

South Dakota Health Education Standards

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The South Dakota Health Education Standards document is available, free of charge, online at <http://doe.sd.gov/contentstandards/>



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A Vision for South Dakota

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. 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.

Preparing students for the 21st century cannot be accomplished without a strong and sustained emphasis on all students' health and wellness. 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."* In essence, students must be "health literate". Students who have a high level of health literacy are:

- *self-directed learners,*
- *critical thinkers and problem-solvers,*
- *effective communicator, and*
- *responsible, productive citizens.*

The South Dakota Department of Education 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.

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Development of the South Dakota Health Education Standards

The first South Dakota Health Education Standards (SDHES) were developed in 1995 using the newly developed National Health Education Standards (NHES) as a model. The (first) SDHES were approved by the South Dakota Board of Education in 1996. Further review and revisions were conducted as outlined in the SDHES revision timeline (Table 1.1). The current SDHES were approved by the South Dakota Board of Education in 2018.

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 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. 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.

The 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.

Implementation of the 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.

South Dakota Health Education Standards Revision Timeline		
1993		First National Health Education Standards Developed and Adopted
1996	First South Dakota Health Education Standards Developed and Approved by the South Dakota Board of Education	
2000	South Dakota Health Education Standards Revised and Approved by the South Dakota Board of Education	
2006	First South Dakota Health Education Course Standards for High School Graduation Developed and Approved by the South Dakota Board of Education	
2007		National Health Education Standards Revised and Adopted
2010	South Dakota Health Education Standards Revised and Approved by the South Dakota Board of Education	
2018	South Dakota Health Education Standards Revised and Approved by the South Dakota Board of Education	

Table 1.1 South Dakota Health Education Standards Revision Timeline

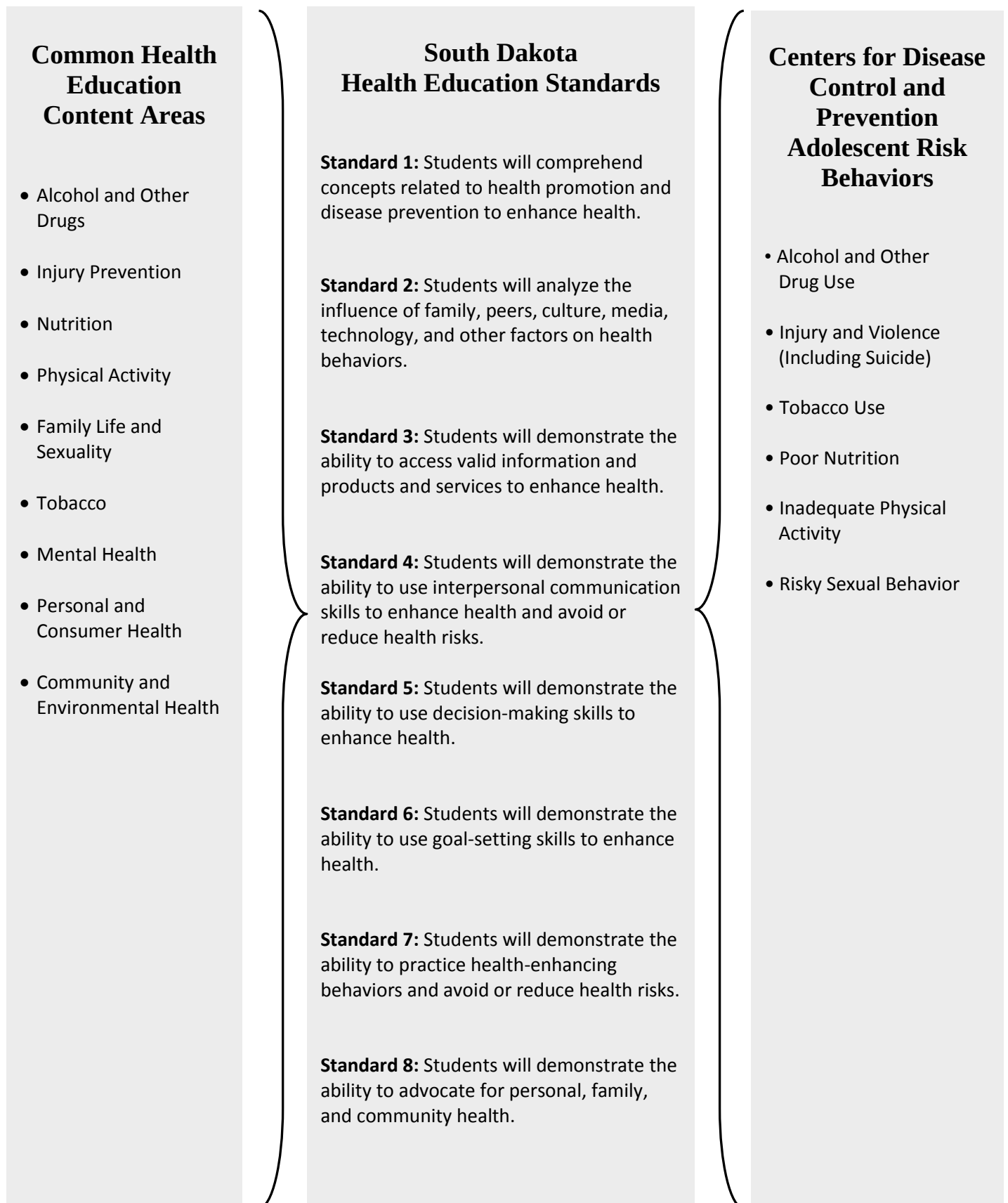


Table 1.2 Relationship of common health education content areas and Centers for Disease Control and Prevention adolescent risk behaviors to the South Dakota Health Education Standards.

Organization of the South Dakota Health Education Standards Document

The South Dakota Health Education Standards (SDHES) document displays each standard (and its supporting information) as follows:

1. The standard, and
2. The performance indicators (organized by grade span).

The Standards

The eight standards (**Table 1.3**) 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.

The key processes and skills are:

- Analyzing Influences
- Accessing Information
- Interpersonal Communication
- Decision-making
- Goal-setting
- Self-management (practicing health-enhancing behaviors)
- Advocacy

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 1.3 South Dakota Health Education Standards - 2018

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. For ease of identification, the performance indicators are numbered sequentially.

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.

Formatting

The standards and performance indicators are presented in two formats. In the first, the standards are formatted for *curriculum mapping* whereby the standards are presented in order (standards 1-8) with all performance indicators for all grade spans listed.

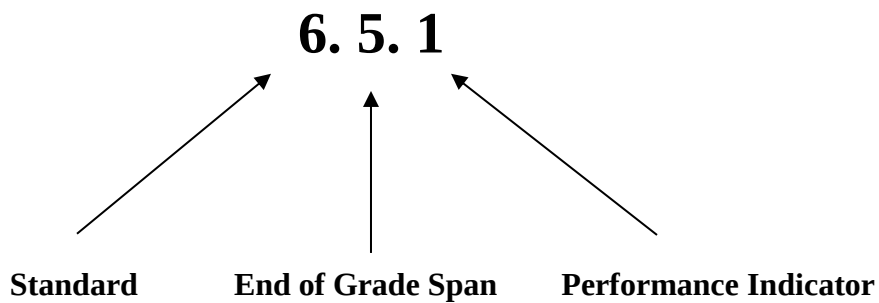
In most cases, *curriculum mapping* refers to the alignment of learning standards and teaching - i.e., how well and to what extent a school or teacher has matched the content that students are actually taught with the academic expectations described in learning standards. But it may also refer to the mapping and alignment of all the many elements that

are entailed in educating students, including assessments, textbooks, assignments, lessons, and instructional techniques.

In the second format, 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.

See **Table 1.4** for an example of health education performance indicators with skill samples for the content areas of violence prevention and personal health and wellness.

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 strategies to health-related issues or problems.

Examples:

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

Performance indicator (grades 6 - 8):

5.8.4 Chose healthy alternatives over unhealthy alternatives when making a decision.

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

South Dakota Health Education Standards - Rationale Statements

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

Standard 1: Comprehending Concepts

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.

Standard 2: Analyzing Influences

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.

Standard 3: Accessing Information

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.

Standard 4: Interpersonal Communication

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.

Standard 5: Decision Making

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.

Standard 6: Goal-setting

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.

Standard 7: Self-Management

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.

Standard 8: Advocacy

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.

South Dakota Health Education Standards and Performance Indicators

Formatted by Grade Span

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 the grade span.

Pre-Kindergarten – 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-K - Grade 2, students will:

- 1.2.1 Describe healthy behaviors that affect personal health.
- 1.2.2 Identify examples of emotional, intellectual, physical, and social 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-K - 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-K - 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-K - Grade 2, students will:

- 4.2.1 Demonstrate healthy ways to express needs, wants, and feelings.
- 4.2.2 Display 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-K - Grade 2, students will:

- 5.2.1 Identify situations when a health-related decision is needed.
- 5.2.2 Explain 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-K - 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-K - 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-K - Grade 2, students will:

- 8.2.1 Communicate health needs to promote personal health.
- 8.2.2 Encourage others to make positive health choices

Grades 3-5

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 - 5, students will:

- 1.5.1 Describe why it is important to participate in healthy behaviors.
- 1.5.2 Identify examples of emotional, intellectual, physical, and social health.
- 1.5.3 Describe ways in which a safe and healthy 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 - 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 Identify 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 - 5, students will:

- 3.5.1 Identify characteristics of valid health information, products, and services.
- 3.5.2 List 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 - 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 - 5, students will:

- 5.5.1 Identify health related situations that can help or hinder healthy decision making.
- 5.5.2 Explain when assistance is needed in making a health-related decision.
- 5.5.3 List healthy strategies to health-related issues or problems.
- 5.5.4 Describe the potential outcomes of each option when making a health-related decision.
- 5.5.5 Choose a healthy option when making a 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 - 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 - 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 - 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.

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 - 8, students will:

- 1.8.1 Investigate the relationship between healthy behaviors and personal health.
- 1.8.2 Identify how emotional, intellectual, physical and social health affect adolescent development and relationships.
- 1.8.3 Illustrate how family history can affect personal health.
- 1.8.4 Describe ways to reduce or prevent injuries and other adolescent health problems.
- 1.8.5 Explain how preventative health care can promote personal health.
- 1.8.6 Compare and contrast the benefits of and barriers to practicing healthy behaviors.
- 1.8.7 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 - 8, students will:

- 2.8.1 Classify health factors in the family that influence the health and wellness of adolescents.
- 2.8.2 Classify how culture influences health beliefs, practices, and behaviors.
- 2.8.3 Analyze how peers influence healthy and unhealthy behaviors.
- 2.8.4 Identify 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 Research the influence of technology on personal and family health.
- 2.8.7 Investigate the influence of personal values and beliefs on individual health practices and behaviors.
- 2.8.8 Distinguish between healthy behaviors and risky behaviors and their influence on short-term and long-term health.
- 2.8.9 Identify how 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 - 8, students will:

- 3.8.1 Locate valid and reliable health information, products and services.
- 3.8.2 Access valid health information from home, school, and community.
- 3.8.3 Investigate the validity of products and services that promote health and wellness.
- 3.8.4 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 - 8, students will:

- 4.8.1 Investigate effective verbal and nonverbal communication skills to enhance social, emotional, physical and intellectual growth and development.
- 4.8.2 Formulate effective conflict management or resolution strategies.
- 4.8.3 Investigate how to ask for assistance to enhance the health of self and others.
- 4.8.4 Demonstrate refusal, negotiation and collaboration skills that avoid or reduce health risks.

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 - 8, students will:

- 5.8.1 Identify circumstances that can help or hinder healthy decision making.
- 5.8.2 Identify a thoughtful decision-making process in health-related situations.
- 5.8.3 Compare and contrast when individual or collaborative decision making is appropriate.
- 5.8.4 Choose healthy alternatives over unhealthy alternatives when making a decision.
- 5.8.5 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 - 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 Investigate 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 and how these goals can enhance health and wellness.

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 - 8, students will:

- 7.8.1 Explain the importance of assuming responsibility for personal health behaviors.
- 7.8.2 Investigate healthy practices and behaviors that will maintain or improve the health of self and others.
- 7.8.3 Describe 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 - 8, students will:

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

Grades 9-12

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 - 12, students will:

- 1.12.1 Predict how healthy behaviors can affect health status.
- 1.12.2 Describe the interrelationships of emotional, intellectual, physical and social health in adolescence.
- 1.12.3 Analyze how social and physical environments affect personal health.
- 1.12.4 Research 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 Investigate the relationship between access to health care and health status.
- 1.12.7 Propose strategies for promoting the benefits of and overcoming barriers to practicing a variety of healthy behaviors.
- 1.12.8 Evaluate personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.
- 1.12.9 Analyze 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 healthy behaviors.

As a result of health instruction in Grades 9 - 12, students will:

- 2.12.1 Analyze health factors in the family that influence the health and wellness of individuals.
- 2.12.2 Analyze how culture supports and challenges health beliefs, practices and behaviors.
- 2.12.3 Demonstrate how peers influence healthy and unhealthy behaviors.
- 2.12.4 Compare and contrast how the school and community can influence personal health practice and behaviors.

- 2.12.5 Critique 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 Describe 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 Articulate how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.
- 2.12.10 Investigate 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 - 12, students will:

- 3.12.1 Compare and contrast health information, products and services.
- 3.12.2 Utilize resources from home, school, and community that provide valid health information.
- 3.12.3 Evaluate the accessibility of products and services that enhance health.
- 3.12.4 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 - 12, students will:

- 4.12.1 Utilize 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 Develop 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.

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 - 12, students will:

- 5.12.1 Examine circumstances that can help or 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 - 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 to practice health-enhancing behaviors to avoid or reduce health risks.

As a result of health instruction in Grades 9 - 12, students will:

- 7.12.1 Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- 7.12.2 Model 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 - 12, students will:

- 8.12.1 Advocate the role of individual responsibility in enhancing health.
- 8.12.2 Persuade and support others to make positive health choices.
- 8.12.3 Collaborate to advocate for improving personal, family, and/or community health.
- 8.12.4 Adapt health messages and communication techniques to a specific target audience.

Assessment

Assessment is a way to measure student learning and/or program effectiveness.

- Assessment provides the **evidence** that determines whether students have met the standards and performance indicators.
- Assessment **informs** teachers and others **what** health concepts and skills students have learned, and **how well** they have learned these concepts and skills.
- Assessment **informs** teachers 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. 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.)

Summative and Formative Assessment Defined

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. 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, the assessment **for** learning, is needed to achieve and maximize instructional outcomes. *Formative assessment* continually measures student performance to guide instruction and enhance student learning. 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."

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.

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. 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.

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.

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.

Purposes of Assessment

An understanding of the purposes of summative and formative assessment is essential to making decisions related to assessment and assessment systems. There are several important questions to consider when using an assessment:

- a. 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?
- b. 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?
- c. 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?
 - d. 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.

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.

Assessment for learning (or formative assessment) 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

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

- a. the assessment of standards and performance indicators informs curriculum,
- b. curriculum informs instruction,
- c. instruction informs assessment, and
- d. evidence from the assessment once again informs curriculum.

Backward Design

One approach to standards-based assessment, curriculum, and instruction is *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).

Clarifying curricular priorities is a 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.

- 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?*

Backward design requires that teachers, administrators, and other school personnel make adjustments to teaching and learning in four key ways.

- **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 and/or voluntary health organizations.

Types of Assessment

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* (Figure 1.5).

- 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, performance tasks 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 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. 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.

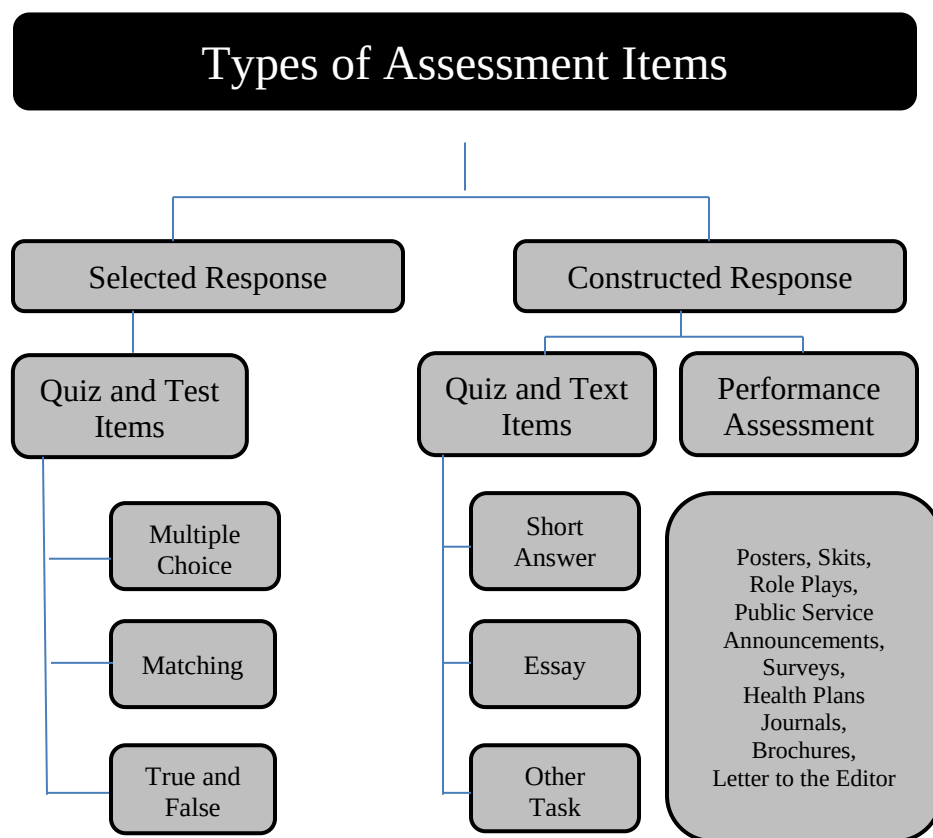


Figure 1.5 The different types of assessment.

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. Two types of rubrics are:

- A *holistic rubric*, which requires the teacher to score the overall process or product as a whole, without judging the component parts separately.
- An *analytic rubric*, where the teacher scores separate, individual parts of the product or performance first, then sums the individual scores to obtain a total score.

Conclusion

Assessment linked to health education standards, performance indicators, curriculum, and instruction is critical to students' mastery of health concepts and skills. 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.