Guidance Document

Appropriate Practices in School-Based Health Education

The primary purpose of this document is to provide guidance for key stakeholders in school-based health education, including but not limited to health educators, physical educators, school nurses, principals, teacher evaluators, community members and higher education faculty. The document articulates best practices in school-based health education in order to support the implementation of effective health education as a critical component of *any* school system. A secondary purpose of this document is to provide a tool that can be used to enhance communication among stakeholders involved in school-based health education. Greater alignment among individuals and groups involved with health education will lead to more support for and more effective implementation of health education in schools.

Core Principles

This document is founded on the following set of core principles:

- Health education is a subject that is equally important — arguably, more important — than other core subjects. It is a subject that belongs in schools and that should be recognized as critical to students' education and development. The time, instruction and support devoted to health education should be similar to that of other core subjects.
- Best practice in health education includes having certified and/or highly trained health educators teaching health at all levels. However, this document was designed to support *all* individuals teaching health in schools.
- A student-centered approach to health education is the most effective instructional strategy, and this document presents teacher behaviors that will foster that approach. The emphasis throughout the document is on what teachers can do to meet the needs of their students.
- Effective health education engages many aspects of the school and the community at large. Health education should be collaborative, integrative and vital within a school system and community.

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This document is a guidance document that presents the "ideal" health education situation. Not all programs will be able to implement the health education practices presented here, and not all health teachers will have the capacity to implement all of the practices. That does not represent a failure, however. This document represents what programs and teachers should be working *toward.* Stakeholders can use this document to evaluate current practice, identify areas for improvement and make positive changes that will lead to stronger school-based health education programs. In that way, the document can support and advance the health education profession.

To ensure that this document does not become outdated quickly or made irrelevant, specific references to current initiatives, technologies and models are avoided when possible.

Suggestions for Use

This section provides suggestions for use for the document's three main audiences: administrators, health teachers and higher education teacher-preparation programs. This is not an exhaustive list, and stakeholders are not limited to the suggestions presented here.

Administrators can use this document to:

- Facilitate discussion at the school and district levels regarding health education and ways to support teachers in implementing these practices.
- Develop, in coordination with their health teacher(s), an evaluative tool and/or modify existing evaluative tools to better reflect the role of a health educator as appropriate for their schools and/or districts.
- Identify professional-development opportunities to support health educators.

Health teachers can use this document to:

- Evaluate their current practice as a form of self-assessment.
- Integrate new practices presented here.
- Educate others about the role of health teachers and health education.
- Advocate for themselves and others.

Health education teacher-preparation programs can use this document to:

- Provide a foundation for a methods course in which future health educators learn best practices in the field.
- Design a classroom observation tool for students.
- Design assignments and assessments for their students relating to best practice.

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Using This Document in Health Education

In the chart that follows on the remaining pages, the left column — "Appropriate Practice" — lists best practices in the field of school-based health education within the following categories: Learning Environment, Curriculum, Instruction, Assessment, Advocacy, and Professionalism. These are not distinct categories; learning environment will influence instruction and curriculum; curriculum, instruction and assessment are all connected in a cyclical, ongoing fashion. Those are just two examples of how these categories might overlap. However, in an effort to provide an organized, easy-to-use document, the practices have been separated into categories that provide the best fit. The right column — "Examples/ Suggestions for Implementation" — provides examples of what each practice might look like in the field. These are not the only ways in which the appropriate practices can be implemented but rather they illustrate the key components of the appropriate practice listed.

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Learning Environment

Appropriate Practice	Examples/Suggestions for Implementation
A.1 The health teacher develops and maintains a positive learning environment in which all students feel emotionally, socially and physically safe.	**A.1.a** The health teacher ensures that students can move throughout the physical environment of the room safely. **A.1.b** The health teacher uses table/group seating unless the lesson or student needs require other seating arrangements. **A.1.c** The health teacher, with input from students, develops classroom norms and expectations, which are posted in a prominent place in the classroom. **A.1.d** The health teacher models and enforces behaviors that create an environment in which students feel valued, welcome and safe. This includes but is not limited to using appropriate language, and initiating effective and appropriate interactions. The health teacher requires the same of students.
A.2 The health teacher creates an environment that is inclusive and supportive of all students, regardless of race, ethnic origin, gender, gender identity, sexual orientation, religion or physical ability. All students, without exception, are acknowledged, appreciated, valued and respected.	**A.2.a** The health teacher chooses class materials — including but not limited to videos, news stories, clip art and bulletin boards — that are diverse, inclusive and representative of all students. **A.2.b** Students have access to and, when necessary, are able to use classroom materials (described in A.2.a). **A.2.c** The classroom displays multicultural visuals (e.g., vocabulary, posters, books). **A.2.d** The health teacher provides all students with opportunities for leadership roles through which to demonstrate their strengths. **A.2.e** The health teacher provides opportunities for students to reflect on and describe their strengths. **A.2.f** The health teacher makes efforts to connect with and develop healthy relationships/rapport with all students in the class. **A.2.g** The health teacher learns and uses students' names when interacting with them in and out of the classroom setting. **A.2.h** The health teacher encourages all students to seek support, guidance and help when needed. **A.2.i** The health teacher uses a variety of digital platforms that are approved for the district to extend learning and enhance connectedness.

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Appropriate Practice	Examples/Suggestions for Implementation
A.3 The health teacher creates an environment in which all students have the opportunity to experience success.	**A.3.a** The health teacher creates an environment that is open to opinions and various perspectives to ensure that every student has the opportunity to participate successfully and meaningfully. That includes working to support students in taking "healthy risks" and stepping outside of their comfort zones to enhance learning. **A.3.b** The health teacher's interactions with students foster freedom of expression by encouraging acceptance of others' responses. **A.3.c** The health teacher establishes norms under which students (and the health teacher) refrain from judgment and under which students and the teacher do not allow personal biases to interfere with teaching, learning or the environment. **A.3.d** The health teacher creates an environment in which all students feel empowered to engage in their learning. **A.3.e** The health teacher makes appropriate modifications to meet students' needs (e.g., using IEPs and 504 plans, pairing English language learners with native English speakers) to assist during learning activities. **A.3.f** The health teacher provides various approved resources to students that can enhance their opportunities for success. For example, the health educator uses differentiated informational texts to meet each student's individual needs.
A.4 The health teacher establishes an environment that facilitates mutual respect among all students and the teacher.	**A.4.a** The health teacher models respectful speech and behavior with all students and expects students to do the same. **A.4.b** The health teacher creates an environment of diverse social interactions, through which mutual respect is demonstrated. **A.4.c** The health teacher and students show caring attitudes toward one another. **A.4.d** The health teacher and students collaborate, cooperate and show tolerance and acceptance of one another. **A.4.e** The health teacher encourages and fosters positive peer pressure toward and modeling of respectful behaviors.

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Appropriate Practice	Examples/Suggestions for Implementation
A.5 The health teacher collaborates with other school services to enhance the classroom and school environment in supporting healthy behaviors.	**A.5.a** The health teacher connects with other school services (e.g., health services, nurses, counselors, nutrition services) to enhance curriculum, instruction and learning environment. **A.5.b** The health teacher initiates and/or supports efforts to enhance the school environment to assist students in developing healthy behaviors. **A.5.c** The health teacher engages with the wellness committee and/or school health advisory council and other school initiatives to support healthy behaviors.
A.6 The health teacher designs the classroom to be visually stimulating, to engage learners.	**A.6.a** The classroom is student-centered and displays student work, and is organized in a way that meets students' needs. **A.6.b** The classroom design provides opportunities for student engagement (e.g., learning centers, bulletin boards). **A.6.c** The health teacher balances the classroom design to be engaging but not distracting or overwhelming for students. **A.6.d** The health teacher strives to provide a comfortable space for students, including modifying desks and seats (e.g., using physioballs or providing cushions for seats), when needed.
A.7 The health teacher designs the classroom in such a way that learners feel a sense of ownership about the space.	**A.7.a** The health teacher creates, with student input, a sense of community, including areas of personal space and areas for small- and large-group work. **A.7.b** The health teacher strives to provide students with their own space in the classroom.

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Curriculum

Appropriate Practice	Examples/Suggestions for Implementation
B.1 The health education curriculum is sequential, comprehensive and planned, from PreK through grade 12.	**B.1.a** The curriculum is mapped from PreK through grade 12. **B.1.b** The curriculum uses a variety of topics, including comprehensive sexuality education, through which students develop health literacy skills. **B.1.c** The curriculum includes the most accurate, up-to-date, medically and scientifically accurate, and age- and developmentally appropriate information.
B.2 The curriculum provides adequate instruction time for health education.	**B.2.a** The curriculum provides at least 60 hours of health instruction time per academic year, as prescribed in the National Health Education Standards (Joint Committee, 2007).
B.3 The curriculum reflects a holistic approach to health and wellness through the inclusion of functional information on a variety of health-related topics.	**B.3.a** The curriculum addresses all dimensions of wellness: physical, social, emotional/mental, intellectual, spiritual, environmental and occupational. **B.3.b** The curriculum addresses multiple health education content areas (e.g., community health, consumer health, environmental health, family life, mental/emotional health, injury prevention/safety, nutrition, personal health, prevention/control of disease, substance use/abuse) from the Centers for Disease Control and Prevention, as outlined in the National Health Education Standards (Joint Committee, 2007). The curriculum also addresses topics relevant to the age group and/or present in state frameworks/standards. **B.3.c** The curriculum includes functional information that will help students develop high levels of health literacy. The functional information included is based on student and community needs.
B.4 Curriculum outcomes/goals are aligned with the National Health Education Standards and other relevant standards or frameworks.	**B.4.a** The health teacher designs or uses a curriculum based on current health frameworks, including but not limited to the National Health Education Standards, state-level frameworks/standards and other related standards/frameworks/guidance documents. **B.4.b** The health teacher designs and/or uses curriculum that supports the development of health literacy and health-enhancing behaviors. **B.4.c** The health teacher posts the standards and/or frameworks used in the curriculum prominently in the room.

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Appropriate Practice	Examples/Suggestions for Implementation
B.5 The health education curriculum aligns with national, state and/or local education initiatives.	**B.5.a** The curriculum and curriculum documents support current school- or education-based initiatives such as the Common Core State Standards. **B.5.b** The health teacher stays current with trends in the field and seeks approval to adjust the curriculum as necessary.
B.6 Curriculum goals align with school- and district-level goals/outcomes.	**B.6.a** The health education curriculum has clearly articulated goals and outcomes that reflect district-level goals and outcomes. **B.6.b** The health curriculum reflects and supports the attainment of those school- and district-level goals and outcomes.
B.7 Curriculum goals are based on data so that they are designed to meet the needs of students in the community.	**B.7.a** The health teacher uses quantitative data from instruments such as the Youth Risk Behavior Surveillance Survey from the Centers for Disease Control and Prevention to identify areas of need for the health education curriculum to address. **B.7.b** The health teacher undertakes surveys and other data-collection methods (e.g., interviews, informal discussions, know/want to know/learned, pre-assessments, journaling) to understand the needs of his/her students. **B.7.c** The health teacher uses input from parents/guardians and community members, as well as the school health advisory council and/or wellness committee, in developing the curriculum. **B.7.d** The health teacher uses data from nurses, administrators and other members of the school/community in developing the curriculum, while following the appropriate confidentiality and anonymity protocols.
B.8 The curriculum is skills-based, with an emphasis on developing health literacy.	**B.8.a** The health education curriculum goals clearly demonstrate a focus on developing the skills necessary for health literacy and health-enhancing behaviors. **B.8.b** The health education curriculum goals are oriented toward student behavioral outcomes (i.e., objectives should be written in the format "Students will be able to ..."). **B.8.c** The health curriculum scope and sequence includes an emphasis on skills, including but not limited to the seven skills listed in the National Health Education Standards (accessing information, analyzing influences, interpersonal communication, decision-making, goal-setting, self-management and advocacy) and health literacy skills.

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Appropriate Practice	Examples/Suggestions for Implementation
B.9 Curriculum outcomes/goals include a progression to higher-order thinking.	**B.9.a** The health education curriculum uses Bloom's Taxonomy of Learning Domains and fosters the development of critical-thinking skills. **B.9.b** The health teacher, when possible, assists in the development of a curriculum that shows progression of critical thinking across the grade spans (from PreK-12).
B.10 The health education curriculum is evaluated and revised annually, at minimum.	**B.10.a** The health teacher collects and evaluates data (e.g., from in-class assessment, student feedback) to reflect critically on the curriculum. **B.10.b** The curriculum is modified as necessary to address students' needs.
B.11 The curriculum is organized to foster development of skills to proficiency.	**B.11.a** The curriculum is organized in such a way that students experience all steps of skill-development (relevance, critical elements, modeling, practice, feedback/reinforcement). **B.11.b** The curriculum is organized and planned in such a way that, by the time students complete their schooling, they have developed proficiency in health-related skills.
B.12 Functional information is used to develop skills.	**B.12.a** The health teacher identifies the functional information related to health topics that students need in order to develop skills and enhance their health. **B.12.b** The health teacher uses that functional information to develop students' health-related skills.
B.13 The curriculum includes multiple opportunities for practicing health-related skills.	**B.13.a** The health teacher provides multiple opportunities for students to practice developing and applying skills, both inside (e.g., role playing) and outside (e.g., self-monitoring physical activity) of school, and in varying contexts. **B.13.b** The health teacher provides students with clear expectations and expected outcomes for skill development and then provides them with opportunities to practice and receive feedback based on those outcomes.
B.14 The curriculum includes formative and summative authentic assessments.	**B.14.a** The health teacher implements both formative and summative assessments to monitor student progress and skill development. **B.14.b** The health teacher emphasizes performance-based assessments. **B.14.c** The health teacher uses evaluations of the assessments to inform practice and curriculum decisions. **B.14.d** The health teacher provides timely and effective feedback to enhance teaching and learning.

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Appropriate Practice	Examples/Suggestions for Implementation
B.15 The health education curriculum addresses health-enhancing norms, attitudes and values.	**B.15.a** The health teacher uses social norms to develop students' positive attitudes and values toward health. **B.15.b** The health teacher is cognizant and respectful of family values. The health teacher is aware of and seeks out information about the contribution (positive and negative) of the family on individual students' health. The health teacher provides opportunities for students to reflect on family values and the contribution of those values (positive and negative) to their health and well-being. **B.15.c** The health teacher implements strategies that help students develop positive, health-enhancing attitudes, values and beliefs.
B.16 The curriculum includes interdisciplinary connections.	**B.16.a** The health teacher advocates for (and when possible, engages in) collaboration with other disciplines in developing the health curriculum and other curricula. **B.16.b** The health teacher clearly indicates interdisciplinary connections in the curriculum. **B.16.c** The health teacher collaborates with other subject-area teachers to assist them in including health information and skills in their classes.
B.17 The curriculum includes opportunities for students to connect with adults and other resources in the community.	**B.17.a** The health teacher brings approved experts into the class to support the curriculum and student learning. Ideally, these experts are members of the community, such as police officers, doctors and people from other organizations, who will both enhance the health curriculum and also help foster community connections and partnerships. The health teacher should remember that using one-time "guest speakers" is not the most effective teaching strategy, but it can support student learning when planned purposefully to support learning objectives. **B.17.b** The health teacher implements a coordinated approach to health in which multiple stakeholders within the school and community (e.g., community resource officers, food services, parents, community groups) are engaged. **B.17.c** The health teacher develops relationships and partnerships with individuals and organizations in the community that can support student health in a variety of areas (e.g., physical health, mental health). **B.17.d** The curriculum provides students with opportunities to research and connect with positive role models in their lives.

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Appropriate Practice	Examples/Suggestions for Implementation
B.18 Learning activities emphasize social interactions.	**B.18.a** The curriculum includes learning activities that focus on participatory learning. **B.18.b** The curriculum includes opportunities for small- and large-group discussions.
B.19 Learning activities provide opportunities for students to personalize and internalize learning.	**B.19.a** The health curriculum provides opportunities for student reflection and fosters self-awareness. **B.19.b** The health curriculum provides opportunities for students to construct meaning and understanding as it relates to them and their lives. **B.19.c** The health teacher provides opportunities for students to contribute learning activities (e.g., developing role plays, prompts) that align with the curriculum and can be used in it.
B.20 Learning activities are culturally inclusive.	**B.20.a** The health teacher works to help students develop their own cultural competence. **B.20.b** The health teacher creates activities that demonstrate respect for student cultures by including as many cultures as practical — at a minimum, representing the different cultures found in each classroom — throughout each lesson/unit. **B.20.c** The health teacher provides opportunities for students to share their culture and use it in scenarios/prompts. **B.20.d** The health teacher incorporates a variety of cultures into activities, prompts and examples. **B.20.e** The health teacher creates learning activities in which situations are relevant to the students (e.g., using names that are similar to student names, using appropriate terms that students might use).
B.21 The health teacher designs health education lessons that allow success for all students and meet the guidelines of all students' individualized education programs or any special accommodation that a student would need to master the lesson.	**B.21.a** The health teacher provides adequate instruction time, opportunity, differentiated instruction, adaptations/modifications and resources to ensure student achievement. **B.21.b** The health teacher collaborates with appropriate staff members (e.g., English language learner teachers, special education professionals) to make appropriate modifications and accommodations for students.

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Instructional Strategies

Appropriate Practice	Examples/Suggestions for Implementation
C.1 The health teacher delivers instruction that is guided by, and focused on, the achievement of learning objectives.	**C.1.a** The health teacher begins each lesson with a visible and stated objective. **C.1.b** The health teacher develops instructional strategies based on the learning objectives. **C.1.c** The health teacher is thoughtful and purposeful when developing lessons to ensure that all activities contribute to the attainment of lesson objectives. **C.1.d** The health teacher uses a backward-design approach (Wiggins & McTighe, 2005) when planning curricular and instructional strategies.
C.2 The health teacher uses formative assessment to monitor progress toward objectives.	**C.2.a** The health teacher uses questioning techniques that assess students' understanding of the objectives. **C.2.b** The health teacher uses strategies such as "exit tickets" at the end of class to monitor student progress toward objectives. **C.2.c** The health teacher uses formative assessments to modify instruction.
C.3 The health teacher delivers instruction that facilitates skill development leading to proficiency.	**C.3.a** The health teacher is flexible and provides enough time for students to meet objectives and develop skill proficiency. **C.3.b** The health teacher provides immediate, instructive and specific feedback during practice activities, using techniques such as peer assessments, recording activities and reviewing at various times in the lessons.
C.4 The health teacher employs instructional strategies that promote student self-reflection and helps students personalize the lesson.	**C.4.a** The health teacher recognizes and uses teachable moments that occur both in and outside of the classroom (e.g., an event in the community). **C.4.b** The health teacher provides opportunities for students to express themselves. **C.4.c** The health teacher addresses student needs as they arise. **C.4.d** The health teacher allows students to conduct self-assessments for every project/assessment. **C.4.e** The health teacher provides opportunities for students to reflect and apply learning to their own lives. *Examples:* journaling and "Do nows" at the beginning of class; projects that involve applying knowledge and/or skills in their personal lives.

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Appropriate Practice	Examples/Suggestions for Implementation
C.5 The health teacher implements activities and uses materials that are current, up to date and relevant to students.	**C.5.a** The health teacher makes appropriate use of current technology in lesson planning and instruction. **C.5.b** The health teacher pursues professional-development opportunities. **C.5.c** The health teacher reads relevant articles and other material to stay current, and uses sound professional judgment when planning and implementing new strategies. **C.5.d** The health teacher implements a variety of methods for getting to know his/her students. **C.5.e** The health teacher provides opportunities for students to find content and/or skill-specific materials related to the topics and skills covered in the curriculum. The health teacher also encourages students to seek out further information from reputable sources based on student interest and student questions. **C.5.f** The health teacher solicits input from students when creating materials and provides opportunities to give feedback.
C.6 The health teacher implements participatory teaching and cooperative learning styles.	**C.6.a** The health teacher facilitates participatory learning and teaching that is based on modeling, observation and social interaction (WHO, 2003). **C.6.b** The health teacher facilities small- and large-group work beyond independent work. **C.6.c** The health teacher provides opportunities for group work and scaffolds the experience so that students can experience success.
C.7 The health teacher engages families and the community in the learning process.	**C.7.a** The health teacher invites families and community members into the classroom during parent nights or breakfasts and other events. **C.7.b** The health teacher assigns homework and projects through which students must engage with families and the community.

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Appropriate Practice	Examples/Suggestions for Implementation
C.8 The health teacher differentiates instruction to meet the needs of all learners.	**C.8.a** The health teacher uses materials in ways that meet the needs of all learners. **C.8.b** The health teacher plans for modifications to activities so that all leaners can be successful. **C.8.c** The health teacher provides options for assignments and assessments based on individual student needs. **C.8.d** The health teacher consults with special education, English language learner and other support staff/specialists to discuss appropriate accommodations and modifications for students.
C.9 The health teacher uses different modes of delivery and a variety of approaches to engage all students and meet the needs of all learners.	**C.9.a** The health teacher provides learning strategies, teaching methods, materials and opportunities for practice that are appropriate for students' age, developmental levels and cultural backgrounds. **C.9.b** The health teacher uses a variety of multimedia tools. **C.9.c** The health teacher uses approaches that address multiple intelligences. **C.9.d** The health teacher provides opportunities for student input on the strategies used in class. **C.9.e** The health teacher uses a balanced approach to teaching and does not rely on only one teaching strategy (e.g., direct instruction, use of videos). **C.9.f** The health teacher develops an avenue for students to ask sensitive questions.
C.10 The health teacher adjusts instruction during lessons, as necessary, to meet the needs of all learners.	**C.10.a** The health teacher is flexible and responsive in changing instructional strategies, while maintaining rigor during the lesson. **C.10.b** The health teacher monitors the class and adjusts instruction when students need to refocus and re-energize.
C.11 The health teacher demonstrates passion and enthusiasm for health education.	**C.11.a** The health teacher displays behaviors in and out of the classroom that clearly demonstrate a passion for health education and for teaching. **C.11.b** The health teacher does not sit in a chair or behind the desk for an entire class period while teaching. He or she is actively engaged in the teaching process.

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Assessment

Appropriate Practice	Examples/Suggestions for Implementation
D.1 The health teacher designs and implements assessments that measure student achievement of curricular objectives.	**D.1.a** The health teacher plans assessments before planning instruction. **D.1.b** The health teacher plans assessments that are related directly to curricular objectives. **D.1.c** The health teacher uses rubrics and prompts that reflect the language and intent of the objectives.
D.2 The health teacher designs and implements assessments that measure student growth.	**D.2.a** The health teacher implements pre- and post-assessments to monitor student growth. **D.2.b** The health teacher uses evaluations of the assessments to determine student grades, and the determination of grades is explained to students. **D.2.c** The health teacher communicates grades to students and families in a timely manner. **D.2.d** The health teacher clearly articulates the grading scale to students. **D.2.e** The health teacher communicates expectations for assessments to students.
D.3 The health teacher designs and implements performance-based assessments that are designed to measure students' functional knowledge acquisition and skill performance.	**D.3.a** The health teacher uses performance-based assessments through which students must demonstrate knowledge and skill level. **D.3.b** The health teacher creates rubrics that include criteria for both skills and knowledge.
D.4 The health teacher designs and implements a variety of authentic assessments that are relevant and meaningful to students.	**D.4.a** The health teacher designs and implements assessments that are realistic and that reflect situations that students might encounter in their lives. **D.4.b** The health teacher provides opportunities for students to contribute to the development of assessments. **D.4.c** The health teacher reviews and updates assessments regularly. **D.4.d** The health teacher implements a variety of assessments, including active and project-based learning, thereby providing multiple opportunities for students to demonstrate learning.

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Appropriate Practice	Examples/Suggestions for Implementation
D.5 The health teacher uses data from assessments to evaluate program effectiveness.	**D.5.a** The health teacher uses data from assessments to measure the effectiveness of the curriculum and instruction. **D.5.b** The health teacher monitors assessment data and makes changes to the instruction as appropriate. **D.5.c** The health teacher uses a variety of assessments as evidence of student learning and curricular outcomes. **D.5.d** The health teacher elicits feedback (e.g., reactions, suggestions) from students about their experiences in class.

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Advocacy

Appropriate Practice	Examples/Suggestions for Implementation
E.1 The health teacher advocates for the quality and quantity of health education at the local, state and national levels.	**E.1.a** The health teacher advocates for more instruction time, if needed. **E.1.b** The health teacher advocates for increasing the number of health education courses needed to graduate, if necessary. **E.1.c** The health teacher advocates for health education to be a required course in his/her school. **E.1.d** The health teacher advocates for all health teachers hired to hold, at minimum, undergraduate degrees in health education that result in licensure, certification or registration at the state level. **E.1.e** The health teacher advocates for class sizes and classroom facilities that are similar to those of other academic subjects. **E.1.f** The health teacher advocates for health education to become a core academic subject in the curriculum at the local, state and national levels.
E.2 The health teacher advocates for professional development and support.	**E.2.a** The health teacher advocates for increased professional development in health education to be provided by the school or district. **E.2.b** The health teacher advocates for more support and resources for developing and assessing skills and health literacy.
E.3 The health teacher advocates for a positive school culture toward health and health education.	**E.3.a** The health teacher advocates for comprehensive school health education as defined by the Centers for Disease Control and Prevention (CDC, 2013). **E.3.b** The health teacher advocates for the implementation of a school health/wellness council in the district, if needed, and supports the maintenance of the council. **E.3.c** The health teacher advocates for implementation and maintenance of school wellness policies.

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Professionalism

Appropriate Practice	Examples/Suggestions for Implementation
F.1 The health teacher engages in professional-development activities.	**F.1.a** The health teacher seeks out professional-development opportunities. **F.1.b** The health teacher reflects on his/her practice and identifies areas for improvement.
F.2 The health teacher maintains high standards of practice.	**F.2.a** The health teacher delivers the curriculum as intended, regardless of personal, political or religious views. **F.2.b** The health teacher engages in behaviors that align with the Coalition of National Education Organizations' Code of Ethics for the Health Education Profession and/or the district faculty handbook. **F.2.c** The health teacher engages in ethical practices. **F.2.d** The health teacher sets and maintains appropriate student/teacher relationships. **F.2.e** The health teacher maintains values (e.g., honesty, integrity) that are conducive to maintaining societal norms. **F.2.f** The health teacher maintains confidentiality, when appropriate, as outlined in district policies. **F.2.g** The health teacher dresses appropriately.
F.3 The health teacher commits to excellence as an educator and member of the health education profession.	**F.3.a** The health teacher develops his/her own cultural competency. **F.3.b** The health teacher is involved in one or more appropriate professional organization(s).

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Glossary

Authentic assessment: The evaluation of students' ability to apply knowledge and skills in "real life"/"real world" situations, settings and contexts.

Bloom's Taxonomy of Learning Domains: A classification system named for cognitive psychologist Benjamin Bloom that is used to define and distinguish different levels or domains of human cognition: Cognitive, Affective and Psychomotor.

Coalition of National Health Education Organizations: Organization committed to the advancement of health education in multiple settings.

Comprehensive school health education: Includes curricula from PreK through grade 12 that cover a variety of topics across multiple dimensions of wellness, develops the skills included in the National Health Education Standards, and incorporates characteristics of an effective health education curriculum, taught by qualified health educators with the goal of assisting students in maintaining and enhancing their health and well-being.

Comprehensive sexuality education: Includes age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision making, abstinence, contraception and disease prevention. Comprehensive sexuality education provides students with opportunities for developing skills as well as learning.

Cooperative learning: An approach to group work that holds students accountable for their actions within the group and that reinforces principles and practices related to cooperation and teamwork. Students work together to help each other understand the topic, solve the problem, etc.

Differentiated instruction: Implementing strategies and techniques to meet the needs of all learners in the classroom, including but not limited to modifications to instruction, assessment and products.

English language learners: Students for whom English is not their first language and who are in the process of acquiring the English language.

Functional information/knowledge: Basic, accurate, reliable and relevant information/knowledge that relates directly to health-promoting skills and behaviors.

Health literacy: An individual's capacity to access information, resources and services necessary to maintaining and promoting health.

Informational texts: Texts that convey factual information about the natural and social world.

National Health Education Standards: The National Health Education Standards provide a framework of expectations for health education that are relevant to multiple stakeholders involved with promoting the health of students from pre-kindergarten through grade 12.

Participatory teaching and learning: A method that uses modeling, observation and social interaction.

Performance-based assessment: Evaluation that provides an opportunity for students to demonstrate their learning in authentic ways. (See authentic assessment).

Physioball: An inflatable ball used for a variety of exercises

Project-based learning: Teaching method in which students gain knowledge and skills by investigating and responding to a question, challenge or problem.

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Scaffolding: Guidance or assistance provided to students with the goal of supporting their capacity of performing an activity/task, understanding the content and gaining independence in the learning process.

Skill development: A planned, sequential, comprehensive and relevant curriculum that is implemented through participatory teaching and learning methods to help students develop the skills, attitudes and functional knowledge needed to lead health-enhancing lives.

Skills-based curriculum: Curriculum goals developed with an emphasis on skills that uses content as a context through which the skills are developed and uses participatory teaching and learning.

Special education: Instruction designed to meet the needs of students with disabilities.

Student engagement: Degree to which students are interested in, paying attention to, curious about, invested in and motivated by what and how they are learning.

Wellness: A healthy state of balance among multiple dimensions of wellness, including the physical, social, emotional/mental, intellectual, spiritual, environmental and occupational.

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National Health Education Standards

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

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

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

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

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

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

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

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

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