
Health Education Toolkit

**Toolkits are published for
the benefit of schools
enrolled in the Healthy
Schools Program**

More information can be found at
www.HealthierGeneration.org/schools

Health Education Criteria at a Glance

BRONZE LEVEL AWARD	
401	<p>At the elementary level, comprehensive health education is required for all students and includes:</p> <ul style="list-style-type: none"> ▪ functional knowledge and skills-based lessons on healthy eating and benefits of physical activity ▪ a minimum of 30 minutes per week of instructional time or the equivalent number of minutes annually in grades K – 2 ▪ a minimum of 40 minutes per week of instructional time or the equivalent number of minutes annually in grades 3 – 5
402	<p>At the middle school level, comprehensive health education:</p> <ul style="list-style-type: none"> ▪ includes functional knowledge and skills-based lessons on healthy eating and benefits of physical activity ▪ is required in at least one grade ▪ is taught in a stand-alone, health education course for at least nine weeks or the equivalent number of minutes over the year OR planned units of study are incorporated with other subjects for the equivalent number of minutes over the year
403	<p>At the high school level, comprehensive health education:</p> <ul style="list-style-type: none"> ▪ includes functional knowledge and skills-based lessons on healthy eating and benefits of physical activity ▪ is required for high school graduation ▪ is taught in a term-long course for at least nine weeks
	2 Checklist Criteria
SILVER LEVEL AWARD	
	Meets Bronze
404	<p>At the elementary level, comprehensive health education is required for all students and includes:</p> <ul style="list-style-type: none"> ▪ functional knowledge and skills-based lessons on healthy eating and benefits of physical activity ▪ a minimum of 40 minutes per week of instructional time or the equivalent number of minutes annually in grades K – 2 ▪ a minimum of 80 minutes per week of instructional time or the equivalent number of minutes annually in grades 3 – 5
405	<p>At the middle school level, comprehensive health education:</p> <ul style="list-style-type: none"> ▪ includes functional knowledge and skills-based lessons on healthy eating and benefits of physical activity ▪ is required in at least two grades ▪ is taught in a stand-alone, health education course for at least nine weeks or the equivalent number of minutes over the year OR planned units of study are incorporated with other subjects for the equivalent number of minutes over the year

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406	At the high school level, comprehensive health education: <ul style="list-style-type: none"> ▪ includes functional knowledge and skills-based lessons on healthy eating and benefits of physical activity ▪ is required for .5 credit for high school graduation ▪ is taught in a semester-long course or two term-long courses
407	Health education curriculum and instructional strategies meet the diverse needs and interests of all students
	1 additional Checklist Criterion, total of 3
GOLD LEVEL AWARD	
	Meets Silver
408	At the elementary level, comprehensive health education is required for all students and includes: <ul style="list-style-type: none"> ▪ functional knowledge and skills-based lessons on healthy eating and benefits of physical activity ▪ a minimum of 80 minutes per week of instructional time or the equivalent number of minutes annually in grades K – 2 ▪ a minimum of 120 minutes per week of instructional time or the equivalent number of minutes annually in grades 3 – 5
409	At the middle school level, comprehensive health education: <ul style="list-style-type: none"> ▪ includes functional knowledge and skills-based lessons on healthy eating and benefits of physical activity ▪ is required in every grade ▪ is taught in a stand-alone, health education course for at least nine weeks or the equivalent number of minutes over the year
410	At the high school level, comprehensive health education: <ul style="list-style-type: none"> ▪ includes functional knowledge and skills-based lessons on healthy eating and benefits of physical activity ▪ is required for one credit for high school graduation
411	Healthy eating and physical activity messages are integrated into at least two other subjects to reinforce what is taught in health education
	1 additional Checklist Criterion, total of 4
CHECKLIST CRITERIA	
412	Health education is taught by trained teachers at the elementary school level and teachers are licensed or certified in health education at the middle and high school levels
413	All teachers who teach health education receive annual professional development on effective practices for health education, including healthy eating and benefits of physical activity, for a minimum of three contact hours at the elementary level and six contact hours at the middle and high school levels
414	All students are assessed in health education and results are reported on the report card every term that health education is required
415	Healthy eating and physical activity instruction is aligned to the national/state health education standards

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416	District or school utilized the CDC's Health Education Curriculum Analysis Tool (HECAT) healthy eating and physical activity modules to enhance, develop or select an appropriate and effective health education curriculum
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Rationale for Health Education

Health education is integral to the primary mission of schools. It provides young people with the knowledge and skills they need to become successful learners and healthy and productive adults. Increasing the number of schools that provide health education on key health problems facing young people is a critical health objective for improving our nation's health. School health education programs can reduce youth health risk behaviors such as poor nutrition and lack of physical activity that contribute to childhood obesity. Because these behaviors are amenable to change, quality school health education taught by trained and certified health educators provides the best opportunity to promote positive health behavior among children and adolescents.

Research studies provide evidence that promoting and establishing healthy behaviors for young people is more effective, and often easier, than efforts to change unhealthy behaviors already established in adults. According to the U.S. Centers for Disease Control and Prevention's (CDC) Healthy Youth Initiative and the Carnegie Council on Adolescent Development, schools can play a vital role in establishing healthy behavior patterns among young people that carry over into adulthood. Improving students' health and safety can yield educational benefits by increasing students' readiness to learn and reducing absenteeism. Well-designed, well-delivered, school-based health interventions can enable students to prevent disease and injury. Health education is a critical component of many effective school health interventions. Programs that incorporate social skills training in a health education component along with parent training, teacher training and school-wide climate change have demonstrated evidence for improving academic outcomes.

American Cancer Society, American Diabetes Association, American Heart Association. FACTS Learning for Life: Health Education in Schools. 2008.

U.S. Centers for Disease Control and Prevention, Health Education Curriculum Analysis Tool. Atlanta: CDC: 2007.

Resources

[Alliance for a Healthier Generation Health Education Page](http://www.HealthierGeneration.org/HealthEducation)

www.HealthierGeneration.org/HealthEducation

Healthy Schools Program Health Education Manager

Kathy.Wilbur@HealthierGeneration.org

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401 404 408	<p>At the elementary level, comprehensive health education is required for all students and includes:</p> <ul style="list-style-type: none">▪ functional knowledge and skills-based lessons on healthy eating and benefits of physical activity▪ a minimum of 30 minutes per week of instructional time or the equivalent number of minutes annually in grades K – 2, a minimum of 40 minutes per week of instructional time or the equivalent number of minutes annually in grades 3 – 5 (Bronze)▪ a minimum of 40 minutes per week of instructional time or the equivalent number of minutes annually in grades K – 2, a minimum of 80 minutes per week of instructional time or the equivalent number of minutes annually in grades 3 – 5 (Silver)▪ a minimum of 80 minutes per week of instructional time or the equivalent number of minutes annually in grades K – 2, a minimum of 120 minutes per week of instructional time or the equivalent number of minutes annually in grades 3 – 5 (Gold)
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Rationale

Functional Knowledge and Skill-based Instruction

To help students adopt and maintain healthy behaviors, health education should contribute directly to students' ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks. Effective health education emphasizes the teaching of functional health information (essential concepts) and essential skills necessary to adopt, practice and maintain health-enhancing behaviors, such as healthy eating and physical activity, to reduce youth obesity. Skill-based instruction builds personal and social competence and belief in one's capacity to execute a positive course of action.

Functional knowledge and essential skills that enable students to build personal confidence and the ability to deal with social pressures and avoid or reduce health risk behaviors include:

- understanding influences on health behaviors;
- assessing accuracy and reliability of health-related information and services;
- interpersonal communication and advocacy skills; and
- decision-making, goal-setting and self-management skills.

Effective teaching strategies promote understanding of key health concepts and provide adequate instructional time for the practice and reinforcement of health-enhancing skills. Instruction on healthy eating and physical activity promotes sound nutrition and healthy dietary practices and helps students adopt and maintain a physically active lifestyle.

Comprehensive Health Education

The goal of health education is to help students adopt and maintain healthy behaviors, including healthy eating and physical activity. Health education taught in all grades, kindergarten through high school, contributes directly to students' ability to successfully practice behaviors that protect and promote health and reduce health risks. Areas that schools and districts incorporate into comprehensive health education include:

- Alcohol or other drug-use prevention
- Asthma awareness
- Bullying and violence prevention
- Disease prevention and control
- Emotional and mental health
- Nutrition and healthy eating
- Personal health and wellness
- Physical activity and fitness
- Safety and injury prevention
- Tobacco prevention

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Many school districts use national and/or state health education standards and input from school staff, parents and others to develop and adopt a K–12 curricular framework that outlines the scope and sequence of functional health knowledge and essential skills to be addressed at each grade. The scope and sequence conveys the progression of health concepts and skills across grade levels within a topic or skill area. Learning experiences of students advance from basic to more complex health concepts and skills as they progress from kindergarten through high school.

Health education curriculum includes those teaching strategies and learning experiences that provide students with opportunities to acquire the attitudes, knowledge and skills necessary for adopting and maintaining healthy behaviors. A health education curriculum is more than a collection of activities. A common set of elements characterize a complete health education curriculum and includes:

- A set of expected learner outcomes or learning objectives that contribute to making health promoting decisions, achieving health literacy and adopting health-enhancing behaviors
- A planned progression of developmentally appropriate lessons or learning experiences that lead to achieving these objectives
- Continuity between lessons that clearly reinforce the adoption and maintenance of specific health-enhancing behaviors
- Accompanying content or materials that correspond with the sequence of lessons and help teachers and students meet the learning objectives
- Assessment strategies to determine if students have achieved the desired learning

Action Steps

Comprehensive Health Education is Required for All Students in Your School

- Determine the policy or requirement for health education instruction in your school/school district
- Find the information at the district level at the superintendent's office or with the curriculum coordinator or, at the school level, review the master schedule for health education
- Determine if health education is taught as a separate subject or is incorporated with other subjects
- Determine the amount of health education that is being taught
- If health education is not on the master schedule, interview the building principal, school counselor, and/or teachers or conduct the Health Education Instruction Survey to determine if comprehensive health education, that includes healthy eating and the benefits of physical activity, is being taught for the required number of minutes at every grade

Health Education is Not Required for All Students in Your School

Advocating for Comprehensive Health Education

- Determine if there are any instructional requirements for health education in your current school or district policy
- The School Wellness Council (SWC) knows the required minimum number of minutes of health education instructional time required at every grade span
- The SWC sets goals for the number of minutes health education will be required. It is critical that administrators be involved in this decision as well as other relevant staff (school counselor, school nurse) and students to generate a strong base of support
- Gather administrator and teacher support for quality health education for all students
- Develop a campaign to educate the Board of Education (BOE), Parent Teacher Association (PTA) and other influential groups on the importance of health education to student health and well-being and academic achievement. The document, *FACTS, Learning for Life, Health Education in Schools*, published by the American Cancer Society, American Diabetes Association and the American Heart Association, is a useful advocacy resource.
- Encourage key decision makers to establish a policy that requires comprehensive health education for all students and provides adequate staff and classroom instructional time

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Planning for Comprehensive Health Education

- Conduct the Health Education Instruction Survey to determine what health topics and units of study are currently being taught and the amount of instructional time dedicated to health education on an informal basis.
- Review the data from the survey and prepare a summary report.
- Share the report with administrators, other decision-makers and teachers.

Developing Comprehensive Health Education

- Establish a school health education curriculum committee or advocate to establish a district-wide health education curriculum committee that is assigned the following tasks:
 - Developing a health education scope and sequence that conveys the progression of health concepts and skills across grades within a topic or standard
 - Designing a health education curriculum that incorporates:
 - state and/or national health education standards and the Health Education Curriculum Analysis Tool key concepts and skills
 - learning experiences that progress from basic to more complex health concepts and skills that are responsive to and inclusive of the diversity of the student population
- Utilize Steps for Designing and Coordinating Health Education Curriculum, Instruction and Assessment and Writing the Health Education Curriculum.

Implementing Comprehensive Health Education

Ensure that:

- Instruction includes functional health knowledge and essential health skills that focus on specific behavioral outcomes such as healthy eating and increased physical activity and is aligned to the district or school health education curriculum
- Adequate time for skill-based instruction and learning occurs every year at the elementary level
- Classroom teachers are trained to teach health education and they receive annual professional development on effective practices for health education, including healthy eating and benefits of physical activity
- An assessment system provides for measurement of student achievement in health education and students' achievement results are reported
- Reinforcing messages for healthy eating and physical activity are integrated into other subject areas

Recognition Documentation

Check at least 5 effective strategies that are regularly used to teach health education in your school:

- | | |
|---|--|
| <input type="checkbox"/> Group activities/Cooperative learning | <input type="checkbox"/> Role-playing |
| <input type="checkbox"/> Group discussions | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Experiential learning | <input type="checkbox"/> Addressing multiple intelligences |
| <input type="checkbox"/> Modeling, practicing and reinforcing health-promoting skills | <input type="checkbox"/> Projects |
| <input type="checkbox"/> Learning stations | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Using real-life scenarios | |

How many weeks are in your school year? _____

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Tables 1 and 2: Equivalent number of health education minutes required based on number of weeks in a school year.

Table 1. Grades K-2

# of Weeks in the School Year	Minimum Number of Minutes Required Annually - Bronze	Minimum Number of Minutes Required Annually - Silver	Minimum Number of Minutes Required Annually - Gold
36	1080	1440	2880
37	1110	1480	2960
38	1140	1520	3040
39	1170	1560	3120
40	1200	1600	3200

Table 2. Grades 3-5

# of Weeks in the School Year	Minimum Number of Minutes Required Annually - Bronze	Minimum Number of Minutes Required Annually - Silver	Minimum Number of Minutes Required Annually - Gold
36	1440	2880	4320
37	1480	2960	4440
38	1520	3040	4560
39	1560	3120	4680
40	1600	3200	4800

Check the appropriate box below. In our school, health education is taught:

- As a stand-alone health education class (Complete Chart 1 and Chart 3)
- Incorporated with other subjects (Complete Chart 2 and Chart 3)

If health education is incorporated with other subjects, what strategies were used to determine health education instructional time and units of study/lessons taught?

(Check all that apply)

- Review of lesson plans
- Discussion at grade level meetings
- Discussion with individual teachers
- Conducted survey
- Other: _____

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Chart 1 – Stand-alone Health Education Class

Indicate the amount of health education instructional time required **at each grade** in your school by providing the following information.

Grades	# of Days Per Week Health Education is Taught	# of Weeks Health Education is Taught	Minutes Per Class	Total Minutes
<u>Examples</u> Grade 1	2 days per week	18 weeks	30 minutes	1080 minutes
OR				
Grade 1	1 day per week/ 2 days per week	18 weeks/ 18 weeks	20 minutes/ 20 minutes	1080 minutes
K				
1				
2				
3				
4				
5				
6				

Chart 2 – Health Education Incorporated with Other Subjects

Complete a chart for **each grade** in your school. Indicate the amount of health education instructional time incorporated with other subjects by providing the following information.

Grade	Subjects That Include HE Units/Lessons	Health Education Topics	# of Days per Week	# of Weeks	Minutes per HE Lesson	Total HE Minutes per Subject
<u>Example</u> Grade 1	Math	Choosing healthy snacks	2	1	30	60
	Science	Healthy eating; Benefit of physical activity (PA) on muscles, bones, and heart	2	4.5	30	270
		Wearing safety belts; Bicycle safety; Hand washing to prevent germs	2	4	30	240
	Social Studies	Family influences on health; Community health helpers	1	9	30	270
	Physical Education	Dealing with feelings and PA; Setting PA goal	2	4	30	240
TOTAL Grade 1 Minutes						1080 minutes

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Chart 3: Documenting Concepts and Skills Taught

In the chart below, indicate the grade(s) that the concepts and skills related to healthy eating and benefits of physical activity are taught in your school. At least one concept or skill for healthy eating and one concept or skill for benefits of physical activity are required in every grade.

Grade(s)	Healthy Eating	Grade(s)	Physical Activity
	Benefits of healthy eating on personal health		Benefits of physical activity on personal health
	Multiple influences on healthy eating behaviors		Multiple influences on being physically active
	Use food labels		Locate valid information and people to promote physical activity
	Use effective communication skills to enhance healthy eating		Use effective communication skills to increase physical activity
	Make decisions to eat healthy		Make decisions to be more physically active
	Set goals to eat healthy		Set goals to be more physically active
	Demonstrate healthy eating practices such as eating healthy breakfast and healthy snacks		Demonstrate a variety of physical activities to maintain or improve health
	Encourage others to eat healthy		Encourage others to be physically active
	Other:		Other:

Resources

- [Health Education in Schools Fact Sheet](#) (American Cancer Society, American Diabetes Association, American Heart Association)
- [Health Education Instruction Survey](#) (Alliance for a Healthier Generation) ([Appendix A](#))
- [Health Education Curriculum Analysis Tool \(HECAT\)](#) (Centers for Disease Control and Prevention)
- [Steps for Designing and Coordinating Health Education Curriculum, Instruction and Assessment](#) (Alliance for a Healthier Generation)
- [Writing the Health Education Curriculum](#) (Alliance for a Healthier Generation)
- [Sample Health Education Scope and Sequence](#) (Alliance for a Healthier Generation)

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402	At the middle school level, comprehensive health education: <ul style="list-style-type: none">▪ includes functional knowledge and skills-based lessons on healthy eating and benefits of physical activity▪ is required in at least one grade AND is taught in a stand-alone, health education course for at least nine weeks or the equivalent number of minutes over the year OR planned units of study are incorporated with other subjects for the equivalent number of minutes over the year (Bronze)
405	<ul style="list-style-type: none">▪ is required in at least two grades AND is taught in a stand-alone, health education course for at least nine weeks or the equivalent number of minutes over the year OR planned units of study are incorporated with other subjects for the equivalent number of minutes over the year (Silver)
409	<ul style="list-style-type: none">▪ is required in every grade AND is taught in a stand-alone, health education course for at least nine weeks or the equivalent number of minutes over the year (Gold)

Rationale

To help students adopt and maintain healthy behaviors, health education should contribute directly to students' ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks. Effective health education emphasizes the teaching of functional health information (essential concepts) and essential skills necessary to adopt, practice and maintain health-enhancing behaviors, such as healthy eating and physical activity, to reduce youth obesity. Skill-based instruction builds personal and social competence and belief in one's capacity to execute a positive course of action.

Functional knowledge and essential skills that enable students to build personal confidence and the ability to deal with social pressures and avoid or reduce health risk behaviors include:

- understanding influences on health behaviors;
- assessing accuracy and reliability of health-related information and services;
- interpersonal communication and advocacy skills; and
- decision-making, goal-setting and self-management skills.

Effective teaching strategies promote understanding of key health concepts and provide adequate instructional time for the practice and reinforcement of health-enhancing skills. Instruction on healthy eating and physical activity promotes sound nutrition and healthy dietary practices and helps students adopt and maintain a physically active lifestyle.

Comprehensive Health Education

The goal of health education is to help students adopt and maintain healthy behaviors, including healthy eating and physical activity. Health education taught in all grades, kindergarten through high school, contributes directly to students' ability to successfully practice behaviors that protect and promote health and reduce health risks. Areas schools and districts incorporate into comprehensive health education include:

- Alcohol, tobacco and other drug-use prevention
- Asthma awareness
- Bullying and violence prevention
- Disease prevention and control
- Emotional and mental health
- Injury prevention and safety
- Nutrition and healthy eating
- Personal health and wellness
- Physical activity and fitness
- Sexual health

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Many school districts use national and/or state health education standards and input from school staff, parents and others to develop and adopt a K–12 curricular framework that outlines the scope and sequence of functional health knowledge and essential skills to be addressed at each grade. The scope and sequence conveys the progression of health concepts and skills across grade levels within a topic or skill area. Learning experiences of students advance from basic to more complex health concepts and skills as they progress from kindergarten through high school.

Health education curriculum includes those teaching strategies and learning experiences that provide students with opportunities to acquire the attitudes, knowledge and skills necessary for adopting and maintaining healthy behaviors. A health education curriculum is more than a collection of activities. A common set of elements characterize a complete health education curriculum and includes:

- A set of expected learner outcomes or learning objectives that contributes to making health promoting decisions, achieving health literacy and adopting health-enhancing behaviors
- A planned progression of developmentally appropriate lessons or learning experiences that lead to achieving these objectives
- Continuity between lessons that clearly reinforce the adoption and maintenance of specific health-enhancing behaviors
- Accompanying content or materials that correspond with the sequence of lessons and help teachers and students meet the learning objectives
- Assessment strategies to determine if students have achieved the desired learning

Action Steps

Comprehensive Health Education is Required for All Students in Your School

Determine the policy or requirement for health education instruction in your school/school district.

- Find the information at the district level at the superintendent's office or with the curriculum coordinator or, at the school level, review the master schedule for health education
- Determine if health education is taught as a separate subject or planned units of study are incorporated with other subjects*
- Determine the amount of health education that is being taught
- If health education is not on the master schedule, interview the building principal, school counselor, and/or teachers or conduct the Health Education Instruction Survey to determine if comprehensive health education, that includes healthy eating and the benefits of physical activity, is being taught in the required grades for at least nine weeks. (one grade – bronze; two grades – silver; all grades – gold)

*Planned units of study are incorporated with other subjects:

- the health education units of study are equivalent in time to a nine week course,
- all students are required to receive the instruction,
- the units of study are comprised of a sequence of contiguous health lessons, and
- the units of study include skill-based instruction in healthy eating and benefits of physical activity.

Health Education is Not Required for All Students in Your School

Advocating for Comprehensive Health Education

- Determine if there are any instructional requirements for health education in your current school or district policy.
- The School Wellness Council (SWC) knows the required minimum number of minutes of health education instructional time required at every grade span.
- The SWC sets goals for the number of minutes health education will be required. It is critical that administrators be involved in this decision as well as other relevant staff (school counselor, school nurse) and students to generate a strong base of support.
- Gather administrator and teacher support for quality health education for all students.

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- Develop a campaign to educate the Board of Education (BOE), Parent Teacher Association (PTA) and other influential groups on the importance of health education to student health and well-being and academic achievement. The document, *FACTS, Learning for Life, Health Education in Schools*, published by the American Cancer Society, American Diabetes Association and the American Heart Association, is a useful advocacy resource. (See [Appendix A](#))
- Encourage key decision makers to establish a policy that requires comprehensive health education for all students, provides for trained teachers and specifies adequate instructional time.

Planning for Comprehensive Health Education

- Conduct the Health Education Instruction Survey to determine what health topics and units of study are currently being taught and the amount of instructional time dedicated to health education on an informal basis. (See [Appendix A](#) and access on Alliance website)
- Review the data from the survey and prepare a summary report.
- Share the report with administrators, other decision-makers and teachers.

Developing Comprehensive Health Education

- Establish a school health education curriculum committee or advocate to establish a district-wide health education curriculum committee that is assigned the following tasks:
 - Developing a health education scope and sequence that conveys the progression of health concepts and skills across grades within a topic or standard
 - Designing a health education curriculum that incorporates:
 - state and/or national health education standards and the Health Education Curriculum Analysis Tool key concepts and skills
 - learning experiences that progress from basic to more complex health concepts and skills that are responsive to and inclusive of the diversity of the student population
- Utilize Steps for Designing and Coordinating Health Education Curriculum, Instruction and Assessment and Writing the Health Education Curriculum.

Implementing Comprehensive Health Education

Ensure that:

- Instruction includes functional health knowledge and essential health skills that focus on specific behavioral outcomes such as healthy eating and increased physical activity and is aligned to the district or school health education curriculum.
- Adequate time for skill-based instruction and learning occurs every year at the elementary level.
- Teachers are certified or licensed to teach health education and they receive annual professional development on effective practices for health education, including healthy eating and benefits of physical activity.
- An assessment system provides for measurement of student achievement in health education and students' achievement results are reported.
- Reinforcing messages for healthy eating and physical activity are integrated into other subject areas.

Recognition Documentation

Check at least 5 effective strategies that are regularly used to teach health education in your school:

- | | |
|---|---|
| <input type="checkbox"/> Group activities/Cooperative learning | <input type="checkbox"/> Addressing individual values and group norms |
| <input type="checkbox"/> Group discussions | <input type="checkbox"/> Role-playing |
| <input type="checkbox"/> Experiential learning | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Modeling, practicing and reinforcing health-promoting skills | <input type="checkbox"/> Addressing multiple intelligences |
| <input type="checkbox"/> Using real-life scenarios | <input type="checkbox"/> Community service |
| | <input type="checkbox"/> Other: _____ |

How long are your class periods? _____

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In our school, health education is taught:

- Stand-alone health education course (Complete Chart 1 and Chart 3)
- Incorporated with other subjects (only applies to Bronze and Silver) (Complete Chart 2 and Chart 3)

If health education units of study/lessons are incorporated with other subjects, what strategies were used to determine health education instructional time and units of study/lessons taught?

(Check all that apply)

- Review of lesson plans
- Discussion at grade level meetings
- Discussion with individual teachers
- Conducted survey
- Other: _____

Chart 1 – Stand-alone Health Education Course

Indicate the grade(s) (Bronze = one grade; Silver = 2 grades; Gold = ALL grades) that students are **required** to take a health education course for at least nine weeks or the equivalent number of minutes over the year. Indicate the amount of health education instructional time by providing the following information.

Grade(s)	# of Days Per Week Health Education is Taught	# of Weeks Health Education is Taught	Minutes Per Class	Total Minutes
<i>Examples</i>				
<i>Grade 6</i>	<i>5 days per week</i>	<i>9 weeks</i>	<i>50 minutes</i>	<i>2250 minutes</i>
<i>Or</i>				
<i>Grade 6</i>	<i>2 days per week/3 days per week</i>	<i>9 weeks/9 weeks</i>	<i>50 minutes</i>	<i>2250 minutes</i>

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Chart 2 – Health Education Incorporated with Other Subjects

Indicate the grade(s) (Bronze = one grade; Silver = 2 grades) that students are **required** to have health education for the equivalent of a nine week course. Indicate the amount of health education instructional time that health education is incorporated with other subjects by providing the following information.

Grade	Subjects That Include HE Units/Lessons	Health Education Topics	# of Days per Week	# of Weeks	Minutes per HE Lesson	Total HE Minutes per Subject
<i>Example Grade 6</i>	<i>Math</i>	<i>Calculating calories of healthy vs. unhealthy snacks</i>	<i>1</i>	<i>4</i>	<i>50</i>	<i>200</i>
	<i>Science</i>	<i>Cyber bullying prevention; Bicycle safety; Prevention of HIV; Personal hygiene skills; How perceptions of norms influence healthy and unhealthy eating behaviors</i>	<i>1</i>	<i>18</i>	<i>50</i>	<i>900</i>
	<i>Social Studies</i>	<i>Family, peer and technology influences on health; Analyzing ads and their effects on body image</i>	<i>1</i>	<i>9</i>	<i>50</i>	<i>450</i>
	<i>Physical Education</i>	<i>Setting and monitoring a personal physical activity goal; Distinguishing between healthy and unhealthy physical activity and sedentary practices; Benefits and barriers to being physically activity</i>	<i>1</i>	<i>14</i>	<i>50</i>	<i>700</i>
TOTAL Grade 6 Minutes						<i>2250 minutes (45 lessons x 50 minutes)</i>

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Chart 3: Documenting Concepts and Skills Taught

In the chart below, indicate the grade(s) that the concepts and skills related to healthy eating and benefits of physical activity are taught in your school. At least one concept or skill for healthy eating and one concept or skill for benefits of physical activity are required to be taught in each grade (Bronze = one grade and Silver = 2 grades). At Gold, at least one concept and one skill for healthy eating and one concept and one skill for benefits of physical activity are required to be taught in every grade

Grade(s)	Healthy Eating	Grade(s)	Physical Activity
	Relationship between healthy eating and personal health		Benefits and barriers to being physically active
	How perceptions of norms influence healthy and unhealthy eating		How school, community, media and technology influence physical activity and health
	Locate valid information and people to promote healthy eating		Locate valid information and people to promote physical activity
	Use effective verbal and nonverbal communication skills to ask for healthy food choices		Use effective verbal and nonverbal communication skills to overcome barriers to physical activity
	Identify circumstances that can help or hinder healthy food choices		Distinguish between healthy and unhealthy physical activity and sedentary practices
	Develop a goal to increase fruits, vegetables, whole grains and calcium-rich foods		Apply strategies to increase activities that improve health-related fitness
	Choose foods that are low in fat, cholesterol, sugar and sodium		Balance food intake and physical activity
	State a position on why eating healthy is important		Support others to be physically active
	Other:		Other:
	Other:		Other:

Resources

- [Health Education in Schools Fact Sheet](#) (American Cancer Society, American Diabetes Association, American Heart Association)
- [Health Education Instruction Survey](#) (Alliance for a Healthier Generation) ([Appendix A](#))
- [Health Education Curriculum Analysis Tool \(HECAT\)](#) (Centers for Disease Control and Prevention)
- [Steps for Designing and Coordinating Health Education Curriculum, Instruction and Assessment](#) (Alliance for a Healthier Generation)
- [Writing the Health Education Curriculum](#) (Alliance for a Healthier Generation)
- [ReadB4UEat! Nutrition and Technology Lessons](#) (Alliance for a Healthier Generation)
- [Care2Eat: Lessons for a Lifetime of Healthy Eating](#) (Alliance for a Healthier Generation)

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403	At the high school level, comprehensive health education: <ul style="list-style-type: none">▪ includes functional knowledge and skills-based lessons on healthy eating and benefits of physical activity▪ is required for high school graduation AND is taught in a term-long course for at least nine weeks (Bronze)
406	<ul style="list-style-type: none">▪ is required for .5 credit for high school graduation AND is taught in a semester-long course or two term-long courses (Silver)
410	<ul style="list-style-type: none">▪ is required for one credit for high school graduation (Gold)

Rationale

To help students adopt and maintain healthy behaviors, health education should contribute directly to students' ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks. Effective health education emphasizes the teaching of functional health information (essential concepts) and essential skills necessary to adopt, practice and maintain health-enhancing behaviors, such as healthy eating and physical activity, to reduce youth obesity. Skill-based instruction builds personal and social competence and belief in one's capacity to execute a positive course of action. Functional knowledge and essential skills that enable students to build personal confidence and the ability to deal with social pressures and avoid or reduce health risk behaviors include:

- understanding influences on health behaviors;
- assessing accuracy and reliability of health-related information and services;
- interpersonal communication and advocacy skills; and
- decision-making, goal-setting and self-management skills.

Effective teaching strategies promote understanding of key health concepts and provide adequate instructional time for the practice and reinforcement of health-enhancing skills. Instruction on healthy eating and physical activity promotes sound nutrition and healthy dietary practices and helps students adopt and maintain a physically active lifestyle.

Comprehensive Health Education

The goal of health education is to help students adopt and maintain healthy behaviors, including healthy eating and physical activity. Health education taught in all grades, kindergarten through high school, contributes directly to students' ability to successfully practice behaviors that protect and promote health and reduce health risks. Areas that schools and districts incorporate into comprehensive health education include:

- Alcohol or other drug-use prevention
- Asthma awareness
- Bullying and violence prevention
- Disease prevention and control
- Emotional and mental health
- Injury prevention
- Nutrition and healthy eating
- Personal health and wellness
- Physical activity and fitness
- Safety
- Sexual health
- Tobacco prevention

Many school districts use national and/or state health education standards and input from school staff, parents and others to develop and adopt a K–12 curricular framework that outlines the scope and sequence of functional health knowledge and essential skills to be addressed at each grade. The scope and sequence conveys the progression of health concepts and skills across grade levels within a topic or skill area. Learning experiences of students advance from basic to more complex health concepts and skills as they progress from kindergarten through high school.

Health Education Toolkit

Health education curriculum includes those teaching strategies and learning experiences that provide students with opportunities to acquire the attitudes, knowledge and skills necessary for adopting and maintaining healthy behaviors. A health education curriculum is more than a collection of activities. A common set of elements characterize a complete health education curriculum and includes:

- A set of expected learner outcomes or learning objectives that contributes to making health promoting decisions, achieving health literacy and adopting health-enhancing behaviors
- A planned progression of developmentally appropriate lessons or learning experiences that lead to achieving these objectives
- Continuity between lessons that clearly reinforce the adoption and maintenance of specific health-enhancing behaviors
- Accompanying content or materials that correspond with the sequence of lessons and help teachers and students meet the learning objectives
- Assessment strategies to determine if students have achieved the desired learning

Action Steps

Comprehensive Health Education is Required for High School Graduation

Determine the policy or requirement for health education instruction in your school/school district. Find the information at the superintendent's office or with the curriculum coordinator or, at the school level, with the principal or school counselor or review the student handbook.

Health Education is Not Required for High School Graduation

Advocating for Comprehensive Health Education

- Determine if there are any time requirements for health education in your current school or district policy.
- It is important that your School Wellness Council (SWC) know the credit hours that should be required for high school graduation.
- The SWC can set goals for the credit hours that the health education course will be required. It is critical that administrators be involved in this decision as well as other relevant staff (school counselor, school nurse) and students to generate a strong base of support.
- Gather administrator and teacher support for quality health education for high school graduation.
- Develop a campaign to educate the Board of Education (BOE), Parent Teacher Association (PTA) and other influential groups on the importance of health education to student health and well-being and academic achievement. The document, *FACTS, Learning for Life, Health Education in Schools*, published by the American Cancer Society, American Diabetes Association and the American Heart Association, is a useful advocacy resource (see Resources below).
- Encourage key decision makers to establish a policy that requires comprehensive health education for all students and provides qualified teachers and adequate instructional time.

Developing Comprehensive Health Education

- Establish a school health education curriculum committee or advocate to establish a district-wide health education curriculum committee that is assigned the following tasks:
 - Developing a health education scope and sequence that conveys the progression of health concepts and skills across grades within a topic or standard
 - Designing a health education curriculum that incorporates:
 - state and/or national health education standards and the Health Education Curriculum Analysis Tool key concepts and skills
 - learning experiences that progress from basic to more complex health concepts and skills that are responsive to the diversity of the student population
- Utilize Steps for Designing and Coordinating Health Education Curriculum, Instruction and Assessment and Writing the Health Education Curriculum (see Resources below).

Health Education Toolkit

Implementing Comprehensive Health Education

- Research the process for adding a course for high school graduation.
- Recruit the correct committee or administrators to establish a health education course for high school graduation.
- Ensure that:
 - Instruction includes functional health knowledge and essential health skills that focus on specific behavioral outcomes such as healthy eating and increased physical activity and is aligned to the district or school health education curriculum.
 - A course outlined is developed and adequate time for skill-based instruction and learning is provided.
 - Teachers are certified or licensed to teach health education and they receive annual professional development on effective practices for health education, including healthy eating and benefits of physical activity.
 - An assessment system provides for measurement of student achievement in health education and students' achievement results are reported.
 - Reinforcing messages for healthy eating and physical activity are integrated into other subject areas.

Recognition Documentation

Check the appropriate box. Health education is required for:

- At least one quarter credit for high school graduation (Bronze)
- At least .5 credit for high school graduation (Silver)
- At least one credit for high school graduation (Gold)

Describe how the requirement is offered: _____

(Examples: Nine week course in 9th grade; Term-long course in 10th grade)

Check at least 5 effective strategies that are regularly used to teach health education in your school:

- Group activities/ Cooperative learning
- Group discussions
- Experiential learning
- Modeling, practicing and reinforcing health-promoting skills
- Using real-life scenarios
- Addressing individual values and group norms
- Role-playing
- Presentations
- Addressing multiple intelligences
- Community service
- Other: _____

Documenting Concepts and Skills Taught

In the chart below, check the concepts and skills related to healthy eating and benefits of physical activity **that are taught in the health education course**. At least one concept or skill for healthy eating and one concept or skill for benefits of physical activity are required to be taught. (Bronze and Silver) At least one concept and one skill for healthy eating and one concept and one skill for benefits of physical activity are required to be taught. (Gold)

Health Education Toolkit

Check if Taught	Healthy Eating	Check if Taught	Physical Activity
<input type="checkbox"/>	How healthy eating can affect health status	<input type="checkbox"/>	Physical, psychological and social benefits of physical activity
<input type="checkbox"/>	The role of genetics and family history on personal health	<input type="checkbox"/>	How policies and regulations influence environments that promote physical activity
<input type="checkbox"/>	How culture supports and challenges healthy eating practices	<input type="checkbox"/>	Determine opportunities for physical activity in the community
<input type="checkbox"/>	Use resources from home, school and community that provide valid nutrition information	<input type="checkbox"/>	Use effective communication skills with family and peers to increase physical activity
<input type="checkbox"/>	Use effective communication skills with family and peers to enhance healthy eating	<input type="checkbox"/>	Evaluate how much physical activity is enough by determining frequency, intensity, time and type of activity
<input type="checkbox"/>	Predict potential short and long-term impact of eating habits on personal health	<input type="checkbox"/>	Develop an individualized physical activity plan and monitor progress
<input type="checkbox"/>	Implement strategies and monitor progress in meeting a goal to eat healthy	<input type="checkbox"/>	Demonstrate a variety of physical activities to maintain or improve personal health
<input type="checkbox"/>	Demonstrate health eating practices to maintain or improve personal health	<input type="checkbox"/>	Access accurate sources of information about physical activity and fitness planning
<input type="checkbox"/>	Work cooperatively as an advocate for improving healthy eating	<input type="checkbox"/>	Adapt messages and communication techniques to a specific target audience to promote physical activity
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Resources

- [Health Education in Schools Fact Sheet](#) (American Cancer Society, American Diabetes Association, American Heart Association)
- [Health Education Instruction Survey](#) (Alliance for a Healthier Generation) ([Appendix A](#))
- [Health Education Curriculum Analysis Tool \(HECAT\)](#) (Centers for Disease Control and Prevention)
- [Steps for Designing and Coordinating Health Education Curriculum, Instruction and Assessment](#) (Alliance for a Healthier Generation)
- [Writing the Health Education Curriculum](#) (Alliance for a Healthier Generation)
- [Care2Eat: Lessons for a Lifetime of Healthy Eating](#) (Alliance for a Healthier Generation)

407	Health education curriculum and instructional strategies meet the diverse needs and interests of all students
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Rationale

Celebrating diversity is a value that is fundamental to school wellness and which includes the practice of respecting and representing individual differences across all elements of the school health environment. Differences include but are not limited to religious beliefs, gender, age, lifestyle choices, communication styles, sexual orientation, economic backgrounds, culture and traditions, ethnicity or race. Providing a classroom that is culturally responsive is linked to student motivation and therefore, increased student academic success.

Teachers committed to acquiring information about the cultural practices of specific ethnic groups represented within their classrooms make learning more interesting and stimulating to students. Designing lessons that help prompt students' opinions, values and interests as a catalyst for learning is fundamental to encouraging motivation among students.

Statistics demonstrate why it is critical to ensure that efforts to create healthier school environments and classrooms take cross-cultural needs into consideration: overweight and obesity in the U.S. occur at higher rates in African Americans and Hispanic Americans, compared with white Americans. Asian-Americans have a relatively low prevalence of obesity. Women and persons of low socioeconomic status within minority populations are particularly affected by overweight and obesity.

To work effectively in schools to promote a culturally appropriate healthy school environment, it is suggested that all school staff have an understanding of the student population and the local community. Culturally competent schools value diversity, are conscious of the dynamics inherent when cultures interact and develop adaptations to the classroom reflecting an understanding of diversity between and within cultures. These elements are reflected in attitudes, physical environment, policies and classroom climate.

Action Steps

- Understand the key aspects of diversity such as culture, language, perceptions, values and norms including embracing the differences of customary eating habits and diverse cultural norms of students.
- Investigate if the health education curriculum and instructional strategies used in the school meet the diverse needs and interests of all students. Look for communication strategies that are culturally responsive to ensure messages are getting through in an appropriate manner (watch for non-verbal clues). Culturally competent teachers incorporate learning strategies, teaching methods and materials that are culturally inclusive and use:
 - Curricular materials that are free of culturally biased information, but also include information, activities and examples that are inclusive of diverse cultures and lifestyles (e.g., gender, race, ethnicity, religion, age, physical/mental ability and appearance)
 - Teaching strategies that promote values, attitudes and behaviors that support the cultural diversity of students; optimize relevance to students from multiple cultures; strengthen students' skills necessary to engage in intercultural interactions and build on the cultural resources of families and communities

Health Education Toolkit

Recognition Documentation

Check at least 3 strategies that are regularly used in health education classes to meet the diverse needs and interests of all students.

Strategies:

- Health education curriculum includes objectives describing the influence of culture on health beliefs, practices and behaviors.
- Health education classroom strategies include ways that aspects of different cultures are incorporated into instruction to reach the diverse needs and interests of students.
- Students have opportunities to express ideas from a perspective that represents their culture, gender, etc.
- Pictures, posters, and media resources are current and relevant to the diverse cultures, ethnicities and experiences of students.
- Health education instruction utilizes the languages of English-as-a-Second-Language students.
- Other: _____

Resources

- [Aligning Learning with Learners \(ALL\) Guide](#) (Rocky Mountain Center for Health Promotion and Education)
- [Health Education Curriculum Analysis Tool \(HECAT\)](#) (Centers for Disease Control and Prevention)
- [Cultural Competency in Health Education Position Statement](#) (American Association for Health Education)
- [National Health Education Standards: Achieving Excellence, 2nd Edition](#) (Joint Committee on National Health Education Standards)

Health Education Toolkit

411	Healthy eating and physical activity messages are integrated into at least two other subjects to reinforce what is taught in health education
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Rationale

Integrating health messages with other academic subjects and throughout the school day reinforces knowledge and skills taught in health education classes. Integrating messages about healthy eating and physical activity provides students with consistent messages about the importance of these issues. The effectiveness of health education is enhanced when supported by messages in other subjects that reinforce healthy eating and physical activity and promote youth obesity prevention.

Health issues can be integrated into other subjects in a variety of ways. Some schools have established thematic instruction as a school-wide practice. Often, a faculty plans thematic instruction prior to the beginning of the school year or term. Teachers design their units and lesson plans to align to the themes. In some cases, students are given cross course assignments. For example, nutrition is explored from not only a health education perspective, but also a cultural perspective in social studies, a literature perspective in English and a biochemical perspective in science. If a school does not lend itself to thematic instruction, there are additional ways to reinforce and support key health messages school-wide. Ideas for integrating healthy eating and physical activity into other subjects:

- **Social Studies:** foods and activities from around the world, food customs, community health helpers such as doctors
- **Science:** school gardens, taste and smell tests, recognize plants as food
- **Math:** calculate calories, saturated fat, protein and carbohydrates from food labels
- **Art:** draw kids moving in different ways, menu collage, edible art
- **Language Arts:** read books that promote healthy eating and physical activity, write letters or essays on nutrition topics, develop ads or PSAs
- **Music:** nutrition and fitness songs, drama, puppetry, dance
- **Physical Education:** exercise and fitness plans, lifetime sports, food games, alphabet relay

Action Steps

- Promote inclusion of health education when planning thematic units.
- During team planning time, encourage integration of healthy eating and physical activity messages into subjects in addition to health education.

Recognition Documentation

Complete the chart below to identify at least two subjects where healthy eating and physical activity messages are integrated. These subjects should be in addition to where health education is regularly taught. Describe the healthy eating or physical activity messages that are being reinforced.

Grade	Subject	Describe Healthy Messages
<i>Example 6</i>	<i>Art</i>	<i>What foods are included on a healthy plate</i>

Resources

- [Promoting and Integrating Healthy Messages in Your Classroom](#) (Alliance for a Healthier Generation)
- [Health Education Integration Planning Chart](#) (Alliance for a Healthier Generation)

Health Education Toolkit

412	Health education is taught by trained teachers at the elementary school level and teachers are licensed or certified in health education at the middle and high school levels
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Rationale

Many elementary classroom teachers have had little or no formal preparation in health education. It is important that elementary classroom teachers are knowledgeable and comfortable teaching health education in the specific concepts and skills that they are responsible to teach. Initial introduction to a new or revised health education curriculum or program and follow-up support is critical for successful implementation. Middle and high school teachers should be certified or licensed from the State Department of Education to teach health education. Teachers who have been professionally trained, believe in what they are teaching, are knowledgeable about the curriculum content, are comfortable and skilled in implementing expected instructional strategies and appropriate student assessments, are better prepared and highly qualified to teach health education.

Action Steps

- Hire elementary classroom teachers who are knowledgeable and comfortable teaching health education.
- Provide appropriate professional development for elementary classroom teachers on new or revised health education curriculum or categorical programs.
- Develop a process for providing training on the health education curriculum for new teachers and teachers that move from one grade to another.
- Ensure that every middle and high school health education teacher has a current license or certificate to teach health education.
- Ensure the policy regarding the use of guest speakers, states they are to reinforce effective teaching by the classroom teacher or health education teacher, not serve as the primary instructor. The teacher shall remain in the room whenever a guest speaker is present. Specialists may serve as mentors or co-teachers.

Recognition Documentation

Elementary

Check how health education is delivered at the elementary level in your school.

Taught by classroom teachers

How have elementary classroom teachers in your school have been trained to teach health education?

(Check all that apply):

State requires a health education methods course for elementary pre-service teacher preparation

Grade level meetings

Staff meetings

Mentoring by specialist

Orientation of new teachers

In-service workshop offered by the school or district

Profession Learning Community

Other: _____

Taught by licensed, endorsed health education teacher(s)

Taught by licensed, endorsed physical education/health education teacher(s)

Other: _____

Health Education Toolkit

Middle/High School

Check how health education is delivered at the middle or high school level in your school.

Taught by teachers certified/licensed to teach health education at the middle and high school levels

(Check all that apply):

Taught by licensed, endorsed health education teacher(s)

Taught by licensed, endorsed physical education/health education teacher(s)

Taught by licensed, endorsed science/health education teacher(s)

Other teacher licensed, endorsed to teach health education: Describe:

List the name(s) of each middle school or high school health education teacher(s), the certification or license area and expiration date.

Teacher Name	Certification	Expiration Date

Resource

Contact the State Department of Education Health Education Specialist or Certification/Licensure Office.

See the [Healthy Schools Resource Database](#), Health Education, for contact information.

Health Education Toolkit

413	All teachers who teach health education receive annual professional development on effective practices for health education, including healthy eating and benefits of physical activity, for a minimum of three contact hours at the elementary level and six contact hours at the middle and high school levels
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Rationale

Health education is best implemented by teachers who are knowledgeable about the curriculum content and are comfortable and skilled in implementing effective instructional strategies. Ongoing professional development is critical to help teachers implement a new or revised curriculum or develop new skills in teaching and assessing students as well as keeping up-to-date on the latest research.

Action Steps

- Plan professional development that enhances effectiveness of health education instruction and student learning. Be knowledgeable about the process for scheduling sessions into professional development or in-service days.
- Promote participation in health education professional development that includes healthy eating and benefits of physical activity.

Recognition Documentation

Teachers who teach health education have participated in the following types of professional development this year that included effective practices for teaching healthy eating and benefits of physical activity knowledge and skills:

- State level professional development focused on health education
- District level professional development focused on health education
- School level professional development focused on health education
- On-campus or online health education courses or webinars by a college or university
- Peer observation/mentoring to improve effective practices for health education
- Participation in health education curriculum development/revision
- Participation in health education student assessment development/scoring
- Participation in a Health Education Professional Learning Community
- Participation in the National Board for Professional Teaching Standards health education certification process
- Other, please specify: _____

AND

Complete the chart below. Provide detailed information on professional development. If all classroom teachers in the school participated in the professional development, indicate “all teachers.”

Participant(s)	Name of Event	Date	# of Contact Hours	Provided by (name of presenter, org.)	Topics Covered

Health Education Toolkit

Resources

- [Health Education Webinars](#) (Alliance for a Healthier Generation)
- [Health Education and Promotion Network \(HEP NET\)](#) (American Association for Health Education)

Health Education Toolkit

414	All students are assessed in health education and results are reported on the report card every term that health education is required
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Rationale

Assessment serves a variety of purposes for teachers, students, administrators, other school personnel, family members and policy makers. Teachers use student assessment to evaluate student learning, assign grades and communicate with students and their families about student progress, and ultimately verify student achievement of national and state health education standards. Student assessment also guides professional development programs for teachers.

Both formative and summative assessments should be utilized: formative assessment (assessment **for** learning) to provide teachers and students with important information regarding students' understanding of health-related concepts and their ability to demonstrate health skills and summative assessment (assessment **of** learning) for accountability and reporting student progress.

Schools should:

- Provide a variety of assessments aligned to the level of cognitive demand and intent of the performance indicator/learning objective
- Include assessments to document student achievement of the national or state health education standards and performance indicators
- Include multiple assessments that provide fair, valid and reliable information about student learning
- Design or select assessments that are usable by all students, to the greatest extent feasible, without the need for accommodations and adaptations
- Align assessments to the purpose of the assessment and use a variety of types, including performance assessments. Performance assessments allow students to demonstrate a range of ways to respond to the task. True and false, multiple choice and matching are NOT performance assessments. Examples of performance assessments:
 - Draw conclusions from a given health-related situation. Respond through a display, poem, song or skit.
 - Students write a letter to a designated target audience as a writing task on advocacy that is persuasive and contains factual information. The letter clearly is meant to convince, defend, justify or persuade. An example: Students are asked to write a letter to the principal explaining why having a bike rack at school will help promote bicycling to and from school. Provide a rationale for the importance of increasing opportunities to be physically active.

Action Steps

- Write health education assessments when developing or revising the curriculum.
- Ensure that health education is included on the report card. If not, work with administrators to add health education during the next report card revision process.

Recognition Documentation

Describe one (1) performance assessment that measures student learning of healthy eating and/or physical activity concepts and skills that is administered to students in your school. Indicate which grade the assessment is given.

Grade: _____ Describe one performance assessment: _____

AND

Health Education Toolkit

Submit a student report card template with health education clearly delineated for every grade that health education is taught.

- If report cards are different in each grade, submit a report card for each grade.
- If report cards are the same within grade spans, submit one example per grade span.

Resource

- [National Health Education Standards: Achieving Excellence, 2nd Edition](#) (Joint Committee on National Health Education Standards)
Note: Pages 109-110 include a recommended reading list on student assessment

Health Education Toolkit

415	Healthy eating and physical activity instruction is aligned to the national/state health education standards
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Rationale

National health education standards are research-based, aligned with relevant health behavior theories and models and reflect the characteristics for effective health education. National and state standards provide the framework for selecting or designing health education curriculum, instructional practices and student assessments. Health education standards set parameters and accountability for student learning and assessment. Many state boards of education, state departments of education and local school boards have adopted their own state- or local-level health education standards using the National Health Education Standards as a guide. The National Health Education Standards are:

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

The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviors among youth. This standard includes essential concepts that are based on established health behavior theories and models.

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

Health is impacted by a variety of positive and negative influences within society. This standard focuses on identifying and understanding the diverse internal and external factors that influence health practices and behaviors among youth including personal values, beliefs and perceived norms.

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

Accessing valid health information and health-promoting products and services is critical in the prevention, early detection and treatment of health problems. This standard focuses on how to identify and access valid health resources and to reject unproven sources. Applying the skills of analysis, comparison and evaluation of health resources empowers students to achieve health literacy.

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

Responsible individuals use verbal and non-verbal skills to develop and maintain healthy personal relationships. The ability to organize and to convey information and feelings is the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

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

This standard includes the essential steps needed to make healthy decisions, which are essential for establishing and maintaining a healthy lifestyle. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve quality of life.

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

This standard includes the critical steps needed to achieve both short-term and long-term health goals. These skills make it possible for individuals to have aspirations and plans for the future.

Health Education Toolkit

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

Many diseases and injuries can be prevented by avoiding or reducing harmful and risk taking behaviors. This standard promotes accepting personal responsibility for health and encourages the practice of healthy behaviors.

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

Advocacy skills help students adopt and promote healthy norms and healthy behaviors. This standard helps students develop important skills to target their health-enhancing messages and to encourage others to adopt healthy behaviors.

Source: The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence* (2nd Edition). Atlanta: American Cancer Society; 2007.

Action Steps

- Review the curriculum to ensure that all health education standards and performance indicators are covered within each grade span.
- Align each student learning outcome/objective related to healthy eating and physical activity to the corresponding standard(s) and performance indicator(s).

Recognition Documentation

Complete the charts to indicate when lessons related to healthy eating and physical activity are taught within a grade span (K-2, 3-5, 6-8, 9-12), list the lesson topics and indicate alignment to state or national health education standards.

Example: K-2 Grade Span

Grading Periods	Healthy Eating/Physical Activity Topics	Health Education Standards Addressed
1st Grading Period		
2nd Grading Period		
3rd Grading Period		
4th Grading Period		

Resources

- [Health Education Standards Alignment Chart](#) (Alliance for a Healthier Generation)
- [National Health Education Standards: Achieving Excellence, 2nd Edition](#) (Joint Committee on National Health Education Standards)
- State Health Education Standards (Your State Department of Education)
See the [Healthy Schools Resource Database](#), Health Education, for contact information.
- [Sample Health Education Curriculum Page](#) (Alliance for a Healthier Generation)

Health Education Toolkit

416	District or school utilized the CDC's Health Education Curriculum Analysis Tool (HECAT) healthy eating and physical activity modules to enhance, develop or select an appropriate and effective health education curriculum
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Rationale

The Health Education Analysis Tool (HECAT) is a curriculum analysis tool to help school districts and schools conduct a clear, complete and consistent analysis of written health education curricula, based upon the national health education standards. School districts and schools can also use the HECAT to help identify essential health education concepts and skills that can be used in the development or revision of a scope and sequence or curriculum.

When assessing a curriculum, reviewers should consider the curriculum's compatibility with their course of study and scope and sequence. The appraisal instruments in HECAT are designed to be adapted and accommodate variations that are necessary based on state standards, local health education courses of study and local community needs.

Action Steps

Align the health education curriculum to the HECAT healthy eating and physical activity concepts and skills. The suggested process to assess the health education curriculum using HECAT includes:

- Identify a HECAT coordinator
- Form a health education or HECAT committee and identify the roles and responsibilities of each member
- Obtain the health education curriculum for review and assessment or use the concepts and skills outlined in HECAT to develop a scope and sequence for health education
- Determine the HECAT items that are essential for analyzing or developing the curriculum
- Finalize the curriculum analysis tool for use by the reviewers
- Provide an orientation and direction to team members
- Determine the curriculum review assignments for the team members
- Develop a timeline for the review or development process
- Review selected curricula or use the HECAT concepts and skills to develop or revise the current health education curriculum
- Reach consensus on the final scores for curricula reviewed and rank the curricula
- Make curricula and ranking available to the public for comment
- Make curriculum recommendations for selection or improvement
- Ensure that the healthy eating and physical concepts and skills are included at each grade span
- If healthy eating and physical activity key concepts and essential skills are missing, reach consensus on which concepts and skills are essential and add to the scope and sequence
- Make a plan and assignments for curriculum development, revisions, supplementation and improvement or supplement the curriculum with additional resources

Recognition Documentation

Provide the results of the HECAT analysis on the Improvement Plan Worksheet below:

HECAT Curriculum Summary Improvement Plan Worksheet				
HECAT Committee Members and Titles	Identified Weaknesses Related to Healthy Eating and Physical Activity	HECAT Committee Recommendations	Necessary Actions	People Responsible and Completion Dates

Resource

- [Health Education Curriculum Analysis Tool \(HECAT\)](#) (Centers for Disease Control and Prevention)

Appendix A - Health Education Instruction Survey

The Health Education Instruction Survey can be used to determine what health education is currently being taught in your school, especially if there is not a dedicated, stand-alone health education class. The survey can be adapted as needed with topics added or deleted. You may want to pilot test the survey with a few teachers to be sure the directions are clear or important health topics have not been omitted. If distributing the survey by paper, consider printing back-to-back and using a different color of paper for each grade.

Directions:

1. Identify the teachers who currently provide instruction on health topics and who will complete the survey.
2. Review the health topics and sub-topics below. This is not an exhaustive list. There may be other health topics you want to include on the survey.
3. For each health topic ask teachers to:
 - a. Identify the instruction format
 - b. Account for the amount of instruction time
 - c. Identify the resources utilized to provide instruction on the health topic
 - d. Identify the teaching strategies utilized
 - e. Rank the importance of the health topic for their students
4. Identify 3-4 critical and/or prevalent health issues of students
5. Decide on a survey completion date and indicate who should receive the completed surveys
6. Consider distributing the survey at a staff meeting or at grade-level meetings or having an administrator promote the survey and stress the importance of having the information from all teachers.

The Health Education Instructional Time Charts can be used to calculate the amount of health education instruction time by grade once the individual teacher surveys have been completed.

Identifying the health topics taught and the most critical health issues of students helps personalize the need for and benefit of health education and enables teachers to see the link between the health issues that their students are dealing with and the importance of health education instruction.

If you have questions, contact the Health Education Manager, Kathy Wilbur at 207.512.4800 or Kathy.Wilbur@HealthierGeneration.org.

Health Education Instruction Survey

School: _____ Grade: _____ Teacher: _____

Purpose of the Survey: To determine what health education instruction is currently taking place. The results from the survey will be helpful to develop and/or revise the health education program in our school(s).

Instructions: Complete the row for each **bolded** health topic that you teach. The sub-topics help explain what concepts and skills may be taught under the main health topic.

Health Topics	Instruction Format	Instructional Time	Resources Utilized	Teaching Strategies Utilized	Importance to Students Rate 1-5 1 = least 5 = most
Circle the topics you teach	How health is taught		Check all that apply	Check all that apply	
Nutrition including: nutrients/eating a variety of healthy foods/portions/ water intake/limiting fat, salt, processed sugars/balancing caloric intake with physical activity/reading food labels/a healthy plate/healthy snacks	<input type="checkbox"/> stand alone <input type="checkbox"/> integrated If integrated, with what subject(s), units or theme(s):	<input type="checkbox"/> # of lessons Approximate instructional time per lesson: _____ Term taught: _	<input type="checkbox"/> Literature books <input type="checkbox"/> Text books <input type="checkbox"/> Program or kit <input type="checkbox"/> Activity books <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> Group activities <input type="checkbox"/> Cooperative learning <input type="checkbox"/> Group discussions <input type="checkbox"/> Experiential learning <input type="checkbox"/> Modeling/practicing health-related skills <input type="checkbox"/> Learning stations <input type="checkbox"/> Role-playing <input type="checkbox"/> Presentations <input type="checkbox"/> Projects <input type="checkbox"/> Other:	Rate importance
Physical activity and fitness including: components of fitness/benefits of physical activity/avoiding injury/heart health/calorie balance	<input type="checkbox"/> stand alone <input type="checkbox"/> integrated If integrated, with what subject(s), units or theme(s):	<input type="checkbox"/> # of lessons Approximate instructional time per lesson: _____ Term taught: _	<input type="checkbox"/> Literature books <input type="checkbox"/> Text books <input type="checkbox"/> Program or kit <input type="checkbox"/> Activity books <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> Group activities <input type="checkbox"/> Cooperative learning <input type="checkbox"/> Group discussions <input type="checkbox"/> Experiential learning <input type="checkbox"/> Modeling/practicing health-related skills <input type="checkbox"/> Learning stations <input type="checkbox"/> Role-playing <input type="checkbox"/> Presentations <input type="checkbox"/> Projects <input type="checkbox"/> Other:	Rate importance
Tobacco-free including: avoiding use/ second-hand smoke/supporting others to be tobacco free/cessation resources	<input type="checkbox"/> stand alone <input type="checkbox"/> integrated If integrated, with what subject(s), units or theme(s):	<input type="checkbox"/> # of lessons Approximate instructional time per lesson: _____ Term taught: _	<input type="checkbox"/> Literature books <input type="checkbox"/> Text books <input type="checkbox"/> Program or kit <input type="checkbox"/> Activity books <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> Group activities <input type="checkbox"/> Cooperative learning <input type="checkbox"/> Group discussions <input type="checkbox"/> Experiential learning <input type="checkbox"/> Modeling/practicing health-related skills <input type="checkbox"/> Learning stations <input type="checkbox"/> Role-playing <input type="checkbox"/> Presentations <input type="checkbox"/> Projects <input type="checkbox"/> Other:	Rate importance

Health Education Toolkit

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Alcohol-use prevention: avoid experimentation/short and long term effects/drinking and accidents/seeking help	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance
Other drug-use prevention: avoid experimentation/poison prevention/appropriate use of prescription and over-the-counter medicines/short and long term effects of illegal drugs/seeking help	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance
Personal health: dental health/personal hygiene/adequate sleep/preventing lice/sun safety/protecting hearing and vision	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance
Emotional and mental health: dealing with feelings/managing stress and conflict/establishing and maintaining healthy relationships/body image	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance

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Injury prevention and safety: safety belts/pedestrian and bicycle safety/first aid/using appropriate safety equipment/avoiding dangerous situations	___ stand alone ___ integrated If integrated, with what subject(s), units or theme(s):	___ # of lessons Approximate instructional time per lesson: _____ Term taught: _	___ Literature books ___ Text books ___ Program or kit ___ Activity books ___ Internet ___ Other:	___ Group activities ___ Cooperative learning ___ Group discussions ___ Experiential learning ___ Modeling/practicing health-related skills ___ Learning stations ___ Role-playing ___ Presentations ___ Projects ___ Other:	Rate importance
Disease prevention: hand-washing/communicable (infectious) diseases/preventing transmission	___ stand alone ___ integrated If integrated, with what subject(s), units or theme(s):	___ # of lessons Approximate instructional time per lesson: _____ Term taught: _	___ Literature books ___ Text books ___ Program or kit ___ Activity books ___ Internet ___ Other:	___ Group activities ___ Cooperative learning ___ Group discussions ___ Experiential learning ___ Modeling/practicing health-related skills ___ Learning stations ___ Role-playing ___ Presentations ___ Projects ___ Other:	Rate importance
Non-communicable diseases: care for diabetes, allergies and asthma/prevention and control/seeking medical assistance	___ stand alone ___ integrated If integrated, with what subject(s), units or theme(s):	___ # of lessons Approximate instructional time per lesson: _____ Term taught: _	___ Literature books ___ Text books ___ Program or kit ___ Activity books ___ Internet ___ Other:	___ Group activities ___ Cooperative learning ___ Group discussions ___ Experiential learning ___ Modeling/practicing health-related skills ___ Learning stations ___ Role-playing ___ Presentations ___ Projects ___ Other:	Rate importance
Suicide prevention: get help for self or others who are in danger of hurting themselves	___ stand alone ___ integrated If integrated, with what subject(s), units or theme(s):	___ # of lessons Approximate instructional time per lesson: _____ Term taught: _	___ Literature books ___ Text books ___ Program or kit ___ Activity books ___ Internet ___ Other:	___ Group activities ___ Cooperative learning ___ Group discussions ___ Experiential learning ___ Modeling/practicing health-related skills ___ Learning stations ___ Role-playing ___ Presentations ___ Projects ___ Other:	Rate importance

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Violence and bullying prevention: managing conflict in nonviolent ways/getting help to prevent or stop violence including harassment, abuse, bullying and fighting/getting help to address inappropriate touching	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance
Consumer health: accessing valid health resources, products and services/media literacy	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance
Environmental health: environmental effects on personal, family, school and community health	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance
Sexual health: healthy relationships/avoiding pressure to engage in unhealthy sexual behaviors/HIV and STDs prevention/pregnancy prevention	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance

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Peer pressure: positive and negative peer influences/perception of norms	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance
Healthy communication skills: verbal and non-verbal communication/seeking help/courtesy/advocacy	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance
Goal-setting and decision-making: practical steps/planning, practicing, monitoring and evaluating goals and decisions	___stand alone ___integrated If integrated, with what subject(s), units or theme(s):	___# of lessons Approximate instructional time per lesson: _____ Term taught: _	___Literature books ___Text books ___Program or kit ___Activity books ___Internet ___Other:	___Group activities ___Cooperative learning ___Group discussions ___Experiential learning ___Modeling/practicing health-related skills ___Learning stations ___Role-playing ___Presentations ___Projects ___Other:	Rate importance
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What are the 3-4 most critical and/or prevalent health issues that your students are dealing with?

- 1.
- 2.
- 3.
- 4.

Please return by _____ to _____.

Thank you for completing the survey.

Health Education Instructional Time Charts

Stand-alone Health Education Class

Grades	# of Days Per Week Health Education is Taught	# of Weeks Health Education is Taught	Minutes Per Class	Total Minutes
<i>Examples:</i> Grade 1	2 days per week	18 weeks	30 minutes	1080 minutes
OR				
Grade 1	1 day per week/ 2 days per week	18 weeks/ 18 weeks	20 minutes/ 20 minutes	1080 minutes

Health Education Incorporated with Other Subjects

Grade	Subjects That Include HE Units/Lessons	Health Education Topics	# of Days per Week	# of Weeks	Minutes per HE Lesson	Total HE Minutes per Subject
<i>Example</i> Grade 1	Math	Choosing healthy snacks	2	1	30	60
	Science	Healthy eating; Benefit of physical activity (PA);	2	4.5	30	270
		Wearing safety belts; Bicycle safety; Hand washing to prevent germs	2	4	30	240
	Social Studies	Family influences on health; Disease prevention	1	9	30	270
	Physical Education	Dealing with feelings; Setting PA goal	2	4	30	240
TOTAL Minutes						1080 minutes

Grade	Subjects That Include HE Units/Lessons	Health Education Topics	# of Days per Week	# of Weeks	Minutes per HE Lesson	Total HE Minutes per Subject
TOTAL Minutes						

Health Education Toolkit

Grade	Subjects That Include HE Units/Lessons	Health Education Topics	# of Days per Week	# of Weeks	Minutes per HE Lesson	Total HE Minutes per Subject
TOTAL Minutes						
Grade	Subjects That Include HE Units/Lessons	Health Education Topics	# of Days per Week	# of Weeks	Minutes per HE Lesson	Total HE Minutes per Subject
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TOTAL Minutes						