# Health Education

## Health Education Indicators of Achievement Checklist

| LEVEL OF PERFORMANCE |
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| Indicators | **1****Falls Below** | **2****Approaches** | **3****Meets** | **4****Exceeds** | Acceptable**Evidence** |
| **Student Performance**Students will have the necessary knowledge and skills to establish and maintain physical fitness, participate in physical activity and maintain personal health. (Standard 1, Intermediate Level)Students will acquire the knowledge and ability necessary to create and maintain a safe and healthy environment. (Standard 2, Intermediate Level) Students will understand and be able to manage their personal and community resources. (Standard 3, Intermediate Level)**Student Performance****cont’d.** | A. Health Education Program does not meet the *NYS Learning Standards for Health Education* performance indicators or skills as outlined in the *Guidance Document for Achieving the New York State Standards for Health Education.* | A. Health Education Program meets at least two of the *NYS Learning Standards for Health Education* and relatedskills and performance indicators. Program is content based and/or loosely aligned with the *Guidance Document for Achieving the New York State Standards for Health Education.* | A. Health Education Program is aligned with all of the *NYS Learning Standards for Health Education,*performance indicators, related skills and the *Guidance Document for Achieving the New York State Standards for Health Education.* | A. Curriculum, instruction and assessment are congruent as well as clearly and explicitly aligned with all of the *NYS Learning Standards for Health Education*, performance indicators, related skills and the *Guidance Document for Achieving the New York State Standards for Health Education.* | All students know and can demonstrate the personal health skills listed below within the overarching skills of self management and relationship management:-Communication,* Decision making,
* Planning and goal setting, and
* Stress management.

The health skills are integrated with the nine health functional knowledge areas to develop a lasting understanding of the *Guidance Document for Achieving the New York State Standards for Health Education* for the intermediate level:* Physical activity and nutrition,
* Unintentional injury,
* Violence prevention,
* Alcohol and other drugs,
* Family life/sexual health,
* Sexual risk,
* HIV/AIDS,
* Tobacco, and
* Other required health areas.

Classroom instruction is student-centered and inquiry-based and driven by the essential question: “What health knowledge do I need to know and be able to use to be safe, healthy and achieve the New York State and national standards.” |
|  | B. Student work demonstrates that students have not met all or most of the *NYS Learning Standards for Health Education* or performance indicators. | B. Student work demonstrates that students have met less than half of the *NYS Learning Standards for Health Education* and related skills and performance indicators. Student work is content-based, teacher-centered, contrived and not related to personal health skill development and attainment with functional knowledge. | B. Student work demonstrates that students have met the *NYS Learning Standards for Health Education* through the application of personal health education skills as outlined in the *Guidance Document for Achieving the New York State Standards for Health Education.* | B. Student work demonstrates that students have met the *NYS Learning Standards for Health Education* through multiple real-life applications of personal health education skills as outlined in the *Guidance Document for Achieving the New York State Standards for Health Education.* | All students demonstrate the acquisition of knowledge and skills to multiple, personally complex and challenging real-life or “near” authentic situations. |
|  | C. No assessment or only paper and pencil tests are used. Assessments do not align with the *NYS Learning Standards for Health Education,* performance indicators and/or related skills. | C. Assessments measure mainly health content knowledge, memorization or student reverberation of teacher-generated information.Some skill knowledge (not performance) is assessed. | C. Ongoing authentic performance assessments demonstrate student attainment of the *NYS Learning Standards for Health Education,* performance indicators, related skills and other areas of the *Guidance Document for Achieving the New York State Standards for Health Education.* | C. Ongoing authenticdiagnostic, formative and summative performance assessments demonstrate and measure student growth and attainment of the *NYS Learning Standards for Health Education,* performance indicators, related skills and other areas of the *Guidance Document for Achieving the New York State Standards for Health Education.*  | Assessment is ongoing and includes real-life or ‘near” real-lifeopportunities such as:-Simulations,-Logs,-Plans,-Role plays,-Demonstrations,-Service learning,-Reflective journals, and-Advocacy products or feedback. |
| **Collaboration** | A. Health Education teachers are not viewed or treated as educational professionals and integral members of the educational learning community. | A. Health Education teachers are viewed only as health professionals and not as educational learning community team members. | A. Health Education teachers are often viewed as educational professionals, included in all professional development and included on several district- and school-based teams. | A. Health Education teachers are an integral part of the educational learning community, included in and often providing professional development, and acting as resources to other content area or educational team members, school building and district policy teams. | Health Education teachers are included in all professional development.Health Education teachers provide a wide array of professional development.Health teachers are active members of school-based planning teams, professional development teams and policy-making teams. |
| **Curriculum/Integration****A. Curricular** **Integration** | A. Health education is viewed by most administrators, counselors, teachers and school staff as an extra, fun class with little or no value to students, student achievement and student success. | A. Health education is viewed as an extra course that students take, with limited value to student achievement and success. The course placement is based on factors unrelated to the research on health effectiveness for students. | A. Health education instruction is viewed as a valued component of student achievement and success. Class placement and time devoted is based on research and effectiveness of student attainment of the *NYS Learning Standards for Health Education.* | A. Health education instruction is recognized as a valuable component of student achievement and success, and appropriate time is devoted to classroom instruction based on research. Health education is integrated into and reinforced in other content areas, cafeteria, school plans, policies and procedures, classroom management, after school programming, etc. | Class time aligns with research on effectiveness and achieving knowledge and behavior change.Health education is integrated into and reinforced in other content areas.Health education is integrated into the school and district through instruction, modeling and reinforcement, before and after school, in the hallways, in counseling, food service, on the school bus, etc. |
| **B. Program Integration** | B. Health Education teachers receive little or no information about school or district projects or initiatives, and are not included. | B. Teachers from other content areas communicate with and include Health Education teachers occasionally to collaborate on supportive learning initiatives. | B. Health Education teachers make a collaborative effort to support other content area learning standards and show students the “real-life” application. | B. All instruction integrates learning standards from other content areas, such as English language arts (ELA), Family and Consumer Sciences (FACS), physical education, social studies and science. | Health education learning includes meeting standards and performance indicators from other subjects, especially ELA.Other content areas include meeting the *NYS Learning Standards for Health Education* and performance indicators in their learning experiences, such as health education in ELA, FACS, physical education, social studies and science. |
| **C. Coordinated School Health** | C. A committee exists on paper only, or one person, with little or no support, addresses all health issues and concerns. | C. The district has a few staff members who take interest in selected health-related topics, based on a crisis or identified need, and who occasionally work together to resolve the issue or meet a State requirement. | C. The school district has a Coordinated School Health (CSH) Team that meets on a regular basis, is comprised of diverse staff, parents, students and agencies. The CSH Team develops and implements assessments, and evaluates related goals and initiatives. | C. The school district has a CSH Team that meets regularly and conducts ongoing CSH assessments as well as develops, implements and evaluates related goals and initiatives that are directly aligned with the district vision/mission. | CSH Team membershipCSH Team assessmentsMeeting minutesCSH plan and action stepsEvaluations that measure health impact and connections to student learning and achievement |
| **Youth Development** | A. Health Education Program is deficit-based, and its relationship to youth development is vague or missing. | A. Health Education Program provides limited opportunities for students to demonstrate youth development competencies and leadership (e.g., internships, mentoring, service learning). | A. Health Education Program has a clearly articulated youth development philosophy that supports and enhances the district philosophy, vision and mission, and provides opportunities that build upon students’ existing strengths, skills and competencies. It allows students to demonstrate practices and advocate for health enhancing behavior in authentic situations in the school, family and community. | A. Youth development philosophy drives the Health Education Program, supports and enhances the district philosophy, vision and mission, and provides opportunities that build upon students’ existing strengths, skills and competencies. It allows them to play a pivotal leadership role and successfully advocate for and secure authentic, healthy and safe school, family and community environments. | Student-centered and student-led learning, planning, implementation and assessment of authentic real-life learning, projects and initiatives.Students advocate enhancing the health and safety of themselves, others, the school, family or community. |
| **Professional Staff** | A. Health education is not taught, or is taught by non-health certified teachers or others. | A. Certified health educators teach at least 75 percent of all health education classes. | A. All student instruction is delivered by a certified Health Education teacher. | A. All student instruction is planned, developed or selected and delivered by a certified Health Education teacher and guided by health and academic assessments. | Health educators are certified in health education.Health educators develop or select research-based curricula. |
| **Professional Staff****cont’d.** | B. Professional development is unavailable or discouraged for health educators or others. | B. Professional staff is in the process of obtaining appropriate certification. Health Education teachers attend little or no professional development.Professional development is unrelated to professional needs, and is disconnected from the research. | B. All Health Education teachers develop and implement professional development plans that are research-based and directly aligned with teaching and student learning of the *NYS Learning Standards for Health Education* and the *Guidance Document for Achieving the New York State Standards for Health Education.*Teachers have attended Health Education Core Training and have designed at least one learning experience with support from the Student Support Services Center. | B. All Health Education teachers and professional staff continually self-assess, develop and implement related, ongoing professional development plans (including mentoring, coaching and other effective practices) that are research-based and directly aligned with the *NYS Learning Standards for Health Education* and the *Guidance Document for Achieving the New York State Standards for Health Education.*Teachers have attended Health Education Core Training, a Health Education Design Institute, and have designed learning experiences with support from the Student Support Services Center. | Health educators’ and CSH Teams' assessments of the impact of the health education curricula on student health behaviors and achievement |
| **Professional Staff****cont’d.** | C. The district does not have a Health Education Coordinator or has one in name only. | C. The Health Education Coordinator is not health certified and has little or no health education and/or CSH research-based professional training and experience. | C. The Health Education Coordinator has appropriate health education background and training, and attends ongoing professional development. The Health Education Coordinator supports the school program and coordinates school and community efforts.  | C. The Health Education Coordinator has an extensive health education background and attends ongoing professional development. The Health Education Coordinator supports the school program and collaboratively coordinates extensive school and community efforts. | Professional development planProgress in relation to student achievement of the *NYS Learning Standards for Health Education*, related skills and areas of the *Guidance Document for Achieving the New York State Standards for Health Education*Teachers attend Core Training.Teachers attend the Design Institute.Teachers develop related learning experiences aligned with the *Guidance Document for Achieving the New York State Standards for Health Education.* The Health Education Coordinator is a certified health educator and has extensive training in the CSH model, team building, data analysis and interpretation, planning, implementation and assessment. |
| **Administrative****Support** | A. Administrative support is limited and/or crisis oriented. | A. Administration believes there is a need for selective, short-term health education and/or CSH programming, and demonstrates minimal or fragmented support. | A. Administration is aware and supportive of health education and CSH program, and provides support to the initiative, staff and CSH Coordinator to meet State-mandated minimums and the *Guidance Document for Achieving the New York State Standards for Health Education.*Administrators are active member of CSH Team. | A. Administration aligns health education and CSH with the district vision, mission and goals and related school plans and research-based documents, such as the *Guidance Document for Achieving the New York State Standards for Health Education.*Administration works with the Health Education Coordinator and CSH Teams to assess, plan, implement, advocate, support, and connect outcomes to improved health and academic success. | CSH plans, goals, philosophy, vision and mission are aligned with the district’s.Plan is research-based and aligned with CSH best practice and *Guidance Document for Achieving the New York State Standards for Health Education.*Administrators are active members of CSH Team.Health Education Coordinator, health education staff and CSH Team are supported by the administration. |
| **Administrative****Support****cont’d.** | B. Administration provides no support for professional development for Health Education teachers or for other teachers in health-related areas. | B. Administration supports limited and fragmented professional development opportunities for Health Education teachers and other teachers in health- and CSH-related areas. | B. Administration supports professional development of all teachers in a variety of areas, including health education, CSH, and their relationship to student success and achievement. | B. Administration advocates the importance of health education and CSH professional development for all staff, and strongly encourages its implementation to assist students with succeeding and meeting all of the *NYS Learning Standards for Health Education.* | Administration advocates for and supports health education and the CSH Team. The CSH Team’s implementation of health education is clearly connected to the district’s student achievement and success goals. |
| **Scheduling/****Student Access** | A. Health Education Program is limited or not provided for some or all students. | A. Health Education Program is available for some or all students; however, it does not meet State-mandated minimums or appropriate time requirements for the unit(s) required for instruction. | A. Standards-based Health Education Program is available for all students at State-mandated minimums. | A. Standards-based Health Education Program is available for all students, exceeds State- mandated minimums, and provides for additional classes, time or integration to meet research-based minimums for student behavior and culture change. | Student performance assessments (student work) are aligned with the *NYS Learning Standards for Health Education* and the *Guidance Document for Achieving the New York State Standards for Health Education* and clearly demonstrate positive health and safety change. |
| **Instructional Technology** | A. No access to technology or technical support for facilitating instruction is provided. | A. Classes have access to technology to assist classroom instruction, but scheduling is difficult or technology is unavailable when needed. | A. Classes have state-of-the-art technology on site to assist in instruction or have access to it as needed. | A. All classrooms are equipped with state-of-the-art technology. | Instructional technology is available as needed for student health learning and achievement. |
| **Facility/****Equipment** | A. No rooms or equipment are dedicated to providing students with appropriate experiences, as required in the curriculum (e.g., no health education assigned classroom). | A. Some dedicated space is provided for health education, or a cart is provided with a minimum of equipment, if required. | A. Students have access to dedicated space and equipment for health instruction. | A. All student instruction takes place in dedicated classrooms with state-of-the-art equipment. | Health education has dedicated space and related equipment for student assessment, health learning and achievement. |
|  | B. Any existing instruction is heavily focused on textbook, paper and pencil. | B. Hands-on experiential learning is limited to shared spaces and/or equipment.  | B. Health education instruction and application are personalized and authentic, and include hands-on applications of the *NYS Learning Standards for Health Education* in appropriate classrooms, school sites and the home and community, with necessary equipment. | B. All health education learning and application is student centered, personalized and authentically assessed in the most appropriate classroom, school or community environment, with the necessary equipment available. | Space and equipment are available for student learning in the classroom, school building, school district, home or community setting. |
| **Resources****Resources****cont’d.** | A. No budget is provided for health education or CSH programs. Funding allocations are provided in response to State-mandates or student/school crises. | A. Limited budget is provided, unrelated to student health and achievement data and programming needs. | A. There is a dedicated budget for research-based health education and CSH programming, based on an assessment, related data and staff professional development needs.This will enable students to achieve the *NYS Learning Standards for Health Education* and performance indicators and create a healthy and safe school environment. | A. Administration is actively engaged in seeking partners, grants and funding sources to combine with district resources and commitment to meet student health education CSH programming, safety and achievement goals and needs. | Health education and CSH budgets are based on student and community needs.Health grants and supportive funds from community agencies, business, parent-teacher organizations, government and other entities.Budget is dedicated to effective research-based best practices. |
|  | B. Outdated, inappropriate or no health education and/or CSH resources or materials. | B. Resources and materials are limited in scope, content-based, shared, or not research-based, and there is little connection to the *NYS Learning Standards for Health Education* and the *Guidance Document for Achieving the New York State Standards for Health Education.* | B. A variety of current research-based resources is clearly aligned and regularly assessed as to their impact on student attainment of the *NYS Learning Standards for Health Education*, related skills and the *Guidance Document for Achieving the New York State Standards for Health Education*. | B. Student data and behavioral outcomes drive the acquisition of student and teacher resources and related assessments.Student data and behavioral outcomes are clearly aligned to the *NYS Learning Standards for Health Education* and are regularly assessed as to their impact on student attainment of the standards, related skills and the *Guidance Document for Achieving the New York State Standards for Health Education.* | Resources are research-based.Resources are aligned with behavioral outcome goals, plans and needs.Resources are strength-based and skill driven.Assessments are developed and/or purchased focusing on behavioral outcomes.Resources align with those listed in the *Guidance Document for Achieving the New York State Standards for Health Education.* |

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### ACTION PLAN TEMPLATE

 The Action Plan Template is a companion tool to the Checklist. Schools should use the Checklist to identify areas where there are gaps in their programs. The Template can be used to develop and/or list strategies to close those gaps. A separate Template should be completed for each Indicator.

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| **STRATEGIES FOR ADDRESSING****AREAS IDENTIFIED****USING THE RUBRIC** | **TIMELINE TO****IMPLEMENT** | **RESPONSIBLE****STAFF** | **PROJECTED****EXPENSE** | **ANTICIPATED****FUNDING SOURCE** |
| **Indicator:** |  |  |  |  |

###### Health Education

###### Additional Resources

 **NYS Resources:**

* + - *NYS Learning Standards for Health Education*: <http://www.emsc.nysed.gov/ciai/pe/pub/hpefcle.pdf>
		- *Guidance Document for Achieving the New York State Standards for Health Education*: [http://emsc.nysed.gov/sss/](http://emsc33.nysed.gov/sss/)
		- NYS Education Department Student Support Services website: [http://emsc.nysed.gov/sss/](http://emsc33.nysed.gov/sss/)
		- Core Training Materials: [http://emsc.nysed.gov/sss/](http://emsc33.nysed.gov/sss/)
		- Translation Sheets: [http://emsc.nysed.gov/sss/](http://emsc33.nysed.gov/sss/)
		- Rubric for Authentic and Appropriated Classroom Assessment Tasks: [http://emsc.nysed.gov/sss/](http://emsc33.nysed.gov/sss/)
		- *Healthy Stars*: [www.nyshealthyschools.org](http://www.nyshealthyschools.org)
		- *Navigate By the Stars*: <http://www.emsc.nysed.gov/sss/Presentations/Navigate-EditedForWEB.ppt>
		- New York Youth Development Policy Paper: [http://www.emsc.nysed.gov/sss/YOU(th)/home.html](http://www.emsc.nysed.gov/sss/YOU%28th%29/home.html)
		- NYS Virtual Learning System (VLS): <http://eservices.nysed.gov/vls/>

 **National or Professional Organization Resources:**

* + - National Health Education Standards: [www.aahperd.org/aahe/pdf\_files/standards.pdf](http://www.aahperd.org/aahe/pdf_files/standards.pdf)
		- CDC’s School Health Index: <http://apps.nccd.cdc.gov/shi/>
		- Health is Academic: [www.edc.org/healthisacademic](http://www.edc.org/healthisacademic)

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