navigate by the stars

not by the lights of the passing ships

# A Guidance Document for Achieving the New York State Standards in Health Education

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THE UNIVERSITY OF THE STATE OF NEW YORK
***THE STATE EDUCATION DEPARTMENT***
***November 2005***

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A Guidance Document for Achieving the New York State Health Education Standards is a work in progress. It was not developed by a small team of educators at one point in time. It is the result of years of work, study, application, assessment, reflection and revision by hundreds of educational professionals across New York State. Giselle O. Martin Kniep, Ph.D., President of Learner Centered Initiatives, served as a lead consultant throughout the initiative. Joyce Fetro, Ph.D., started us on our journey and provided expert assistance with the skills-based focus and early development of the health skills matrix. We are extremely grateful to both for their wisdom, support and guidance.

Many teachers and administrators contributed to the development of the Guidance Document for Achieving the New York State Standards in Health Education, related professional development and materials. Their names are listed below with the support provided indicated by icon: Steering Committee ([1]), Health Education Leadership Institute Fellow ([2]), Curriculum and Assessment Designer ([3]), Guidance Document Section Author ([4]) and Guidance Document Section Reviewer ([5]).

| | |
|---|---|
| Nancy Aidala[2] | Chappaqua Central School |
| Jacquee Albers[1 2 4] | New York State Education Department |
| Michele Armani[3] | St. John's Academy, Champlain Valley Educational Services |
| Heather Bacon[1 2 3 4 5] | MidWest SSS Center, Genesee Valley BOCES |
| Julie Barber[2] | Schenectady City School District |
| Lee Beals[2] | SSS Center, Onondaga-Cortland-Madison BOCES |
| Lynn Benoit[2] | Cohoes Middle School |
| Tara Berardi[3] | Greece Central School |
| Rhoda Berkson[2] | Herricks Central School |
| Evelyn Bernstein[2 5] | New York State Education Department |
| Robert Binggeli[2 3 4 5] | Newark Central School |
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| James Butterworth[5] | New York State Education Department |
| Debra Caputo[2] | Babylon Memorial Grade School |
| Linda Caputo[3] | Greece Central School |
| Catherine Cardina, Ph.D.[2 3] | SUNY Brockport |
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| Jean Casper[3] | Indian River Central School |

| | |
|---|---|
| Pat Chisamore[2 3] | Hudson Valley SSS Center, Ulster County BOCES |
| Mary Cole[2] | Erie 2 BOCES |
| Heather Collier[2 3] | Belleville-Henderson Central School |
| Carol Daub[2] | Huntington Central School |
| Kay Dean[3] | Batavia City School District |
| Zenon Deputat[2 3] | North Tonawanda Central School District |
| Tricia DeSantis[3] | Fredonia Central School |
| Jacqueline Dipzinski[3] | East Irondequoit Central School |
| Sue Doin[2] | North Country SSS Center, Champlain Valley Educational Services |
| Owen Donovan[2] | SUNY Cortland |
| Veronica (Ronnie) Dwyer[2 3] | Yorktown High School |
| Susan Dwyer[2] | Albany High School |
| Valerie Easterly[3] | Pine Valley Central School |
| Marianne Esolen[2] | Long Island SSS Center, Western Suffolk BOCES |
| Shannon Fitzgerald[2] | Guilderland Central School |
| Mary Flaherty[3] | Rochester City School District |
| Michele French[3 4] | MidWest SSS Center, Genesee Valley BOCES |
| Rebecca Gardner[5] | New York State Education Department |
| Anita German[2] | Syosset Central School |
| Suzanne Goff[3] | Greece Central School |
| Christine Gonzalez[3] | Newark Central School |
| Jacqueline Goodwine[2] | Greece Central School |
| Mary Grenz Jalloh[5] | NYS Center for School Safety |
| Elyse Gruttadauria[3] | Rochester City School District |
| Brenda Harrington[2] | Rochester City School District |
| Gail Hingston[2] | Moravia Central School |
| Kurt Holme[2 3] | Buffalo City School District; |
| Merrily Hoover[3] | Fairport Central School |
| Casey Horner[3] | Niskayuna Central School |
| Christine Horton[3] | Palmyra-Macedon Central School |
| Colleen Hurd[1 2] | MidSouth SSS Center, Schyler-Chemung-Tioga BOCES |
| Barbara Johnson[2 3 5] | Greece Central School |
| Andrea Jordan[3] | MidWest SSS Center, Genesee Valley BOCES |
| Courtney Kelly[3] | Amherst Central School |
| Maura Kerkezis[3] | Fairport Central School |
| Susan Kessler[2] | Long Island SSS Center, Western Suffolk BOCES |
| Donna Ketchum-Colletta[2 3] | Frontier Central School |
| Leslie King[3] | Hillside Children's Center |
| Patricia Kocialski[2 5] | New York State Education Department |
| Audrey Korkeyi[2 3] | Rochester City School District |
| Valerie Kovacs[2] | West Seneca Central School |
| Darleen (Dee) Kurth[2] | Long Island SSS Center, Western Suffolk BOCES |
| Joshua Lacy[3] | Greece Central School |
| Dale Levine[2] | Community School District #18 |
| Sharon (Sunny) Linden[2 3 5] | Jamestown City School District |
| Pat Loncto[2 3 4 5] | Teacher of Teachers |
| Maryellen Lubinski[2] | Community School District #22 |
| Michael Ludwig, Ph.D.[2 5] | Hofstra University |

| | |
|---|---|
| Naomi Marsh[5] | New York State Education Department |
| Patricia Mason[3] | Fairport Central School |
| Michael Mastrella[3] | Greece Central School |
| Beth Mastro[1 2 3 5] | MidHudson SSS Center, Ulster County BOCES |
| Elizabeth Mattfeld[2 3] | Capital Region SSS Center, Capital Region BOCES |
| Jodi Maurici[2] | Sayville Central School; |
| Kim McLaughlin[1 2 3 4 5] | MidWest SSS Center, Genesee Valley BOCES |
| Diane Menard[3] | Peru Central School |
| Nikki Miller[3] | Wayne Central School |
| Kathleen Miner[2 3] | Clyde-Savannah Central School |
| Carol Nochajski[3] | Alden Central School |
| Patricia Northrup[3] | Rochester City School District |
| Gordon Odermann[5] | New York State Education Department |
| Jane Ogilvie[2] | Western SSS Center, Erie I BOCES |
| Sandra Pawlak[2 3] | Rochester City School District |
| Jeannie Petrosky[3] | Seneca Falls Central School |
| Sara Phelps[2] | Capital Region SSS Center, Capital Region BOCES |
| Lisa Phillips[2 3] | Elmira City School District |
| Vita Piskorowski[3] | Brockport Central School |
| M. Gae Riddleberger[2] | MidSouth SSS Center, Broome-Tioga BOCES |
| Linda Ruest[2] | Erie I BOCES |
| Lisa Saurbaugh[3] | Wayland-Cohocton Central School |
| Kathleen Schmalz, Ph.D.[2 5] | College of Mount St. Vincent |
| Michele Schnars[3] | Jamestown City Schools |
| Diane Schneider[2] | East Ramapo Central School |
| Jennifer Simpson[3] | Fairport Central School |
| Rosemary Sisson[2 3] | Western SSS Center, Erie I BOCES |
| Maryalice Smith[2] | North Country SSS Center, Oneida-Herkimer-Madison BOCES |
| Leueen Smithling[2 3] | Lowville Central School |
| Yvonne Stephens, Ph.D.[2 5] | Ithaca College |
| Grace Stevens[2] | New York State Education Department |
| Margaret Strumpf[2] | MidSouth SSS Center, Schuyler-Chemung-Tioga BOCES |
| Dr. Linda Trabman[2] | Port Richmond High School |
| Barbara VanDine[3] | Elmira City School District |
| Patrick Veltri[2 3 5] | Kenmore-Tonawanda UFSD |
| Desiree Voorhies[2 3 4] | MidWest SSS Center, Genesee Valley BOCES |
| Rebecca Wager[2 3 4] | MidWest SSS Center, Genesee Valley BOCES |
| Rita Wissinger[2] | Cattaraugus-Allegany BOCES |
| Kris Yusko[3] | Fairport Central School |

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NYS Health Education Curriculum and Assessment
Leadership Initiative:
*Navigate by the Stars, Not by the Lights of the Passing Ships*

## Charting the Course

In 1998, the New York State Education Department (NYSED) and its network of Coordinated School Health Centers (renamed and subsequently referred to as the Student Support Services Centers – SSSC's) took a new look at improving school health education. Coined "Navigate by the Stars", this initiative used research to chart the course for improvement, much like navigators of old used the constellation of stars. Across the State, health educators began the journey by attending awareness sessions that explored skills-based health education, diversified assessment, the New York State (NYS) Learning Standards for Health Education and the National Health Education Standards.

In the 1999-2000 school year, the expedition continued with teachers delving into the first version of the Skills Matrix from the draft K-12 Guidance Document for Achieving the New York State Standards in Health Education. Using a theory and scientifically research-based foundation, these fellow travelers began the development of authentic, standards-based assessment tasks. Over 500 health educators from across New York State began learning about and applying health education skills and standards-based instructional practices through participation in the Navigate by the Stars Health Education Goals 2000 training.

Since that time we have continued on our journey, moving steadily forward and expanding our fleet. Ongoing Navigate by the Stars awareness trainings and several levels of ongoing skill building professional development programs have been developed (such as the Health Education Curriculum and Assessment Core Training, the Health Education Design Institute and the School Health Education Leadership Institute). Our data is demonstrating that the Navigate by the Stars Curriculum and Assessment Leadership Initiative is contributing in a very significant way to the professional growth and development of educators and standards-based, learner-centered education for students. A research study has been conducted on this initiative and is available upon request.

## Navigate by the Stars Focus

The Navigate by the Stars Health Education Initiative focuses on health and education best practice by following ten Navigational Stars. These are the stars that health coordinators, health educators and elementary teachers, with mandated responsibility for providing health instruction, have influence on in their classrooms and health education programs. Understanding, applying and following the stars is critical to the success of the total health education program.

Navigational Stars:

- Standards-Based
- Skills-Driven
- Scientifically Research-Based
- Learner-Centered
- Strength-Based
- Authentic
- Integrated Into the Total Educational Program
- Provided by Qualified and Skilled Teachers
- Fully Supported by the School and Community
- Coordinated School Health Framework

## Health Education Navigational Stars

**Standards-Based:** All teaching and learning is focused on student achievement of learning standards (both National and New York State). Health literate youth have the knowledge, skills and ability (the KNOW and CAN DO) to maintain and enhance personal health and fitness, create and maintain safe environments, and manage personal and community resources. All New York State teachers with responsibility to teach health education should have made the transition to standards-based instruction.

**Skills-Driven**: Health literacy requires educators to switch from a content-driven to a skills-driven approach. Young people need to learn, practice and apply skills successfully, numerous times, with positive reinforcement and social support, to enhance and maintain personal health and safety. A skills-based approach enables young people to develop the competence and confidence to effectively apply health skills to a variety of health-related situations.

**Scientifically Research-Based:** Over the last 30 years we have learned a great deal about "what works" in health education. Peer reviewed research and evaluation literature continues to identify effective theory-based health education programs, curricula, processes, and strategies. Our role as health educators is to become familiar with the scientifically research-based trends and integrate promising programs and strategies into our practice to enable young people to reach the standards.

**Learner-Centered:** All students need to be at the center of learning. They need to have multiple opportunities to construct their own knowledge and skills and personally apply them to relevant health situations. The role of the health educator is to facilitate opportunities and experiences that engage and challenge young people to assess, explore, discover, question, personalize, apply, adapt and evaluate learning.

**Strength-Based:** Health education (all education) is most effective when it takes a positive youth development approach, building on young people's existing strengths, skills and competencies. Strength-based health education builds character. Young people are most likely to build character and adopt healthy behaviors when they know what they have to do, believe they will be able to do it, have successfully practiced it, and believe that the healthy behavior will benefit them. Health education needs to be positive.

**Authentic:** Health education needs to provide real life learning experiences and personal applications of health knowledge and skills in relevant situations. Assessments need to demonstrate the actual personal application of health knowledge and skills through personal wellness plans, logs, reflective journals, demonstrations, simulations, role-plays, community service learning and other tangible products and performances.

**Integrated Into the Total Education Program:** We are first and foremost educators. Effective health education is incorporated into the total K-12 school educational program. Sound educational theories, practice, strategies and assessments must be incorporated. Multi-disciplinary education is pivotal. Health must be a part of comprehensive district planning, decision making, policy review, assessments, data collection, professional development, parent-community involvement, and out of school programming, etc.

**Provided By Qualified and Skilled Teachers**: Health educators need pre-service and post graduate education that prepares them to teach towards the standards and navigational stars. Ongoing professional development (such as trainings, collegial circles, peer shares, book talks, design sessions and similar educator-centered opportunities), mentoring, coaching, and other effective practices need to become a regular part of health education professional practice.

**Fully Supported by the School and Community**: Parents, school staff, students and community (agencies, business, faith communities, etc.) need to be aware of the health status of young people, their strengths, needs and ways to support young people personally, through family and community initiatives and through the school health program. It is when we all work together to support young people that we truly make a difference.

**Coordinated School Health Framework:** Health education programs are most effective when they are coordinated (not piecemeal or hit and miss) and totally integrated with related areas such as health services, counseling and guidance, physical education, food service, family and consumer science, and staff wellness programming. Students play a key role as partners in effective coordinated school health programs.

## Navigational Map

The Navigate by the Stars Health Education Curriculum and Assessment Trainings and ongoing follow-up sessions were designed with the assistance of Learner-Centered Initiatives, Ltd. to provide educators with a navigational map to the stars. The training and related materials are designed as instructional "works in progress" to assist educators and help guide the way.

Health Education Curriculum and Assessment Core Training provides educators with a foundation and hands-on experience with the Navigational Stars. A curriculum and assessment backward design process is provided using the Guidance Document for Achieving the New York State Standards in Health Education as a guide. The training also provides an opportunity to use the Rubric for Health Education Authentic and Appropriate Classroom Assessment Tasks with customized health education dimensions to determine the strengths as well as the areas needing improvement in the learning experiences and/or units being developed.

During the Health Education Curriculum and Assessment Core Training educators learn several different methods for curriculum gap analysis that are helpful in assessing the current instructional program in relation to the Health Education Standards and the Guidance Document for Achieving the New York State Standards in Health Education. Participants are also provided an opportunity to develop and use diversified assessments to support and measure students' attainment of the NYS Learning Standards for Health Education. Both experiences are useful as educators embark on creating and aligning learning experiences, instructional units and health education curricula with the Navigational Stars.

## Our Challenge to Educators

As we progress on our Health Education Navigational journey, we challenge educators to keep the stars in their eyes, but set reachable goals for achieving the standards. Giselle O. Martin-Kniep, Ph.D., of Learner-Centered Initiatives, Ltd. (a lead consultant to the initiative) believes an achievable goal for re-charting the course is 10 percent of the curriculum per year. We encourage educators to begin the journey by selecting just one learning experience or unit to develop or modify. When the learning experience has been modified or revised, the school district can either choose to submit it for a local peer review or submit it to their local Student Support Services Center or the NYS Health Education Curriculum and Assessment Leadership Team for review, scoring and constructive feedback. We are truly creating a community of supportive professional learners.

## Navigate by the Stars: Enhancing Professional Practice

Vision

All school health educators are valued and recognized health and educational leaders, applying theory to practice to enhance the health, safety and academic achievement of all youth.

Goals

- All youth are safe, healthy and academically successful.
- All youth achieve or exceed the NYS and National Learning Standards for Health Education.
- All health educators and elementary teachers responsible for health education have the knowledge and skills to apply theory to practice to enable all students to demonstrate that they can achieve the standards.

How Do We Get There?

- Align all capacity building efforts with scientifically research-based best practice.
- Provide statewide coordinated leadership of best practice professional development through the School Health Education Leadership Institute.
- Adopt and attend sequential professional development path for health and elementary educators.

Professional Development Navigational Journey

- Navigate by the Stars Awareness Sessions
- Navigate by the Stars Skill Building Offerings
- Health Education Curriculum and Assessment Core Training
- Health Education Learning Experience Design Institutes
- School Health Education Leadership Institute
- A Guidance Document for Achieving the New York State Standards in Health Education Training

## Navigate by the Stars: Health Education Curriculum and Assessment Core Training

The Health Education Curriculum and Assessment Core Training is a four-day professional development program designed to build the capacity of educators to understand and apply the NYS Health Education Navigational Stars.

Core Trainings are developed and delivered by NYS School Health Education Leadership Institute participants (SSS Center staff developers, educational leaders, classroom teachers and higher education leaders) who exemplify and model the Navigational Stars and best practice educational strategies as an integral part of the training. Participants create and use a gap analysis instrument to determine alignment of current curricula with the Guidance Document for Achieving the New York State Learning Standards in Health Education and then begin designing a learning experience that will enable students to achieve the NYS Learning Standards for Health Education.

## NYS School Health Education Design Institute

The NYS Health Education Design Institute is a seven-day participant-centered intensive design training with multiple peer reviews that enables educators to develop learning experiences and units with authentic assessments (including at least one rubric). The development process and resulting learning experiences and units exemplify the Health Education Navigational Stars.

The Design Institute consists of a weeklong summer session and two follow-up days (one in the fall and one in the spring). Predominantly health educators, who have previously completed a four-day Health Education Curriculum and Assessment Core Training, attend the Design Institute. During the yearlong Design Institute, educators submit draft copies of their learning experience along with three copies of representative student work. Finished products, and often their "individual components," are used as models in the ongoing Health Education Curriculum and Assessment Core Trainings, Design Institutes and other related curriculum and assessment professional development offerings.

## NYS School Health Education Leadership Institute

The NYS School Health Education Leadership Institute is an ongoing professional development experience designed to build the leadership capacity of selected health educators, the Student Support Services Network, the New York State Education Department (NYSED) professionals and higher education professionals. The Institute is funded by the NYSED and led by one of its regional offices, the MidWest NY Student Support Services Center of the Genesee Valley BOCES. The Center collaboratively works with an active statewide planning team and Giselle Martin-Kniep, Ph.D., of Learner Centered Initiatives, Ltd., to develop and deliver the Institute.

The Institute features Dr. Martin-Kniep and her innovative educational leadership and classroom practices. Health and education colleagues work together to enhance leadership, curriculum, assessment, research, and professional development knowledge and skills. The rigorous, challenging process is enhanced and complimented with coordinated school health information, research, strategies and best practices. Participants not only attend, plan and implement learnings, but also provide professional development to colleagues through the Health Education Curriculum and Assessment Core Training (formerly known as the Goals 2000 Health Education Training) and follow-up.

The Leadership Institute is designed to enhance the competencies of health educators to deliver quality standards-based health instruction and assessment based on the NYS Health Education Navigational Stars in their classrooms and in professional development programs. The Institute, started in 1999, includes four to six days of training throughout the school year and a three-day intensive summer institute. Fifty-eight professionals currently participate in the Institute including 30 educators from urban (Buffalo, Rochester, New York City), rural and suburban school districts and 28 SSSN/NYSED professional staff.

## Guidance Document for Achieving the New York State Standards in Health Education Template

The New York State Health Education Standards-Based Design Template and Process provide a visual representation of how the components of the Guidance Document for Achieving the New York State Standards in Health Education are connected and the ways in which they serve as a foundation for the development of health education curriculum, instruction and assessment.

A standards-based design process allows educators to differentiate between what is essential for students to know and be able to do to achieve the standards and what is not critical and therefore may be eliminated from the curriculum. By using the standards to design backwards, educators identify specific health education standards and indicators and use learning opportunities and assessments that directly relate to and support students' attainment of those standards. This process enables educators to make meaningful connections between health education curriculum, instruction and assessment. The Essential Student Question and Authentic Student Assessment Question are completely aligned and drive all learning in the curriculum, unit and/or learning experience. The Authentic Student Assessments are real life or near real life student demonstrations of the health and safety standards (knowledge and skills) such as role plays, simulations, logs, portfolios, demonstrations, reflective journals, plans and service learning.

The Diagnostic Questions directly align with the Essential Question and Authentic Student Assessment Question. They serve as a self assessment of current levels of student knowledge and skill in relation to the standards and learning. Diagnostic Questions provide a framework for gathering essential student health baseline data from which new learning can be measured, documented and assessed.

The Guiding Questions developmentally scaffold the learning process and enable students to gradually learn and combine Functional Knowledge and essential health skills. This strategic inquiry-driven process enables students to learn and personally experience the cross application of specific health knowledge with the seven essential health skills. Students then begin to generalize the learning across multiple health areas developing Enduring Understandings (sometimes referred to as healthy habits). It is through the development of Enduring Understandings that students truly demonstrate health literacy and achieve the NYS and National standards.

The final section of the template, Skill Pedagogy, is the teacher-centered, foundational component of the process. This section identifies best practice instructional strategies that are essential for teachers to learn, practice and master so that all students achieve the standards.

## New York State Health Education Standards-Based Design Template

<table>
<tr><th>Standards and Indicators</th><th>Authentic Assessment(s)</th></tr>
<tr><td>Essential Student Question<br>Specific criteria identifying what students are expected to know and be able to do. In a student-centered design process this is based on a standards-driven "big picture" student essential question.</td><td>Authentic Student Assessment Question<br>Authentic or near authentic student demonstrations of the standards (knowledge and skills). In a student-centered design process this is directly aligned with the standards and driven by an authentic student assessment question.</td></tr>
<tr><th colspan="2">Diagnostic and Guiding Questions</th></tr>
<tr><td colspan="2">Diagnostic Questions<br>Student-centered inquiries to determine current level of personal health and safety knowledge and skills.<br>Guiding Questions<br>Student-centered inquiries that combine functional knowledge and skills and guide students toward the enduring understandings and achievement of the NYS and National Standards.</td></tr>
<tr><th colspan="2">Enduring Understandings</th></tr>
<tr><td colspan="2">Research-based health and safety generalizations that apply to multiple health content areas, which when Mastered, enable students to achieve the NYS and National Standards.</td></tr>
<tr><th>Skills</th><th>Functional Knowledge</th></tr>
<tr><td>The seven personal and social health skills that students need to know and be able to do to be safe, healthy and achieve the NYS and National Standards.<br><br>Self-Management<br>Relationship Management<br>Stress Management<br>Communication<br>Planning and Goal Setting<br>Decision Making<br>Advocacy</td><td>Specific research-based health knowledge from nine essential content areas that students need to know to be safe, healthy and achieve the NYS and National Standards.<br><br>Physical Activity and Nutrition<br>HIV/AIDS<br>Sexual Risk<br>Family Life/Sexual Health<br>Tobacco<br>Alcohol and Other Drugs<br>Unintentional Injury<br>Violence Prevention<br>Other Required Health Areas</td></tr>
<tr><th colspan="2">Skill Pedagogy</th></tr>
<tr><td colspan="2">Scientifically research-based skill methodology, which when integrated into learning experiences and curricula, enable students to achieve the NYS and National Standards.</td></tr>
</table>

## New York State Health Education Standards-Based Design Process

| Standards and Performance Indicators |
|---|
| ❑ What do students need to know and be able to do to be safe and healthy and achieve the New York State and National Standards?<br>❑ What does the school, district, state and nation want students to know and be able to do to be safe and healthy and achieve the standards? |

| Assessment |
|---|
| ❑ How will students demonstrate what they have learned and are able to do to be safe and healthy?<br>❑ What evidence will be collected throughout the learning to show student achievement?<br>❑ How will mastery of student accomplishments be assessed and communicated? |

| Essential and Guiding Questions |
|---|
| ❑ What compelling questions could be posed to focus instruction and drive student inquiry and learning?<br>❑ What guiding questions could be used to provide coherence between learning opportunities and guide students toward achievement of the standards? |

| Enduring Understandings |
|---|
| ❑ What scientifically researched-based health and safety generalizations will students master to achieve the standards? |

| Skills and Functional Knowledge |
|---|
| ❑ What do the skills look like:<br>in the classroom?<br>in this discipline?<br>at this grade level?<br>❑ What skill(s) will be most effective to help students achieve the standards and performance indicators?<br>❑ What functional knowledge do students need to know and use to be healthy and safe? |

| Learning Opportunities |
|---|
| ❑ What and how will the pedagogy be used to help students acquire the skills, subskills and functional knowledge?<br>❑ In what ways and how will the skills and functional knowledge be used to assist students with acquiring the enduring understandings to achieve the standards? |

## A Closer Look at the Guidance Document for Achieving the New York State Standards in Health Education

The Guidance Document for Achieving the New York State Standards in Health Education mirrors a standards-based backwards design process and provides a detailed framework, which enables educators to develop or refine their health education curriculum, instruction and assessment practices in ways that are aligned with district, state and national standards. The Guidance Document for Achieving the New York State Standards in Health Education provides definition to the design process by connecting the New York State and National Health Education Standards for Learning and the related Performance Indicators to the Essential Student Question, "What health knowledge and skills do I need to know and be able to do to be safe, healthy and achieve the NYS and National Standards?"

The Guidance Document for Achieving the New York State Standards in Health Education contains the following components that are critical to student health and academic achievement: the New York State and National Health Education Standards and Performance Indicators, the Essential Student Question, Authentic Assessment, Diagnostic Questions, Guiding Questions, Enduring Understandings, Health Education Skills, Functional Knowledge, and Skill Pedagogy.

The Standards and Indicators and Authentic Assessment pieces of the Guidance Document for Achieving the New York State Standards in Health Education provide the foundation for the standards-based backwards design process. This section is driven by the Essential Student Question, "What health knowledge and skills do I need to know and be able to do to be safe and healthy and achieve the NYS and National Standards?" and the Student Assessment Question, "How will I demonstrate what I have learned and am able to do to be safe and healthy and achieve the NYS and National Standards?" These questions allow students to individually explore their personal attainment and authentic demonstration of health knowledge and skills in relation to district, state and national standards. It is imperative that the standards and indicators and the authentic assessment(s) be congruent. That is, educators must know how to help students identify what it is that they need to know and be able to do to be safe and healthy (in relation to the standards) and also provide students with opportunities to continually practice health and safety knowledge and skills within real life or near real life situations (authentic assessments) that enable students to demonstrate mastery of the standards and indicators.

## Diagnostic Questions

The Diagnostic Questions are student-centered inquires used to determine the current level of personal health and safety knowledge and skills. They help the teacher and the students determine what students already know and are able to do in relation to the Health Education Standards, Indicators, Skill(s) and Functional Knowledge prior to the learning. The Diagnostic Questions can be explored at the very beginning of the course and/or at the beginning of individual learning experiences or units. Educators may tailor and expand the Diagnostic Questions from the Guidance Document for Achieving the New York State Standards in Health Education or use pre-developed diagnostic assessments to gather the data needed to inform instruction.

## Guiding Questions

The Guiding Questions are also student-centered inquiries that combine the Functional Knowledge and Health Education Skills so as to guide students towards learning and mastering the Enduring Understandings and ultimately the New York State and National Learning Standards for Health Education. In addition to being used as they are written, the guiding questions can also be customized to meet the needs of specific learning experiences and units. Educators can also create additional guiding questions to focus student learning.

## Health Education Skills

The Health Education Skills are seven developmental personal and social skills which when mastered, enable students to enhance personal, family and community health and safety. Each Health Education Skill is comprised of multiple sequential subskills. These subskills must be taught sequentially as their order is based on skill pedagogy and the research literature. Each subskill is student-centered and allows for formal assessment of student learning; each must be addressed and assessed within student learning. The only exception to this is with the subskills that occur towards the end of the Communication Skill. After subskill number six in Communication, the order of the subskills may vary as subskill numbers seven, eight and nine address specific types of communication skills such as refusal skills, conflict resolution, and cooperation. Teachers may decide to create learning experiences where the last three subskills are learned and assessed together or a teacher may decide to address each of the last three subskills separately in different Communication Skill learning experiences.

It is also important to note that each Health Education Skill is not created equally. Self-Management and Relationship Management are over-arching skills through which the skills of Stress Management, Communication, Planning and Goal Setting, and Decision Making are carried out. Specifically, Self Management is an overall personal health skill that enables an individual to assess and analyze one's current health and safety status, apply appropriate knowledge and skills, monitor, evaluate and adjust one's behavior to enhance personal health and safety. Relationship Management is also an overall personal health skill, however its focus is on enabling an individual to assess and analyze current interpersonal and intra-personal knowledge and skills, monitor, evaluate and adjust one's behavior to enhance personal, family and community health and safety. Within the skill matrices for Self Management and Relationship Management, subskill number five is typewritten in bold print.

The subskill is bolded to indicate the insertion of one or more of the other Health Education Skills (Stress Management, Communication, Planning and Goal Setting and Decision Making). The skill of Advocacy is intended to serve as an extension of Self-Management and Relationship Management.

An analysis of the NYS Learning Standards for Health Education shows that over sixty-five percent of the standards and performance indicators require students to *personally* apply and master health education knowledge and skills. Based on this, educators are strongly encouraged to begin designing instruction through Self-Management and then embed one or more of the other health education skills at subskill number five. Relationship Management is a natural and logical focus for instruction following Self-Management as its focus is on relating to others. Educators interested in maximizing instructional time might find it helpful to fully integrate the Self-Management and Relationship Management skills and subskills. A simple comparison will demonstrate that the sequential subskill steps are similar and almost perfectly aligned. Educators who choose to do this, should be sure to always have personal health application and assessments prior to applications to others. This will keep the learning student-centered and congruent with the emphasis on personal achievement of the standards.

## Functional Knowledge

The Functional Knowledge is scientifically research-based health knowledge that is essential information for young people to know and be able to use within the context of the Health Education Skills in order to be safe, healthy and achieve academically. Functional Knowledge is the minimum amount of information needed in an area to achieve the Standards. The Functional Knowledge areas were determined from the Centers for Disease Control's risk behaviors that impact most on childrens' health, morbidity and mortality as well as NYS Mandates and Commissioner's Regulations. More detailed information on Functional Knowledge appears later in this document, directly in front of the nine detailed Functional Knowledge content areas.

## Skill Pedagogy

The Skill Pedagogy is scientifically research-based, sequential methodology that educators follow in order to effectively teach skills. Educators use the Skill Pedagogy to guide the creation of skills-based learning opportunities. It is important to note that the skill pedagogy is written in a sequential order. That is, each statement when followed in order allows for the effective progression of skill attainment and mastery. Each pedagogical statement is based on research literature and applies to all Health Education Skills.

# New York State Health Education Guidance Document for Achieving the New York State Standards in Health Education

| Standards and Indicators | Authentic Assessment |
|---|---|
| ***Essential Student Question***<br>What health knowledge and skills do I need to know and be able to do to be safe and healthy and achieve the NYS and National Standards? | ***Student Assessment Question***<br>How will I demonstrate what I have learned and am able to do to be safe and healthy and achieve the NYS and National Standards? |
| NYSHE 1. Personal Health and Fitness<br>NYSHE 2. A Safe and Healthy Environment<br>NYSHE 3. Resource Management | Authentic or near authentic applications of health and safety knowledge and skills such as role plays, simulations, logs, portfolios, demonstrations, reflection journals, plans and service learning. |

**Diagnostic and Guiding Questions**

***Diagnostic Questions***

What health knowledge and skills do I currently use to be safe and healthy?

What health knowledge and skills do I need to learn to be safe and healthy?

***Guiding Questions***

How can I enhance my health status?

How can I reduce my health and safety risks?

How can I use my strengths to enhance my health and safety?

What support do I need?

Who can support me?

What resources are there to assist me?

How can I access and manage resources that will assist me?

How can I develop the confidence to use the knowledge and skills I need to be safe and healthy?

Who or what impacts my ability to be safe and healthy?

What internal and external pressures influence my ability to be safe and healthy?

How do my peers' attitudes and behaviors influence my health?

How do my beliefs influence my ability to be safe and healthy?

How can I resist unhealthy pressures?

Why are health and safety skills and knowledge important to me?

How can I personalize health and safety knowledge and skills?

How do the positive and negative consequences of healthy behaviors compare with those of risky behaviors?

How can I reward myself for personal health and safety achievements?

How can I help others to be safe and healthy?

**Enduring Understandings**

Individuals need knowledge, skills and resources to be healthy.

Heredity, environment, access to health care, and lifestyle factors affect an individual's health.

An individual's emotional needs, feelings and outlook influence overall health and well-being.

Regularly engaging in healthy behaviors promotes overall health and well-being and reduces the risk of health-related problems, disorders and disease.

Personal strategies can be learned to develop and enhance healthy behaviors and to avoid, reduce and cope with unhealthy, risky or potentially unsafe situations.

Individuals have a personal responsibility to develop, maintain and increase safe and healthy behaviors.

Most individuals do not engage in high-risk health behaviors.

Culture, media and social pressures influence health behaviors.

Risk reduction or cessation/treatment programs may be successful for the prevention or reduction of risky health behaviors.

Many individuals find it hard to stop or reduce unhealthy behaviors despite knowledge of health hazards and risks.

Community organizations have information, resources and services to assist individuals with developing and increasing healthy behaviors and resisting, reducing or abstaining from unhealthy behaviors.

Responsible individual behavior contributes to the health of the environment and the community.

A safe and healthy environment promotes care and respect for self and others.

| **Skills** | **Functional Knowledge** |
|---|---|
| Self-Management Relationship Management | Physical Activity and Nutrition |
| Stress Management | HIV/AIDS Sexual Risk |
| Communication | Tobacco Alcohol & other Drugs |
| Planning and Goal Setting | Family Life/Sexual Health |
| Decision Making | Unintentional Injury Violence Prevention |
| Advocacy | Other Required Health Areas |

**Skill Pedagogy**

Individuals learn a skill when it is clearly explained, broken down into simple steps, and modeled in a demonstration using all the steps in the correct sequence.

When learning a new skill, it is important for individuals to have an opportunity to carefully examine a few examples in-depth.

Individuals need to practice all the skill steps in large group and small group sessions receiving feedback from others.

During skill practice, it is important to allow time for constructive feedback and discussions with others.

Skill use attempts are more likely to occur if the threat of failure is reduced.

Individuals need multiple opportunities to adapt, personalize and shape a skill as they learn it.

Individuals must over practice a skill until it is automatic (requiring little or no conscious thought) to effectively transfer it to real life situations.

Confidence in the use of a skill increases when practice sessions increase in difficulty and complexity.

Internal and external rewards for using a skill correctly will increase the likelihood of continued skill use.

The greater the similarities between the skill practice situations and real life, the greater the amount of positive transfer of the skill.

## A Closer Look at the Health Education Skills

Seven developmental personal and social skills, comprised of multiple sequential subskills, which when mastered, enable individuals to enhance personal, family and community health and safety. The seven skills include the overall encompassing skills of Self-Management and Relationship Management, as well as Stress Management, Communication, Decision Making, Planning and Goal Setting and Advocacy. The seven skills are listed below:

**Self-Management**: Overall personal health skill that enables an individual to assess and analyze one's current health and safety status, apply appropriate knowledge and skills, monitor, evaluate and adjust one's behavior to enhance personal health and safety. Self management includes the personal application of Stress Management, Communication, Decision Making, and Planning and Goal Setting to enhance personal health and safety.

**Relationship Management**: Overall personal health skill that enables an individual to assess and analyze one's current interpersonal and intra-personal knowledge and skills, monitor, evaluate and adjust one's behavior to enhance personal, family and community health and safety. Relationship management includes the application of Stress Management, Communication, Decision Making, and Planning and Goal Setting to enhance personal, family and community health and safety.

**Stress Management:** Personal and social skills comprised of multiple subskills, that when performed together, enable an individual to manage positive and negative change in health enhancing ways. Stress management is performed as a separate skill and often in conjunction with the other health skills.

**Communication:** Sequential personal and social skills comprised of multiple subskills, that when performed together, enable an individual to listen, understand and express oneself in respectful, safe and health enhancing ways. This skill includes verbal and non-verbal communication, assertiveness, refusal, negotiation, conflict management and collaboration.

**Decision Making:** Sequential personal and social skills comprised of multiple subskills, that when performed together, enable an individual to make well informed choices that enhance personal, family and community health.

**Planning and Goal Setting:** Sequential personal and social skill comprised of multiple subskills, that when performed together, enable an individual to develop health enhancing short-term and long-term goals, and develop, implement, evaluate and revise health enhancing plans to accomplish the goals.

**Advocacy:** Sequential personal and social skill comprised of multiple subskills, that when performed together, enable an individual to persuade others to promote, support or behave in ways that enhance personal, family and community health. Advocacy is a natural outgrowth of Self Management, Relationship Management and the other four Health Education Skills.

## *SELF-MANAGEMENT*

### *Demonstrates the ability to practice strategies and skills to enhance personal health and safety*

| Elementary | Intermediate | Commencement |
|---|---|---|
| SM.E.1 Conducts a personal assessment of health and safety knowledge and skills | SM.I.1 Conducts a personal assessment of health and safety knowledge and skills | SM.C.1 Conducts a personal assessment of health and safety knowledge and skills |
| SM.E.2 Identifies the attributes (knowledge, skills, competencies) of a safe and healthy person | SM.I.2 Explores the attributes (knowledge, skills, competencies) of a safe and healthy person | SM.C.2 Analyzes the attributes (knowledge, skills, competencies) of a safe and healthy person |
| SM.E.3 Compares the personal assessment results to the healthy attributes to identify personal health and safety strengths and needs (may need adult assistance) | SM.I.3 Compares and analyzes the personal assessment to the healthy attributes to identify personal health and safety strengths and needs | SM.C.3 Compares and analyzes the personal assessment to the healthy attributes to identify personal health and safety strengths and needs |
| SM.E.4 Explores the benefits and harmful consequences of behaviors based on the personal health and safety assessment | SM.I.4 Predicts short- and long-term benefits and harmful consequences of behaviors based on the personal health and safety assessment | SM.C.4 Predicts short- and long-term benefits and harmful consequences of behaviors based on the personal health and safety assessment |
| **SM.E.5 Selects and applies a health skill to improve personal health and safety** | **SM.I.5 Selects and applies a health skill to improve personal health and safety** | **SM.C.5 Selects and applies a health skill to improve personal health and safety** |
| SM.E.6 Identifies and requests support from person(s) who could be helpful | SM.I.6 Identifies and accesses personal support persons or systems | SM.C.6 Identifies and accesses personal support persons or systems |
| SM.E.7 Identifies health and safety resources that could be helpful | SM.I.7 Accesses related health and safety resources | SM.C.7 Accesses, manages and evaluates related health and safety resources |
| SM.E.8 Celebrates and rewards self for personal health and safety accomplishments | SM.I.8 Celebrates and rewards self for personal health and safety accomplishments | SM.C.8. Celebrates and rewards self for personal health and safety accomplishments |
| SM.E.9 If appropriate, extends to relationship and/or health advocacy skill | SM.I.9 If appropriate, extends to relationship and/or health advocacy skill | SM.C.9 If appropriate, extends to relationship and/or to health advocacy skill |

## *RELATIONSHIP MANAGEMENT*

### *Demonstrates the ability to apply interpersonal and intra-personal strategies and skills to enhance personal, family and community health*

| Elementary | Intermediate | Commencement |
|---|---|---|
| RM.E.1 Conducts a personal assessment of relationship management (nurturing, empathy, respect, responsibility) knowledge and skills | RM.I.1 Conducts a personal assessment of relationship management (nurturing, empathy, respect, responsibility) knowledge and skills | RM.C.1 Conducts a personal assessment of relationship management (nurturing, empathy, respect, responsibility) knowledge and skills |
| RM.E.2 Identifies the attributes (knowledge, skills, competencies) of a nurturing, empathetic, respectful, responsible person | RM.I.2 Explores the attributes (knowledge, skills, competencies) of a nurturing, empathetic, respectful, responsible person | RM.C.2 Analyzes the attributes (knowledge, skills, competencies) of a nurturing, empathetic, respectful, responsible person |
| RM.E.3 Compares the personal assessment results with the attributes to identify personal strengths and need areas | RM.I.3 Compares and analyzes the personal assessment results in relation to the attributes to identify personal strengths and need areas | RM.C.3 Compares and analyzes the personal assessment results in relation to the attributes to identify personal strengths and need areas |
| RM.E.4 Explores the benefits and harmful consequences of behaviors based on the assessment | RM.I.4 Predicts short- and long-term benefits and harmful consequences of behaviors based on the assessment | RM.C.4 Predicts short- and long-term benefits and harmful consequences of behaviors based on the assessment |
| **RM.E.5 Selects and applies a health skill to improve personal health and safety** | **RM.I.5 Selects and applies a health skill to improve personal health and safety** | **RM.C.5 Selects and applies a health skill to improve personal health and safety** |
| RM.E.6 Demonstrates positive interpersonal and intra-personal behaviors when working with others (including diverse populations) | RM.I.6 Demonstrates positive interpersonal and intra-personal behaviors when working with others (including diverse populations) | RM.C.6 Demonstrates positive interpersonal and intra-personal behaviors when working with others (including diverse populations) |
| RM.E.7 Identifies real-life situations that could lead to conflict and demonstrates win-win resolutions | RM.I.7 Analyzes possible causes of conflict and demonstrates win-win resolutions | RM.C.7 Demonstrates win-win strategies to prevent and manage conflict in healthy and safe ways |
| RM.E.8 Identifies health and safety resources that could be helpful | RM.I.8 Accesses related health and safety resources | RM.C.8 Accesses, manages and evaluates related health and safety resources |
| RM.E.9 Celebrates and rewards self for inter-personal and intra-personal health and safety accomplishments | RM.I.9 Celebrates and rewards self for interpersonal and intra-personal health and safety accomplishments | RM.C.9 Celebrates and rewards self for inter-personal and intra-personal health and safety accomplishments |
| RM.E.10 If appropriate, extends to health advocacy skill | RM.I.10 If appropriate, extends to health advocacy skill | RM.C.10 If appropriate, extends to health advocacy skill |

## *STRESS MANAGEMENT*

### *Demonstrates the ability to apply stress management strategies and skills to enhance personal health*

| Elementary | Intermediate | Commencement |
|---|---|---|
| ST.E.1 Explains what stress is and discovers personal stressors | ST.I.1 Distinguishes between positive and negative stress and documents personal stressors | ST.C.1 Differentiates between positive and negative stress and prioritizes personal stressors |
| ST.E.2 Categorizes stressors on personal health | ST.I.2 Documents the impact of physical, emotional, social, family, school, and environmental stressors on personal health | ST.C.2 Analyzes the impact of physical, emotional, social, family, school, and environmental stressors on personal health |
| ST.E.3 Identifies physical and emotional reactions to personal stress | ST.I.3 Investigates physical and emotional reactions to personal stress | ST.C.3 Monitors physical and emotional reactions to personal stress |
| ST.E.4 Describes personal stressful situations and current ways of dealing with them | ST.I.4 Researches personal stressful situations and current ways of dealing with them | ST.C.4 Analyzes and evaluates personal stressful situations and current ways of dealing with them |
| ST.E.5 Selects and applies a strategy to manage stress in health-enhancing ways | ST.I.5 Selects and applies a strategy to manage stress in health-enhancing ways | ST.C.5 Selects and applies a strategy to manage stress in health-enhancing ways |
| ST.E.6 Explores connections between personal stress and expectations of self and others | ST.I.6 Clarifies expectations of self and others and their relation to personal stress | ST.C.6 Clarifies expectations of self and others and their relation to personal stress |
| ST.E.7 Recognizes personal capabilities and limitations in relation to personal stress | ST.I.7 Recognizes personal capabilities and limitations in relation to personal stress | ST.C.7 Recognizes personal capabilities and limitations in relation to personal stress |
| ST.E.8 Monitors, evaluates and adjusts the personal stress management strategy for wellness and coping with stressful situations | ST.I.8 Monitors, evaluates and adjusts the personal stress management strategies for wellness and coping with stressful situations | ST.C.8 Monitors, evaluates and adjusts the personal stress management strategies for wellness and coping with stressful situations |

## *COMMUNICATION*

### *Demonstrates the ability to apply communication strategies and skills to enhance personal, family, and community health*

| Elementary | Intermediate | Commencement |
|---|---|---|
| CM.E.1 Uses qualities of active listening, following directions, and responding to others in health-enhancing ways | CM.I.1 Refines the ability to actively listen, follow directions, and respond to others in health-enhancing ways | CM.C.1 Employs active listening and response skills in health-enhancing ways |
| CM.E.2 Identifies and applies effective verbal (assertiveness) and non-verbal communication skills to enhance health | CM.I.2 Demonstrates effective verbal (assertiveness) and non-verbal communication skills to enhance health | CM.C.2 Applies effective verbal (assertiveness) and non-verbal communication skills in real-life health situations |
| CM.E.3 Demonstrates healthy ways to express needs, wants and feelings | CM.I.3 Demonstrates healthy ways to express needs, wants and feelings | CM.C.3 Demonstrates healthy ways to express needs, wants and feelings |
| CM.E.4 Describes characteristics of a responsible family member and friend | CM.I.4 Discusses how family and peer attitudes, beliefs and actions affect interpersonal communication | CM.C.4 Analyzes how interpersonal communication affects and is affected by relationships |
| CM.E.5 Identifies barriers that interfere with effective healthy communication | CM.I.5 Recognizes barriers that interfere with effective healthy communication and applies strategies to overcome barriers | CM.C.5 Demonstrates strategies for overcoming health-related communication barriers |
| CM.E.6 Demonstrates ways to communicate care, consideration, and respect of self and others | CM.I.6 Demonstrates ways to communicate care, consideration, and respect of self and others | CM.C.6 Demonstrates ways to communicate care, consideration, and respect of self and others |
| CM.E.7 Demonstrates effective refusal skills in health-related situations | CM.I.7 Demonstrates effective refusal skills in real-life health-related situations | CM.C.7 Demonstrates effective refusal skills in real-life health-related situations |
| CM.E.8 Identifies real-life situations that could lead to conflict and demonstrates nonviolent strategies to deal with them | CM.I.8. Analyzes possible causes of conflict and demonstrates negotiation skills and other strategies to manage conflict in healthy ways | CM.C.8 Demonstrates strategies to prevent and manage conflict in healthy ways |
| CM.E.9 Demonstrates the ability to work cooperatively with others to enhance health | CM.I.9 Demonstrates the ability to work in groups with shared responsibilities, benefits, and risks to enhance health | CM.C.9 Applies collaboration skills to address a complex health issue |

## *DECISION MAKING*

### *Demonstrates the ability to apply decision making strategies and skills to enhance personal, family and community health*

| Elementary | Intermediate | Commencement |
|---|---|---|
| DM.E.1 Identifies personal health decisions and influences | DM.I.1 Identifies personal health decisions and sorts related internal and external influences | DM.C.1 Identifies personal health decisions and analyzes related internal and external influences |
| DM.E.2 Recognizes personal capabilities and limitations as they relate to possible healthy solutions | DM.I.2 Recognizes personal capabilities and limitations as they relate to possible healthy solutions | DM.C.2 Recognizes personal capabilities and limitations as they relate to possible healthy solutions |
| DM.E.3 Locates and uses information sources to enhance health | DM.I.3 Compiles and assesses available information to enhance health | DM.C.3 Gathers, synthesizes, and evaluates available information to enhance health |
| DM.E.4 Personalizes health risk of decisions to self and others | DM.I.4 Personalizes health risk of decisions to self and others | DM.C.4 Personalizes health risk of decisions to self and others |
| DM.E.5 Applies a decision making model to real-life health-related situations | DM.I.5 Applies a decision making model to real-life health-related situations | DM.C.5 Applies a decision making model to real-life health-related situations |
| DM.E.6 Questions perceptions of normative health-related behavior | DM.I.6 Analyzes perceptions of peer, family, and community normative health-related behavior | DM.C.6 Analyzes perceptions of peer, family and community normative health-related behavior |
| DM.E.7 Describes how personal health decisions are connected to subsequent decisions | DM.I.7 Describes how personal health decisions may affect subsequent decisions | DM.C.7 Describes how personal health decisions may affect subsequent decisions |
| DM.E.8 Assumes responsibility for personal health decisions | DM.I.8 Assumes responsibility for personal health decisions | DM.C.8 Assumes responsibility for personal health decisions |

## *PLANNING AND GOAL SETTING*

### *Demonstrates the ability to apply planning and goal setting strategies and skills to enhance personal, family, and community health goals*

| Elementary | Intermediate | Commencement |
|---|---|---|
| PG.E.1 Identifies the benefits of planning and setting personal health goals | PG.I.1 Analyzes the benefits of planning and setting personal health goals | PG.C.1 Critically analyzes and articulates the benefits of planning and setting personal health goals |
| PG.E.2 Makes a personal commitment to achieve a personal health goal | PG.I.2 Makes a personal commitment to achieve a personal health goal | PG.C.2 Makes a personal commitment to achieve a personal health goal |
| PG.E.3 Develops a personal health goal and a plan to achieve it | PG.I.3 Develops a personal health goal and a plan to achieve it | PG.C.3 Develops a personal health goal and a plan to achieve it |
| PG.E.4 Identifies possible barriers to achieving the personal health goal | PG.I.4 Analyzes possible barriers to achieving the personal health goal | PG.C.4 Analyzes and develops strategies to overcome barriers to achieving the personal health goal |
| PG.E.5 Implements the plan to achieve the personal health goal and overcome possible barriers | PG.I.5 Implements the plan to achieve the personal health goal and overcome possible barriers | PG.C.5 Implements the plan and adjusts plan as needed to achieve the personal health goal |
| PG.E.6 Analyzes the impact of decisions on the personal health goal | PG.I.6 Analyzes the impact of decisions on the personal health goal | PG.C.6 Analyzes the impact of decisions on the personal health goal |
| PG.E.7 Identifies personal support systems and explains their importance in achieving the personal health goal | PG.I.7 Identifies personal support systems and explains their importance in achieving the personal health goal | PG.C.7 Identifies personal support systems and explains their importance in achieving the personal health goal |
| PG.E.8 Monitors and evaluates progress towards achieving the personal health goal | PG.I.8 Assesses, reflects on and adjusts the plan to maintain and enhance personal health and safety, as needed | PG.C.8 Assesses, reflects on and adjusts the plan to maintain and enhance personal health and safety, as needed |

## *ADVOCACY*

### *Demonstrates the ability to apply advocacy strategies and skills to enhance personal, family and community health*

| Elementary | Intermediate | Commencement |
|---|---|---|
| AD.E.1 Identifies personal, family, school or community health and safety concerns | AD.I.1 Conducts a personal, family or community health assessment and/or reviews data from an existing health assessment | AD.C.1 Conducts a personal, family or community health assessment and/or reviews data from current similar health assessments |
| AD.E.2 Selects one health or safety issue to take a stand on | AD.I.2 Analyzes data to determine a priority health or safety issue in need of advocacy | AD.C.2 Analyzes data to determine priority area(s) in need of advocacy |
| AD.E.3 Locates evidence that supports the health-enhancing stand | AD.I.3 Researches the health or safety advocacy issue | AD.C.3 Thoroughly researches the health advocacy issue |
| AD.E.4 Identifies community agencies that advocate for the health-enhancing stand | AD.I.4 Identifies agencies, organizations, or others who advocate for the health issue | AD.C.4 Identifies and familiarizes self with agencies, organizations, and others who advocate for and against the health issue |
| AD.E.5 Expresses personal opinions about the health-enhancing stand | AD.I.5 Clarifies personal beliefs regarding the health advocacy issue | AD.C.5 Clarifies personal beliefs regarding the health advocacy issue |
| AD.E.6 Takes a clear health-enhancing stand | AD.I.6 Takes a clear health-enhancing stand | AD.C.6 Takes a clear health-enhancing stand |
| AD.E.7 Selects an audience and prepares a safe or health-enhancing message for the individual or group | AD.I.7 Identifies an audience and adapts the health message(s) and communication technique(s) to the characteristics of the individual or group | AD.C.7 Identifies an audience and adapts the health message(s) and communication technique(s) to the characteristics of the individual or group |
| AD.E.8 Shows how to persuade others toward the health-enhancing stand | AD.I.8 Uses communication techniques to persuade the individual or group to support or act on the health-enhancing issue | AD.C.8 Uses communication techniques to persuade the individual or group to support or act on the health-enhancing issue |
| AD.E.9 Works cooperatively with others to advocate for health and safety issues | AD.I.9 Works collaboratively with individuals, agencies or organizations to advocate for the health of self, families and communities | AD.C.9 Works collaboratively with individuals, agencies and organizations to advocate for the health of self, families and communities |
| AD.E.10 Examines ways to improve the advocacy effort | AD.I.10 Evaluates the effectiveness of the advocacy effort(s) and revises as needed | AD.C.10 Evaluates the effectiveness of the advocacy effort(s) and revises and adjusts as needed |

## A Closer Look at the Functional Knowledge

The nine Functional Knowledge areas of the Guidance Document for Achieving the New York State Standards in Health Education take the place of the eleven content areas from the New York State Health Education Syllabus and the Health Education Resource Guide. Functional Knowledge is content specific health knowledge that is essential for young people to know in order to be safe, healthy and achieve academically. The Functional Knowledge areas contained in the Guidance Document for Achieving the New York State Standards in Health Education are based on the priority health-risk behaviors for youth as identified by the Centers for Disease Control, New York State Health Education Mandates, NYS Commissioner's Regulations, health and education peer reviewed research and evaluation literature and scientifically research-based programs and curricula.

Functional Knowledge has been created at three developmental levels (elementary, intermediate and commencement) as determined by the New York State Standards for Learning. Functional Knowledge is listed at the level that it is to be introduced and assessed and in most cases is not repeated at subsequent levels. However, it may be necessary to repeat and reinforce some Functional Knowledge at higher levels based on the needs of the students. Educators will notice that some Functional Knowledge is repeated or expounded upon at more than one developmental level. This is because that particular Functional Knowledge statement appears at each level in the research literature and/or the statement has a different meaning or application depending on the developmental level.

Most of the Functional Knowledge statements refer to and are relevant for all individuals including children, adolescents and adults. Therefore, most of the Functional Knowledge statements refer to all individuals. In some cases, particularly in the Unintentional Injury Prevention Functional Knowledge area at the elementary level, the word "children" is sometimes used instead of the word "individuals". This is because the nature of the statement is of particular relevance for children, such as the importance of children knowing their name, address, telephone number and the names of their parents or guardians.

## *Physical Activity and Nutrition Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| PAN.E.1 Regular physical activity and healthy eating behaviors are essential components of a healthy lifestyle and reduce the risk of developing many diseases.<br><br>PAN.E.2 Individuals begin to acquire and establish healthy eating and physical activity behaviors during childhood and adolescence.<br><br>PAN.E.3 Individuals need healthy food and regular physical activity to feel good and grow.<br><br>PAN.E.4 The Dietary Guidelines for Americans and Food Guide Pyramids assists individuals with healthy food choices.<br><br>PAN.E 5 Individual eating patterns, food preferences, and food-related habits and attitudes vary by culture.<br><br>PAN.E.6 Although most young people are physically active, many do not engage in the recommended levels of physical activity.<br><br>PAN.E.7 Children need to be physically active before, during and after school. | PAN.I.1 Regular physical activity and healthy eating increases one's energy level, assists with managing stress and/or weight, reduces the risk of illness and disease and increases academic achievement.<br><br>PAN.I.2 Healthy workouts include a warm up, workout, and cool down phase.<br><br>PAN.I.3 Individuals can resist pressures that discourage healthy eating and regular physical activity practices.<br><br>PAN.I.4 Culture, media and social influences impact physical activity and dietary patterns.<br><br>PAN.I.5 Individuals can influence and support others to engage in healthy eating and physical activity.<br><br>PAN.I.6 Physical injuries can be prevented by having adult supervision, following safety rules, and properly using protective clothing and equipment.<br><br>PAN.I.7 Tobacco use adversely affects fitness and physical performance. | PAN.C.1 The benefits of physical activity and healthy eating include learning and improving skills, staying in shape, improving appearance, cardiovascular and muscular endurance and increased academic achievement.<br><br>PAN.C.2 Fitness components include cardiovascular endurance, muscular endurance, muscular strength, flexibility and body composition.<br><br>PAN.C.3 To maintain a healthy weight, the intake of calories must equal the output of energy. To lose weight, the energy output must exceed the calorie intake.<br><br>PAN.C.4 Individuals need to engage in activities that require moderate to vigorous levels of exertion as recommended in national guidelines.<br><br>PAN.C.5 Physically active individuals are less likely to develop the chronic diseases that cause most of the morbidity and mortality in the United States: cardiovascular disease, hypertension, non-insulin dependent diabetes, and colon cancer. |

## *Physical Activity and Nutrition Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| PAN.E.8 To prevent dental caries, children and adolescents should drink fluoridated water, use fluoridated toothpaste, brush and floss their teeth regularly and consume sugars in moderation. | | PAN.C.6 Obesity acquired during childhood and adolescence may persist into adulthood and increase the risk later in life for coronary heart disease, gallbladder disease, some types of cancer, and osteoarthritis of the weight-bearing joints.<br><br>PAN.C.7 Performance enhancing drugs are illegal and pose significant health risks.<br><br>PAN.C.8 Unhealthy weight control practices and a societal overemphasis on thinness during adolescence may contribute to eating disorders such as anorexia nervosa and bulimia.<br><br>PAN.C.9 Individuals who have eating disorders are in need of immediate medical and psychiatric treatment. |

## *HIV/AIDS Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| HIV.E.1 HIV/AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.<br><br>HIV.E.2 HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).<br><br>HIV.E.3 Individuals cannot get HIV/AIDS by being near or touching someone who has it.<br><br>HIV.E.4 Some viruses cause disease and can be transmitted from an infected individual to an uninfected individual through various means.<br><br>HIV.E.5 HIV/AIDS is caused by a virus that weakens the ability of infected individuals to fight off disease.<br><br>HIV.E.6 Scientists are working hard to find a way to stop individuals from getting HIV/AIDS and to cure those who have it. | HIV.I.1 Individuals who are infected with HIV may not have any signs or symptoms but can transmit the infection to others.<br><br>HIV.I.2 The risk of becoming infected with HIV/AIDS can be virtually eliminated by avoiding contact with another individual's blood; practicing abstinence from sexual contact and not sharing needles to inject drugs, vitamins or steroids.<br><br>HIV.I.3 HIV can be transmitted through blood to blood contact; sexual contact with an infected individual; by using needles and other injection equipment that an infected individual has used; and from an infected mother to her infant before or during birth or through breast milk.<br><br>HIV.I.4 HIV/AIDS cannot be transmitted by touching someone who is infected or by being in the same room with an infected individual.<br><br>HIV.I.5 A small number of individuals including some doctors, nurses, and other medical personnel have been infected with HIV/AIDS when they were directly exposed to infected blood. | HIV.C.1 The risk of becoming infected with HIV/AIDS can be virtually eliminated by practicing abstinence from sexual contact and not sharing needles to inject drugs, vitamins or steroids.<br><br>HIV.C.2 Sexual transmission of HIV is not a threat to those uninfected individuals who engage in a mutually monogamous sexual relationship.<br><br>HIV.C.3 An individual is at greater risk of HIV infection by having one or more sexual partners who are at increased risk by engaging in sexual contact that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood); and/or by using unsterile needles or paraphernalia to inject drugs, vitamins or steroids.<br><br>HIV.C.4 The risk of becoming infected with HIV from blood transfusions and from blood clotting products is nearly eliminated.<br><br>HIV.C.5 Individuals who engage in sexual contact need to properly use a latex or polyurethane condom to reduce the likelihood of becoming infected. |

## *HIV/AIDS Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| | | HIV.C.6 Latex/polyurethane condoms are not 100% effective; however they provide the best protection for individuals who are not abstinent and do not maintain a mutually monogamous sexual relationship with an uninfected partner.<br><br>HIV.C.7 Correct and consistent use of a latex/polyurethane condom does not guarantee absolute protection against the sexual transmission of HIV.<br><br>HIV.C.8 Individuals who have engaged in behaviors that have put them at risk for HIV need to take precautions not to infect others, to seek counseling and antibody testing and advise current sexual and/or drug partners to receive counseling and testing.<br><br>HIV.C.9 Adolescents should be encouraged to consult with their parents/guardians before visiting a doctor or clinic. However, NYS Public Health Law allows adolescents to access testing, medical care and services for HIV without parental consent. |

The following resource was used to inform the development of the HIV/AIDS Functional Knowledge:

Guidelines for Effective School Health Education to Prevent the Spread of AIDS, Centers for Disease Control, MMWR Jan 29, 1988/Vol. 37/S-2; 1-14

## *Sexual Risk Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| SR.E.1 Some viruses cause disease and can be transmitted from an infected individual to an uninfected individual through various means. | SR.I.1 Adolescents can and should avoid pregnancy and STD/HIV/AIDS.<br><br>SR.I.2 Most adolescents do not engage in risky sexual behavior.<br><br>SR.I.3 Individuals who are infected with STD/HIV may not have any signs or symptoms but can transmit the infection to others.<br><br>SR.I.4 The risk of pregnancy or infection with STD can be virtually eliminated by practicing abstinence from sexual contact.<br><br>SR.I.5 Abstinence is the only pregnancy and STD/HIV/AIDS prevention method that is 100% effective, 100% safe and 100% free of side effects.<br><br>SR.I.6 There are strong personal, medical and relationship building reasons for teenagers to abstain from sexual contact.<br><br>SR.I.7 STD can be transmitted by sexual contact with an infected individual or from an infected mother to her infant before or during birth.<br><br>SR.I.8 Individuals who use drugs are more likely to acquire STD/HIV. | SR.C.1 The risk of pregnancy or infection with STD can be virtually eliminated by practicing abstinence from sexual contact.<br><br>SR.C.2 Abstinence is the only pregnancy and STD/HIV/AIDS prevention method that is 100% effective, 100% safe and 100% free of side effects.<br><br>SR.C.3 The only two effective ways to avoid pregnancy, and most STD infection are abstinence or using protection correctly and consistently each time an individual engages in sexual contact.<br><br>SR.C.4 Sexual transmission of STD/HIV/AIDS is not a threat to those uninfected individuals who engage in a mutually monogamous sexual relationship.<br><br>SR.C.5 Most adolescents do not engage in risky sexual behavior.<br><br>SR.C.6 An individual is at greater risk of STD/HIV infection by having one or more sexual partners who are at increased risk by engaging in sexual contact that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood). |

## *Sexual Risk Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| | | SR.C.7 Individuals who engage in sexual contact need to properly use a latex/polyurethane condom each and every time to reduce the likelihood of unwanted pregnancy or infection with STD/HIV.<br><br>SR.C.8 There are several effective forms of birth control.<br><br>SR.C.9 Latex/polyurethane condoms provide protection against pregnancy, most STD and HIV.<br><br>SR.C.10. Latex/polyurethane condoms are not 100% effective; however they provide the best protection for individuals who are not abstinent and do not maintain a mutually monogamous sexual relationship with an uninfected partner.<br><br>SR.C.11 Correct and consistent use of a latex/polyurethane condom does not guarantee absolute protection against pregnancy and STD/HIV.<br><br>SR.C.12 Individuals who have engaged in behaviors that have put them at risk for STD/HIV need to take precautions not to infect others, to seek counseling and antibody testing and advise previous and current sexual and/or drug partners to receive counseling and testing. |

## *Sexual Risk Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| | | SR.C.13 Adolescents should be encouraged to consult with their parents/guardians before visiting a doctor or clinic. However, NYS Public Health Law allows adolescents to access testing, medical care, and services for HIV/STD and pregnancy without parental consent. |

The following resources were used to inform the development of the Sexual Risk Functional Knowledge:


American Medical Association, 2001. About Teens and Illicit Drugs, www.ama-assn.org/go/adolescenthealth

Centers for Disease Control, Adolescent and School Health, Health Topics: Alcohol and Drug Use, www.cdc.gov/nccdphp/dash/alcoholdrug/index.htm

Centers for Disease Control, Adolescent and School Health, 2003 YRBS Questionnaire Item Rationale, www.cdc.gov/nccdphp/dash/yrbs/2003/rationale.htm

Guidelines for Effective School Health Education to Prevent the Spread of AIDS, Centers for Disease Control, MMWR Jan 29, 1988/Vol. 37/S-2; 1-14.

The Hidden Epidemic: Confronting Sexually Transmitted Diseases, Institute of Medicine, Eng, Thomas R. and Butler, William T, editors; Committee on Prevention and Control of Sexually Transmitted Diseases, Institute of Medicine, Division of Health Promotion and Disease Prevention, National Academy of Sciences, 1997.

Reducing the Risk: Building Skills to Prevent Pregnancy, STD & HIV, Barth, Richard, ETR Associates, Santa Cruz, California, 1996.

## *Tobacco Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| TB.E.1 A drug is a chemical that changes how the body works.<br><br>TB.E.2 All forms of tobacco contain a drug called nicotine.<br><br>TB.E.3 Tobacco use includes cigarettes and smokeless tobacco.<br><br>TB.E.4 Most individuals do not smoke cigarettes or use smokeless tobacco.<br><br>TB.E.5 Many individuals who use tobacco have trouble stopping.<br><br>TB.E.6 Individuals who smoke cause many fires.<br><br>TB.E.7 Individuals who choose to use tobacco are not bad people.<br><br>TB.E.8 Some advertisements try to persuade individuals to use tobacco.<br><br>TB.E.9 Tobacco smoke in the air is dangerous to anyone who breathes it. | TB.I.1 Most individuals do not smoke or use smokeless tobacco.<br><br>TB.I.2 Tobacco contains the addictive drug, nicotine, and other harmful substances.<br><br>TB.I.3 Individuals can resist pressure to use tobacco.<br><br>TB.I.4 Stopping tobacco use has short term and long term benefits.<br><br>TB.I.5 Smoke cessation programs can be successful.<br><br>TB.I.6 Environmental tobacco smoke is dangerous to health.<br><br>TB.I.7 Maintaining a tobacco free environment has health benefits.<br><br>TB.I.8 Tobacco manufacturers use various strategies to direct advertisements toward young persons.<br><br>TB.I.9 Laws, rules and policies regulate the sale and use of tobacco. | TB.C.1 Tobacco use is an unhealthy way to manage stress or weight.<br><br>TB.C.2 Most individuals do not smoke or use smokeless tobacco.<br><br>TB.C.3 Smoking cessation programs and products can be successful.<br><br>TB.C.4 Tobacco use during pregnancy can have harmful effects on the fetus.<br><br>TB.C.5 Many individuals find it hard to stop using tobacco despite knowledge about the health hazards of tobacco use. |

## *Alcohol and Other Drugs Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| AOD.E.1 Most individuals do not use alcohol and other drugs.<br><br>AOD.E.2 Alcohol and other drugs are chemicals that change how the body works.<br><br>AOD.E.3 Individuals who choose to use alcohol and other drugs are not bad people.<br><br>AOD.E.4 Using alcohol and other drugs may interfere with natural growth and development.<br><br>AOD.E.5 Individuals may experience external pressures (advertising, role models, peers) to use alcohol and other drugs.<br><br>AOD.E.6 Use of alcohol and other drugs has short- and long-term risks and consequences.<br><br>AOD.E.7 Alcoholism is a disease that is treatable.<br><br>AOD.E.8 It is dangerous to taste, swallow, sniff or play with unknown substances.<br><br>AOD.E.9 Individuals follow the medical recommendations for prescription and non-prescription drugs. | AOD.I.1 Most individuals do not use alcohol and other drugs.<br><br>AOD.I.2 Of the adults that do drink, most do so only occasionally and in moderation.<br><br>AOD.I.3 Alcohol and other drug abuse has consequences for the health and well being of the user and for those around them.<br><br>AOD. I.4 Alcohol and other drug abuse has long term physical and psychological consequences.<br><br>AOD.I.5 There are legal, emotional, social and health consequences to using alcohol and other drugs.<br><br>AOD.I.6 Individuals can resist pressure to use alcohol and other drugs.<br><br>AOD.I.7 An individual's reactions to alcohol and other drug use may vary.<br><br>AOD.I.8 Alcohol and other drug use treatment programs can be successful.<br><br>AOD.I.9 Culture and media influence the use of alcohol and other drugs.<br><br>AOD.I.10 Alcohol and other drug use is an unhealthy way of coping with problems.<br><br>AOD.I.11 The best way to prevent alcohol and other drug abuse is never to start. | AOD.C.1 Most individuals do not use alcohol and other drugs.<br><br>AOD.C.2 Long-term alcohol misuse is associated with liver disease, cancer, cardiovascular disease and neurological damage.<br><br>AOD.C.3 Use of alcohol and other drugs impairs judgment and coordination and is associated with the leading causes of death and injury among teenagers and young adults.<br><br>AOD.C.4 Alcohol and other drug use treatment programs can be successful.<br><br>AOD.C.5 Alcohol and other drug use are unhealthy ways to manage stress or weight.<br><br>AOD.C.6 Over one-third of all traffic deaths among driver or non-occupant youths ages 15-20 are alcohol related.<br><br>AOD.C.7 Alcohol use among adolescents results in an increased risk of alcohol dependence in adulthood.<br><br>AOD.C.8 Binge drinking can contribute to many health disorders, including cancer, liver, pancreatic and cardiovascular diseases, as well as a variety of gastrointestinal problems, neurological disorders and reproductive system disorders. |

## *Alcohol and Other Drugs Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| | AOD.I.12 The process of becoming addicted to alcohol and other drugs involves a series of stages.<br><br>AOD.I.13 A family history of alcoholism is a strong risk factor for an individual's alcohol use because of the genetic link and the environmental exposure to alcohol use.<br><br>AOD.I.14 It is very dangerous for individuals to use legal chemicals and aerosols in ways other than their intended use.<br><br>AOD.I5. Laws, rules and policies regulate the sale and use of alcohol and drugs. | AOD.C.9 Heavy drinking among youth has been linked to physical fights, destroyed property, academic and job problems and trouble with law enforcement authorities.<br><br>AOD.C.10 Use of alcohol and other drugs can increase an individual's risk for suicide, homicide, accidents, school failure, delinquency, marijuana use, unwanted pregnancy, STD and HIV infection, vulnerability to coerced sexual activity and poor academic performance.<br><br>AOD.C.11 A family history of alcoholism is a strong risk factor for an individual's alcohol use because of the genetic link and the environmental exposure to alcohol use.<br><br>AOD.C.12 Dependence on alcohol and other drugs is associated with psychiatric problems such as anxiety, depression or anti-social personality disorder.<br><br>AOD.C.13 Alcohol use during pregnancy can cause fetal alcohol syndrome (FAS) and other birth defects. |

## *Alcohol and Other Drugs Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| | | AOD.C.14 Legal blood alcohol concentration levels vary from state to state and are influenced by the amount of alcohol an individual consumes over a period of time as well as a variety of other factors, such as an individual's expectations, mood, body weight and size, age, drinking experience, what one has eaten, drank or smoked.<br><br>AOD.C.15 Laws, rules and policies regulate the sale and use of alcohol and drugs. |

## *Family Life/Sexual Health Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| FLS.E.1 The family is the basic unit of society with varying types and styles of function and structure.<br><br>FLS.E.2 Family members have various roles, responsibilities and individual needs.<br><br>FLS.E.3 Individuals have a right to privacy and an obligation to respect the privacy of others.<br><br>FLS.E.4 An individual's culture, tradition and environment influence relationships and personal development.<br><br>FLS.E.5 As individuals grow, their appearance, interests and abilities change.<br><br>FLS.E.6 Individuals appreciate and accept personal growth and developmental patterns.<br><br>FLS.E.7 Individuals are unique and special and deserve to be treated with respect.<br><br>FLS.E.8 The average age of the onset of puberty is between the ages of eight and fourteen in females and nine and fifteen in males with females generally experiencing physical growth characteristics of puberty two years before males.<br><br>FLS.E.9 Hormones influence growth and development, feelings and behavior. | FLS.I.1 Family members are best able to care for one another when each member's social, psychological, physical, spiritual and economic needs are being met.<br><br>FLS.I.2 Individuals experience growth spurts and changes in appearance, interest and abilities during puberty.<br><br>FLS.I.3 Individuals accept differing patterns of emotional, psychological and physical growth.<br><br>FLS.I.4 Individuals establish caring and loving relationships throughout the lifecycle.<br><br>FLS.I.5 Individuals learn how to establish and build fulfilling interpersonal relationships.<br><br>FLS.I.6 Effective, clear communication is a vital aspect of healthy relationships.<br><br>FLS.I.7 Individuals can express their sexuality in many healthy ways.<br><br>FLS.I.8 Most adolescents are not physically, mentally, emotionally, nor financially capable of responsible parenthood.<br><br>FLS.I.9 Sexual health begins early in life and continues throughout the lifecycle. | FLS.C.1 An individual's family roles and responsibilities change over the life cycle.<br><br>FLS.C.2 Families provide nurturance, security, and commitment to their members and need to be supported in their caregiving roles throughout the lifecycle.<br><br>FLS.C.3 Individuals develop into competent, productive, loved and loving adults with devoted and sustained parenting.<br><br>FLS.C.4 Individuals can use strong honest communication, relationship building and planning skills to enhance and maintain loving, respectful and healthy relationships.<br><br>FLS.C.5 Different types of relationships involve varying levels of intimacy with verbal and non-verbal forms of communication and commitment.<br><br>FLS.C.6 Becoming a parent affects an individual's short-term and long-term goals.<br><br>FLS.C.7 Reproductive health and contraceptive services are provided to individuals by a wide range of health care providers.<br><br>FLS.C.8 Sexual health includes physical, behavioral, intellectual, spiritual, emotional and interpersonal development. |

## *Family Life/Sexual Health Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| FLS.E.10 Individuals pursue their interests regardless of their gender or gender stereotypes.<br><br>FLS.E.11 Although males and females are alike and different in many ways, each individual has unique physical, psychological, and emotional needs. | FLS.I.10 Individuals are sexually healthy, behave responsibly and have a supportive environment in order to protect their own sexual health as well as that of others.<br><br>FLS.I.11 Individuals learn healthy and appropriate ways to express and show sexual feelings.<br><br>FLS.I.12 Gender stereotypes can limit the range of acceptable roles for both males and females.<br><br>FLS.I.13 Sexual orientation is a component of a person's identity.<br><br>FLS.I.14 Individuals have a right to information that can make their lives healthier and happier. | FLS.C.9 Sexual orientation develops across a person's lifetime and is different from sexual behavior because it refers to feelings and self-concept. Persons may or may not express their sexual orientation in their behaviors.<br><br>FLS.C.10 Sexual responsibility includes an understanding and awareness of one's sexuality and sexual development; respect for oneself and others; avoidance of physical or emotional harm; and recognition of the diversity of sexual beliefs within the community. |

The following resources were used to inform the development of the Family Life/Sexual Health Functional Knowledge:


Adolescent Development and the Biology of Puberty: Summary of a Workshop on New Research. Board on Children, Youth and Families, Commission on Behavioral and Social Sciences and Education, National Research Council, Institute of Medicine. National Academy Press, Washington, D.C. (2000). www.nap.edu/openbook/0309065828/html

Young, Michael, Ph.D. and Young Tamara. Sex Can Wait. ETR Associates. (1994). Santa Cruz, California.

Michigan Model for Comprehensive School Health Education. Grade 4. (1995).

National Council on Family Relations Public Policy Information, www.ncfr.org/about_us/a_p_p_public_policy.asp

Postponing Sexual Involvement: An Education Series for Preteens. Adolescent Reproductive Health Center, Grady Health System. (1996).

## *Family Life/Sexual Health Functional Knowledge*

The Sexuality Education Challenge Promoting Healthy Sexuality in Young People, ETR Associates, 1994, Santa Cruz, California.

Does Sexuality Education Last? Self-Reported Benefits of High School Comprehensive Sexuality Education Course, Journal of Sex Education and Therapy, 2001, Vol. 26, No.4.

Scope of Instruction Parenting Education Learning Life Skills for the Future, The University of the State of New York, The State Education Department, Albany, New York. www.nysed.gov

Sexuality Education Within a Comprehensive School Health Education Framework, American School Health Association (1991).

Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel.

Barth, Richard. Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV, ETR Associates, 1996, Santa Cruz, California.

The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior, 2001.

American School Health Association, Compendium of Resolutions, April 2003. www.ashaweb.org/resolutions1.html

## *Unintentional Injury Prevention Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| UI.E.1 Children know their name, address, telephone number and names of parents/guardians.<br><br>UI.E.2 Children check with an adult before putting anything into or on his or her body.<br><br>UI.E.3 Children never touch or play with guns and they should tell an adult if they find a gun.<br><br>UI.E.4 Children ages 12 years and younger are safest when they ride in the back seat of vehicles and use proper restraints.<br><br>UI.E.5 Individuals are safest when they play on and with equipment that is in good working order and when supervised by an adult.<br><br>UI.E.6 Individuals need to know how to appropriately summon assistance in emergency situations from local emergency service professionals and where available, 911.<br><br>UI.E.7 Individuals do not taste, sniff, swallow or play with unknown or harmful substances. | UI.I.1 Individuals read and understand all directions before using any chemical, drug, or machinery.<br><br>UI.I.2 Wearing seat belts inside a motor vehicle increases an individual's safety.<br><br>UI.I.3 Individuals are safest when they play on and with equipment that is age-appropriate and in good working order. Individuals should notify the property/equipment owners or the supervising adult if playground equipment is hazardous or broken.<br><br>UI.I.4 Individuals are safest when properly wearing helmets and other protective gear while participating in recreational and sports activities.<br><br>UI.I.5 Proper use of bicycle helmets increases an individual's safety and reduces the risk of death or serious injury.<br><br>UI.I.6 Individuals are safest when wearing Coast Guard approved personal flotation devices while involved in water-related recreational activities and while riding on a personal water craft, regardless of swimming ability. | UI.C.1 It is unsafe for individuals to use alcohol and other drugs and drive a vehicle or ride with someone who has been using alcohol and other drugs.<br><br>UI.C.2 When adolescents drive after drinking alcohol, they are more likely than adults to be in a motor vehicle crash, even when drinking less alcohol than adults.<br><br>UI.C.3 Teenagers are more likely than older drivers to underestimate the dangers of hazardous situations, have less experience coping with such situations and are especially vulnerable to fatal crashes at night.<br><br>UI.C.4 Interactions with other teenagers in a motor vehicle increases the risk of a crash for unsupervised teenage drivers.<br><br>UI.C.5 Driving safely includes obeying all traffic rules and signs and maintaining appropriate and legal road speed.<br><br>UI.C.6 Firearms need to be unloaded, stored in a locked metal gun cabinet and out of the reach of children. Ammunition should be stored in a separate location in a locked box or cabinet. |

## *Unintentional Injury Prevention Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| UI.E.8 Individuals are safest when they obey traffic signs, use pedestrian bridges and cross walks, and follow the directions of crossing guards and other supervising adults whenever possible.<br><br>UI.E.9 Individuals are safest when wearing reflective clothing or personal lighting equipment while walking, skating and riding bicycles.<br><br>UI.E.10 Individuals properly wear helmets and other protective gear when participating in recreational and sports activities.<br><br>UI.E.11 Wearing a helmet when biking, skateboarding or in-line skating increases safety and is required by law for children 13 years of age and under.<br><br>UI.E.12 Coast Guard approved personal flotation devices increase safety when riding on a personal water craft and are required by law for children under the age of 11.<br><br>UI.E.13 Personal flotation devices, swimming with adult supervision, receiving water safety instruction and swimming lessons increase safety.<br><br>UI.E.14 Individuals know and practice fire safety rules including evacuation plans and how to "stop, drop and roll." | UI.I.7 It is unsafe for individuals to swim alone, regardless of swimming ability.<br><br>UI.I.8 Laws, rules and policies regulate the required use of safety and protective devices to prevent injuries.<br><br>UI.I.9. Individuals use proper lifting and carrying techniques for the handling of heavy backpacks and book bags. It is unsafe for individuals to carry backpacks that are more than 10% to 20% of their body weight. | UI.C.7 Laws, rules and policies regulate the required use of safety and protective devices to prevent injuries.<br><br>UI.C.8 Individuals use proper lifting and carrying techniques for the handling of heavy backpacks and book bags. It is unsafe for individuals to carry backpacks that are more than 10% to 20% of their body weight. |

## *Unintentional Injury Prevention Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| UI.E.15 It is unsafe to play with matches, gasoline, lighters or other flammable materials.<br><br>UI.E.16 Individuals behave safely and appropriately around animals including family pets and wild animals.<br><br>UI.E.17 Individuals use proper lifting and carrying techniques for the handling of heavy backpacks and book bags. It is unsafe for individuals to carry backpacks that are more than 10% to 20% of their body weight. | | |

## *Violence Prevention Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| VP.E.1 Individuals resolve conflicts early.<br><br>VP.E.2 Most individuals do not engage in violent behavior.<br><br>VP.E.3 Some feelings of conflict, anger, frustration and fear are normal and all right.<br><br>VP.E.4 Courtesy, compassion and respect toward others reduce conflict and promotes nonviolent behavior.<br><br>VP.E.5 Conflict can involve disagreement over ideas, interest or events.<br><br>VP.E.6 There are peaceful alternatives to violence.<br><br>VP.E.7 Conflict can be resolved through cooperation, negotiation and mediation.<br><br>VP.E.8 Individuals may feel differently about the same situation at different times.<br><br>VP.E.9 Individual perceptions are based on experiences, needs, beliefs and feelings.<br><br>VP.E.10 Empathy requires the identification of others' feelings through verbal, physical, and situational clues and an understanding of the effect people have on one another.<br><br>VP.E.11 All cultures have similarities and differences. | VP.I.1 Individuals assess the effect of personal and social relationships and their environment on behavior.<br><br>VP.I.2 Most individuals do not engage in violent behavior.<br><br>VP.I.3 Individuals who are suicidal often confide in their peers.<br><br>VP.I.4 Individuals seek appropriate adult assistance when they recognize signs of depression, abuse, intense anger, fear and anxiety in themselves or their peers.<br><br>VP.I.5 Individuals recognize personal "triggers" that can lead to conflict and violence.<br><br>VP.I.6 Individuals can have different and equally valid perspectives on similar situations.<br><br>VP.I.7 Empathy includes assuming the perspective and emotions of another person.<br><br>VP.I.8 The media can influence ideas about the attractiveness and appropriateness of violence.<br><br>VP.I.9 Individuals manage anger to reduce conflict and promote non-violent behavior.<br><br>VP.I.10 Techniques exist which can help individuals manage their anger. | VP.C.1 Most individuals do not engage in violent behavior.<br><br>VP.C.2 Suicide risk factors include alcohol use and bullying; protective factors include school connectedness.<br><br>VP.C.3 Violent behavior has negative consequences for the perpetrator, victim(s), victim's families and friends, bystanders and society.<br><br>VP.C.4 Individuals empathize with others of varying social classes, races, ethnicities, languages, sexual orientations and physical abilities.<br><br>VP.C.5 Individuals are responsible for their own behavior, even when under the influence of alcohol and other drugs.<br><br>VP.C.6 Intolerance and negative attitudes toward others can lead to violence.<br><br>VP.C. 7 Hate crimes are often a result of bias due to an individual's or group's race, religion, disability, sexual orientation or other difference.<br><br>VP.C.8 Sexual harassment is illegal, interferes with an individual's work or school performance and creates an intimidating, hostile or offensive environment. |

## *Violence Prevention Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| VP.E.12 External events and internal thoughts may trigger angry feelings.<br><br>VP.E.13 Physical signs alert us to feelings of anger.<br><br>VP.E.14 Stress management can reduce feelings of anger.<br><br>VP.E.15 Individual promises should not break safety rules.<br><br>VP.E.16 Victims are never to blame for the abuse.<br><br>VP.E.17 Individuals have a right to decide who touches their body and how.<br><br>VP.E.18 There are appropriate and inappropriate kinds of touch.<br><br>VP.E.19 Individuals deserve to feel safe.<br><br>VP.E.20 Individuals follow rules to increase safety, such as checking with a parent, caretaker, or trusted adult before going somewhere, or changing plans; saying no to inappropriate touch; telling trusted adults until helped, and traveling in pairs or groups rather than alone.<br><br>VP.E.21 Individuals follow safety rules when using the Internet. | VP.I.11 There are non-violent alternatives to prevent or avoid violent situations.<br><br>VP.I.12 Violent behavior has harmful short-and long-term consequences.<br><br>VP.I.13 Individuals know and understand the plans and procedures for safety that exist in their environment.<br><br>VP.I.14 Bullying often leads to greater and prolonged emotional and physical violence.<br><br>VP.E.15 Individuals follow safety rules when using the Internet. | VP.C.9 Individuals know and understand the school's and/or employer's sexual harassment policy.<br><br>VP.C.10 Relationship violence can cause emotional and physical harm for both males and females.<br><br>VP.C.11 Individuals know the signs of relationship violence and where to go for help and support.<br><br>VP.C. 12 Individuals often join a gang for a sense of belonging, to earn money, to stay safe, for excitement and to be with friends.<br><br>VP.C.13 Individuals follow safety rules when using the Internet. |

## *Other Required Health Areas Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| ORH.E.1 Individuals have a responsibility to protect and preserve the environment.<br><br>ORH.E.2 An individual's self-image is an important component of mental health.<br><br>ORH.E.3 Selecting and using effective health care information, products and services contributes to an individual's health.<br><br>ORH.E.4 Individuals have routine medical and dental check-ups to assess physical development and sensory perception.<br><br>ORH.E.5 The best way to remove tooth decay-causing plaque is by brushing twice a day and flossing between the teeth everyday.<br><br>ORH.E.6 The sensory organs work together to provide individuals with information about the world around them.<br><br>ORH.E.7 Specific health practices such as proper hand washing can prevent and control the spread of germs and disease.<br><br>ORH.E.8 Individuals protect their skin from the sun's UV rays with clothing and sunscreen containing a sun protection factor of 15 or higher. | ORH.I.1 Individuals contribute to improving the health of the environment in numerous ways such as recycling and proper disposal of litter.<br><br>ORH.I.2 Mental health influences the ways individuals look at themselves, their lives and others in their lives.<br><br>ORH.I.3 Individuals assess the validity of claims made by the media and promoters of health care information, products and services.<br><br>ORH.I.4 Individuals have routine medical and dental check-ups to assess physical development and sensory perception.<br><br>ORH.I.5 Individuals know first aid procedures appropriate to common injuries in the home, school and community.<br><br>ORH.I.6 Individuals protect their skin from the sun's UV rays with clothing and sunscreen containing a sun protection factor of 15 or higher. | ORH.C.1 Individual and community approaches can enhance and protect the quality of the environment.<br><br>ORH.C.2 An individual's mental health is impacted by emotions, social relationships and physical health and has an impact on the way an individual thinks, feels and behaves.<br><br>ORH.C.3 Various organizations can assist individuals with the criteria that can be used to measure claims made by the media and the accuracy, reliability and validity of claims for health care information, products and services.<br><br>ORH.C.4 Individuals understand and are able to apply universal precautions, first aid, CPR and other emergency procedures properly.<br><br>ORH.C.5 Individuals prevent skin cancer by limiting or minimizing exposure to the sun during peak hours, wearing sun protective clothing, using sunscreens that have UV-A and UV-B protection, and avoiding sunlamps and tanning beds. |

## *Other Required Health Areas Functional Knowledge*

| Elementary | Intermediate | Commencement |
|---|---|---|
| | | ORH.C.6 Individuals detect breast cancer, testicular cancer and other types of cancer by regularly and correctly performing self-examinations, recognizing cancer symptoms and getting regular check-ups.<br><br>ORH.C.7 Employers must provide a safe and healthful workplace and abide by labor laws that protect young individuals from using certain equipment or performing certain tasks and from working too often, too late or too early. |

# Definitions

**Abstinence:**

The choice to refrain from an activity; to not engage in sexual activity.

**Activities:**

An educational process or procedure intended to stimulate learning through actual experience.

**Addiction:**

Physiological or psychological dependence.

**Advocacy Skill:**

Sequential personal and social skill comprised of multiple subskills, that when performed together, enable an individual to persuade others to promote, support or behave in ways that enhance personal, family and/or community health. Advocacy is a natural outgrowth of self-management, relationship management and the other four health education skills.

**AIDS:**

Acquired immunodeficiency syndrome. AIDS is caused by the human immunodeficiency virus (HIV). HIV progressively destroys the body's cells and the immune systems ability to fight infections and certain cancers. People diagnosed with AIDS may get life-threatening diseases called opportunistic infections, which are caused by microbes such as viruses or bacteria that usually do not make healthy people sick.

**Alcoholism:**

A disease that includes four symptoms: craving, loss of control, physical dependence and tolerance; also known as "alcohol dependence".

**Analyze:**

Separating or distinguishing the component parts of something so as to discover its true nature or inner relationships.

**Anorexia Nervosa:**

An eating disorder of a psychological nature that is characterized by severe disturbances in eating behavior such as refusal to maintain a minimally normal body weight.

**Assertiveness:**

Expressing thoughts, feelings, and beliefs in a direct, honest, and appropriate way while showing respect for both self and others.

**Assessment:**

All efforts to document students' learning before (diagnostic), during (formative) and at the end of a unit or learning experience segment (summative).

**Attribute:**

Specific qualities or developments of a process, product, or performance with defined or differentiated levels of quality.

**Authentic:**

Learning experiences that engage students with real-life problems, issues or tasks for an audience who cares about or has a stake in what students learn; real life or "near" real life learning experiences and personal applications of health knowledge and skills in relevant situations such as through role plays, simulations, logs, portfolios, demonstrations, reflection journals, plans and service learning, etc.

**BAC (Blood Alcohol Concentration):**

The percentage of alcohol in the bloodstream as someone drinks. BAC is highly related to the amount of alcohol consumed over time and can be influenced by a person's weight, gender, mood, and what one has had to eat, drink, or smoke before.

**Binge Drinking:**

Having five or more drinks in a row on one occasion.

**Body Image:**

The way one feels about his/her body and looks; what a person sees and feels when looking in the mirror.

**Body Mass Index (BMI):**

A measure of weight in relation to height (Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, Overweight and Obesity Fact Sheet).

**Bulimia Nervosa:**

An eating disorder of a psychological nature characterized by severe disturbances in eating behavior such as repeated episodes of binge eating followed by compensatory behaviors such as self-induced vomiting.

**Bullying:**

Intentional, repeated hurtful acts, words or other behavior, such as name calling, threatening and/or shunning committed by one or more individuals against another. It always involves a power imbalance where the individual who is the victim has less physical and/or social power than the individual who is doing the bullying.

**Collaboration:**

Relationship between individuals or organizations that enables the participants to accomplish goals more successfully than they could have separately.

**Communication Skill:**

Sequential personal and social skill comprised of multiple subskills, that when performed together, enable an individual to listen, understand and express oneself in respectful, safe and health enhancing ways. This skill includes verbal and non-verbal communication, assertiveness, refusal, negotiation, conflict management and collaboration.

**Conflict Resolution:**

Strategies and processes that teach individuals how to negotiate problems in a nonviolent way. Core concepts of conflict resolution include recognizing that conflict can be a pathway to personal growth, understanding that there are alternative solutions to problems and learning skills to solve problems effectively.

**Culture:**

The part of human interaction and experiences that determine how one feels, acts, and thinks. It is through our culture that we establish standards for judging right from wrong, for determining beauty and truth, and for judging oneself and others. Culture includes one's nationality, ethnicity, race, gender, sexual orientation, socio-economic background, physical and mental ability, and age.

**Curriculum:**

A specific blueprint for learning that is derived from content and performance standards. It is a specific plan with identified learning experiences and lessons in an appropriate form and sequence for directing teaching and learning.

**Dating Violence or Relationship Violence:**

The perpetration or threat of an act of violence by at least one partner in a relationship on the other partner. The violence may encompass any form of verbal, physical, emotional or sexual abuse or assault.

**Decision Making Model:**

A promising research-based model that is used to aid the process of making healthy and safe choices or reaching conclusions.

**Decision Making Skill:**

Sequential personal and social skill comprised of multiple subskills, that when performed together, enable an individual to make well-informed choices that enhance personal, family and community health.

**Diagnostic Question:**

A question (or task), which provides evidence of a learner's understanding of a specific idea. Student centered inquiries to determine the current level of personal health and safety knowledge and skills.

**Dietary Guidelines:**

Guidelines designed to help individuals choose diets that will meet nutrient requirements, promote health, support active lives, and reduce chronic disease risks.

**Drug:**

A chemical that changes how the body works or feels.

**Drug Abuse:**

Chronic or habitual use of any chemical, medication or substance, including alcohol, to alter states of body or mind for other than medically warranted purposes.

**Empathy:**

A learned ability to identify others' feelings through verbal, physical, and situational clues and an understanding of the effect people have on one another.

**Enduring Understandings:**

Researched-based health and safety generalizations that apply to multiple health content areas, which when mastered enable students to reach the NYS and National standards. Big ideas; the important understandings, that we want students to "get inside of" and retain after they've forgotten many of the details. They go beyond discrete facts or skills to focus on larger concepts, principles, or processes.

**Essential Question:**

A question that provides the framework or glue for a learning experience or a series of lessons; It is compelling, universal, never fully answerable, and transcends cultural and age boundaries; a question used to provide focus for a course or a unit of study. Such questions need to be derived from vitally important themes and topics whose answers cannot be summarized neatly and concisely.

**Fetal Alcohol Syndrome:**

Refers to a broad range of disorders caused by a woman's use of alcohol during pregnancy. It is the leading known cause of mental retardation and birth defects in the United States and Canada.

**Fitness:**

Set of attributes that are either health- or skill-related. Health-related fitness includes cardio-respiratory endurance, muscular strength and endurance, flexibility, and body composition; skill-related fitness includes balance, agility, power, reaction time, speed, and coordination.

**Food Guide Pyramids:**

A guidance system that helps to inform individual food choices. Many nations have their own food guide pyramid that is based on food availabilities, food preferences, dietary patterns and cultural definitions of foods.

**Functional Knowledge:**

The most important information and ideas essential to health promotion and safety and disease prevention; specific research-based health knowledge from essential content areas that students need to know to be safe, healthy and achieve the NYS standards for Learning. The essential areas are; health, tobacco, sexual risk, physical activity and nutrition, family life/sexual health, alcohol & other drugs, unintentional injury and violence prevention.

**Gang:**

Self-formed association of peers with characteristics such as a gang name and recognizable symbols, identifiable leadership, a geographic territory, a regular meeting pattern and collective actions to carry out violent or illegal activities.

**Guidance Document for Achieving the New York State Standards in Health Education:**

Defines what students should know and be able to do in the order that instruction occurs.

**Guiding Question:**

Questions that provide coherence between different sets of lessons and strategies within a learning experience by focusing teaching and driving student inquiry and learning. Student-centered inquiries combine functional knowledge and skills and guide students toward the enduring understandings and achievement of the NYS and National Standards.

**Hate Crimes:**

Crime against a person or property motivated by bias toward race, religion, ethnicity/national origin, disability, or sexual orientation.

**Health Education Navigational Stars:**

Ten best practice principles designed to guide the development of effective health education curriculum, instruction, and assessment. They include; standards-based, skills-driven, scientifically-based research, learner-centered, strength-based, authentic, integrated into the total educational program, provided by qualified and skilled teachers, fully supported by the school and community, coordinated within a school health framework.

**HIV:**

Human immunodeficiency virus; A virus that kills or damages the cells of the body's immune system thereby progressively destroying the body's ability to fight infections and certain cancers. HIV is the virus that causes AIDS.

**Homicide:**

The killing of one human being by another; Any death due to injuries received in a fight, argument, quarrel, assault, or commission of a crime.

**Inter-personal Behaviors:**

Capacity for person-to-person communications and relationships.

**Intra-personal Behaviors:**

Spiritual, inner states of being, self-reflection, and awareness.

**Intimacy:**

An emotional closeness between individuals that involves sharing through verbal and non-verbal communication and a commitment to grow.

**Learner-Centered:**

Opportunities and experiences that allow learners to assess, explore, discover, question, personalize, apply, adapt, evaluate, and monitor their own learning and progress against specific criteria.

**Mutually Monogamous:**

Used to describe a long-term sexual relationship between two partners who are both faithful and uninfected from HIV or STD.

**Negotiation Skills:**

Communication between individuals to educate one another about needs and interests, to exchange information, and to create a solution that meets the needs of the parties involved.

**New York State Health Education Skills:**

Seven developmental personal and social skills, comprised of multiple sequential subskills, which when mastered, enable individuals to enhance personal, family and community health and safety. The seven skills include the overall encompassing skills of self management and relationship management, as well as stress management, communication, decision making, planning and goal setting and advocacy.

**Non-occupant:**

A pedestrian, cyclist, rollerblader, skateboarder, etc.

**Non-Verbal Communication:**

The process of sharing ideas, information, and messages with others through the use of facial expressions, body language, gestures, images or pictures.

**Normative Behavior:**

Widespread, expected behaviors for a particular group.

**Normative Education:**

To provide accurate information about the numbers of people who are actually engaging in a particular behavior in order to correct misperceptions.

**Nurturance:**

The providing of loving care and attention.

**Obesity:**

An excessively high amount of body fat or adipose tissue in relation to lean body mass.

**Other Drugs:**

Illegal or illicit drugs such as; cocaine, marijuana, ecstasy, steroids, methamphetamines, inhalants or heroin.

**Overweight:**

Increased body weight in relation to height, when compared to some standard of acceptable or desirable weight.

**Pedagogy:**

The art of teaching- especially the conscious use of particular instructional methods to best reach a desired learning.

**Peer:**

A person who is the same age or has the same social position or the same abilities as other people in a group.

**Performance Indicators:**

A series of specific concepts and skills students should know and be able to do at the end of a lesson/learning experience/grade level.

**Personal Health Assessment:**

Assessment that enables individuals to self-assess in key knowledge and skill areas of health, safety, and wellness. Through the analysis of assessment results, individuals can identify areas of strength and weakness and pinpoint the areas of their lives they are most highly motivated to change.

**Personal Support System:**

Supportive relationships that provide a forum to express feelings openly, to listen and be listened to without judgment or criticism, and to be able to ask for help when necessary. A personal support system may include family members, peers, teachers or other adults in the community.

**Physical Activity:**

Any bodily movement produced by skeletal muscles that results in energy expenditure.

**Planning and Goal Setting Skill:**

Sequential personal and social skill comprised of multiple subskills, that when performed together, enable an individual to develop health enhancing short term and long term goals, and develop, implement, evaluate and revise health enhancing plans to accomplish the goals.

**Puberty:**

A transitional period between childhood and adulthood, during which a growth spurt occurs, secondary sexual characteristics appear, fertility is achieved, and profound psychological changes take place. The normal range of onset of puberty is ages eight to fourteen in females and ages nine to fifteen in males.

**Reflect/Reflection:**

A learner-centered process that allows individuals to think about and be strategic about their learning.

**Refusal Skills:**

Responses that clearly say no in a manner that doesn't jeopardize a good relationship but which leaves no ambiguity about the intent not to do something.

**Relationship Management Skill:**

Overall personal health skill that enables an individual to assess and analyze one's current interpersonal and intra-personal knowledge and skills, monitor, evaluate and adjust one's behavior to enhance personal, family and community health and safety. Relationship management includes the application of stress management, communication, decision making, and planning and goal setting to enhance personal, family and community health and safety.

**Research-Based:**

Based on current research that produced positive behavior change and appeared in peer reviewed literature.

**Respect:**

To treat something or someone with kindness and care.

**Scientifically Research-Based:**

Research that involves the application of rigorous, systematic, and objective procedures in order to obtain a consistently positive pattern of reliable and valid knowledge relevant to education activities and programs; peer reviewed research and evaluation literature that identifies effective theory-based health education programs, curricula, processes, and strategies.

**Self-Management Skill:**

Overall personal health skill that enables an individual to assess and analyze one's current health and safety status, apply appropriate knowledge and skills, monitor, evaluate and adjust one's behavior to enhance personal health and safety. Self-management includes the personal application of stress management, communication, decision making, and planning and goal setting to enhance personal health and safety.

**Sexual Activity:**

Physical acts of genital intimacy between people.

**Sexual Contact:**

Refers to any contact between the penis and vagina, penis and rectum, mouth and vagina, and mouth and rectum.

**Sexual Harassment:**

Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, including reference to an individual's sexual orientation, which interferes with an individuals work or school performance or creates an intimidating hostile or offensive environment.

**Sexual Health:**

The integration of the physical, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching, and that enhance personality, communication, and love. Begins early in life and continues throughout the lifespan. It includes the ability to understand and weigh the risks, responsibilities, outcomes, and impacts of sexual actions and to practice abstinence when appropriate. It includes freedom from sexual abuse and discrimination and the ability of individuals to integrate their sexuality into their lives, derive pleasure from it, and to reproduce if they choose.

**Sexuality:**

Self-understanding and way of being in the world as a male or female, including attitudes toward our bodies and those of others; it is a means of communication and intimacy with another. In order to enjoy the important benefits of sexuality and avoid negative consequences, it is necessary for individuals to be sexually healthy, to behave responsibly, and to have a supportive environment.

**Sexual Orientation:**

An emotional, romantic, sexual or affectional attraction to another person. It is easily distinguished from other components of sexuality including biological sex, gender identity (the psychological sense of being male or female) and the social gender role (adherence to cultural norms for feminine and masculine behavior). Sexual orientation is different from sexual behavior because it refers to feelings and self-concept. Persons may or may not express their sexual orientation in their behaviors.

**Skill Pedagogy:**

Scientifically research-based skill methodology (the art and science of effectively teaching a skill), that when integrated into learning experiences and curricula, enable students to achieve the NYS and National Standards.

**Skills Driven:**

An approach that allows young people to learn, practice and apply skills successfully, numerous times, with positive reinforcement and social support in order to enhance and maintain personal health and safety. A skills-driven approach enables young people to develop the competence and confidence to effectively apply health skills to a variety of health related situations.

**Skills Matrix:**

Research-based model identifying seven personal and social skills that young people need to learn, practice and master with specific and multiple functional knowledge to achieve the NYS Health Education Standards. The skills matrix identifies sequential and developmentally appropriate sub skills for each New York State Health Education Skill (Self-Management, Relationship Management, Stress Management, Communication, Decision Making, Planning and Goal Setting and Advocacy) at the Elementary, Intermediate and Commencement levels.

**Standards:**

Specific criteria for identifying what students are expected to learn and be able to do. Standards usually take two forms in the curriculum, content standards and performance (skill) standards.

**Standards-Based:**

Teaching and learning that is directed toward student mastery of defined content standards and performance (skill) standards.

**STD:**

Sexually Transmitted Disease. Infections that are acquired through sexual contact. STD is often divided into two categories: viral and bacterial, based on the type of microorganism that causes the specific disease. STD caused by bacteria are curable with antibiotics and include Gonorrhea, Syphilis, and Chlamydia. STD caused by viruses are not curable and include Human Immunodeficiency Virus (HIV), Human Papillomavirus (HPV), Herpes, and Hepatitis B.

**Strategies:**

Used to construct meaning before, during, and after learning. A strategy is a plan or action undertaken to achieve a specific aim.

**Strength-Based:**

A positive health enhancing approach; teaching and learning designed to enhance and draw upon students existing strengths, skills and competencies.

**Stress Management Skill:**

Personal and social skill comprised of multiple sequential subskills, that when performed together, enable an individual to manage positive and negative change in health enhancing ways. Stress management is performed as a separate skill and often in conjunction with other health skills.

**Suicide:**

The act of deliberately taking one's own life; Suicidal behavior is any deliberate action with potentially life threatening consequences, such as taking a drug overdose or deliberately crashing a car.

**Theory-Based:**

An approach based on a clear theoretical framework that guides program strategies and practices.

**Tobacco:**

A plant whose leaves are dried and processed into cigarettes, cigars, pipe tobacco, chewing tobacco, and snuff. Tobacco can be smoked, chewed, or sucked, and contains thousands of poisonous chemicals; probably the most dangerous is nicotine.

**Unintentional Injury:**

Injuries that are often referred to as accidents, most of which can be predicted or prevented. Major causes include motor-vehicle crashes, drowning, poisoning, fires and burns, falls, sports and recreation-related injuries, firearm-related injuries, choking, suffocation, and animal bites.

**Verbal Communication:**

The process of sharing ideas, information, and messages with others through the use of speech.

**Violence:**

The threatened or actual use of physical force or power against another person, against oneself, or against a group or community that either results in or has a high likelihood of resulting in injury, death or deprivation. Types of violence include bullying, harassment, media violence, homicide, suicide, assault, sexual violence, rape, child abuse and neglect, child sexual abuse, dating and domestic violence and self-inflicting injuries.

**Virus:**

Living organisms that are too small to be seen by the unaided eye. They can be transmitted from an infected person to an uninfected person through various means and can cause disease among people.

**YRBS:**

Youth Risk Behavior Survey. A component of the Centers for Disease Control's Youth Risk Surveillance System that measures the self-reported prevalence of health risk behaviors among adolescents through representative national, state and local surveys.

## Resources

The resources listed below were of assistance to the developers of the Guidance Document for Achieving the New York State Standards in Health Education, Leadership Institute participants, Core Training participants and Design Institute Learning Experience developers. They offered guidance on educational best practice including effective curricula and scientifically research-based materials and strategies.

Many schools and communities have policies on material selection and use. Please be sure that the materials you select conform to your school's policies. We recommend selecting programs and curricula based on the Safe and Drug Free Schools and Community Act "Principles of Effectiveness" as identified by the No Child Left Behind legislation. Programs and curricula should be selected based on school and community needs, findings from evaluation research, impact on positive behavior change, and educational theory and best practice (i.e. What Works!).


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National Safe Kids Campaign, Child Safety Laws and Regulations, New York State Helmet Law, www.safekids.org/CSL_display.cfm?rec_id=118

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United States Fire Administration, A Fact Sheet on Fire Safety for Babies and Toddlers, www.usfaparents.gov

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**A Guidance Document for Achieving the New York State Standards in Health Education**

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ssscenter@gvboces.org