

SOUTH DAKOTA

health education **STANDARDS**



South Dakota Health Education Standards

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The South Dakota Health Education Standards document is available, free of charge, online at www.healthyschools.sd.gov or in printed copy through the Coordinated School Health program.



Copies of the *National Health Education Standards: Achieving Excellence, Second Edition* can be ordered through the American Cancer Society Bookstore at: https://www.cancer.org/docroot/pub/pub_0.asp



The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

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A Vision for South Dakota

Imagine a nation where children and adolescents are healthy, fit, and ready to learn; where youth are prepared with essential skills needed to live life to its fullest; where adult health and wellness are the natural outgrowth of skills, understanding, and behavior established from childhood; where health challenges, differences in ability, and socioeconomic disparities do not prevent our young people – the most precious human resources we have - from reaching their full potential.

Imagine a nation where children and adolescents are wise about the influences of technology and media on their lives; where they are prepared to be prudent consumers of goods and services that enhance their health and well-being; where they are skilled in thoughtful decision-making and goal-setting strategies to achieve their greatest ambitions; where they possess the knowledge and confidence to passionately and compassionately advocate for themselves, their families, and their communities.

We live in a time when many challenges to this vision of impacting health behaviors in our neighborhoods, state and nation are apparent. There is unprecedented competition for our time, our attention, and our resources. Yet we also live in a time when the best foundation for teaching and learning is available to move us in the right direction. Health education has dedicated itself to transforming a vision statement from mere imagination, to an attainable goal for this generation of young people, and for generations to come. Imagine all this, not only from a national perspective, but for the great state of South Dakota as well.

South Dakota is committed to making sure that students leave our schools with the skills they need to be productive citizens, workers and leaders in the 21st century. The goal of health education goes beyond ensuring students have acquired depth of knowledge in a range of critical health topics. Health education promotes students who have developed the kinds of health skills they will need in their everyday lives; skills that will equip them for the 21st century. Students who have a high level of health literacy are self-directed learners, critical thinkers and problem-solvers, effective communicators and responsible, productive citizens.

Twenty-first century skills have been defined by business leaders as those skills necessary for young people to live and work in today's highly-competitive global economy. They include skills such as critical thinking, problem solving, communication, leadership and technology literacy. Preparing students for the 21st century cannot be accomplished without a strong and sustained emphasis on all students' health and wellness. Today's world has exploded with physical, mental, and social influences that affect not only

learning in school, but also the lifelong health of the citizens that schools are preparing for graduation. Health education prepares students to function optimally as students, global citizens, and workers who demonstrate personal responsibility for one's health and fitness through an active, healthy lifestyle that fosters a lifelong commitment to wellness.

According to the Joint Committee on National Health Standards, (2007, pg. 119), in order for students to develop lifelong behaviors, they must first develop the *“capacity to obtain, interpret, and understand basic health information and services and the competence to use information and services in ways that enhance health.”*

The academic success of America's youth is strongly linked with their health. Academic success is an excellent indicator of the overall well-being of youth and a primary predictor and determinant of adult health outcomes (Centers for Disease Control and Prevention - CDC).



MOVING EDUCATION FORWARD

South Dakota Department of Education is committed to making sure students graduate with skills needed to be effective citizens, workers and leaders.

Every 21st Century Student must be:

- A critical thinker
- A problem solver
- An effective communicator
- An effective collaborator
- A self-directed learner
- Globally aware
- Information and Media literate
- Financially and Economically literate
- Health literate

For more information visit: www.21centuryskills.org

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The South Dakota Health Education Standards (SDHES) give direction for moving toward excellence in teaching health education. Teachers and policy-makers can use the standards to design curricula, to allocate instructional resources, and to provide a basis for assessing student achievement and progress. The SDHES identify knowledge and skills that can be assessed. They provide guidance to all who are interested in improving health instruction.

"You can't educate a child who isn't healthy and you can't keep a child healthy who isn't educated." - Jocelyn Elders, Former U.S. Surgeon General

Developing Standards for Educational Excellence

In the early 1990s, education leaders across the country agreed that schools needed new strategies, tools, and resources to support the highest levels of achievement by students in the United States. Following the lead of the National Education Goals (established in 1989 under President George H.W. Bush and a coalition of governors) and the “Goals 2000: Educate America” Act (established under President William J. Clinton), the U.S. Department of Education funded the creation of model standards in the arts, civics and government, economics, English, foreign languages, geography, history, and science.

In response, a coalition of health education organizations and professionals from across the country was convened in July 1993, to write the National Health Education Standards (NHES). First published in 1995, the NHES were designed to support schools in meeting the essential goal of helping students acquire the knowledge and skills to promote personal, family, and community health.

Following their lead, the South Dakota Health Education Standards (SDHES) were developed using the National Health Education Standards as a model. The SDHES were approved by the South Dakota Board of Education in 1996. The standards were further revised and the revisions were approved by the South Dakota Board of Education in 2000.

Recognizing the critical role of schools in combating our nation’s health problems while simultaneously acknowledging research-based advances related to effective practice in the field, a new panel of organizations and professionals was convened in 2004, to review and revise the NHES for use in American schools.

Through the collaboration of the South Dakota Department of Education and Coordinated School Health, the South Dakota Health Education Standards were revised using the 2007 National Health Education Standards as a model. The standards were approved by the South Dakota Board of Education in 2010.

The revised South Dakota Health Education Standards (SDHES) provide a framework for aligning curriculum, instruction, and assessment practices for the following groups, all of which play crucial roles in health instruction:

- State and local education agencies
- Education professionals
- Parents and families

- Community agencies, business, organizations, and institutions
- Local and national organizations

Teachers, administrators, and policy makers can use the SDHES as a framework for designing or selecting curricula, for allocating instructional resources, and for providing a basis for the assessment of student achievement and progress. The SDHES also provide students, families, and communities with concrete expectations for health education. Although the standards identify what knowledge and skills students should know and be able to do, they leave precisely how this is to be accomplished to teachers and other local specialists who formulate, deliver, and evaluate curricula.

The revision of the SDHES makes a number of important contributions to the potential for delivery of improved health education across the state, including increased focus on education and behavior theory, inclusion of Pre-kindergarten grade levels, emphasis on assessment, and an expanded call for collaboration and partnerships.

Implementation of the revised SDHES with a commitment to providing qualified teachers, adequate instructional time, and increased linkages to other school curricular areas significantly increases the likelihood that schools will provide high-quality health instruction to all young people.

Health Education as a Component of Coordinated School Health

Health education is not the only school-based approach used to support students in attaining positive health outcomes. Health education is one of eight interactive components in the coordinated school health model which also includes physical education; health services; counseling, psychological, and social services; nutrition services; a healthy school environment; parent, family, and community involvement; and health promotion for school staff. The Coordinated School Health (CSH) approach involves a process of systematic engagement of different components of both the education institution and the community to promote good health and academic achievement. The effectiveness of school health education is enhanced when it is implemented as part of a larger school health plan and when health education outcomes are reinforced by the other components.

The SDHES can be used to support the effective implementation of health education as one of the eight components of CSH. The standards are carefully designed to support schools, educators, families, and other stakeholders in helping students meet the primary goal of health education: for students to develop health literacy which supports healthy behaviors.



The South Dakota Health Education Standards

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

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

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

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

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

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

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

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

Table 1.1 South Dakota Health Education Standards

Organization of the South Dakota Health Education Standards Document

The SDHES document displays each standard (and its supporting information) as follows:

1. The standard
2. A rationale statement
3. Performance indicators (organized by grade span)

The Standards

The eight standards broadly and collectively articulate what students should know and be able to do to adopt or maintain health-enhancing behaviors.

Knowledge of core health concepts and underlying principles of health promotion and disease prevention are included in Standard 1. Standards 2 through 8 identify key processes and skills that are applicable to healthy living. These include identifying the impact of family, peers, culture, media, and technology on health behaviors; knowing how to access valid health information; using interpersonal communication, decision-making, goal-setting, and advocacy skills; and enacting personal health-enhancing practices. (See **Table 1.1** on pg. 12).

Rationale Statements

A rationale statement is provided for each standard. The rationale illustrates the importance of each standard and is intended to provide additional clarity, direction, and understanding.

Performance Indicators

The performance indicators articulate specifically what students should *know* or *be able to do* in support of each standard by the conclusion of each of the following four grade spans:

- Pre-kindergarten through Grade 2
- Grade 3 through Grade 5
- Grade 6 through Grade 8
- Grade 9 through Grade 12

Each performance indicator is introduced by this stem: “ As a result of health instruction in [*grade range*], students will be able to” The performance indicators are meant to be achieved by the end of the grade span in which they are identified.

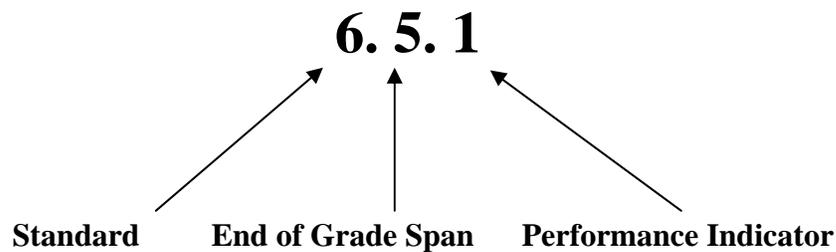
Because learning best occurs when students perform at all levels of the cognitive domain, the performance indicators encompass applying, analyzing, evaluation, and creating, as well as remembering and understanding. Even primary grade students can learn at the higher levels of the cognitive domain if the concepts and learning activities are developmentally appropriate.

Performance indicators are also intended to serve as a blueprint for organizing student assessment. Student achievement of all performance indicators specified for each standard supports the successful attainment of that standard, ultimately increasing the likelihood that students will adopt and maintain healthy behaviors.

The standards, rationales, and performance indicators are presented in two formats. They are first presented in order (standards 1 to 8). Next, the standards and performance indicators are presented by each of the four grade spans. For ease of identification, the performance indicators are numbered sequentially.

Guide to the Numbering and Symbol System Used in the Standards Document

Standards are coded to cross-reference the Standard, the End of Grade Span and the Performance Indicator Number.



Example: 6.5.1: Set a personal health goal and track progress toward its achievement.

Building Curriculum: Integrating Health Content into the Standards and Performance Indicators

Historically, health education curricula were often organized around health content or topic areas. More recently, many health education curricula reflect the six priority adolescent risk behaviors identified by the U.S. Centers for Disease Control and Prevention. The object of the SDHES is to provide a framework from which curricula can be developed, allowing for the inclusion of health content and concepts that are appropriate for local needs. This approach allows the SDHES to remain relevant over time, and it enables state and local education agencies to determine the curriculum content that best addresses the needs of their students.

Table 1.2 shows the relationship between the SDHES and health content areas and adolescent risk behaviors. The standards are designed to encompass a wide range of content areas as well as promote healthy behaviors and decrease risky behaviors.

Many state education agencies will interpret the standards and provide further direction to local education agencies to assist them with development of specific curricula that meet national and state standards. In recognition of this process, the SDHES do not address specific health education content areas; instead, they provide a framework from which curricula can be developed independently. The selection of specific health content is left to state and local education agencies.

Table 1.3 shows how specific health content can be matched to selected performance indicators across the grade spans.

| Common Health Education Content Areas | South Dakota Health Education Standards | Centers for Disease Control and Prevention Adolescent Risk Behaviors |
|---|---|---|
| <ul style="list-style-type: none"> • Alcohol and Other Drugs • Injury Prevention • Nutrition • Physical Activity • Family Life and Sexuality • Tobacco • Mental Health • Personal and Consumer Health • Community and Environmental Health | <p>Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.</p> <p>Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.</p> <p>Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.</p> <p>Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.</p> <p>Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.</p> <p>Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.</p> <p>Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.</p> <p>Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.</p> | <ul style="list-style-type: none"> • Alcohol and Other Drug Use • Injury and Violence (Including Suicide) • Tobacco Use • Poor Nutrition • Inadequate Physical Activity • Risky Sexual Behavior |

Table 1.2 Relationship of common health education content areas and Centers for Disease Control and Prevention adolescent risk behaviors to the South Dakota Health Education Standards.

Health Education Standard 5:

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

Performance indicator (Pre-k–grade 2):

5.2.1 Identify situations when a health-related decision is needed.

Examples:

- Identify situations when a non-violent choice needs to be made.
- Identify situations when hand washing is needed.

Performance indicator (grades 3–5):

5.5.3 List healthy options to health-related issues or problems.

Examples:

- Identify two options for avoiding or minimizing a bullying problem on the school bus.
- Identify two options related to healthy personal hygiene practices.

Performance indicator (grades 6–8):

5.8.4 Distinguish between healthy and unhealthy alternatives to health-related issues or problems.

Examples:

- Analyze the healthy and unhealthy impacts of each option on self and others when handling a bullying problem.
- Analyze the healthy and unhealthy impacts of each option of personal hygiene practices to self and others.

Performance indicator (grades 9–12):

5.12.6 Defend the healthy choice when making decisions.

Examples:

- Justify choosing a non-violent resolution to a bullying situation.
- Defend choosing healthy hygiene habits.

Table 1.3 Example of health education performance indicators with skill samples for the content areas of violence prevention and personal health and wellness.

Characteristics of Effective Health Education Curricula

One of the key parameters of the SDHES revision requires that the standards and performance indicators be based on research that identifies those characteristics of curricula that most positively influence students' health practices and behaviors. The Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH), has examined a synthesis of professional literature to determine the common characteristics of effective health education curricula. Reviews by CDC-DASH of effective programs and curricula, along with input from experts in the field of health education, have identified the following characteristics of effective health education curricula (many of which are reflected in the revised standards and performance indicators).

An effective health education curriculum achieves the following:

- **Focuses on specific behavioral outcomes**
Curricula have a clear set of behavioral outcomes. Instructional strategies and learning experiences focus exclusively on these outcomes.
- **Is research-based and theory-driven**
Instructional strategies and learning experiences build on theoretical approaches, such as social cognitive theory, and social inoculation theory, that have effectively influenced health-related behaviors among youth. The most promising curricula go beyond the cognitive level and address social influences, attitudes, values, norms, and skills that influence specific health-related behaviors.
- **Addresses individual values and group norms that support health-enhancing behaviors**
Instructional strategies and learning experiences help students accurately assess the level of risk-taking behavior among their peers (e.g., how many of their peers use illegal drugs), correct misperceptions of peer and social norms, and reinforce health enhancing attitudes and beliefs.
- **Focuses on increasing the personal perception of risk and harmfulness of engaging in specific health risk behaviors as well as reinforcing protective factors**
Curricula provide opportunities for students to assess their actual vulnerability to health risk behaviors, health problems, and exposure to unhealthy situations. Curricula also provide opportunities for students to affirm health-promoting beliefs, intentions, and behaviors.
- **Addresses social pressures and influences**
Curricula provide opportunities for students to deal with relevant personal and social pressures that

influence risky behaviors, such as the influence of the media, peer pressure, and social barriers.

- **Builds personal and social competence**

Curricula build essential skills including communication, refusal, assessing accuracy of information, decision making, planning and goal setting, self control, and self management that enable students to build personal confidence and ability to deal with social pressures and avoid or reduce risk-taking behaviors. For each skill, students are guided through a series of developmental steps:

1. Discussing the importance of the skill, its relevance, and relationship to other learned skills.
2. Presenting steps for developing the skill.
3. Modeling the skill.
4. Practicing and rehearsing the skill using real-life scenarios.
5. Providing feedback and reinforcement.

- **Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors**

Curricula provide accurate, reliable, and credible information for usable purposes: so students can assess risk, correct misperceptions about social norms, identify ways to avoid or minimize risky situations, examine internal and external influences, make behaviorally relevant decisions, and build personal and social competence. A curriculum that relies exclusively or primarily on disseminating information for the sole purpose of improving knowledge is inadequate and incomplete.

- **Uses strategies designed to personalize information and engage students**

Instructional strategies and learning experiences are student centered, interactive, and experiential. The strategies include group discussions, cooperative learning, problem solving, role playing, and peer-led activities. Learning experiences correspond with students' cognitive and emotional development, help them personalize information, and maintain their interest and motivation while accommodating diverse capabilities and learning styles. Instructional strategies and learning experiences include methods for the following:

1. Addressing key health-related concepts.
2. Encouraging creative expression.
3. Sharing personal thoughts, feelings, and opinions.
4. Developing critical thinking skills.

- **Provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials**

Curricula address students' needs, interests, concerns, developmental and emotional maturity, and current knowledge and skills. Learning should be relevant and applicable to students' daily lives.

- **Incorporates learning strategies, teaching methods, and materials that are culturally inclusive**

Curricular materials are free of culturally biased information, but also include information, activities, and examples that are inclusive of diverse cultures and lifestyles such as gender, race, ethnicity, religion, age, physical/mental ability, and appearance. Strategies promote values, attitudes, and behaviors that support the cultural diversity of students; optimize relevance to students from multiple cultures in the school community; strengthen the skills necessary to engage in intercultural interactions; and build on the cultural resources of families and communities.
- **Provides adequate time for instruction and learning**

Curricula use adequate time to promote understanding of key health concepts and to practice skills. Effecting change requires an intensive and sustained effort. Short-term or “one shot” curricula (e.g., a few hours at one grade level) are generally insufficient to support the adoption and maintenance of healthy behaviors.
- **Provides opportunities to reinforce skills and positive health behaviors**

Curricula build on previously learned concepts and skills and provide opportunities to reinforce health-promoting skills across health topic areas and grade levels, such as multiple practice applications of a skill and skill “booster” sessions at subsequent grade levels or in other academic subject areas. Curricula that address age-appropriate determinants of behavior across grade levels and reinforce and build on learning are more likely to achieve longer-lasting results.
- **Provides opportunities to make positive connections with influential others**

Curricula link students to other influential persons who affirm and reinforce health-promoting norms, beliefs, and behaviors. Instructional strategies build on protective factors that promote healthy behaviors and enable students to avoid or reduce health risk behaviors by engaging peers, parents, families, and other positive adult role models in student learning.
- **Includes teacher information and plans for professional development and training that enhances effectiveness of instruction and student learning**

Curricula are implemented by teachers who have a personal interest in promoting positive health behaviors, believe in what they are teaching, are knowledgeable about the curriculum content, and are comfortable and skilled in implementing expected instructional strategies. Ongoing professional development and training is critical for helping teachers implement a new curriculum or implement strategies that require new skills in teaching or assessment.

South Dakota Health Education Standards with Rationale and Performance Indicators

Health Education Standard 1

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

RATIONALE

The acquisition of basic health concepts and functional health knowledge provides a foundation for promoting health-enhancing behaviors among youth. This standard includes essential concepts that are based on established health behavior theories and models. Concepts that focus on both health promotion and risk reduction are included in the performance indicators.

Health Education Standard 1 Performance Indicators

Pre-K–Grade 2

- 1.2.1 Identify that healthy behaviors affect personal health.
- 1.2.2 Identify the multiple dimensions of health.
- 1.2.3 Describe ways to prevent communicable diseases.
- 1.2.4 List ways to prevent common childhood injuries.
- 1.2.5 Describe why it is important to seek health care.

Grades 3–5

- 1.5.1 Describe the relationship between healthy behaviors and personal health.
- 1.5.2 Identify examples of emotional, mental, physical, and social health.
- 1.5.3 Describe ways in which safe and healthy school and community environments can promote personal health.
- 1.5.4 Describe ways to prevent common childhood injuries and health problems.
- 1.5.5 Describe when it is important to seek health care.

Grades 6–8

- 1.8.1 Analyze the relationship between healthy behaviors and personal health.
- 1.8.2 Describe the interrelationships of emotional, mental, physical, and social health in adolescence.
- 1.8.3 Analyze how the environment affects personal health.
- 1.8.4 Describe how family history can affect personal health.
- 1.8.5 Describe ways to reduce or prevent injuries and other adolescent health problems.
- 1.8.6 Explain how appropriate health care can promote personal health.
- 1.8.7 Describe the benefits of and barriers to practicing healthy behaviors.
- 1.8.8 Examine the likelihood of injury or illness if engaging in unhealthy behaviors.
- 1.8.9 Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.

Grades 9–12

- 1.12.1 Predict how healthy behaviors can affect health status.
- 1.12.2 Describe the interrelationships of emotional, mental, physical, and social health.
- 1.12.3 Analyze how environment and personal health are interrelated.
- 1.12.4 Analyze how genetics and family history can affect personal health.
- 1.12.5 Propose ways to reduce or prevent injuries and health problems.
- 1.12.6 Analyze the relationship between access to health care and health status.
- 1.12.7 Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.
- 1.12.8 Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.
- 1.12.9 Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.

Health Education Standard 2

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

RATIONALE

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

Health Education Standard 2 Performance Indicators

Pre-K–Grade 2

- 2.2.1 Identify how the family influences personal health practices and behaviors.
- 2.2.2 Identify what the school can do to support personal health practices and behaviors.
- 2.2.3 Describe how the media can influence health behaviors.

Grades 3–5

- 2.5.1 Describe how the family influences personal health practices and behaviors.
- 2.5.2 Identify the influence of culture on health practices and behaviors.
- 2.5.3 Identify how peers can influence healthy and unhealthy behaviors.
- 2.5.4 Describe how the school and community can support personal health practices and behaviors.
- 2.5.5 Explain how media influences thoughts, feelings, and health behaviors.
- 2.5.6 Describe ways that technology can influence personal health.

Grades 6–8

- 2.8.1 Examine how the family influences the health of adolescents.
- 2.8.2 Describe the influence of culture on health beliefs, practices, and behaviors.
- 2.8.3 Describe how peers influence healthy and unhealthy behaviors.
- 2.8.4 Analyze how the school and community can influence personal health practices and behaviors.
- 2.8.5 Analyze how messages from media influence health behaviors.
- 2.8.6 Analyze the influence of technology on personal and family health.

- 2.8.7 Explain how the perceptions of norms influence healthy and unhealthy behaviors.
- 2.8.8 Explain the influence of personal values and beliefs on individual health practices and behaviors.
- 2.8.9 Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.
- 2.8.10 Explain how school and public health policies can influence health promotion and disease prevention.

Grades 9–12

- 2.12.1 Analyze how the family influences the health of individuals.
- 2.12.2 Analyze how culture supports and challenges health beliefs, practices, and behaviors.
- 2.12.3 Analyze how peers influence healthy and unhealthy behaviors.
- 2.12.4 Evaluate how the school and community can influence personal health practice and behaviors.
- 2.12.5 Evaluate the influence of media on personal and family health.
- 2.12.6 Evaluate the impact of technology on personal, family, and community health.
- 2.12.7 Analyze how the perceptions of norms influence healthy and unhealthy behaviors.
- 2.12.8 Analyze the influence of personal values and beliefs on individual health practices and behaviors.
- 2.12.9 Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.
- 2.12.10 Analyze how public health policies and government regulations can influence health promotion and disease prevention.

Health Education Standard 3

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

RATIONALE

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

Health Education Standard 3 Performance Indicators

Pre-K–Grade 2

- 3.2.1 Identify trusted adults and professionals who can help promote health.
- 3.2.2 Identify ways to locate school and community health helpers.
- 3.2.3 Explain the type of help provided by school and community health helpers.

Grades 3–5

- 3.5.1 Identify characteristics of valid health information, products, and services.
- 3.5.2 Locate resources from home, school, and community that provide valid health information.

Grades 6–8

- 3.8.1 Locate valid and reliable health information products and services.
- 3.8.2 Analyze the validity of health information, products, and services.
- 3.8.3 Access valid health information from home, school, and community.
- 3.8.4 Determine the accessibility of products that enhance health.
- 3.8.5 Describe situations that may require professional health services.

Grades 9–12

- 3.12.1 Access valid and reliable health information products and services.
- 3.12.2 Evaluate the validity of health information, products, and services.
- 3.12.3 Use resources from home, school, and community that provide valid health information.
- 3.12.4 Determine the accessibility of products and services that enhance health.
- 3.12.5 Determine when professional health services may be required.

Health Education Standard 4

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

RATIONALE

Effective communication enhances personal, family and community health. This standard focuses on how responsible individuals use verbal and nonverbal skills to develop and maintain healthy personal relationships. The ability to organize and convey information and feelings is the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

Health Education Standard 4 Performance Indicators

Pre-K–Grade 2

- 4.2.1 Demonstrate healthy ways to express needs, wants, and feelings.
- 4.2.2 Demonstrate listening skills to enhance health.
- 4.2.3 Demonstrate ways to respond to an unwanted, threatening, or dangerous situation.
- 4.2.4 Demonstrate ways to tell a trusted adult if threatening or harmful behaviors affect self or others.

Grades 3–5

- 4.5.1 Demonstrate effective verbal and nonverbal communication skills to enhance health.
- 4.5.2 Demonstrate refusal skills that avoid or reduce health risks.
- 4.5.3 Demonstrate nonviolent strategies to manage or resolve conflict.
- 4.5.4 Demonstrate how to ask for assistance to enhance personal health.

Grades 6–8

- 4.8.1 Apply effective verbal and nonverbal communication skills to enhance health.
- 4.8.2 Demonstrate refusal and negotiation skills that avoid or reduce health risks.
- 4.8.3 Demonstrate effective conflict management or resolution strategies.
- 4.8.4 Demonstrate how to ask for assistance to enhance the health of self and others.

Grades 9–12

- 4.12.1 Use skills for communicating effectively with family, peers, and others to enhance health.
- 4.12.2 Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
- 4.12.3 Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.
- 4.12.4 Demonstrate how to ask for and offer assistance to enhance the health of self and others.
- 4.12.5 Analyze refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.

Health Education Standard 5

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

RATIONALE

Decision-making skills are needed to identify, implement, and sustain health-enhancing behaviors. This standard includes the essential steps that are needed to make healthy decisions as prescribed in the performance indicators. When applied to health issues, the decision-making process enables individuals to collaborate with others to improve their quality of life.

Health Education Standard 5 Performance Indicators

Pre-K–Grade 2

- 5.2.1 Identify situations when a health-related decision is needed.
- 5.2.2 Differentiate between situations when a health-related decision can be made independently or when assistance is needed.
- 5.2.3 Describe potential consequences of health-related decisions.

Grades 3–5

- 5.5.1 Identify health-related situations that might require a thoughtful decision.
- 5.5.2 Analyze when assistance is needed in making a health-related decision.
- 5.5.3 List healthy options to health-related issues or problems.
- 5.5.4 Predict the potential outcomes of each option when making a health-related decision.
- 5.5.5 Choose a healthy option when making a decision.
- 5.5.6 Describe the outcomes of a health-related decision.

Grades 6–8

- 5.8.1 Identify circumstances that can help or hinder healthy decision making.
- 5.8.2 Determine when health-related situations require the application of a thoughtful decision-making process.
- 5.8.3 Distinguish when individual or collaborative decision making is appropriate.
- 5.8.4 Distinguish between healthy and unhealthy alternatives to health-related issues or problems.
- 5.8.5 Predict the potential short-term impact of each alternative on self and others.
- 5.8.6 Choose healthy alternatives over unhealthy alternatives when making a decision.
- 5.8.7 Analyze the outcomes of a health-related decision.

Grades 9–12

- 5.12.1 Examine barriers that can hinder healthy decision making.
- 5.12.2 Determine the value of applying a thoughtful decision-making process in health-related situations.
- 5.12.3 Justify when individual or collaborative decision making is appropriate.
- 5.12.4 Generate alternatives to health-related issues or problems.
- 5.12.5 Predict the potential short-term and long-term impact of each alternative on self and others.
- 5.12.6 Defend the healthy choice when making decisions.
- 5.12.7 Evaluate the effectiveness of health-related decisions.

Health Education Standard 6

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

RATIONALE

Goal-setting skills are essential to help students identify, adopt, and maintain healthy behaviors. This standard includes the critical steps that are needed to achieve both short-term and long-term health goals. These skills make it possible for individuals to have aspirations and plans for the future.

Health Education Standard 6 Performance Indicators

Pre-K–Grade 2

- 6.2.1 Identify a short-term personal health goal and take action toward achieving the goal.
- 6.2.2 Identify who can help when assistance is needed to achieve a personal health goal.

Grades 3–5

- 6.5.1 Set a personal health goal and track progress toward its achievement.
- 6.5.2 Identify resources to assist in achieving a personal health goal.

Grades 6–8

- 6.8.1 Assess personal health practices.
- 6.8.2 Develop a goal to adopt, maintain, or improve a personal health practice.
- 6.8.3 Apply strategies and skills needed to attain a personal health goal.
- 6.8.4 Describe how personal health goals can vary with changing abilities, priorities, resources and responsibilities.

Grades 9–12

- 6.12.1 Assess personal health practices and overall health status.
- 6.12.2 Develop a plan to attain a personal health goal that addresses strengths, needs, and risks.
- 6.12.3 Implement strategies and monitor progress in achieving a personal health goal.
- 6.12.4 Formulate an effective long-term personal health plan.

Health Education Standard 7

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

RATIONALE

Research confirms that the practice of health-enhancing behaviors can contribute to a positive quality of life. In addition, many diseases and injuries can be prevented by reducing harmful and risk-taking behaviors. This standard promotes the acceptance of personal responsibility for health and encourages the practice of healthy behaviors.

Health Education Standard 7 Performance Indicators

Pre-K–Grade 2

- 7.2.1 Demonstrate healthy practices and behaviors to maintain or improve personal health.
- 7.2.2 Demonstrate behaviors that avoid or reduce health risks.

Grades 3–5

- 7.5.1 Identify responsible personal health behaviors.
- 7.5.2 Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health.
- 7.5.3 Demonstrate a variety of behaviors that avoid or reduce health risks.

Grades 6–8

- 7.8.1 Explain the importance of assuming responsibility for personal health behaviors.
- 7.8.2 Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.
- 7.8.3 Demonstrate behaviors that avoid or reduce health risks to self and others.

Grades 9–12

- 7.12.1 Analyze the role of individual responsibility in enhancing health.
- 7.12.2 Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- 7.12.3 Demonstrate a variety of behaviors that avoid or reduce health risks to self and others.

Health Education Standard 8

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

RATIONALE

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

Health Education Standard 8 Performance Indicators

Pre-K–Grade 2

- 8.2.1 Make requests to promote personal health.
- 8.2.2 Encourage others to make positive health choices.

Grades 3–5

- 8.5.1 Express opinions and give accurate information about health issues.
- 8.5.2 Support others in making positive health choices.

Grades 6–8

- 8.8.1 State a health-enhancing position on a topic and support it with accurate information.
- 8.8.2 Demonstrate how to influence and support others to make positive health choices.
- 8.8.3 Work cooperatively to advocate for healthy individuals, families and schools.
- 8.8.4 Identify ways in which health messages and communication techniques can be altered for different audiences.

Grades 9–12

- 8.12.1 Use accurate peer and societal norms to formulate a health-enhancing message.
- 8.12.2 Demonstrate how to persuade and support others to make positive health choices.
- 8.12.3 Work cooperatively as an advocate for improving personal, family, and community health.
- 8.12.4 Adapt health messages and communication techniques to a specific target audience.

South Dakota Health Education Standards By Grade Span

Pre-Kindergarten – Grade 2

For all eight standards, the performance indicators are the specific concepts and skills that students *should know* and *be able to do* by the end of grade 2.

Health Education Standard 1

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

As a result of health instruction in pre-kindergarten through grade 2, students will:

- 1.2.1 Identify that healthy behaviors affect personal health.
- 1.2.2 Identify the multiple dimensions of health.
- 1.2.3 Describe ways to prevent communicable diseases.
- 1.2.4 List ways to prevent common childhood injuries.
- 1.2.5 Describe why it is important to seek health care.

Health Education Standard 2

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

As a result of health instruction in pre-kindergarten through grade 2, students will:

- 2.2.1 Identify how the family influences personal health practices and behaviors.
- 2.2.2 Identify what the school can do to support personal health practices and behaviors.
- 2.2.3 Describe how the media can influence health behaviors.

Health Education Standard 3

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

As a result of health instruction in pre-kindergarten through grade 2, students will:

- 3.2.1 Identify trusted adults and professionals who can help promote health.
- 3.2.2 Identify ways to locate school and community health helpers.
- 3.2.3 Explain the type of help provided by school and community health helpers.

Health Education Standard 4

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

As a result of health instruction in pre-kindergarten through grade 2, students will:

- 4.2.1 Demonstrate healthy ways to express needs, wants, and feelings.
- 4.2.2 Demonstrate listening skills to enhance health.
- 4.2.3 Demonstrate ways to respond to an unwanted, threatening or dangerous situation.
- 4.2.4 Demonstrate ways to tell a trusted adult if threatening or harmful behaviors affect self or others.

Health Education Standard 5

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

As a result of health instruction in pre-kindergarten through grade 2, students will:

- 5.2.1 Identify situations when a health-related decision is needed.
- 5.2.2 Differentiate between situations when a health-related decision can be made independently or when assistance is needed.
- 5.2.3 Describe potential consequences of health related decisions.

Health Education Standard 6

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

As a result of health instruction in pre-kindergarten through grade 2, students will:

- 6.2.1 Identify a short-term personal health goal and take action toward achieving the goal.
- 6.2.2 Identify who can help when assistance is needed to achieve a personal health goal.

Health Education Standard 7

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

As a result of health instruction in pre-kindergarten through grade 2, students will:

- 7.2.1 Demonstrate healthy practices and behaviors to maintain or improve personal health.
- 7.2.2 Demonstrate behaviors that avoid or reduce health risks.

Health Education Standard 8

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

As a result of health instruction in pre-kindergarten through grade 2, students will:

- 8.2.1 Make requests to promote personal health.
- 8.2.2 Encourage others to make positive health choices.

Grades 3-5

For all eight standards, the performance indicators are the specific concepts and skills that students *should know* and *be able to do* by the end of grade 5.

Health Education Standard 1

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

As a result of health instruction in grades 3 through 5, students will:

- 1.5.1 Describe the relationship between healthy behaviors and personal health.
- 1.5.2 Identify examples of emotional, mental, physical, and social health.
- 1.5.3 Describe ways in which safe and health school and community environment can promote personal health.
- 1.5.4 Describe ways to prevent common childhood injuries and health problems.
- 1.5.5 Describe when it is important to seek health care.

Health Education Standard 2

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

As a result of health instruction in grades 3 through 5, students will:

- 2.5.1 Describe how the family influences personal health practices and behaviors.
- 2.5.2 Identify the influence of culture on health practices and behaviors.
- 2.5.3 Identify how peers can influence healthy and unhealthy behaviors.
- 2.5.4 Describe how the school and community can support personal health practices and behaviors.
- 2.5.5 Explain how media influences thoughts, feelings, and health behaviors.
- 2.5.6 Describe ways that technology can influence personal health.

Health Education Standard 3

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

As a result of health instruction in grades 3 through 5, students will:

- 3.5.1 Identify characteristics of valid health information, products, and services.
- 3.5.2 Locate resources from home, school, and community that provide valid health information.

Health Education Standard 4

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

As a result of health instruction in grades 3 through 5, students will:

- 4.5.1 Demonstrate effective verbal and nonverbal communication skills to enhance health.
- 4.5.2 Demonstrate refusal skills that avoid or reduce health risks.
- 4.5.3 Demonstrate nonviolent strategies to manage or resolve conflict.
- 4.5.4 Demonstrate how to ask for assistance to enhance personal health.

Health Education Standard 5

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

As a result of health instruction in grades 3 through 5, students will:

- 5.5.1 Identify health-related situations that might require a thoughtful decision.
- 5.5.2 Analyze when assistance is needed in making a health-related decision.
- 5.5.3 List healthy options to health-related issues or problems.
- 5.5.4 Predict the potential outcomes of each option when making a health-related decision.
- 5.5.5 Choose a healthy option when making a decision.
- 5.5.6 Describe the outcomes of a health-related decision.

Health Education Standard 6

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

As a result of health instruction in grades 3 through 5, students will:

- 6.5.1 Set a personal health goal and track progress toward its achievement.
- 6.5.2 Identify resources to assist in achieving a personal health goal.

Health Education Standard 7

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

As a result of health instruction in grades 3 through 5, students will:

- 7.5.1 Identify responsible personal health behaviors.

- 7.5.2 Demonstrate a variety of health practices and behaviors to maintain or improve personal health.
- 7.5.3 Demonstrate a variety of behaviors that avoid or reduce health risks.

Health Education Standard 8

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

As a result of health instruction in grades 3 through 5, students will:

- 8.5.1 Express opinions and give accurate information about health issues.
- 8.5.2 Support others to make positive health choices.

Grades 6-8

For all eight standards, the performance indicators are the specific concepts and skills that students *should know* and *be able to do* by the end of grade 8.

Health Education Standard 1

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

As a result of health instruction in grades 6 through 8, students will:

- 1.8.1 Analyze the relationship between healthy behaviors and personal health.
- 1.8.2 Describe the interrelationships of emotional, mental, physical and social health in adolescence.
- 1.8.3 Analyze how the environment affects personal health.
- 1.8.4 Describe how family history can affect personal health.
- 1.8.5 Describe ways to reduce or prevent injuries and other adolescent health problems.
- 1.8.6 Explain how appropriate health care can promote personal health.
- 1.8.7 Describe the benefits of and barriers to practicing healthy behaviors.
- 1.8.8 Examine the likelihood of injury or illness if engaging in unhealthy behaviors.
- 1.8.9 Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.

Health Education Standard 2

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

As a result of health instruction in grades 6 through 8, students will:

- 2.8.1 Examine how the family influences the health of adolescents.
- 2.8.2 Describe the influence of culture on health beliefs, practices, and behaviors.
- 2.8.3 Describe how peers influence healthy and unhealthy behaviors.
- 2.8.4 Analyze how the school and community can influence personal health practices and behaviors.
- 2.8.5 Analyze how messages from media influence health behaviors.
- 2.8.6 Analyze the influence of technology on personal and family health.
- 2.8.7 Explain how the perceptions of norms influence healthy and unhealthy behaviors.
- 2.8.8 Explain the influence of personal values and beliefs on individual health practices

and behaviors.

- 2.8.9 Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.
- 2.8.10 Explain how school and public health policies can influence health promotion and disease prevention.

Health Education Standard 3

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

As a result of health instruction in grades 6 through 8, students will:

- 3.8.1 Locate valid and reliable health information, products and services.
- 3.8.2 Analyze the validity of health information, products, and services.
- 3.8.3 Access valid health information from home, school, and community.
- 3.8.4 Determine the accessibility of products that enhance health.
- 3.8.5 Describe situations that may require professional health services.

Health Education Standard 4

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

As a result of health instruction in grades 6 through 8, students will:

- 4.8.1 Apply effective verbal and nonverbal communication skills to enhance health.
- 4.8.2 Demonstrate refusal and negotiation skills that avoid or reduce health risks.
- 4.8.3 Demonstrate effective conflict management or resolution strategies.
- 4.8.4 Demonstrate how to ask for assistance to enhance the health of self and others.

Health Education Standard 5

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

As a result of health instruction in grades 6 through 8, students will:

- 5.8.1 Identify circumstances that can help or hinder healthy decision making.
- 5.8.2 Determine when health-related situations require the application of a thoughtful decision-making process.
- 5.8.3 Distinguish when individual or collaborative decision making is appropriate.
- 5.8.4 Distinguish between healthy and unhealthy alternatives to health-related issues or problems.

- 5.8.5 Predict the potential short-term impact of each alternative on self and others.
- 5.8.6 Choose healthy alternatives over unhealthy alternatives when making a decision.
- 5.8.7 Analyze the outcomes of a health-related decision.

Health Education Standard 6

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

As a result of health instruction in grades 6 through 8, students will:

- 6.8.1 Assess personal health practices.
- 6.8.2 Develop a goal to adopt, maintain, or improve a personal health practice.
- 6.8.3 Apply strategies and skills needed to attain a personal health goal.
- 6.8.4 Describe how personal health goals can vary with changing abilities, priorities, resources and responsibilities.

Health Education Standard 7

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

As a result of health instruction in grades 6 through 8, students will:

- 7.8.1 Explain the importance of assuming responsibility for personal health behaviors.
- 7.8.2 Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.
- 7.8.3 Demonstrate behaviors that avoid or reduce health risks to self and others.

Health Education Standard 8

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

As a result of health instruction in grades 6 through 8, students will:

- 8.8.1 State a health-enhancing position on a topic and support it with accurate information.
- 8.8.2 Demonstrate how to influence and support others to make positive health choices.
- 8.8.3 Work cooperatively to advocate for healthy individuals, families, and schools.
- 8.8.4 Identify ways in which health messages and communication techniques can be altered for different audiences.

Grades 9-12

For all eight standards, the performance indicators are the specific concepts and skills that students *should know* and *be able to do* by the end of grade 12.

Health Education Standard 1

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

As a result of health instruction in grades 9 through 12, students will:

- 1.12.1 Predict how healthy behaviors can affect health status.
- 1.12.2 Describe the interrelationships of emotional, mental, physical and social health in adolescence.
- 1.12.3 Analyze how the environment affects personal health.
- 1.12.4 Analyze how genetics and family history can affect personal health.
- 1.12.5 Propose ways to reduce or prevent injuries and health problems
- 1.12.6 Analyze the relationship between access to health care and health status.
- 1.12.7 Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.
- 1.12.8 Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.
- 1.12.9 Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.

Health Education Standard 2

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

As a result of health instruction in grades 9 through 12, students will:

- 2.12.1 Analyze how the family influences the health of individuals.
- 2.12.2 Analyze how culture supports and challenges health beliefs, practices and behaviors.
- 2.12.3 Analyze how peers influence healthy and unhealthy behaviors.
- 2.12.4 Evaluate how the school and community can influence personal health practice and behaviors.
- 2.12.5 Evaluate the influence of media on personal and family health.
- 2.12.6 Evaluate the impact of technology on personal, family, and community health.

- 2.12.7 Analyze how the perceptions of norms influence healthy and unhealthy behaviors.
- 2.12.8 Analyze the influence of personal values and beliefs on individual health practices and behaviors.
- 2.12.9 Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.
- 2.12.10 Analyze how public health policies and government regulations can influence health promotion and disease prevention.

Health Education Standard 3

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

As a result of health instruction in grades 9 through 12, students will:

- 3.12.1 Access valid and reliable health information, products and services.
- 3.12.2 Evaluate the validity of health information, products, and services.
- 3.12.3 Use resources from home, school, and community that provide valid health information.
- 3.12.4 Determine the accessibility of products and services that enhance health.
- 3.12.5 Determine when professional health services may be required.

Health Education Standard 4

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

As a result of health instruction in grades 9 through 12, students will:

- 4.12.1 Use skills for communicating effectively with family, peers, and others to enhance health.
- 4.12.2 Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
- 4.12.3 Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.
- 4.12.4 Demonstrate how to ask for and offer assistance to enhance the health of self and others.
- 4.12.5 Analyze refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risk.

Health Education Standard 5

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

As a result of health instruction in grades 9 through 12, students will:

- 5.12.1 Examine barriers that can hinder healthy decision making.
- 5.12.2 Determine the value of applying a thoughtful decision-making process in health-related situations.
- 5.12.3 Justify when individual or collaborative decision making is appropriate.
- 5.12.4 Generate alternatives to health-related issues or problems.
- 5.12.5 Predict the potential short-term and long-term impact of each alternative on self and others.
- 5.12.6 Defend the healthy choice when making decisions
- 5.12.7 Evaluate the effectiveness of health-related decisions.

Health Education Standard 6

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

As a result of health instruction in grades 9 through 12, students will:

- 6.12.1 Assess personal health practices and overall health status.
- 6.12.2 Develop a plan to attain a personal health goal that addresses strengths, needs, and risks.
- 6.12.3 Implement strategies and monitor progress in achieving a personal health goal.
- 6.12.4 Formulate an effective long-term personal health plan.

Health Education Standard 7

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

As a result of health instruction in grades 9 through 12, students will:

- 7.12.1 Analyze the role of individual responsibility in enhancing health.
- 7.12.2 Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- 7.12.3 Demonstrate a variety of behaviors that avoid or reduce health risks to self and others.

Health Education Standard 8

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

As a result of health instruction in grades 9 through 12, students will:

- 8.12.1 Use accurate peer and societal norms to formulate a health-enhancing message.
- 8.12.2 Demonstrate how to persuade and support others to make positive health choices.
- 8.12.3 Work cooperatively as an advocate for improving personal, family, and community health.
- 8.12.4 Adapt health messages and communication techniques to a specific target audience.

Overview

What should students be taught in the years between pre-kindergarten and grade 12? How can we determine whether students are learning what we want them to learn? And how do we determine whether the instructional strategies we are using actually succeed in helping students learn health concepts and skills? Standards and meaningful assessment are valuable tools in answering these questions. Assessment serves a variety of purposes for teachers, students, administrators, other school personnel, family members, policy makers, business leaders, community members, and institutions of higher education.

This section introduces assessment and assessment systems, identifies the purposes and principles of assessment, and discusses standards-based assessment, curricula, and instruction, and describes the various types of assessment.

Standards-based education is closely linked to assessment. Standards-based education demands clear identification of what students should know and be able to do. Standards should guide all decisions related to assessment, curriculum, and instruction, with the focus always on student learning.

For schools to be successful in achieving academic standards, it is essential for stakeholders in the schools, districts, and states to assess student learning, the instructional environment, and instructional programs. All individuals who are responsible for devising, administering, or overseeing the instructional program in the school must take a serious look at their role in guaranteeing that students are learning and making academic progress. The South Dakota Health Education Standards (SDHES) identify the essential concepts that students should know and the essential skills students should be able to do. Assessment provides the evidence that determines whether students have met the standards and performance indicators.

Standards and performance indicators are the foundation for assessment, curriculum, and instruction in health education. In a standards-based approach, assessments and assessment systems are aligned with standards and performance indicators. What we now know about learning indicates that assessment and learning are closely tied to each other. Because of this, it is important to clarify what we mean when we talk about assessment.

Clarifying Assessment

Assessment is a way to measure student learning and/or program effectiveness. Assessment informs teachers and others what health concepts and skills students have learned, how well they have learned these concepts and skills, and whether or not adjustments must be made to health education curricula, instruction or assessments. *Assessment systems* combine multiple assessments into a comprehensive format that provides thorough, valid, reliable, and trustworthy information for making decisions about students' achievement. Assessment of student achievement of the health education standards and performance indicators is an important component of local and state assessment systems. Data regarding student understanding of health concepts and skills are critical to making informed decisions related to health education curriculum and instruction in classrooms, schools, districts, and states.

In the past, educators have demonstrated effective means of *summative assessment*; the assessment of learning. Students of any era can recall studying a chapter or unit of a content area, followed by a quiz or test that revealed how much information was retained from the lessons and/or activities implemented. There remains a need for summative assessment as it measures student performance based on established standards and criteria and usually leads to a report on student achievement or level of proficiency.

Research shows many benefits of incorporating various methods of *formative assessment*, the assessment for learning, to achieve and maximize instructional outcomes. *Formative assessment* continually measures student performance to guide instruction and enhance student learning. Emphasizing assessment for learning is perhaps more important than emphasizing assessment of learning because formative, or classroom-based assessment, can improve understanding of health concepts and skills and thus improve performance on summative or high-stakes assessments. An understanding of the purposes of summative and formative assessment is essential to making decisions related to assessment and assessment systems.

Purposes of Assessment

Summative and formative assessments serve many purposes in health education. Summative assessments document student achievement of health standards. Summative assessments, used in conjunction with formative assessments, can clarify the curriculum and instruction students will need to achieve the standards.

Formative assessment is “*A process used by teachers and students during instruction that provides feedback to adjust ongoing teaching and learning to improve students’ achievement of intended instructional outcome.*” – Council of Chief State School Officers, Formative Assessment for Students and Teachers, State Collaborative on Assessment and Student Standards (CCSSO FAST SCASS)¹

In examining the above definition, two words stand out in the importance of implementing true formative assessment. They are “feedback” and “adjust.” Formative assessment differs from summative assessment in its ability to give students meaningful feedback to enhance learning *prior* to being issued a passing or failing grade. Educators need a deep understanding of what meaningful feedback involves. According to Grant Wiggins, leading expert and author on formative assessment, meaningful feedback “tells you what you just did. Feedback is information you can use. It’s descriptive and useful information about what you did and didn’t do in light of a goal.”²

The second prominent word in this definition of formative assessment deals with the time given students to “adjust” their understanding of knowledge or performance of skills. Summative assessment is an end point, whereas formative assessment gives students sufficient time to make adjustments to enhance their learning. Therefore, the sooner meaningful feedback comes into play, the better for students.

“Assessment should promote growth (formative) and then verify it (summative).”³

Teachers use both formative and summative assessments to evaluate student learning, assign grades, and communicate with students and their families about student progress. Formative and summative assessments also provide important information for planning, implementing, and evaluating services and interventions designed to support student learning.

To select and administer quality assessments, a clearly defined purpose is essential. There are several important questions to consider when using an assessment:

How will the results of the assessment be used?

- To inform curriculum and instruction?
- To assign a grade?
- To document students' achievement of a standard and/or performance indicator?

What concept and/or skill is being assessed?

- What level of knowledge of the concepts and/or ability to demonstrate health skills is being assessed: remembering, understanding, applying, analyzing, evaluating, or creating?

What curriculum and instructional activities are needed to ensure that students have the opportunity to develop the knowledge and/or skill they need to succeed on the assessment?

What resources are available for developing, conducting, and scoring the assessment and communicating the results of the assessment?

By answering these questions, teachers and other school personnel can decide the assessment activity or activities that best meet their needs.

Uses of Assessment Linked to Standards

Another important question is: What are possible uses of assessment linked to the SDHES? The SDHES tied to assessment measures can be used for developing, refining, or evaluating assessment and assessment systems. For example:

- Teachers, curriculum directors, and other school personnel can use the standards to guide assessment reform in classrooms.

- Teachers, curriculum directors, and other school personnel can use the standards in their continuing professional development.
- Institutions of higher education, especially those involved in teacher preparation, can use the standards in their own instructional and assessment practices.
- Community, parent, advocacy, and business organizations can use the standards to evaluate and help improve student assessment systems.
- Policymakers who are developing new systems of assessment at the national, state, and district levels can use the standards to redefine the role of large-scale assessment and ensure support for classroom-based assessment.
- Educational researchers can use the standards to design, research, and conduct evaluations of schools and school systems.

Guiding Principles of Assessment

There are key guidelines related to the appropriate development and use of assessment and assessment systems by classroom teachers, school administrators, and state and national policymakers.

These key principles include the following:

- Promotion of student learning;
- Alignment of standards, assessment, curriculum, and instruction;
- Use of a variety of equitable, valid, and reliable assessments that ensure flexibility to meet the needs of a diverse student body;
- Provision to students of clear information about performance criteria;
- Provision to students of multiple opportunities to apply and master health-related concepts and skills, and ongoing feedback to enhance their learning of these concepts and skills;
- Provision to students and family members of information regarding student achievement; and
- Ongoing review and improvement of assessments and assessment systems.

Assessment for learning in health education includes giving students:

- Explicit information about the health concepts and skills that will be covered by an assessment;
- Clear performance targets prior to instruction;
- Clear evaluation criteria;
- Multiple models or demonstrations of excellence;
- Multiple opportunities to learn, practice, and apply health concepts and skills;
- Assessments in which they create products and performances that are authentic in the application of health concepts and skills;
- Support for assuming responsibility for learning;
- Opportunities to engage in regular self assessment;
- Opportunities to build their confidence as learners; and
- Frequent and specific feedback that gives them insight about ways to improve.

Assessment for learning in health education also includes continual modification of instruction based on the results of classroom assessment and involvement of students in communication with their families about their progress toward, and achievement of, health literacy.

Standards-Based Assessment, Curriculum, and Instruction

We know that a guiding principle of assessment is the alignment of standards, assessment, curriculum, and instruction. The link between assessment, curriculum, and instruction can be thought of as a continuous cycle in which the assessment of standards and performance indicators informs curriculum, curriculum informs instruction, instruction informs assessment, and evidence from the assessment once again informs curriculum (**Fig. 4.2**). Approaches to standards-based assessment, curriculum, and instruction include *backward design*.



Figure 4.2 The diagram depicts a continuum in which standards, curriculum, instruction, and assessment work together 1) to ensure that students achieve health literacy and 2) to provide an effective tool to direct future health education policy. Copyright © 2003 CCSSO ~ SCASS Health Education Assessment Project

Backward Design

Planning in a standards-based environment is often called “backward” because it “begins with the end” in mind. In a standards-based classroom, “the end” that teachers concentrate on involves the standards and performance indicators (what students should know and be able to do) that have been identified as those that students must meet at the end of the grade or course that they are in (versus completion of a particular activity or project, chapters in a book, or a packaged curriculum).

Standards and performance indicators help clarify that what students are doing on a day-to-day basis is tied to the outcomes sought for the school year and for their entire pre-kindergarten through grade 12 educational experience. Assessments aligned to standards and performance indicators allow the students to recognize what they should know and be able to do “at the end” of instruction and practice. The evidence of student learning provides direction for curriculum and instruction.

Clarifying curricular priorities is another key component of backward design. Curriculum and assessment decisions are made based on the desired end result. The desired end result in health education is the set of health concepts and skills that students should know and be able to do to become health literate and practice healthy behaviors.

Backward design is a three-step approach to aligning standards, assessment, curriculum, and instruction with a specific goal in mind. ⁴ (**Fig. 4.3**)

- The **FIRST STEP** in backward design is to use standards and performance indicators to identify the health concepts and skills that students should know and be able to do.
(What should students know and be able to do?)
- The **SECOND STEP** is to identify assessments that will provide evidence of students' achievement of these concepts and skills.
(How will we know if students have achieved the desired results and have met the standards? What will we accept as evidence of student understanding and proficiency?)
- The **THIRD STEP** is to plan learning experiences and instruction that give students the opportunity to practice and master health concepts and skills.
(What instructional activities will we need in order to match the selected learning goals and planned assessment?)

Although these three steps outline an approach to the design of assessment, curriculum, and instruction, it is important to understand that these steps are interconnected and that there will be interplay between the development and implementation of assessments, curriculum, and instruction.

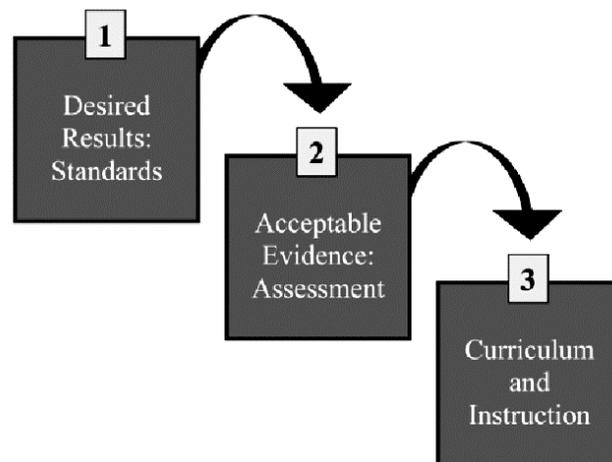


Figure 4.3 The backward-design approach to standards-based assessment, curriculum, and instruction. Standards arise from the desired results; assessment provides evidence that students are meeting or not meeting standards, which allows educators to shape curricula and instruction. Adapted, with permission, from Stages in backward design process. G. Wiggins and J. McTighe in *Understanding By Design, Expanded 2nd Edition, 2005*. Alexandria, VA: ASCD, 2005. Copyright © 2005 by Association for Supervision and Curriculum Development. Reprinted with permission

Backward design requires that teachers, administrators, and other school personnel make adjustments to teaching and learning in four key ways.⁴ First, the assessments that are used to measure students' knowledge of health concepts and ability to perform health skills must be well thought out prior to the development of lessons. Second, favorite activities and projects may need to be revised or eliminated in order to have assessments aligned with the SDHES and performance indicators. Third, the methods and materials used for teaching health concepts and skills are chosen *after* teachers, administrators, and other school personnel have established the tasks that students must complete to demonstrate their knowledge and skills. Fourth, the resources used to support instruction in health education may shift from textbooks to a wide variety of materials such as the Internet, information from governmental agencies (e.g., Centers for Disease Control and Prevention), and/or voluntary health organizations (e.g., the American Cancer Society).

Identification and development of assessments prior to the development of curriculum and instruction has many instructional dividends for teachers and students. It helps teachers more accurately analyze health concepts and skills that are included in assessments. By doing so, teachers can provide clear criteria, instruction and opportunities for students to practice and develop proficiency in health knowledge and skills.

Types of Assessment

Assessment items vary according to the type of response that students are asked to provide by a question, a written prompt or a demonstration. Assessment items lie on a continuum, from informal to formal assessment. Different types of assessment items are emphasized in formative assessment (observation of students' ability to perform a skill during classroom instruction) and summative assessment (questions on a test). The goal of formative assessment is to improve student achievement as well as classroom instruction. The goal of summative assessment is individual student accountability – a measure of what the student knows and does not know, and can and can not do.

The two major types of assessment items include *selected response items* and *constructed response items* (Fig. 4.4). Selected response items are questions in which the students are prompted to select an answer from two or more response options. Examples of selected response items include multiple

choice, true/false, and matching items. Constructed response items are questions in which students are prompted to construct an answer to the question. Examples of constructed response items include short answer, essay, or other types of responses. Selected response and constructed response items are most commonly used on quizzes and tests to assess student understanding of health concepts and skills. *Performance tasks* require students to actively demonstrate what they know and can do.

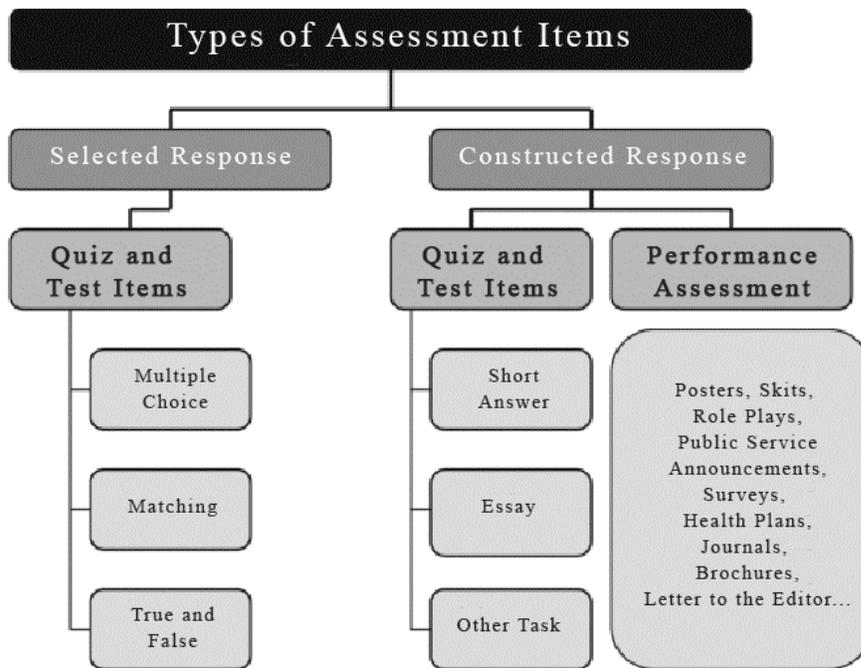


Figure 4.4 The different types of assessment

Performance assessment is often referred to as *alternative assessment* or *authentic assessment*. Performance assessment requires students to create a product or performance which demonstrates mastery of one or more health concepts and skills. (see **Fig. 4.4**). An “authentic assessment” generally refers to the real-life tasks and everyday situations that children and adolescents face. Performance assessments are often a more valid indicator of a student’s knowledge and skills as they require a demonstration of learning.

Rubrics

Rubrics provide students with clear criteria for a specific assignment, and teachers with a guide when scoring students' work. A typical rubric includes assessment criteria and a numeric or proficiency scale (basic, proficient, advanced) designed to rate students' work.

A holistic rubric requires the teacher to score the overall process or product as a whole, without judging the component parts separately.⁵ In contrast, with an analytic rubric, the teacher scores separate, individual parts of the product or performance first, then sums the individual scores to obtain a total score.^{5,6}

A Continuum of Assessment

The types of assessment may be placed on a continuum of informal to formal assessment strategies (Fig. 4.5). At the informal end of the continuum are checks for understanding; performance tasks fall at the formal end. Classroom-based assessment utilizes the full continuum of activities. It is important to match the types of assessment used with the purpose of assessment and the desired student outcomes.

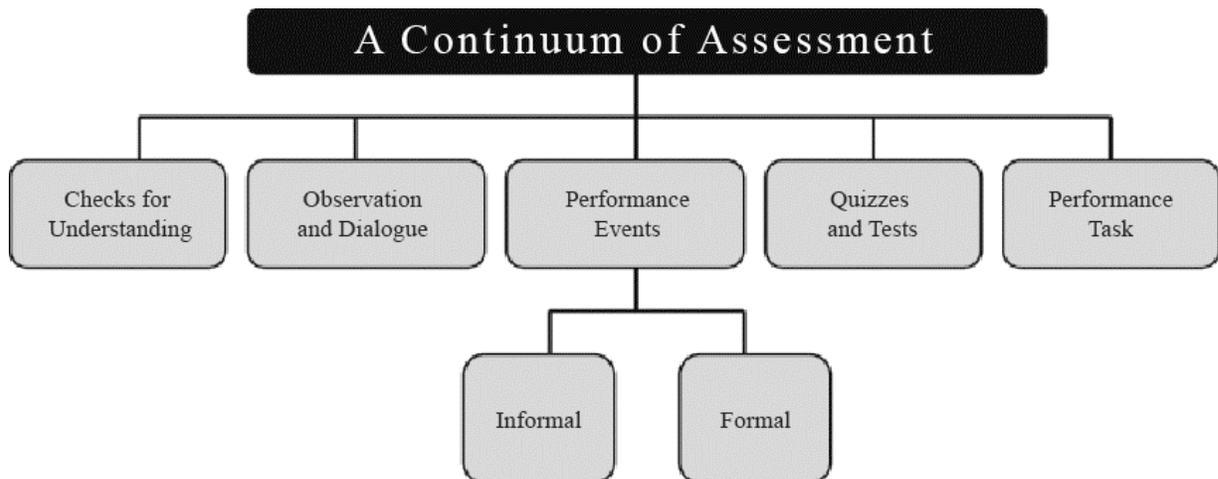


Figure 4.5 A continuum of assessment, from informal (checks for understanding) to formal (performance tasks). Adapted, with permission from *A Continuum of Assessment*. In G. Wiggins and J. McTighe: *Understanding by Design, Expanded 2nd edition*, 2005. Alexandria VA: ASCD. 2005. Copyright 2005 by Association for Supervision and Curriculum Development. Reprinted with permission.

Assessment linked to health education standards, performance indicators, curriculum, and instruction is critical to students' mastery of health concepts and skills. Assessment in health education serves a variety of purposes and provides important information for making decisions for students, schools, districts, and states. There are a variety of valid assessments that range from a simple check for understanding to high-level performance tasks. The use of an assessment should be matched to a purpose, and clearly-defined rubrics should be used to help guide students from the beginning of a task to its final appraisal. Finally, recognizing the value of both formative assessment and summative assessment in the educational process is vital to reaching the level of health literacy, which will ultimately support healthy behaviors.

References for Assessment Section

1. The Council of Chief State School Officers. 2010. Mission and History of the Formative Assessment for Students and Teachers SCASS. Available online: <http://www.ccsso.org/content/PDFs/FAST%20history%20and%20mission%2008-09.pdf>
2. Wiggins, Grant. 1996. *Educative Assessment: Designing Assessments to Inform and Improve Student Performance* (Jossey Bass Education Series)
3. Stiggins, Rich
4. Wiggins, G., and J. McTighe. 2005. *Understanding By Design*, Expanded 2nd ed. Alexandria, VA: Association for Supervision and Curriculum Development.
5. Nitko, A. J. (2001). *Educational assessment of students* (3rd ed.). Upper Saddle River, NJ: Merrill.
6. Moskal, B. M. (2000). Scoring rubrics: what, when, and how?. *Practical Assessment, Research, & Evaluation*, 7(3). Available online: <http://ericae.net/pare/getvn.asp?v=7&n=3>

Glossary

21st Century Skills

Knowledge and skills necessary for young people to live and work in today's highly-competitive global economy. These skills include:

- Mastery of Core Subjects and 21st Century Themes:
 - Global Awareness
 - Financial, Economic, Business and Entrepreneurship Literacy
 - Civic Literacy
 - Health Literacy
 - Environmental Literacy
- Learning and Innovation Skills
- Information, Media and Technology Skills
- Life and Career Skills

(Partnership for 21st Century Skills, 2009)

Alignment

The extent to which the assessment and learning activities align with identified goals. (Understanding By Design, 2005)

Analytic Rubric

An analytic rubric divides a product or performance into distinct traits or dimensions and judges each separately. Since an analytic rubric rates each of the identified traits independently, a separate score is provided for each. (McTighe/Wiggins, Understanding By Design, 2005)

Assessment

Techniques used to analyze student accomplishment against specific goals and criteria. Assessment techniques include tests, exhibits, interviews, surveys and observation. (Wiggins/McTigue, 2005-Understanding By Design)

Assessment System

A balanced assessment system is comprised of formative and summative assessments administered on both a large scale and at the classroom level. In this context, "balanced" does *not* refer to assessments that are of equal weight (Redfield, Roeber, & Stiggins, 2008).

Authentic Assessment

An assessment composed of performance tasks and activities designed to simulate or replicate important real-world challenges. The heart of authentic assessment is realistic performance-based testing—asking the student to use knowledge in real-world ways, with genuine purposes, audiences and situational variables. (McTighe/Wiggins, Understanding By Design, 2005)

Backward Design

A process to designing a curriculum or unit that begins with the end in mind and designing toward that end. Although such an approach seems logical, it is viewed as backward because many teachers begin their unit design with the means (textbooks, favored lessons, and time-honored activities) rather than deriving these from the end. (McTighe/Wiggins, Understanding By Design, 2005)

Bloom's Revised Taxonomy

In 1956, Benjamin Bloom headed a group of educational psychologists who developed a classification of levels of intellectual behavior important in learning. During the 1990's a new group of cognitive psychologists, lead by Lorin Anderson (a former student of Bloom's), updated the taxonomy reflecting relevance to 21st century work. The graphic is a representation of the *new* verbiage associated with the long-familiar Bloom's Taxonomy. http://www.odu.edu/educ/roverbau/Bloom/blooms_taxonomy.htm

Classroom Assessment

Assessment that provides feedback to students about their performance, sets clear standards for learning, is ongoing so it can be used to monitor student growth and progress and is used to meet the needs of the students. Promotes assessment for learning instead of assessment of learning. (A Teachers Guide to Classroom Assessment – Butler, McMunn, 2006)

Comprehensive School Health Education

The part of a coordinated school health program that includes the development, delivery, and evaluation of planned, sequential, and developmentally appropriate instructions, learning experiences, and other activities designed to protect, promote, and enhance the health literacy, attitudes, skills, and well-being of students from Pre-kindergarten through grade 12.

(Joint Committee of Health Education Terminology, 2001. Report of the 2000 Joint Committee on Health Education and Terminology. *American Journal of Health Education*, 32 (2).)

Coordinated School Health Approach

An organized set of policies, procedures, and activities designed to protect, promote, and improve the health and well-being of students and staff, thus improving a student's ability to learn. It includes, but is not limited to, comprehensive school health education; school health services; a healthy school environment; school counseling; psychological and social services; physical education; school nutrition services; family and community involvement in school health; and school-site health promotion for staff.

Evidence-Based Health Education

The systematic selection, implementation, and evaluation of strategies, programs, and policies, with evidence from the scientific literature that they have demonstrated effectiveness in accomplishing intended outcomes.

Formative Assessment

Ongoing assessments that provide information to guide teaching and learning for improving learning and performance. Formative assessments include both formal and informal methods, such as quizzes, oral questioning, observations and reviews of draft work.

(McTighe/Wiggins, *Understanding By Design*, 2005)

Health Advocacy

The processes by which the actions of individuals or groups attempt to bring about social and organizational change on behalf of the particular health goal, program, interest, or population.

Health Education

Any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.

(Joint Committee of Health Education Terminology, 2001. Report of the 2000 Joint Committee on Health Education and Terminology. *American Journal of Health Education*, 32 (2))

Health Educator

A practitioner who is professionally prepared in the field of school health education, meets state teaching requirements, and demonstrates competence in the development, delivery, and evaluation of curricula for students and adults in the school setting.

(*Journal of School Health*, January 2002, Volume 72: Number 1)

Health Literacy

The capacities of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that are health enhancing.

(Joint Committee on Health Education -1990)

Health Promotion

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

Healthy Lifestyle

Patterns of behavior that maximize one's quality of life and decrease one's susceptibility to negative health outcomes.

Holistic Rubric

A rubric used to obtain an overall impression of the quality of a performance. Typically, a holistic evaluation yields a single score. Holistic scoring is distinguished from analytic trait scoring, where separate rubrics are used for each separate criterion that makes up an aspect of performance.

(McTighe/Wiggins, *Understanding By Design*, 2004)

Multiple Dimensions of Health

The multiple dimensions of health include: emotional, mental, physical, social, spiritual, occupational, interpersonal and environmental health.

Norm

A designated standard of average performance of people of a given age, background, etc.

Norm-Referenced Assessment

“An assessment where student performance or performances are compared to [those of] a larger group. Usually the larger group or ‘norm group’ is a national sample representing a wide and diverse cross section of students. Students, schools, districts, and even states are compared or rank-ordered in relation to the norm group. The purpose of norm-referenced assessment is usually to sort students and not to measure achievement toward some criterion of performance.”

(National Center for Research on Evaluation, Standards, and Student Testing, 1999)

Performance Assessment

“A form of assessment designed to assess what students know” or should be able to do “through their ability to perform certain tasks.” For example, demonstrating how to refuse pressure to use tobacco, using the Internet to access valid health information about alcohol and other drugs, writing a letter to advocate for safe spaces and facilities for physical activities, or creating a plan to monitor goals related to healthy eating.” (Adapted from Association for Supervision and Curriculum Development)

Performance Indicator

A measure of performance. (What students should know and be able to do in support of a standard.)

Performance Task

A task is a complex assessment challenge that requires the use of one’s knowledge and skill to effectively perform or create a product to reveal one’s understanding or proficiency. (McTighe/Wiggins, *Understanding By Design*, 2004)

Rationale

Illustrates the importance of each standard and is intended to provide additional clarity.

Reliability

Reliability in measurement and testing refers to the accuracy of the score. Is it sufficiently free of error? What is the likelihood that the score or grade would be constant if the test was retaken or the same performance was scored by someone else? Error is unavoidable; all tests, including the best multiple choice tests, lack 100 percent reliability. The aim is to minimize error to tolerable levels.

(McTighe/Wiggins, *Understanding By Design*, 2005)

Rubric

A rubric is a criterion-based scoring guide consisting of a fixed measurement scale and descriptions of the characteristics for each score point. Rubrics describe degrees of quality, proficiency, or understanding along a continuum.

(McTighe/Wiggins, *Understanding By Design*, 2005)

Self-Efficacy

Belief in one’s capabilities to organize and execute a course of action required to produce given attainments.

(Bandura, A. 1997. *Self-Efficacy: The Exercise of Control*. New York:W. H. Freeman and Co., p. 3)

Social Cognitive Theory

A subset of cognitive theory, social cognitive theory is primarily focused on the ways in which we learn to model the behavior of others. Social cognitive theory can be seen in advertising campaigns and peer pressure situations. It is also useful in the treatment of psychological disorders including phobias.

Social Inoculation Theory

A subset of cognitive theory, social inoculation theory emphasizes behavioral rehearsal, where learners become “immunized” by practicing resisting future peer pressure to engage in risky behavior.

Standard

To ask, “What is the standard?” is to question *how well* the student must perform, at *what kinds* of tasks, based on *what content*, to be considered proficient or effective. Thus, there are 3 kinds of standards, *Content standards* answer the question, “What should students know and be able to do?” *Performance standards* answer the question, “How well must students do their work?” *Design standards* answer the question, “What worthy work should students encounter?” (McTighe/Wiggins, Understanding By Design, 2005)

Standards-Based Assessment

Criterion-referenced assessment in which the criteria are taken directly from standards. (Carr and Harris, 2001, p. 185)

Standards-Based Education System

Standards-based education is a process for planning, delivering, monitoring and improving academic programs in which clearly defined academic content standards provide the basis for content in instruction and assessment.

- Standards help ensure students learn what is important, rather than allowing textbooks to dictate classroom practice.
- Student learning is the focus - aiming for a high and deep level of student understanding that goes beyond traditional textbook-based or lesson-based instruction.

A Standards-Based System

Measures success based on student learning. It aligns policies, initiatives, curriculum, instruction, and assessments with clearly-defined academic standards. Noted for using assessment to inform instruction.

Summative Assessment

A snapshot of student performance at a given time, judged according to pre-established standards and criteria. Summative assessment typically leads to a status report on success or degree of proficiency. (Carr and Harris, 2001, p. 186)

Validity

The inferences one can confidently draw about student learning from the results of an assessment.

- Does the test measure what it purports to measure?
- Does the assessment correlate with other performance results that educators consider valid?
- Does the small sample of questions or tasks accurately correlate with what students would do if tested on everything that was taught?
- Do the results have predictive value, that is, do they correlate with likely future success in the subject?

Some or all of these questions must have a “yes” answer for an assessment to have validity. (McTighe/Wiggins, Understanding by Design, 2004)