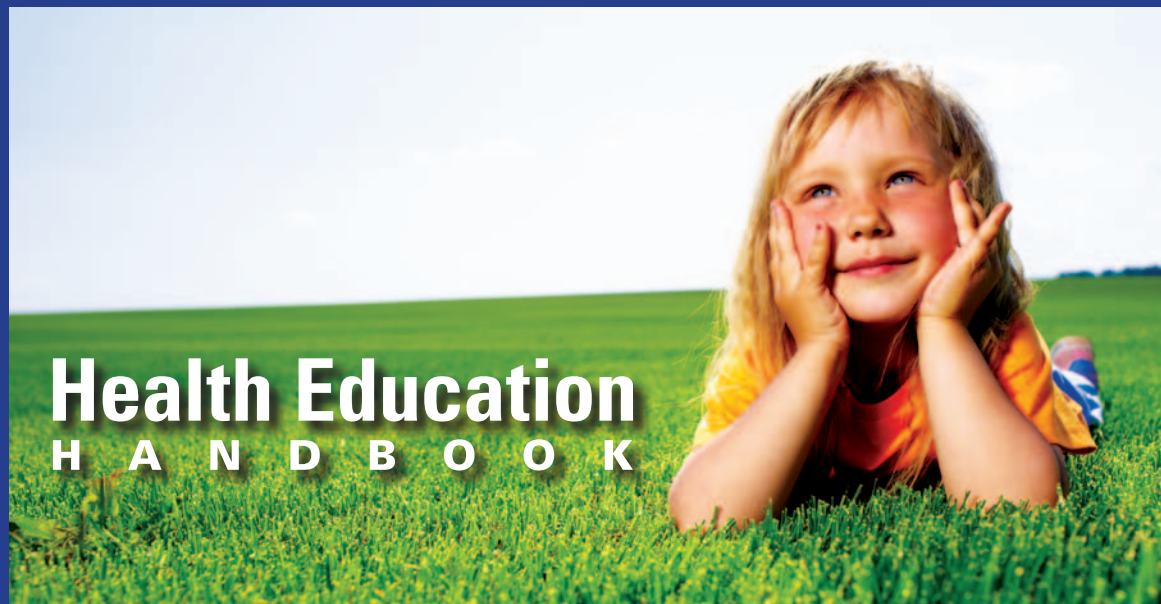
Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

Benchmark 8-E-1: Encourage others to make positive health choices.

GLEs:

- 8-E-1.1 Demonstrate being a role-model who practices healthy behaviors.
- 8-E-1.2 Explain the importance of practicing positive health behaviors with your peers.

GRADE 4



Health Education
H A N D B O O K

Grade 4

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-E-1: Explain relationships among physical, emotional and social health.

GLEs:

1-E-1.1 Describe the interrelationship of, emotional, social, and physical health during childhood.

Benchmark 1-E-2: Demonstrate the relationship between healthy behaviors and personal health.

GLEs:

1-E-2.1 Analyze the differences between healthy and unhealthy personal behaviors.

1-E-2.2 Explore the importance of drinking water and eating fiber to maintain a healthy digestive system.

1-E-2.3 Identify the relationship of calcium-rich foods, vitamin D, and weight-bearing physical activity to strong bones.

1-E-2.4 Identify nutrient-dense foods and high calorie foods.

Benchmark 1-E-3: Describe ways to prevent common childhood injuries and health problems.

GLEs:

1-E-3.1 Identify health problems or injuries that can be prevented or treated early.

1-E-3.2 Explain how injuries and health problems can be prevented or treated.

1-E-3.3 Recognize how risky behaviors are related to childhood injuries and health problems.

Benchmark 1-E-4: Describe ways in which a safe and healthy school and community environment can promote personal health.

GLEs:

1-E-4.1 List ways to promote safe routes to school (e.g., sidewalks, crossing guards).

1-E-4.2 Explain the importance of healthy food choices at school and at home.

Benchmark 1-E-5: Identify when it is important to seek health care.

GLEs:

1-E-5.1 Describe how communicable and non-communicable diseases (e.g., HIV/AIDS, diabetes, cancer, heart disease) impact the overall health of the community.

1-E-5.2 Identify when it is important to seek health care for communicable and non-communicable diseases.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors

Benchmark 2-E-1: Identify the influence of culture on health practices and behaviors.

GLEs:

- 2-E-1.1 Discuss different cultural traditions in the community and how they relate to health.
- 2-E-1.2 Identify the impact of cultural influences on the community's health practices and behaviors.
- 2-E-1.3 Recognize that citizens of other countries may not have access to quality health care.

Benchmark 2-E-2: Describe how the family influences personal health practices and behaviors.

GLEs:

- 2-E-2.1 List the impact that families have on one's personal health (e.g., tobacco use, alcohol use, overeating).
- 2-E-2.2 Identify family barriers one may face in making healthy choices.

Benchmark 2-E-3: Identify how peers can influence healthy and unhealthy behaviors.

GLEs:

- 2-E-3.1 Identify ways to avoid negative peer pressure and practice positive health behaviors.
- 2-E-3.2 Model positive peer leadership skills that lead to good health behaviors.

Benchmark 2-E-4: Describe how the school and community can support personal health practices and behaviors.

GLEs:

- 2-E-4.1 Identify school and community support groups (e.g., peer leadership teams, Boy/Girl Scouts).
- 2-E-4.2 List how support groups influence one's personal health practices and behaviors.

Benchmark 2-E-5: Explain how media influence thoughts, feeling, and health behaviors.

GLEs:

- 2-E-5.1 List strategies to create a media PSA that impacts making positive health choices.
- 2-E-5.2 Identify the negative impact media may have on personal health choices.

Benchmark 2-E-6: Discuss ways that technology can influence personal health.

GLEs:

- 2-E-6.1 Identify the positive and negative impacts that technology can have on making health choices.
- 2-E-6.2 List ways that technology can be used to influence positive health choices.

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Benchmark 3-E-1: Identify characteristics of valid health information, products, and services.

GLEs:

- 3-E-1.1 Identify valid sources of health information.
- 3-E-1.2 List the importance in securing correct health information as it relates to personal health.
- 3-E-1.3 Define health “misinformation.”

Benchmark 3-E-2: Locate resources from home, school, and community that provide valid health information.

GLEs:

- 3-E-2.1 Identify ways to best utilize those resources identified in the home, school, and the community.
- 3-E-2.2 Identify key concepts of nutrition food labels.
- 3-E-2.3 Determine sugar and fat content of selected foods and beverages.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-E-1: Compare effective verbal and non-verbal communication skills to enhance health.

GLE:

- 4-E-1.1 Identify verbal and nonverbal communication skills that can be used to positively influence others in situations that impact health.

Benchmark 4-E-2: Demonstrate refusal skills to avoid or reduce health risks.

GLEs:

- 4-E-2.1 Explain how to apply refusal skills to a health risk situation.
- 4-E-2.2 Demonstrate through role play how using good refusal skills can avoid or reduce risky health behaviors.

Benchmark 4-E-3: Adopt non-violent strategies to manage or resolve conflict.

GLEs:

- 4-E-3.1 Demonstrate through role play effective conflict resolution strategies.
- 4-E-3.2 Discuss strategies to prevent bullying.

Benchmark 4-E-4: Demonstrate how to ask for assistance to enhance personal health.

GLEs:

- 4-E-4.1 Identify situations where personal health assistance may be required.
- 4-E-4.2 Demonstrate how to seek personal health assistance from a trusted adult.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-E-1: Illustrate the outcomes of a health-related decision.

GLEs:

5-E-1.1 List the potential short-term and long-term outcomes that can occur when making a health-related decision.

5-E-1.2 Choose a healthy option when making a decision.

5-E-1.3 Use MyPyramid to evaluate daily food choices in meeting nutrition requirements.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-E-1: Define and discuss a personal health goal.

GLEs:

6-E-1.1 Identify resources to assist in achieving a personal health goal.

6-E-1.2 Monitor personal progress toward goals that address healthy eating and physical activity.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Benchmark 7-E-1: Examine personal health behaviors.

GLEs:

7-E-1.1 Discuss how healthy and unhealthy habits influence our health.

7-E-1.2 Demonstrate a positive health behavior.

7-E-1.3 Develop a daily log of individual caloric intake and energy expenditure.

Benchmark 7-E-2: Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health.

GLEs:

7-E-2.1 List barriers that may delay or impede an individual from making good personal health choices.

7-E-2.2 Based upon current research-based guidelines, select healthy snacks.

Benchmark 7-E-3: Demonstrate a variety of behaviors that avoid or reduce health risks.

GLE:

7-E-3.1 Journal about individual behaviors that avoid or reduce health risks.

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

Benchmark 8-E-1: Identify and describe community and school health service providers and their function.

GLEs:

8-E-1.1 List the importance of having school health providers.

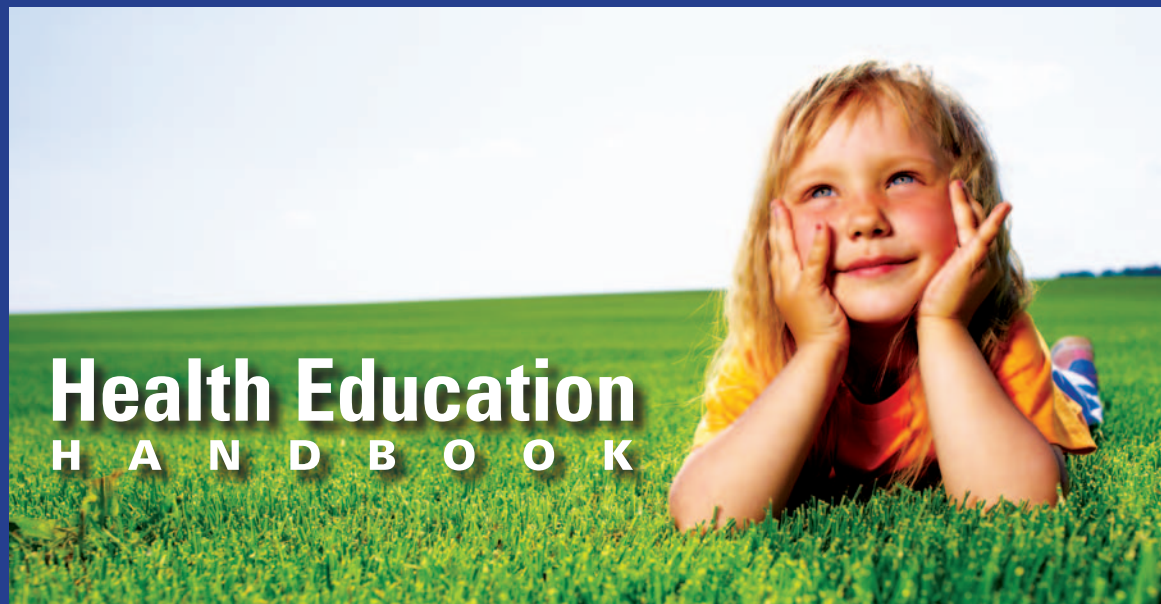
8-E-1.2 Identify barriers to accessing community and school health providers.

Benchmark 8-E-2: Encourage others to make positive health choices.

GLE:

8-E-2.1 Discuss the impact, on others, of not making positive health choices.

GRADE 5



Health Education
H A N D B O O K

Grade 5

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-E-1: Describe relationships among physical, mental, emotional and social health.

GLEs:

1-E-1.1 List the behaviors that influence physical, emotional, and social health.

1-E-1.2 Describe the consequences of the behaviors that influence physical, emotional, and social health.

Benchmark 1-E-2: Demonstrate the relationship between healthy behaviors and personal health.

GLEs:

1-E-2.1 List the consequences of negative health choices (e.g., drinking, smoking).

1-E-2.2 Examine the consequences of good and bad health choices on one's personal health.

Benchmark 1-E-3: Describe ways to prevent common childhood injuries and health problems.

GLEs:

1-E-3.1 Recognize the responsibility to reduce risk of injury to self and to others.

1-E-3.2 List possible hazards of physical activity and how to prevent injuries.

1-E-3.3 Recognize the responsibility to reduce health risk (e.g., hygiene, exercise, healthy eating).

Benchmark 1-E-4: Describe ways in which a safe and healthy school and community environment can promote personal health.

GLE:

1-E-4.1 Assess the school environment to identify things that contribute to positive health and safety.

Benchmark 1-E-5: Identify when it is important to seek health care.

GLEs:

1-E-5.1 Identify different areas of healthcare and how to access them.

1-E-5.2 Recognize the signs of injury that require medical attention in self and in others (e.g., lack of consciousness, broken bones, bleeding, and heat exposure).

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Benchmark 2-E-1: Identify the influence of culture on health practices and behaviors.

GLEs:

- 2-E-1.1 Examine personal cultural practices and how they impact personal health decisions.
- 2-E-1.2 Investigate the quality of healthcare in a foreign country and how it compares to the United States.

Benchmark 2-E-2: Describe how the family influences personal health practices and behaviors.

GLE:

- 2-E-2.1 Develop a family plan to maintain and improve health practices (journal).

Benchmark 2-E-3: Identify the influence of others on health beliefs, practices, and behaviors.

GLE:

- 2-E-3.1 Describe instances when one may have to overcome the influence of others to maintain good health.

Benchmark 2-E-4: Describe how the school and community can support personal health practices and behaviors.

GLEs:

- 2-E-4.1 Report on a local community support group and how it is influencing health in the community.
- 2-E-4.2 Explore the effects of the environment on food choices.

Benchmark 2-E-5: Explain how media influence thoughts, feeling, and health behaviors.

GLEs:

- 2-E-5.1 Identify positive influences that the media can have on health.
- 2-E-5.2 Analyze specific media/advertisements regarding the health message they convey.

Benchmark 2-E-6: Discuss ways that technology can influence personal health.

GLEs:

- 2-E-6.1 Analyze specific technologies regarding the health messages they convey.
- 2-E-6.2 Investigate how technology can promote positive health behaviors (e.g., pedometers, Wii fit).

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Benchmark 3-E-1: Identify characteristics of valid health information, products, and services.

GLE:

- 3-E-1.1 Assess a health product or service using valid sources of health information.

Benchmark 3-E-2: Locate resources from home, school, and the community that provide valid health information.

GLE:

3-E-2.1 Report on how resources from home, school and the community are used to impact personal and family health.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-E-1: Compare effective verbal and non-verbal communication skills to enhance health.

GLE:

4-E-1.1 Demonstrate the ability to communicate a health message in a verbal and non-verbal manner.

Benchmark 4-E-2: Demonstrate refusal skills to avoid or reduce health risks.

GLE:

4-E-2.1 Create and share a scenario that utilizes refusal skills to avoid engaging in risky behaviors.

Benchmark 4-E-3: Adopt non-violent strategies to manage or resolve conflict.

GLEs:

4-E-3.1 Differentiate between assertive and aggressive behavior.

4-E-3.2 Role play different scenarios identifying assertive and aggressive behavior and the impact of that behavior in conflict situations.

Benchmark 4-E-4: Demonstrate how to ask for assistance to enhance personal health.

GLEs:

4-E-4.1 Identify personal and family experiences where access to care positively or negatively impacted health.

4-E-4.2 Describe how personal health care decisions and assistance can be impacted by personal experiences.

4-E-4.3 Use communication skills to effectively deal with influences from peers and media regarding food choices and physical activity.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-E-1: Identify how others can influence decision-making.

GLEs:

5-E-1.1 Analyze elements of effective decision-making model.

5-E-1.2 Identify circumstances that can help or hinder healthy decision-making.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-E-1: Define and discuss a personal health goal.

GLE:

6-E-1.1 Track progress toward the achievement of a personal health goal.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or refuse health risks.

Benchmark 7-E-1: Examine personal health behaviors.

GLEs:

7-E-1.1 Make a list of positive and negative personal health habits.

7-E-1.2 Examine personal habits that promote lifelong health.

Benchmark 7-E-2: Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health.

GLEs:

7-E-2.1 Create journal about individual health practices and behaviors that maintain or improve one's personal health.

7-E-2.2 Compare healthy and risky approaches to weight management.

Benchmark 7-E-3: Demonstrate a variety of behaviors that avoid or reduce health risks.

GLEs:

7-E-3.1 List items that are perceived as health risk behaviors (e.g., smoking, drinking).

7-E-3.2 Explain the harmful effects of health risk behaviors (e.g., smoking, drinking).

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

Benchmark 8-E-1: Identify and describe community and school health service providers and their function.

GLE:

8-E-1.1 Educate younger students on the job functions of community and school health service providers and their function. (group project).

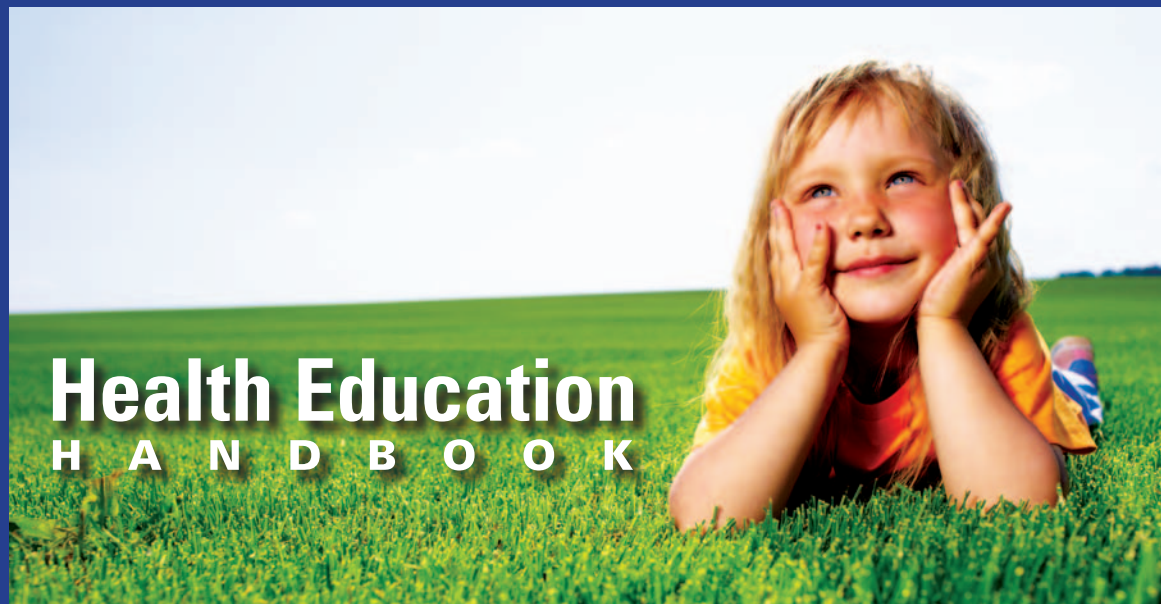
Benchmark 8-E-2: Encourage others to make positive health choices.

GLEs:

8-E-2.1 Choose and create two media of communications to influence positive health choices (e.g., poster on saying no to drugs, assembly on not bullying).

8-E-2.2 Identify something in the school environment that does not contribute to positive health and safety and advocate for change (e.g., vending machines, snack sales, lack of recess).

GRADE 6



Health Education
H A N D B O O K

Grade 6

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-M-1: Describe interrelationships among physical, intellectual, emotional and social health.

GLEs:

- 1-M-1.1 Identify and categorize behaviors that can affect physical, intellectual, emotional and social health.
- 1-M-1.2 Analyze the physical, intellectual, emotional and social benefits of eating breakfast daily.

Benchmark 1-M-2: Describe the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.

GLEs:

- 1-M-2.1 Distinguish between health knowledge and practicing healthy behaviors.
- 1-M-2.2 Relate correct portion sizes and number of servings to energy needs.

Benchmark 1-M-3: Analyze high risk behaviors to determine their impact on wellness.

GLE:

- 1-M-3.1 Examine the likelihood and seriousness of injury or illness if engaging in risky behaviors.

Benchmark 1-M-4: Use appropriate strategies to prevent/reduce risk and promote well-being.

GLEs:

- 1-M-4.1 Explain how preventive health care can reduce risk of premature death and disability.
- 1-M-4.2 Analyze the harmful effect of engaging in unscientific diet practices to lose or gain weight.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Benchmark 2-M-1: Describe the influence of others on health beliefs, practices and behaviors.

GLEs:

- 2-M-1.1 Identify the influences of others on personal values, beliefs and perceived norms.
- 2-M-1.2 Examine how parents and family influence health practices.

2-M-1.3 Analyze how the school can affect personal health practices and behaviors.

Benchmark 2-M-2: Analyze how media and technology influence personal and family health behaviors.

GLEs:

- 2-M-2.1 Investigate the impact of media (e.g., television, newspapers, billboards, magazines, Internet) on positive and negative health behaviors.
- 2-M-2.2 Describe the ways that technology affects health (e.g., video games).
- 2-M-2.3 Describe the influence of culture and media on body image and eating disorders.

Benchmark 2-M-3: Explain the influence of personal values and beliefs on individual health practices and behaviors.

GLEs:

- 2-M-3.1 Discuss personal beliefs about participating in healthy behaviors.
- 2-M-3.2 Identify barriers and opportunities to engaging in healthy behaviors (e.g., physical activity and healthy nutritional practices).

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Benchmark 3-M-1: Utilize resources at home, school and community to access valid health information and services.

GLEs:

- 3-M-1.1 Differentiate between credible and non-credible sources of health information (e.g., internet, trusted adult, healthcare professionals).
- 3-M-1.2 Evaluate functions of community health agencies and professional health services.
- 3-M-1.3 Interpret the nutrition information available on the Nutrition Facts panel of food labels.
- 3-M-1.4 Use nutrition information to differentiate between nutrient dense foods and low nutrient foods.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-M-1: Demonstrate healthy ways to express needs, wants, feelings and respect of self and others.

GLEs:

- 4-M-1.1 Role play verbal and non-verbal communication skills to enhance health.
- 4-M-1.2 Practice the use of “I” messages when expressing needs, wants and feelings.
- 4-M-1.3 Demonstrate how to refuse less-nutritious foods and extra servings in social settings.

Benchmark 4-M-2: Demonstrate how to ask for assistance to enhance the health of self and others.

GLE:

4-M-2.1 Role-play seeking assistance from trusted health resources in the school or community.

Benchmark 4-M-3: Demonstrate effective conflict management or resolution strategies.

GLE:

4-M-3.1 Differentiate between negative and positive behaviors used in conflict situations (e.g., compromise, avoidance, mediation, assertive/aggressive, non-violent behaviors).

Benchmark 4-M-4: Exhibit characteristics needed to be a responsible friend and family member.

GLE:

4-M-4.1 Identify qualities of healthy relationships (e.g., respect, trust, honesty, support, communication).

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-M-1: Discuss how emotional health affects decision-making.

GLE:

5-M-1.1 Examine how emotional health can affect decision-making.

Benchmark 5-M-2: Determine when health-related situations require the application of a thoughtful decision-making process.

GLEs:

5-M-2.1 Relate the steps of a decision-making model as it applies to health-related decisions.

5-M-2.2 Examine the role of decision-making in maintaining personal fitness, blood pressure, weight and body mass index.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-M-1: Identify goals to adopt, maintain or improve a personal health practice.

GLEs:

6-M-1.1 Assess personal health practices and health status.

6-M-1.2 Set a goal and describe steps needed to attain goal.

6-M-1.3 Develop practical solutions for removing barriers to practicing healthy lifestyles.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Benchmark 7-M-1: Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.

GLEs:

7-M-1.1 Complete a personal health assessment to determine health strengths and risks (e.g., physical activity, nutrition, stress, bullying).

7-M-1.2 Plan a class party or family meal that meets dietary guidelines.

Benchmark 7-M-2: Demonstrate behaviors that avoid or reduce health risks to self and others.

GLEs:

7-M-2.1 Describe how to avoid threatening situations (e.g., inappropriate touch, bullying).

7-M-2.2 Identify safe ways to report abuse.

Standard 8: Students will demonstrate the ability to advocate for personal, family and community health.

Benchmark 8-M-1: Analyze various communication methods to accurately express health ideas and opinions.

GLE:

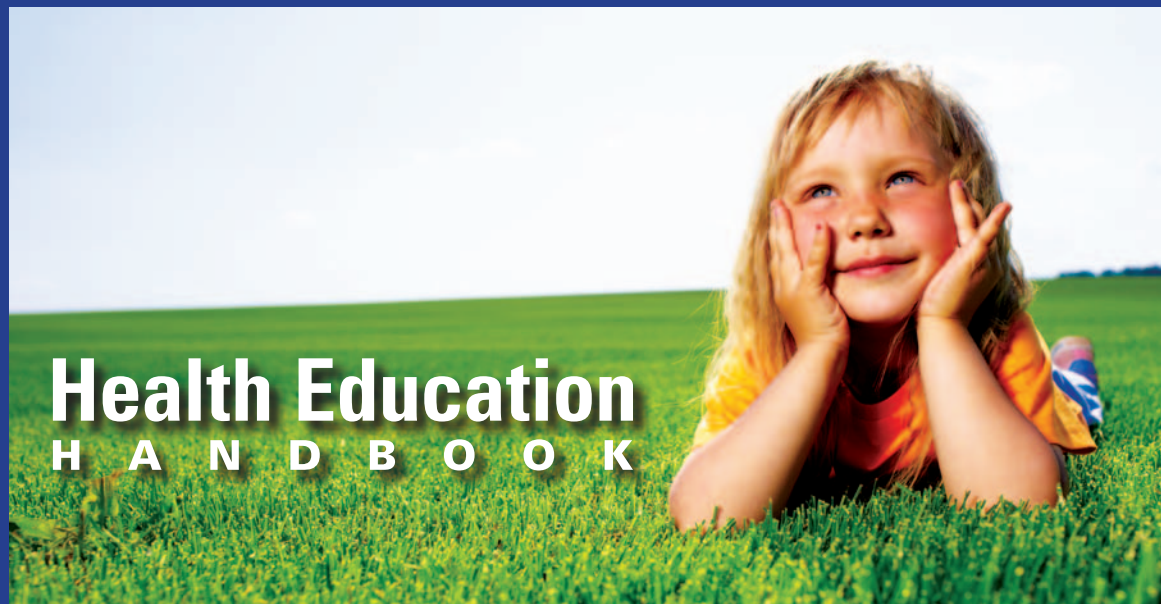
8-M-1.1 Identify communication techniques to persuade or support a health-enhancing issue.

Benchmark 8-M-2: Demonstrate how to influence and support others to make positive health choices.

GLE:

8-M-2.1 Demonstrate effective persuasion skills to encourage healthy behaviors.

GRADE 7



Health Education
H A N D B O O K

Grade 7

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-M-1: Describe interrelationships among physical, intellectual, emotional and social health.

GLEs:

1-M-1.1 Explain how emotional health (stress) impacts other dimensions of health.

1-M-1.2 Describe appropriate ways to express and deal with emotions and how this can impact other areas of personal health.

Benchmark 1-M-2: Describe the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.

GLEs:

1-M-2.1 Explain the importance of assuming responsibility for personal health behaviors.

1-M-2.2 Define HIV.

1-M-2.3 Explain and define abstinence.

Benchmark 1-M-3: Analyze high risk behaviors to determine their impact on wellness.

GLEs:

1-M-3.1 Describe the benefits of and barriers to practicing healthy behaviors (e.g., sexual abstinence, avoiding substance abuse, practicing good nutrition).

1-M-3.2 Describe the relationship between using alcohol and other drugs and health risk behaviors. (e.g., sexual activity, driving/riding while intoxicated, violence, etc.).

Benchmark 1-M-4: Use appropriate strategies to prevent/reduce risk and promote well-being.

GLEs:

1-M-4.1 Describe how family history and environment are related to the cause or prevention of disease.

1-M-4.2 Explain how abstinence prevents emotional and physical health risks.

Benchmark 1-M-5: Discuss the basic male and female reproductive anatomy and physiology.

GLEs:

1-M-5.1 Describe basic male and female reproductive body parts and their functions.

1-M-5.2 Define puberty.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Benchmark 2-M-1: Describe the influence of others on health beliefs, practices and behaviors.

GLEs:

2-M-1.1 Describe how peers influence healthy and unhealthy behaviors.

2-M-1.2 Analyze how the community can affect personal health practices and behaviors.

2-M-1.3 Define gender stereotypes in social relationship roles.

Benchmark 2-M-2: Analyze how media and technology influence personal and family health behaviors.

GLEs:

2-M-2.1 Assess ways in which various media influence buying decisions (e.g., health products, medicines, food).

2-M-2.2 Discuss the role of the media in supporting gender stereotypes in relationship roles.

Benchmark 2-M-3: Explain the influence of personal values and beliefs on individual health practices and behaviors.

GLEs:

2-M-3.1 Identify the difference between external and internal influences.

2-M-3.2 Discuss how individual values and beliefs affect personal decisions to engage in healthy and unhealthy behaviors (e.g., eating and exercising habits, engaging in sexual risk behaviors and choosing abstinence).

2-M-3.3 Recognize how external influences can affect an individual's judgment, self-control and behavior (e.g., substance abuse, peer pressure).

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Benchmark 3-M-1: Utilize resources at home, school and community to access valid health information and services.

GLEs:

3-M-1.1 Explore validity, cost and safety of health products and services (e.g., diet pills, tanning beds, energy drinks, generic drugs).

3-M-1.2 Describe situations that may require professional health services.

3-M-1.3 Engage trusted adults at home, school and community in health issues.

3-M-1.4 Identify credible health-related websites.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-M-1: Demonstrate healthy ways to express needs, wants, feelings and respect of self and others.

GLEs:

- 4-M-1.1 Use effective listening techniques when communicating with others (active listening).
- 4-M-1.2 Describe healthy ways to express affection, love, friendship and concern.
- 4-M-1.3 Explain the characteristics of a healthy and unhealthy social relationship.
- 4-M-1.4 Analyze the relationship between self-respect and healthy social relationships.

Benchmark 4-M-2: Demonstrate how to ask for assistance to enhance the health of self and others.

GLEs:

- 4-M-2.1 Identify techniques for approaching trusted adults.
- 4-M-2.2 Demonstrate skills for requesting assistance with health issues.

Benchmark 4-M-3: Demonstrate effective conflict management or resolution strategies.

GLEs:

- 4-M-3.1 Compare and contrast the steps for conflict resolution/negotiation.
- 4-M-3.2 Demonstrate skills to effectively resist pressure from peers to engage in unhealthy behaviors.

Benchmark 4-M-4: Exhibit characteristics needed to be a responsible friend and family member.

GLE:

- 4-M-4.1 Identify methods for responding to problems of others with empathy and support.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-M-1: Discuss how emotional health affects decision-making.

GLEs:

- 5-M-1.1 Analyze the impact of peer pressure on decision-making.
- 5-M-1.2 Determine barriers that can hinder healthy decision-making.

Benchmark 5-M-2: Determine when health-related situations require the application of a thoughtful decision-making process.

GLEs:

- 5-M-2.1 Apply use of a decision-making model in making a healthy decision (e.g., food choices, substance abuse, relationships, violence and abstinence) through role play and skits.
- 5-M-2.2 Predict the short- and long-term consequences of healthy and unhealthy choices (abstinence, sexual risk behaviors, alcohol and tobacco use, exercise, healthy eating).

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-M-1: Identify goals to adopt, maintain or improve a personal health practice.

GLEs:

- 6-M-1.1 Identify a health practice to improve.
- 6-M-1.2 Adopt a goal to improve a health practice (e.g., increase physical activity, increase time spent with people engaged in positive behaviors, increase healthful eating, practice honest ways to be successful in school, practice abstinence).
- 6-M-1.3 Create a journal to measure accomplishments toward a selected goal.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Benchmark 7-M-1: Discuss healthy practices and behaviors that will improve the health of self and others.

GLEs:

- 7-M-1.1 Identify common barriers to making healthy choices.
- 7-M-1.2 Problem-solve how to overcome obstacles to making healthy choices.
- 7-M-1.3 Explain the importance of assuming responsibility for personal health behaviors.

Benchmark 7-M-2: Demonstrate behaviors that avoid or reduce health risks to self and others.

GLEs:

- 7-M-2.1 Develop strategies to improve personal and family health (e.g., injury prevention, physical activity).
- 7-M-2.2 Analyze the risk of impulsive behaviors.

Standard 8: Students will demonstrate the ability to advocate for personal, family and community health.

Benchmark 8-M-1: Analyze various communication methods to accurately express health ideas and opinions for oneself or others.

GLE:

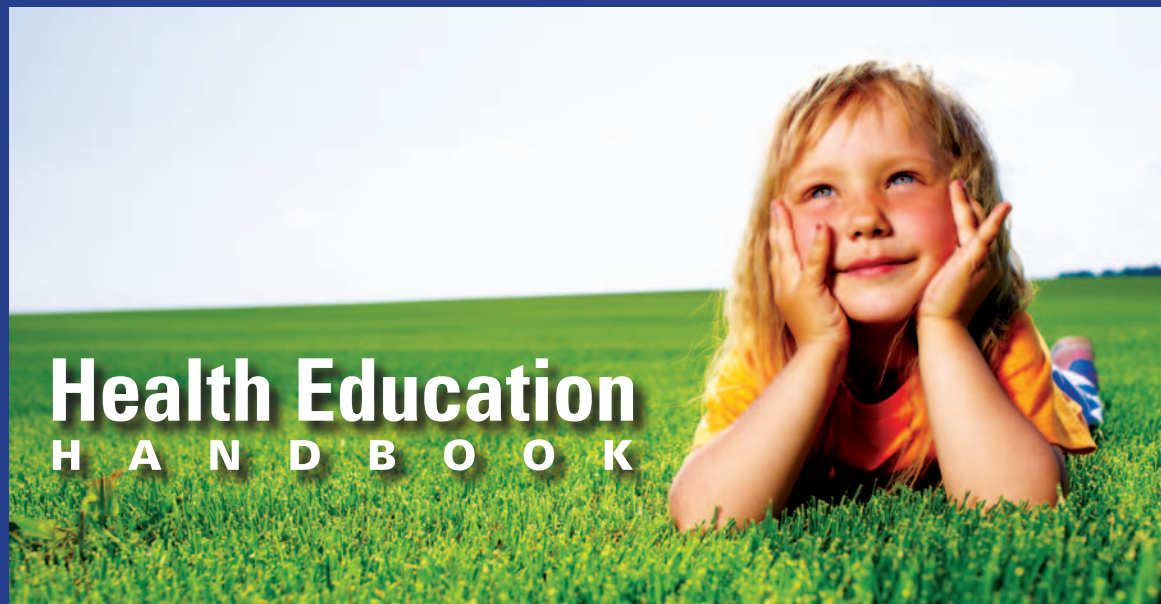
8-M-1.1 Identify ways that health messages and communication techniques can be altered for different audiences.

Benchmark 8-M-2: Demonstrate how to influence and support others to make positive health choices.

GLE:

8-M-2.1 Use accurate information to support a health-enhancing position on a topic (e.g., need for personal hygiene, healthful food choices at school, disease, genetic disorder).

GRADE 8



Health Education
H A N D B O O K

Grade 8

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-M-1: Describe interrelationships among physical, intellectual, emotional and social health.

GLEs:

1-M-1.1 Explain how healthy and unhealthy behaviors impact various body systems.

1-M-1.2 Discuss research related to the impact the dimensions of health have upon each other. (class project)

1-M-1.3 Explore the relationship of nutrients to physical, intellectual, emotional, and social health.

Benchmark 1-M-2: Describe the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.

GLEs:

1-M-2.1 Identify preventive health measures to reduce or prevent injuries and other health problems.

1-M-2.2 Explain how HIV is and is not transmitted.

1-M-2.3 Explain the positive aspects of abstinence.

1-M-2.4 Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs).

1-M-2.5 Describe the relationship between one's dating partner, one's health and the prevention of harm.

Benchmark 1-M-3: Analyze high risk behaviors to determine their impact on wellness.

GLEs:

1-M-3.1 Discuss how high risk behavior consequences may extend beyond self to friends, family and community.

1-M-3.2 Describe types of violence.

1-M-3.3 Discuss the frequency of violence, and its consequences, in social relationships.

1-M-3.4 Analyze the impact on health of selecting foods and beverages of various caloric and nutritional value.

Benchmark 1-M-4: Use appropriate strategies to prevent/reduce risk and promote well-being.

GLEs:

1-M-4.1 Identify the causes, symptoms, treatment and prevention of various diseases and disorders.

1-M-4.2 Set personal boundaries and limits related to physical intimacy and sexual

behaviors.

1-M-4.3 Analyze situations where assertive communication and refusal skills can be used to avoid and escape risky situations.

1-M-4.4 Log selection of food and beverages low in fat, sugar, and salt and high in nutrients when eating out and preparing meals at home.

Benchmark 1-M-5: Recognize the interrelationships among organs in the male and female reproductive systems.

GLEs:

1-M-5.1 Identify basic male and female reproductive body parts and their functions.

1-M-5.2 Analyze the role of hormones in the reproductive maturation.

1-M-5.3 Describe the physical, social and emotional changes that occur during puberty (e.g., changes in friends, crushes/attractions, mood shifts, body hair, body odor, menstruation).

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Benchmark 2-M-1: Describe the influence of others on health beliefs, practices and behaviors.

GLEs:

2-M-1.1 Explain how the perceptions of cultural and peer norms influence healthy and unhealthy behaviors.

2-M-1.2 Describe how some health risk behaviors can influence the likelihood of engaging in additional unhealthy behaviors.

2-M-1.3 Compare the roles of heredity, food selection, and activity level in weight control.

2-M-1.4 Recognize health care disparities of different cultures, races and ethnic groups in the community.

Benchmark 2-M-2: Analyze how media and technology influence personal and family health behaviors.

GLEs:

2-M-2.1 Identify how media influence the selection of health information and products.

2-M-2.2 Describe the ways that technology positively affects health (e.g., high-technological medical equipment).

2-M-2.3 Analyze ways that music, television and internet influence behaviors; such as risky sexual behavior, use of tobacco and alcohol and drugs.

Benchmark 2-M-3: Explain the influence of personal values and beliefs on individual health practices and behaviors.

GLEs:

2-M-3.1 Describe factors that influence personal decisions to engage in behaviors which result in intentional or unintentional consequences (e.g., homicide, drinking and driving, wearing seat belt, lack of physical activity).

2-M-3.2 Discuss influence of values and beliefs on healthy relationships (e.g., respecting others, self-respect, positive interactions with others).

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Benchmark 3-M-1: Utilize resources at home, school and community to access valid health information and services.

GLEs:

3-M-1.1 Determine the accessibility of services and products that enhance health (e.g., clinics, farmers markets).

3-M-1.2 Differentiate accurate from inaccurate health information on varying topics (e.g., sexual health information, alcohol and drugs and tobacco use).

3-M-1.3 Evaluate the accuracy of claims about dietary supplements and popular diets.

3-M-1.4 Discuss a credible Internet source for health information (e.g., types of diets, energy drinks, best vegetables to eat).

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Benchmark 4-M-1: Demonstrate healthy ways to express needs, wants, feelings and respect of self and others.

GLEs:

4-M-1.1 Demonstrate refusal skills to avoid or reduce health risks (e.g., sexual contact, alcohol use).

4-M-1.2 Demonstrate how to communicate clear expectations and boundaries for personal safety. (e.g., refusing to ride with someone who has been drinking).

4-M-1.3 Describe effective strategies for dealing with difficult relationships with family members, peers and boyfriends or girlfriends.

4-M-1.4 Identify the warning signs of an abusive relationship.

Benchmark 4-M-2: Demonstrate how to ask for assistance to enhance the health of self and others.

GLE:

4-M-2.1 Problem-solve situations with help from trusted adults and community professionals.

Benchmark 4-M-3: Demonstrate effective conflict management or resolution strategies.

GLEs:

4-M-3.1 Role-play appropriate ways to respond to feedback from others.

4-M-3.2 Justify the use of effective strategies for resolving conflict with another person in non-violent ways.

4-M-3.3 Demonstrate the use of conflict resolution models in interpersonal conflicts.

Benchmark 4-M-4: Exhibit characteristics needed to be a responsible friend and family member.

GLE:

4-M-4.1 Describe possible outcomes of using effective communication skills in maintaining healthy family relationships.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-M-1: Discuss how emotional health affects decision-making.

GLEs:

5-M-1.1 Discuss the impact of stress and coping skills on decision-making.

5-M-1.2 Demonstrate how to overcome barriers that can hinder healthy decision-making.

5-M-1.3 Analyze how decisions about food choices should be different depending on age, gender, and activity level.

Benchmark 5-M-2: Determine when health-related situations require the application of a thoughtful decision-making process.

GLEs:

5-M-2.1 Analyze the positive and negative consequences of a health-related decision.

5-M-2.2 Prepare a report on the short- and long-term consequences of healthy and unhealthy choices (e.g., abstinence, sexual risk behaviors, alcohol and tobacco use, exercise and healthy eating).

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-M-1: Identify goals to adopt, maintain or improve a personal health practice.

GLE:

6-M-1.1 Revise personal health goals in response to changing information, abilities, priorities, and responsibilities.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Benchmark 7-M-1: Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.

GLEs:

7-M-1.1 Formulate a contract for behavior change (e.g., controlling portion sizes, reading labels, implementing a physical activity plan, improving school attendance, breakfast eating, anger management, tobacco reduction or cessation, reduction in texting, and abstinence or return to abstinence).

7-M-1.2 Chart progress toward behavior changes.

7-M-1.3 Evaluate the results of the behavior changes.

Benchmark 7-M-2: Demonstrate behaviors that avoid or reduce health risks to self and others.

GLEs:

7-M-2.1 Identify specific abusive behaviors in social relationships (by discussing the Power and Control Wheel).

7-M-2.2 Discuss the Cycle of Abuse (dynamics of an abusive relationship).

7-M-2.3 Describe impulsive behaviors and strategies for controlling them.

Standard 8: Students will demonstrate the ability to advocate for personal, family and community health.

Benchmark 8-M-1: Analyze various communication methods to accurately express health ideas and opinions.

GLEs:

8-M-1.1 Identify barriers to effective communication about health issues.

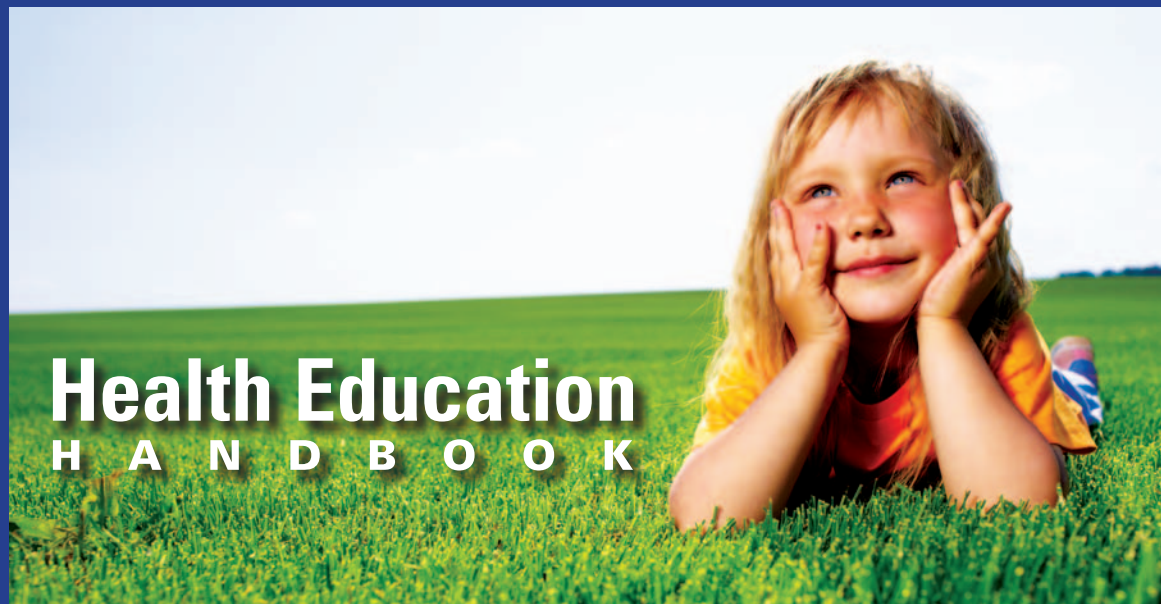
8-M-1.2 Use effective interpersonal skills to advocate for healthy behaviors with family, friends and others (e.g., use of “I” statements, use of active listening).

Benchmark 8-M-2: Demonstrate how to influence and support others to make positive health choices.

GLE:

8-M-2.1 Demonstrate the ability to work cooperatively when advocating for healthy individuals, families, and schools (e.g., advocate for school policy change).

GRADES 9–12



Health Education
H A N D B O O K

Grades 9-12

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Benchmark 1-H-1: Predict and analyze how healthy behaviors can affect health status, disease prevention, and potential severity of injury.

GLEs:

- 1-H-1.1 Explain the impact of personal health behavior on the function of body systems.
- 1-H-1.2 Design a plan for maintaining good personal hygiene, oral hygiene and getting adequate sleep and rest.
- 1-H-1.3 Research the possible consequences of risky hygiene and health behavior and fads (e.g., tattooing, piercing of body or mouth, sun exposure, and sound volume).
- 1-H-1.4 Justify why sexual abstinence is the safest, most effective risk avoidance method of protection from HIV, STDs/STIs, and pregnancy.
- 1-H-1.5 Summarize the importance of setting personal limits to avoid risky sexual behavior.
- 1-H-1.6 Describe the importance of maintaining healthy dating relationships to one's long-term physical and emotional health.

Benchmark 1-H-2: Analyze how genetics, family history, and environmental influences can impact personal health.

GLEs:

- 1-H-2.1 Chart a family health tree.
- 1-H-2.2 Interview family members regarding health conditions.
- 1-H-2.3 Research environmental factors that impact health.
- 1-H-2.4 Determine how the home and community environments affect health.

Benchmark 1-H-3: Describe the interrelationship(s) of mental, emotional, social, and physical health throughout the life span.

GLEs:

- 1-H-3.1 Provide examples of how physical, mental, emotional, and social health affect one's overall well-being.
- 1-H-3.2 Define victimization in dating relationships (the effects of abuse on a victim).
- 1-H-3.3 Keep a journal to illustrate how emotions change over a period of time.
- 1-H-3.4 Research the resources or services available to assist people with mental, emotional, or social health conditions.
- 1-H-3.5 Summarize healthy and appropriate ways to express feelings.
- 1-H-3.6 Summarize healthy ways to express affection, love, and friendship.

Benchmark 1-H-4: Identify the causes, symptoms, treatment and prevention of various diseases and disorders.

GLEs:

- 1-H-4.1 Compile a list of disorders, their causes and their effects on the body (e.g., eating and genetic disorders).
- 1-H-4.2 Describe the relationship between poor eating habits and chronic diseases (e.g., heart disease, obesity, cancer, diabetes, hypertension, and osteoporosis).
- 1-H-4.3 Identify major infectious diseases; methods of transmission; their signs and symptoms, prevention and control (e.g., HIV and other common sexually transmitted diseases/infections).

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Benchmark 2-H-1: Analyze how family, peers, and the perception of norms influence healthy and unhealthy behaviors.

GLEs:

- 2-H-1.1 Describe positive choices involving family members that influence healthy behavior.
- 2-H-1.2 Discuss the influences of healthy and unhealthy behavior of family and peers.
- 2-H-1.3 Interview peers to determine perceptions of normal health behaviors.
- 2-H-1.4 Summarize a variety of external influences, such as parents, the media, culture, peers and society, on sexual decision-making.
- 2-H-1.5 Describe the influences of family, peers, and community on personal health.
- 2-H-1.6 Describe the role of family, peers and community on influencing decisions surrounding personal and sexual health.
- 2-H-1.7 Identify factors that influence personal selection of health products and services.

Benchmark 2-H-2: Investigate how personal values and the economy influence and challenge health behaviors.

GLEs:

- 2-H-2.1 Report how personal values influence and challenge health behaviors.
- 2-H-2.2 Research the influence of brand names' and generic medicines' cost on consumer decisions.
- 2-H-2.3 Analyze the relationship between income and health behaviors.
- 2-H-2.4 Examine personal values and how these influence relationships and sexual decision-making.
- 2-H-2.5 Analyze the cost of medicines to treat HIV and other STDs/STIs and how these illnesses affect a person's ability to attend school or maintain employment.

Benchmark 2-H-3: Analyze how public health policies and government can influence health promotion and disease prevention.

GLEs:

- 2-H-3.1 Research public agencies (local, state, national) dedicated to health promotion and disease prevention.
- 2-H-3.2 Describe government policies dedicated to health promotion and disease prevention.
- 2-H-3.3 Describe federal laws and rights of individuals infected and affected by HIV and AIDS.

Benchmark 2-H-4: Evaluate the impact of technology and media on personal, family, community, and world health.

GLEs:

- 2-H-4.1 Analyze product advertising campaigns that promote good health and disease prevention to determine their validity.
- 2-H-4.2 Use technology to compile a list of health statistics of other countries compared to the United States (e.g., infant mortality rate, obesity statistics, teen birth rates).
- 2-H-4.3 Investigate health-related websites to determine the usefulness of the health content.
- 2-H-4.4 Provide examples of how advanced technology has improved diagnostics and treatment.
- 2-H-4.5 Analyze the influence of the Internet and other media on sexual decision-making.

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Benchmark 3-H-1: Use resources from home, school and community that provide valid health information.

GLEs:

- 3-H-1.1 Identify local wellness centers or clinics that provide health treatment and resources.
- 3-H-1.2 Organize a health fair or presentation to provide valid information regarding a health issue.
- 3-H-1.3 Demonstrate the ability to access a trusted adult who can provide accurate information about sexual health (e.g., contraception, dating abuse).
- 3-H-1.4 Demonstrate the ability to assess accurate data on sexual behaviors among young people.
- 3-H-1.5 Identify key information and processes related to the Safe Haven relinquishment law.
- 3-H-1.6 Using technology, compare health care systems of other countries to the United States health care system.
- 3-H-1.7 Present websites that provide self health assessment tools to peers.
- 3-H-1.8 Investigate and compare legal options for adoption proceedings.

Benchmark 3-H-2: Evaluate the validity of health information, products, and services using a variety of resources.

GLEs:

- 3-H-2.1 Identify criteria for evaluating the validity of health claims of products in advertisements.
- 3-H-2.2 Evaluate the validity of health claims in advertisements found in various media

(e.g., websites, magazines, television).

3-H-2.3 Evaluate the cost effectiveness of alternative health products.

3-H-2.4 Evaluate the accuracy of sources of information on sexual health.

Standard 4: Students will demonstrate the ability to use interpersonal communications skills to enhance health and avoid or reduce health risks.

Benchmark 4-H-1: Analyze the short-term and long-term consequences of choices and behaviors throughout the life span.

GLEs:

4-H-1.1 Describe a healthy life-style by comparing and contrasting healthy and unhealthy choices.

4-H-1.2 Explain the relationship between health choices and short- and long-term health goals and outcomes.

Benchmark 4-H-2: Utilize skills for communicating effectively with family, peers, and others to enhance health.

GLEs:

4-H-2.1 Practice effective communication techniques through role playing.

4-H-2.2 Compose a script for communicating on a health related topic.

4-H-2.3 Demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations (e.g., avoiding sexual risk behaviors).

4-H-2.4 Demonstrate the communication skills necessary to maintain healthy relationships.

4-H-2.5 Describe methods to help someone who is in an abusive relationship.

Benchmark 4-H-3: Demonstrate ways to reduce threatening situations to avoid violence.

GLEs:

4-H-3.1 Identify effective strategies for avoiding violence.

4-H-3.2 Demonstrate effective negotiation skills that can be used to avoid dangerous situations.

4-H-3.3 Present a media presentation on bullying and violence awareness.

4-H-3.4 Demonstrate how to set clear expectations, boundaries, and personal safety strategies related to sexual health and abusive behavior.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Benchmark 5-H-1: Describe the short- and long-term health impact of decision-making on health-related issues and problems.

GLEs:

- 5-H-1.1 Identify a variety of situations (e.g., group drinking, car racing) where personal decisions can result in avoidance of health risks to self and others.
- 5-H-1.2 Debate the pros and cons of various social issues and factors that affect decision-making.
- 5-H-1.3 Analyze the possible consequences of sexual behavior and the emotional, social and physical benefits of delaying sexual behavior.

Benchmark 5-H-2: Discuss barriers that can hinder healthy decision-making and how to apply thoughtful decision-making to health-related situations.

GLEs:

- 5-H-2.1 Develop and complete a survey/questionnaire to assess students' decision-making process (class project).
- 5-H-2.2 Identify barriers (e.g., peer pressure, misinformation, desire for acceptance) that hinder health decision-making.
- 5-H-2.3 Analyze the benefits of delaying romantic involvement.
- 5-H-2.4 Discuss the Cycle of Abuse and its effect on decision-making.
- 5-H-2.5 Model how to use decision-making skills to avoid violent situations.

Benchmark 5-H-3: Develop the ability to use critical thinking when making decisions related to health needs and risks typical of young adults.

GLEs:

- 5-H-3.1 Identify effective strategies for decision-making.
- 5-H-3.2 Apply critical decision-making process to a personal health issue or problem.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Benchmark 6-H-1: Assess personal health practices and overall health status.

GLEs:

- 6-H-1.1 Design a health questionnaire and use it to assess students' personal health.
- 6-H-1.2 Identify goals for attaining lifelong personal health.
- 6-H-1.3 Set a goal related to personal boundaries and limits related to sexual behaviors.

Benchmark 6-H-2: Develop a plan to address strengths and needs to attain one or more personal health goals.

GLEs:

- 6-H-2.1 Identify short- and long-term goals that are measurable.
- 6-H-2.2 Describe desirable activities that are related to goal achievement.
- 6-H-2.3 Implement strategies to monitor progress in achieving personal health goals.

- 6-H-2.4 Formulate a long-term personal health plan based upon current health status.
- 6-H-2.5 Evaluate appropriate strategies to promote well-being during adulthood.
- 6-H-2.6 Make or renew a personal commitment to remain sexually abstinent.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Benchmark 7-H- 1: Identify and describe risk reduction activities.

GLEs:

- 7-H-1.1 Brainstorm a list of common risk-taking behaviors and the reasons why people take risks.
- 7-H-1.2 List ways that television and movie advertising influence risk-taking behavior.

Benchmark 7-H-2: Describe the role of individual responsibility for enhancing health.

GLEs:

- 7-H-2.1 Describe how personal nutrition and physical activity early in life impact health during later years.
- 7-H-2.2 Develop a log or food diary to compare personal diet to the dietary requirements.
- 7-H-2.3 Examine the selection of healthcare providers and products such as physicians, hospitals, health and accident insurances, life insurance, day care centers, and nursing homes.

Benchmark 7-H-3: Develop strategies to improve or maintain health and safety on community and world levels.

GLEs:

- 7-H-3.1 Develop a disaster preparedness plan for family and the community.
- 7-H-3.2 Describe a family plan to prevent injuries during emergencies and disasters.
- 7-H-3.3 Discuss the benefits of effective health policies (e.g., mandating use of seat belts, banning tobacco use in public places).

Benchmark 7-H-4: Demonstrate lifesaving techniques through CPR and first aid.

GLEs:

- 7-H-4.1 Perform the skills needed for adult, child, and infant CPR.
- 7-H-4.2 Demonstrate appropriate responses (e.g., application of bandages and splints) to emergency situations.
- 7-H-4.3 Demonstrate treatment for specific wounds.

Benchmark 7-H-5: Examine strategies to manage stress.

GLEs:

- 7-H-5.1 Identify ways and outlets to deal with stress.
- 7-H-5.2 Develop a plan of action for avoiding or managing the impact of stress.
- 7-H-5.3 Identify sources of information that are available for any stress-related problems that are the consequence of mental, emotional, or social problems.

Standard 8: Students will demonstrate the ability to advocate for personal, family and community health.

Benchmark 8-H-1: Identify effective strategies to overcome barriers or attitudes when communicating about health issues.

GLEs:

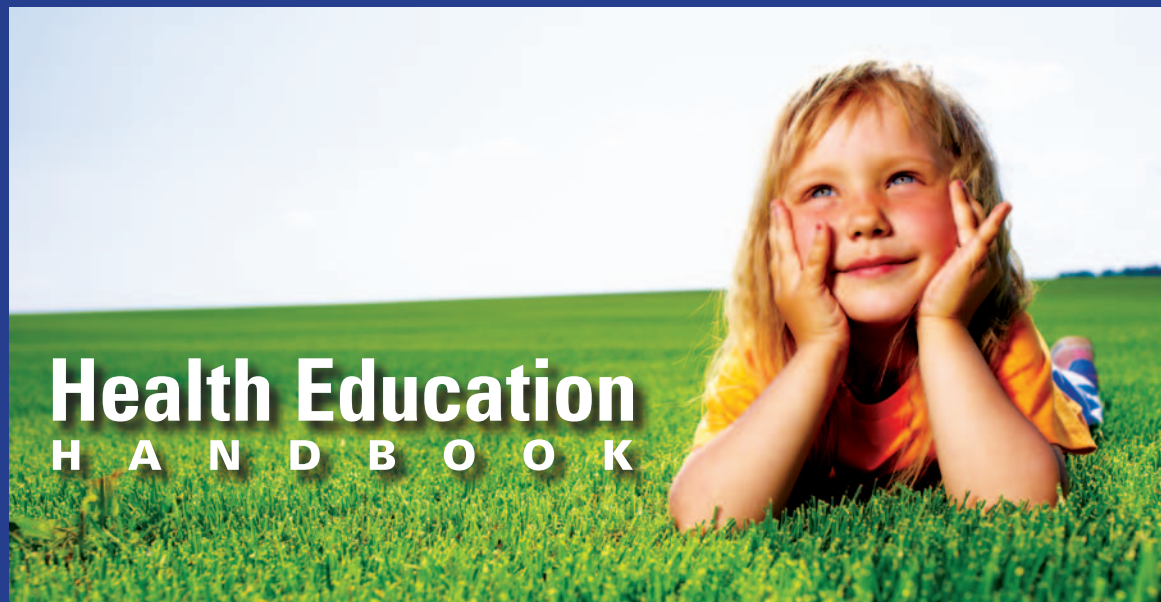
- 8-H-1.1 Describe scenarios that demonstrate personal or group sensitivities around health issues.
- 8-H-1.2 Develop a checklist to differentiate between helpful and harmful strategies for coping with someone who is angry.
- 8-H-1.3 Demonstrate how effective communications skills strengthen family relationships and friendships.
- 8-H-1.4 Use a creative medium (e.g., poem, poster, song) to advocate to family and peers about good health choices by identifying positive health behaviors.

Benchmark 8-H-2: Demonstrate techniques that support others in obtaining quality healthcare.

GLEs:

- 8-H-2.1 Research the various types of health advocacy organizations (e.g., American Heart Association, American Cancer Society, American Diabetic Association) and their role.
- 8-H-2.2 Work cooperatively as an advocate for improving personal, family and community health.
- 8-H-2.3 Adopt health messages and communication techniques to support a health cause.

GLOSSARY



Health Education
HANDBOOK

GLOSSARY

ACCESSING VALID INFORMATION---The skills needed to find valid sources of health information or services.

ADOLESCENT RISK BEHAVIORS---Behaviors identified by the U. S. Centers for Disease Control and Prevention (CDC) as being the most influential in the health of our nation's youth. These behaviors include: tobacco use, dietary patterns that contribute to disease, sedentary lifestyle, and sexual behaviors that result in HIV infection/other STDs and unintended pregnancy, alcohol and other drug use, and behaviors that result in unintentional and intentional injuries.

ALCOHOL, TOBACCO, AND OTHER DRUGS---The area of health education that focuses on safe use of prescription and over-the-counter drugs, not drinking alcohol, avoiding tobacco and illegal drug use, and practicing protective factors.

ANALYZING INFLUENCES---The skills needed to analyze how internal and external influences (both positive and negative) affect health-related behaviors.

- *Internal influences*: thoughts and emotions (e.g., likes and dislikes, curiosity, interests, and fears) and hereditary factors.
- *External influences*: situations or settings involving family members, culture, ethnicity, geographic location, peers, societal pressure, media and advertising sources, and technology.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ---The lead federal public health agency responsible for protecting the health and safety of the people of the United States.

CHRONIC DISEASE---A disease that persists for a long time. Chronic diseases generally cannot be prevented by vaccines or cured by medication. Risky behaviors-particularly tobacco use, lack of physical activity, and poor eating habits-are major contributors to the leading chronic diseases (e.g., heart disease, diabetes, and lung cancer).

COMMUNICABLE DISEASE---An illness caused by pathogens that can be spread from one living thing to another. Examples include chicken pox, measles, flu, tuberculosis, and strep throat.

CRITICAL THINKER AND PROBLEM-SOLVER---Health-literate individuals are critical thinkers and problem-solvers who identify and creatively address health problems and issues at multiple levels, ranging from personal to international. They use a variety of sources to access the current, credible, and applicable information required to make sound health-related decisions. Furthermore, they understand and apply principles of

creative thinking, along with models of decision-making goal setting, in a health-promotion context.

DECISION-MAKING---Analytical skills needed to evaluate relevant factors in order to select the most desirable outcome.

DISEASE PREVENTION---The processes of avoiding, preventing, reducing, or alleviating disease to promote, preserve, and restore health and minimize suffering and distress.

EFFECTIVE COMMUNICATORS---Health-literate individuals who organize and convey beliefs, ideas and information about health through oral, written, artistic, graphic, and technologic mediums. They create a climate of understanding and concern for others by listening carefully and responding thoughtfully and presenting a supportive demeanor which encourages others to express themselves. They conscientiously advocate for positions, policies, and programs that are in the best interest of society and intended to enhance personal, family, and community health.

ENVIRONMENTAL HEALTH---The area of health that focuses on staying informed about environmental issues; keeping air and water clean and noise at safe levels; recycling and disposing of waste properly; conserving energy and natural resources; and being an advocate for the environment.

ESSENTIAL CONCEPTS---The “functional knowledge” necessary for students to understand and practice for health-promoting behaviors.

FDA---The U.S. Food and Drug Administration.

FUNCTIONAL KNOWLEDGE---Important concepts and information necessary to improve health-enhancing decisions, beliefs, skills, and practice. Examples of functional knowledge include accurate information about the following: risks of health-related behaviors; internal and external influences on health-risk behavior; and socially normative behaviors.

GOAL SETTING---The skills needed to set realistic personal goals that can be safely achieved through reasonable planning and effort.

GROWTH AND DEVELOPMENT---The area of health education that focuses on the growth and development of the human body; keeping body systems healthy; developing habits that promote healthful development and aging; and choosing behaviors that reduce the risk of HIV/STD infection.

HEALTH---The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” It is a functional state that allows a person to achieve other goals and engage in activities for a productive life.

HEALTH EDUCATION STANDARDS---Standards specify what students should know and be able to do. They involve the knowledge and skills essential to the development of health literacy. That knowledge includes the most important and enduring ideas, issues and concepts in health education. Those skills include the ways of communicating, reasoning, and investigating which characterize health education. Health Education standards are not merely facts; rather, they identify the knowledge and skills students should master to attain a high level of competency in health education.

HEALTH LITERACY---Health literacy is the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health enhancing.

HEALTH PROMOTION---Any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions conducive to the health of individuals, families, groups, and communities.

HEALTH-RELATED SKILLS---Ability to translate knowledge into actions that enable students to deal with social pressures, avoid or reduce risk-taking behaviors, enhance and maintain personal health, and promote the health of others. These skills include communication skills; refusal techniques for avoiding unhealthy behaviors; the ability to assess the accuracy of information and make informed decisions; and planning and goal-setting skills.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) ---HIV is a virus that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening infections. Infection with HIV occurs by the transfer of blood, semen, vaginal fluid, pre-ejaculate, or breast milk.

INFECTIOUS DISEASE--- See “communicable disease.”

INSTITUTION FOR HIGHER EDUCATION---A college or university that awards undergraduate degrees and that may include programs of professional preparation for teachers.

INJURY PREVENTION AND SAFETY---The area of health education that focuses on safety practices to reduce the risk of unintentional injuries to self and others. This area includes protective factors to reduce violence and prevent gangs and weapons; safety guidelines for weather and natural disasters, fires, and poisoning; bicycling and sport safety; motor vehicle safety; and helping others with basic first aid skills.

INTERPERSONAL COMMUNICATION---The ability to convey appropriate and effective verbal and nonverbal information; the expression of needs and ideas to develop and maintain healthy personal relationships. In the context of health education, interpersonal communication includes both refusal and conflict resolution skills.

LOCAL EDUCATIONAL AGENCY (LEA) ---The organization that has the responsibility for overseeing the public education of students within a community.

MENTAL, EMOTIONAL, AND SOCIAL HEALTH---The area of health education that includes the ability to express needs, wants, and emotions in positive ways; to manage anger and conflict; and to deal with frustrations. This area involves practicing life skills, making responsible decisions, developing good character, following a plan to manage stress, and being resilient during difficult times.

NONCOMMUNICABLE DISEASE---See “chronic disease.”

NUTRITION---Nutrition encompasses healthy eating, which is associated with reduced risk of many diseases, including the three leading causes of death in the United States: heart disease, cancer, and stroke. Healthy eating in childhood and adolescence is important for proper growth and development and can prevent obesity, type 2 diabetes, dental caries, and many other health problems.

PERFORMANCE INDICATORS---Specific concepts and skills which 4th, 8th, and 11th grade students should know, and be able to do, to achieve the National Health Education Standards. They are intended to help educators focus on the essential knowledge and skills basic to the development of health-literate students. They serve the same purpose as the benchmarks in other standards documents. The performance indicators form a blueprint for organizing student assessment.

PERSONAL AND COMMUNITY HEALTH---The area of health education that focuses on the priority a person assigns to being health-literate, maintaining and improving health, preventing disease, and reducing risky health-related behaviors. This instructional area involves staying informed about environmental issues, initiatives to protect the environment, and being an advocate for the environment. Community health education focuses on knowledge of laws to protect health; recognizing consumer rights; choosing healthy forms of entertainment; analyzing ways messages are delivered through technology; making responsible choices about health care providers and products; and investigating public health needs.

PHYSICAL ACTIVITY---Physical activity is any body movement that is produced by skeletal muscles and that substantially increases energy expenditure.

PRACTICING HEALTH-ENHANCING BEHAVIORS---The area of health education focusing on the skills needed to practice healthy and safe behaviors independently.

PROTECTIVE FACTOR---Something that increases the likelihood of a positive outcome.

REFUSAL SKILLS---Assertive and effective communication skills needed to object to participation in an action or behavior.

RESPONSIBLE, PRODUCTIVE CITIZENS---Individuals who realize their obligation to ensure that their community is kept healthy, safe, and secure so that all citizens can experience a high quality of life. They also realize that this obligation begins with oneself. That is, they are responsible individuals who avoid behaviors which pose a health or safety threat to themselves and/or others, or an undue burden on society. Finally, they apply democratic and organizational principles in working collaboratively with others to maintain and improve individual, family, and community health.

SCHOOL HEALTH EDUCATION---School health education is one component of the comprehensive school health program. This component includes the development, delivery, and evaluation of a planned instructional program and other activities for students pre-school through grade 12, for parents, and for school staff. It is designed to positively influence the health knowledge, attitudes, and skills of individuals.

SCHOOL HEALTH EDUCATOR---A school health educator is a practitioner who is professionally prepared in the field of school health education, meets state teaching requirements, and demonstrates competence in the development, delivery, and evaluation of curricula for students and adults in the school setting that enhance health knowledge, attitudes, and problem-solving skills.

SELF-DIRECTED LEARNERS---Health-literate individuals are self-directed learners who have a command of the dynamic, changing health promotion and disease prevention knowledge base. They use literacy, numeracy, and critical thinking skills to gather, analyze, and apply health information as their needs and priorities change throughout life. They also apply interpersonal and social skills in relationships to learn from and about others and, as a consequence, grow and mature toward high-level wellness.

SEXUAL HEALTH---The area of health education encompassing a broad scope of concepts and skills, including acquiring information about sexual development, reproductive health, interpersonal relationships, body image, and gender roles; recognizing habits that protect female and male reproductive health; and learning about pregnancy, childbirth, and the development of infants and children. It also includes skill development in areas such as communication, decision-making, refusal techniques, and goal-setting. Sexual health topics are grounded in the premise that sexuality is a natural, ongoing process that begins in infancy and continues through life

SEXUALLY TRANSMITTED INFECTIONS (STIs) ---Infections generally acquired by sexual contact. The organisms that cause sexually transmitted infections may pass from person to person in blood, semen, or vaginal and other bodily fluids. Some of these infections can also be transmitted non-sexually, such as from mother to infant during pregnancy or childbirth, or through blood transfusions or shared needles.

STANDARD PRECAUTIONS---According to the Centers for Disease Control and Prevention, Standard Precautions are steps taken to prevent the spread of disease by treating all human blood, body fluids, and secretions as if they contain transmissible infectious agents such as human immunodeficiency virus (HIV) and hepatitis B virus

(HBV). Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation.

STATE EDUCATION AGENCY---The department of state government that has the responsibility for overseeing the public education of students within the state.

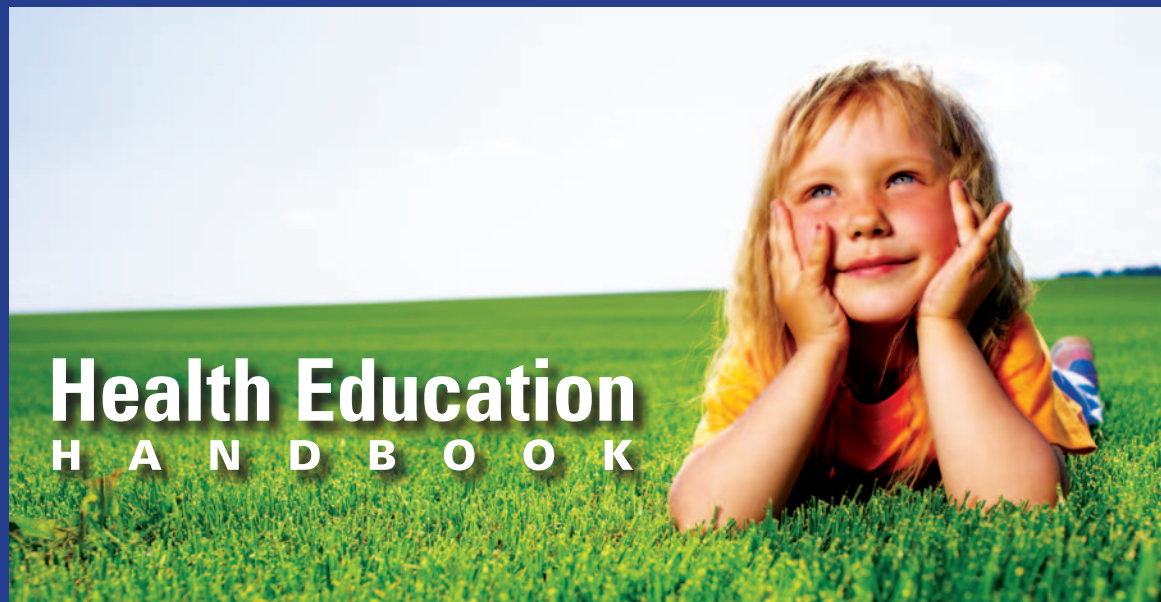
STATE HEALTH AGENCY---The department of state government that has the responsibility for recording and overseeing the health of citizens within the state.

TRUSTED ADULT---An adult person in whom confidence is placed, such as a parent, guardian, teacher, counselor, health care professional, cleric, police officer, firefighter, or relative.

UNIVERSAL PRECAUTIONS---See “Standard Precautions.”

WELLNESS---An approach to health that focuses on balancing the many aspects of a person’s life through the adoption of health-enhancing behaviors.

REFERENCES AND RESOURCES



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References and Resources

Assessing Health Literacy: Assessment Framework. Prepared by the Council of Chief State School Officers. Soquel, Calif.; ToucanEd Publications, 1998.

Ballard, J., (2000). *Virtues: Seeking My Personal Best*. Fidelity Associates, Inc., 2936 Rousseau Court, Gastonia, N.C. 28054. 1-800-626-3766.

Berliner, B. A., (2001). *Imagine the Possibilities: Sourcebook for Educators Committed to the Educational Success of Students Experiencing Homelessness*. WestEd, 730 Harrison St., San Francisco, CA 94107-1242. 1-877-493-7833.

Bodgon, J.F. (2000). *Fit, Healthy, and Ready to Learn: A School Health Policy Guide*. National Association of State Boards of Education.

Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), "Declines in Teenage Birth Rates, 1991-1998: Update of National and State Trends," *National Vital Statistics Reports*, Vol. 47, No. 26 (October 25, 1999), Table 2, and updated tabulations from the NCHS.

Centers for Disease Control and Prevention. (1996). *Guidelines for School Health Programs to Promote Lifelong Healthy Eating*. Morbidity and Mortality Weekly Report, 45. Atlanta, Georgia. <http://www.cdc.gov/>

Centers for Disease Control and Prevention. Healthy Youth! *School Health Index* Atlanta, Georgia. Retrieved online May 5, 2008: <https://apps.nccd.cdc.gov/SHI/Default.aspx>

Centers for Disease Control and Prevention. (2000). *Promoting Better Health for Young People Through Physical Activity and Sports: A Report to the President from the Secretary of Health and Human Services and the Secretary of Education*. [Online] Available: <http://www.cdc.gov/nccdphp/dash/presphysactrpt>

Celebuski, C. & Burns, S. (2000). *Nutrition Education in Public Elementary School Classrooms, K-5*. (NCES 2000-040). Washington, D.C.: National Center for Education Statistics, Statistical Analysis Report. U.S. Department of Education, Office of Educational Research and Improvement.

Celebuski, C. and Carpenter, J. (1996). *Nutrition Education in Public Elementary and Secondary Schools*. Washington, D.C.: National Center for Education Statistics, Survey Report. U.S. Department of Education.

Centers for Disease Control and Prevention. *Health Education Curriculum Analysis Tool*. Atlanta, GA: CDC; 2007

- Circulation, Journal of the American Heart Association. (January 27, 2009). *Heart Disease and Stroke Statistics 2009 Update: A Report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee*. Page 172.
- Colantonio, E. (1998). *Ernie Colantonio's Guide to the Internet*. [Online] Available: www.familyvillage.wisc.edu.
- Collins, J.L., Small, M.L., Kann, L., Pateman, B.C., Gold, R.S., & Kolbe, L.J. (1995). School Health Education. *Journal of School Health*, 65 (8), 302-311.
- Daniels, D., (2001). First Aid for Feelings: Life Lessons for Children. *The National Childhood Grief Institute*. (with permission) Louisiana Department of Education, Division of School and Community Support.
- Denehy, J. (2001) Health Education: An Important Role for School Nurses. *The Journal of School Health*, 17 (5) pp. 233-238.
- Delaney, K., (2001) Identifying the Mental Health Needs of Preschool Children. *The Journal of School Health*, 17 (4) pp. 222-228.
- Dietary Guidelines for Americans*, 6th Ed. . . . (2005). United States Department of Agriculture, and the United States Department of Health and Hospitals [Online] Available: <http://www.health.gov/DietaryGuidelines/>
- Epstein, B., (2001) Childhood Asthma and Indoor allergens: The Classroom May be a Culprit. *The Journal of School Health*, 17(5) pp.253-257.
- Guidelines for School-Based Prevention Programs*. Washington, D.C.: American Association of Suicidology, 1999.
- Health Is Academic: A Guide to Coordinated School Health Programs*. Edited by Eva Marx, Susan Frelick Wooley, and Daphne Northrop. New York: Teachers College Press, 1998.
- Improving School Health: A Guide to School Health Councils*. Developed by Christin P. Bellian. Atlanta, GA: American Cancer Society, 1999.
- Kids Count Data Book: State Profiles of Child Well-Being* (2000). Annie E. Casey Foundation, Baltimore, MD. [Online] Available: www.aecf.org
- Louisiana Department of Health and Hospitals. (2008). *Defining the Burden of Heart Disease and Stroke in Louisiana 2008*.
- LSUHSC, Human Development Center, (2000). *Health and Medical Issues for Transition-age Adolescents with Disabilities and/or Health Care Needs: A Guide for Teenagers and Their Families*. Human Development Center, 1100 Florida Avenue, New Orleans, LA.

Managing Asthma in the School Environment. Washington, D.C.: U.S. Environmental Protection Agency, 2000.

National Health Education Standards: Achieving Excellence (2nd Edition). The Joint Committee on National Health Standards. Atlanta, GA: American Cancer Society; 2007.

National Strategy for Suicide Prevention: Goal and Objectives for Action. Washington, D.C.: U.S. Department of Health and Human Services, 2001.

Novello, A.C., and others. "Healthy Children Ready to Learn: An Essential Collaboration Between Health and Education," *Public Health Reports*, Vol. 107, No.1 (1992), 3-14.

Sarvela, Paul D., and Robert J. McDermott. *Health Education Evaluation and Measurement: A Practitioner's Perspective.* Dubuque, Iowa: Brown and Benchmark, 1993.

Schlozman, S. C., (2001). *The Shrink in the Classroom.* *Educational Leadership*, 59 (1), 80-81.

Shirer, K., Miller, P. (2003). *Promoting Healthy Youth, Schools, and Communities, A Guide to Community-School Health Councils.*

Steele, N., Smith, L., (2001) *Health Resource Guide for Educators.* Louisiana Department of Education, Division of Special Populations.

The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families. Edited by S. Brown and L. Eisenberg. Washington, D.C.: National Academic Press, 1995.

Trust for America's Health (2010). *F as in Fat 2010: How Obesity Threatens America's Future 2010* <http://healthyamericans.org/reports/obesity2010/>

U.S. Department of Health and Human Services. *Healthy People 2010.* Two volumes. 2nd edition. Washington, D.C. U.S. Government Printing Office; 2000. Available at <http://www.healthypeople.gov>.

U.S. Environmental Protection Agency (USEPA), (1995). *Indoor Air Quality Tools for Schools* (USEPA Publication 402-k-95-001). Washington, D.C.: USEPA.

U.S. Public Health Service. (1999). *Mental Health: A Report of the Surgeon General.* Washington, D.C.

U.S. Public Health Service. (1999). *The Surgeon General's Call to Actions to Prevent Suicide.* Washington, D.C.

U.S. Public Health Service. (1996). *The Surgeon General's Report on Physical Activity and Health.* Washington, D.C.

Youth Risk Behavior Survey. Centers for Disease Control and Prevention, 2009.

Curriculum

Action for Health, Contemporary Health Series

Becoming a Responsible Teen

Focus on Kids

Personal and Social Skills by Joyce V. Fetro, Ph.D.

Germ Smart, Children's Activities in Disease Prevention, by Judith K. Scheer, Ed.S.

Reducing the Risk-Building Skills to Prevent Pregnancy, STD, & HIV

All from: ETR Associates Health Education Publishing

P.O. Box 1830

Santa Cruz, CA 95061

(800) 321-4407

<http://www.etr.org/pub/index.html>

Discover: Skills for Life - Building Violence Prevention Skills

J. F. Strange and M. L. Thompson

American Guidance Service, Inc.

Circle Pines, MN 55014-1796

Drug-Free/Word Spree (a collection of poems, songs, and verses)

Robert Perinchief, Ed.D.

Perry Enterprises, Inc.

P.O. Box 104

Whitewater, WI 53190

Tragic Event Response Teams: A Resource Guide and Inservice Manual for All School Personnel

Judy O. Davidson, Ed.D.

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Health Education Teaching Ideas: Elementary
Health Education Teaching Ideas: Secondary
AAHPERD <http://www.aahperd.org>

HIV Prevention Curricula - *Be Proud! Be Responsible!*
Select Media, Inc.
18 Harrison Street, 5th Floor
New York, NY 10013
(800) 707-6334 or (800) 343-554

Life Skills Training
Princeton Health Press
115 Wall Street
Princeton, NJ 08540
(609) 921-0540

Love is not Abuse: A Teen Dating Violence Prevention Curriculum. Liz Claiborne, Inc.
www.loveisnotabuse.com

Manix, D., *Lessons and Activities – Elementary*
Character Building Activities
Prentiss Hall Center for Applied Research in Education
1 Lake Street
Upper Saddle River, NJ 07458-1828
(201) 236-7000

Michigan Model for Comprehensive School Health Education
<http://www.muskegon-isd.k12.mi.us/health/index.htm>

Peer Mediation: Conflict Resolution in Schools
D. Crawford, F. Schrupf, and H. C. Usadel
Research Press Company
2612 N. Mattis Ave.
Champaign, IL 61821

Safe Dates, an Adolescent Dating Abuse Prevention Curriculum. Hazelden Publishing
www.hazelden.org/safedates

Tobacco Use Prevention Curricula:
Project TNT
You and Me Tobacco Free, Children's Activities in Tobacco Awareness
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061
(800) 321-4407

Organizations

American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD)	http://www.aahperd.org
American Association for Health Education	http://www.aahperd.org/AAHE/
American Cancer Society	http://www.cancer.org
American Diabetes Association	http://www.diabetes.org/
American Dietetic Association	http://www.eatright.org
American Dental Association	http://ada.org
American Lung Association	http://www.lungusa.org/
American Heart Association	www.americanheart.org
American Psychiatric Association Call 1-800-852-8330 for referral information	www.psych.org
American Psychological Association (APA)	www.apa.org
American Public Health Association	http://www.apha.org
American Red Cross	http://www.redcross.org
American Stroke Association	www.StrokeAssociation.org
Centers for Disease Control and Prevention	http://www.cdc.gov/
Louisiana Association for Health, Physical Education, Recreation and Dance (LAHPERD)	www.lahperd.org
Louisiana Department of Health and Hospitals	http://www.dhh.state.la.us
Louisiana School Nurse Organization (LSNO)	www.rharrissmith@aol.com
National Association of School Nurses	www.nasn.org
National Center for Homeless Education at SERVE Helpline: 1-800-308-2145	www.serve.org/nche
National Institutes of Health – <i>Health Science Curriculum Online</i>	http://science.education.nih.gov/col

National Institute for Mental Health (NIMH) www.nimh.nih.gov
WHO-World Health Organization <http://www.who.int/home-page>

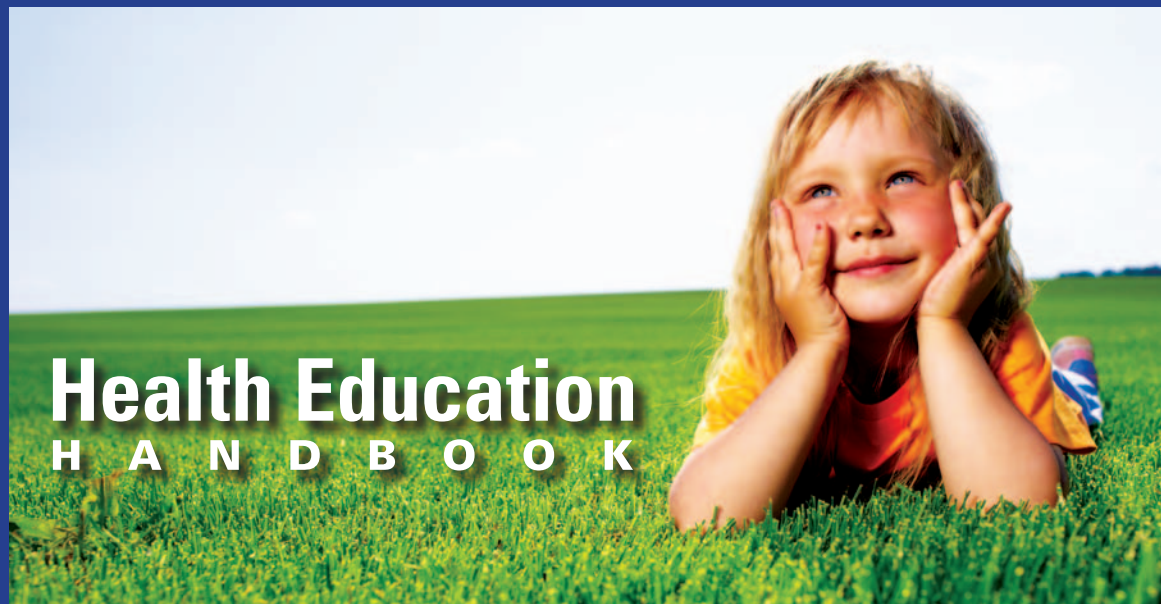
Suicide Prevention Resources

National Suicide Hotline: 1-800-784-2433
American Association of Suicidology www.suicidology.org
American Foundation for Suicide Prevention www.afsp.org
Suicide Information and Education Center (SIEC) www.siec.ca
Suicide Prevention Advocacy Network (SPAN) <http://spanusa.org>

Web Site Resources

American Association of Poison Control Centers <http://www.aapcc.org>
Boy's Town <http://www.girlsandboystown.org/home.htm>
Centers for Disease Control and Prevention <http://www.cdc.gov/>
Education World http://www.education-world.com/pe_health
Food and Drug Administration <http://www.fda.gov>
GO ASK alice!
Columbia University's Health Question
and Answer Internet Service <http://www.goaskalice.columbia.edu>
Healthy People 2010 - USDHHS <http://www.health.gov/healthypeople>
HHS Pages for Kids
U. S. Dept. of Health and Human Services <http://www.hhs.gov>
Kids Health <http://www.kidshealth.org>
Responding to Tragedy <http://sss.usf.edu/respondingtotragedy>

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Phase One

Chair

Linda Synovitz, R.N., Ph.D., CHES, FASHA
Undergraduate and Graduate Health Programs' Coordinator
Department of Kinesiology and Health Studies
Southeastern Louisiana University

Assistant

Mary Martin-Nordness, RD
Graduate Assistant
Southeastern Louisiana University

Coordination Team

Lillie Burns, M.A.
Program Coordinator
Louisiana Department of Education

Donna-Nola-Ganey
Assistant Superintendent, OSSP
Louisiana Department of Education

Sue Catchings, M.A., CHES
Health Care Centers in Schools

Alice Carroll, M.S., LDN, RD
Division of Nutritional Assistance
Louisiana Department of Education

Jennifer Falls, Ph.D., Section Supervisor
Student Standards and Assessments
Louisiana Department of Education

Karen Soniat, Ph. D.
Office of School and Student
Performance
Louisiana Department of Education

Louisiana Department of Education

Marie Zannis, Ph. D., CHES
HPE Department
Nicholls State University

Ann Wilson, M. Ed.
Program Coordinator

Writing Team for Phase One

Gretchen Cook
Tangipahoa Parish

Heidi Rhea
Tangipahoa Parish

Bonnie Wilson
Tangipahoa Parish

Celest Bubrig
St. Tammany Parish

Tanya Cordray
Livingston Parish

Diane Cole
Southeastern Louisiana University

Metty Nelson
Jefferson Parish

Phase Two

Coordinator

Ann Wilson
Student Standards and Assessments
Louisiana Department of Education

Introductory Materials

Alice Carroll
Division of Nutritional Assistance
Louisiana Department of Education

Lavonne Smith, R.N.
Interagency Coordination
Louisiana Department of Education

Dr. Felicia Dardeau
McNeese State University

Dr. Carol Torrey
Jefferson Parish Schools

Dr. Darlene Kluka
Grambling State University

Dr. Phyllis Love
Grambling State University

Phase Two Standards and Benchmarks

Grades 1-4

Joanna Faerber
Louisiana State University Lab School

Linda Montrose
Rapides Parish

Charmagne Guillory
Rapides Parish

Grades 5-8

Vickie Braud
Louisiana State University Lab School

Susan Rodriguez
Ascension Parish

Mamie Hammock
Ouachita Parish

Grades 9-12

Dr. Jennifer Falls
West Baton Rouge Parish Schools

Catherine Massengale
St. Tammany Parish

Carol Fontenot
St. Landry Parish

Resources

Katherine Hill
Louisiana State University

Patricia King
Tulane University Health Science Center

Linda Synovitz
Southeastern Louisiana University

Grade-Level Expectations Development

Grades K-2

Diane Cole
Southeastern Louisiana University

Dee Fuchs
Healthy Lifestyle Choices

Gayla Strahan
SE LA Area Health Education Center

Grades 3-5

LaVerne Price
Healthy Lifestyle Choices

Leslie Lewis
Louisiana Office of Public Health

Kelly Edminson
Central LA Area Health Education Center

Grades 6-8

Millie Naquin
Southeastern Louisiana University

Donna Betzer
Healthy Lifestyle Choices

Faye Harrison
St. Mary's Academy

Debbie Melvin
LSU Ag Center

Grades 9-12

Gail Tyler
Airline High School

Lisanne Brown
Louisiana Public Health Institute

Marsha Broussard
Louisiana Public Health Institute

Karen Wooley
Brusly High School

Susan Pettit
Arlington Preparatory Academy

Martin Ayim
Grambling State University

Louisiana Department of Education Staff

Michael Comeaux
Health and Physical Education Coordinator
Health and Wellness Services

Alice Carroll
Education Program Consultant
Health and Wellness Services

Raegan Jones
Education Program Consultant
Health and Wellness Services

Ann Wilson
Program Coordinator for Science
Division of Curriculum Standards



Louisiana Department of
EDUCATION

Louisiana Department of Education

1201 North Third Street

Baton Rouge, LA 70802-5243

877.453.2721 | www.louisianaschools.net