

# **Supporting Health Education Renewal at the Middle Level (Grades 6-9)**

**An Information Bulletin**

December 1998



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## Purpose of Bulletin

The effective renewal of a course of study requires the commitment and support of administrators. In the case of Health Education at the Middle Level, (grades 6-9), support is also available through a provincial team of catalyst teachers.

This document is designed to provide information and assistance to administrators, catalyst teachers, and classroom teachers; all of whom must play an active role in curriculum renewal. In particular, this bulletin:

- sets Health Education at the Middle Level in the context of curriculum renewal
- outlines the aim and goals for Health Education, K-12
- provides an overview of the curriculum for the Middle Level
- describes considerations for curriculum renewal such as key resources and the suggested role that administrators, catalyst teachers, and the health education liaison committees can play to support curriculum renewal
- suggests starting points for a comprehensive school health program that includes the home, school, and community.

## Curriculum Renewal

In 1984, *Directions* identified Health Education as one of the Required Areas of Study for all kindergarten to grade 9 students.

Health Education at the Middle Level is the first curriculum to enter the renewal phase of the curriculum development process. Health Education for grades 7-9 was implemented in 1985 through 1988. Those were the early years of Saskatchewan's curriculum reform known as Core Curriculum.

The implementation of the Health Education curriculum for grades 7-9 was evaluated in 1994. The provincial evaluation project included over 350 teachers, 200 school-based administrators, 50 school division administrators, 5000 students, and 2400 parents. Findings indicated that some components of the curriculum had been implemented in some Saskatchewan classrooms while others had not. Health Education for grades 6-9 has been revised based upon the recommendations of the *Curriculum Evaluation Report: Health Education 7, 8, and 9* (Saskatchewan Education, March 1996) and upon the advice of a curriculum reference committee.

*Renewal is based upon feedback from students, teachers, administrators, and parents.*

## **Roles within Curriculum Renewal**

Curriculum renewal for Middle Level Health Education pivots on a comprehensive approach that features meaningful connections among the school, home, and community. It involves people working together toward common goals. The next section outlines some of the people who might be involved and the roles they might play.

Discussion about the roles within curriculum renewal assumes that school divisions are committed to delivering the renewed Middle Level Health Education curriculum as designed.

### **Role of Administrators**

As educational leaders, administrators are key to successful curriculum renewal. Administrators facilitate the curriculum renewal process by having knowledge of both the change process and of comprehensive school health, and by developing strategies to assist with both. In general, it is helpful if administrators:

- understand that curriculum renewal requires change and that change is a process that takes time
- recognize that teachers will progress through various stages in the curriculum renewal process
- create an environment of trust and support to facilitate the risk taking that is necessary for change to occur
- become informed about the renewed curriculum and its basic philosophy, content, and processes
- understand that health education is a shared responsibility among school, home, and community, and strive to develop a comprehensive school health program
- develop a plan for comprehensive school health that includes the creation of connections with the health district and community agencies for purposes of supporting the school health programs while working toward common goals for youth
- ensure that teachers have the opportunity to attend curriculum renewal inservice
- inform students, parents, and the community of the aim, goals, and philosophy of the renewed Health Education curriculum for the Middle Level
- create and nurture a Health Education liaison committee that reflects the community in which the school resides and operates

- support teachers who wish to expand their repertoire of teaching strategies and methods, of assessment and evaluation techniques, and of professional and student resources
- ensure that the school division resource selection policy reflects Saskatchewan Education initiatives and guidelines and recognizes the resource needs of a Middle Level Health Education program
- consider how assessment and evaluation suggestions in the curriculum affect the school's evaluation policy and reporting of student progress
- attend, when possible, inservice and awareness sessions related to Health Education curriculum renewal
- support professional development opportunities such as networking, peer coaching, and action research by classroom teachers (see Appendix A)
- check informally and regularly with the health education teacher to provide support, guidance, and recognition.

### **Role of Classroom Teachers**

New teachers and teachers new to Health Education will need time and opportunities to develop an awareness, and to explore, refine, and become adept with the philosophy and expectations outlined in the curriculum guide. Naturally, they will be in the early stages of the implementation process. Experienced Health Education teachers will be at different stages of the change process depending on the degree to which they implemented the previous Health Education curriculum for grades 7-9. While individual teachers will be at different stages in their change processes, they may experience growth in stages similar to the following.

#### **Awareness**

Initially, teachers might:

- become aware of the aim, goals, and philosophy of the curriculum
- become familiar with the decision-making process used throughout the Middle Level, the perspective or focus of each grade level, and the required and optional units for each grade
- review teacher and student resources

*New teachers and teachers new to Health Education will be exploring the Middle Level curriculum.*

- participate in professional development activities (see Appendix A)
- relate new knowledge to past beliefs and experiences
- notice similarities and differences with other Core curricula
- provide information and other opportunities for parents or guardians to become familiar with basic principles and practices of health education, and their implications
- reflect on personal teaching philosophies and their implications.

### **Exploration**

As teachers work with the curriculum, they might:

- try new instructional and assessment and evaluation strategies, and reflect upon their successes and areas of need
- incorporate new health content
- add new practices to their health education programs
- add new resources to their health education programs
- try out the sample units in the curriculum guide
- observe student responses to new practices and materials
- discuss positive outcomes, problem areas, and solutions with others
- assess their own professional needs and address these within a personally reasonable time frame.

### **Refinement**

As teachers continue to work with the curriculum, they might:

- increase their comfort level with the decision-making process as a means of teaching health content and assessing student learning
- integrate the grade level perspective throughout the decision-making process of extending knowledge, making a decision, and designing action plans
- increase opportunities for connections with community agencies, health districts, and local resource people as students extend their knowledge, make decisions, and carry out action plans
- personalize sample units to meet student needs
- plan required units to reflect students' needs, interests, and experiences

*Some health educators will be at the stage of refining their skills with the renewed curriculum.*

*Some experienced health educators may be at the stage of reflecting upon their practice through classroom action research or may be prepared to act as mentors for others.*

- deepen their understanding of the purposes and implications of the recommended approaches in health education
- deepen their understanding of the curriculum as an integrated whole, why each part of the whole is necessary, and how all the parts work together
- plan a total program consistent with the curriculum as opposed to adding new parts to an existing program
- extend instructional and evaluation strategies based on observation and reflection on previous experiences
- evaluate, acquire, and use a wide range of resources including those from the local community
- develop personal professional growth plans that target areas, related to the curriculum, for refinement.

### **Comprehensive School Health**

As teachers become increasingly familiar with the curriculum and comfortable with health education content and processes, they will be able to:

- create an environment in which students collaborate and co-operate as they acquire and evaluate information
- create an environment in which students feel safe working through the process of generating alternatives, exploring consequences, and comparing choices for purposes of making informed decisions
- create an environment in which students work alone, in peer groups, or with community members or organizations to design and carry out action plans
- use a range of instructional, assessment, and evaluation strategies effectively, continuing to expand their repertoire
- use a variety of resources comfortably, continuing to expand their collection, community network, and reviewing processes
- develop optional units independently and in collaboration with colleagues in the school division, health district, and community
- reflect upon their classroom practice in order to contribute to a comprehensive school health program
- provide mentoring support for colleagues new to the curriculum
- develop professional growth plans that support a comprehensive school health program
- communicate effectively with students, colleagues, parents, and community agencies and organizations.

## **Health Education Overview**

### **Role of Catalyst Teachers**

Saskatchewan Education has advertised for, selected, and provided professional development for catalyst teachers in order to support the renewal of Health Education at the Middle Level. The role of these catalyst teachers is to:

- internalize the philosophy and practices advocated in the renewed curriculum in order to be an in-school resource as well as a school division and provincial resource
- deliver a range of inservice sessions designed to meet the needs of schools and school divisions in renewing health education
- promote the curriculum in their respective schools, school divisions, and inservice sessions in a variety of ways
- become a mentor for health education teachers
- support comprehensive school health in Saskatchewan.

### **Role of Health Education Liaison Committees**

Saskatchewan Education continues to recommend a local liaison committee to support health education teachers and to facilitate co-ordinated planning. The role of the committee may vary from one community to another but the basics are to:

- provide support to the classroom and total school health education program
- provide liaison with health-related programming in the community and/or health district
- provide a forum for discussion of parent/student/school ideas and concerns related to health education.

### **Aim and Goals**

The aim of Health Education from kindergarten to grade 12 is to enable students to apply health knowledge in daily life in order to increase health-enhancing behaviours and decrease health-risking behaviours.

The goals of Health Education from kindergarten to grade 12 are to:

- acquire and evaluate health-related information
- make knowledgeable decisions to improve health
- apply decisions to improve own physical, mental, and social well-being and that of peers, families, and communities.

### **Philosophy: A Comprehensive School Health Approach**

A comprehensive school health program is designed to influence positively the knowledge, attitudes, and behaviours of students. Through the involvement of home, school, and community, a comprehensive school health program relates to the emotional, intellectual, moral, physical, and social aspects of a student's life.

A comprehensive school health program includes a wide range of school and community personnel collaborating to enhance the well-being of students. The health instruction component of the program should be coordinated with health services, within a healthy school and community environment.

Comprehensive school health programs achieve their goals through:

- formal and informal instruction
- support services
- healthy school environment
- social support of peers, families, school, and community.

Appendix B features a sample checklist that can be used to observe the elements of comprehensive school health that exist within a school and those that need yet to be attained.

### **Health Education Liaison Committee**

The committee structure and mandate of a health education liaison committee vary from one area to another.

Membership should include:

- the school principal
- a local school trustee
- a health professional.

*The foundational pillars to comprehensive school health include instruction, support services, healthy school environment, and social support.*

*Effective health education liaison committees reflect the make up of the community.*

## **Health Education for the Middle Level**

It might also include:

- a wellness or health promotion staff member of the health district
- a member of the clergy
- a parent
- a senior student from the SRC or peer support group
- a representative from a local youth club
- a representative from the business and professional community
- representatives from the Indian or Métis communities
- a teacher from a subject other than health education
- others who have a special contribution to make.

The health education liaison committee might strive to work with the school, community, and health district toward comprehensive school health. Examples of other duties that can be carried out by the committee are included in the curriculum guide.

The Health Education curriculum for grades 6-9 can be described through an overview of the “Health Action Model” illustrated in Figure 1 on the following page. All of the components identified in the model are considered essential if students are to acquire the skills necessary to transfer health education information into health action in their daily lives.

### **Shared Responsibility**

Shared responsibility is fundamental to health education. An effective health education program exists in the context of complementary programs in the entire school and in the community. Recognition is given to the health education provided by the home and by health care agencies.

### **Decision-making Process**

The three-level decision-making process provides a structure for teachers and students to follow as they address a variety of health education topics. Students repeatedly gain practice in applying lifelong learning skills by extending their knowledge base, making informed decisions, and carrying out action plans.

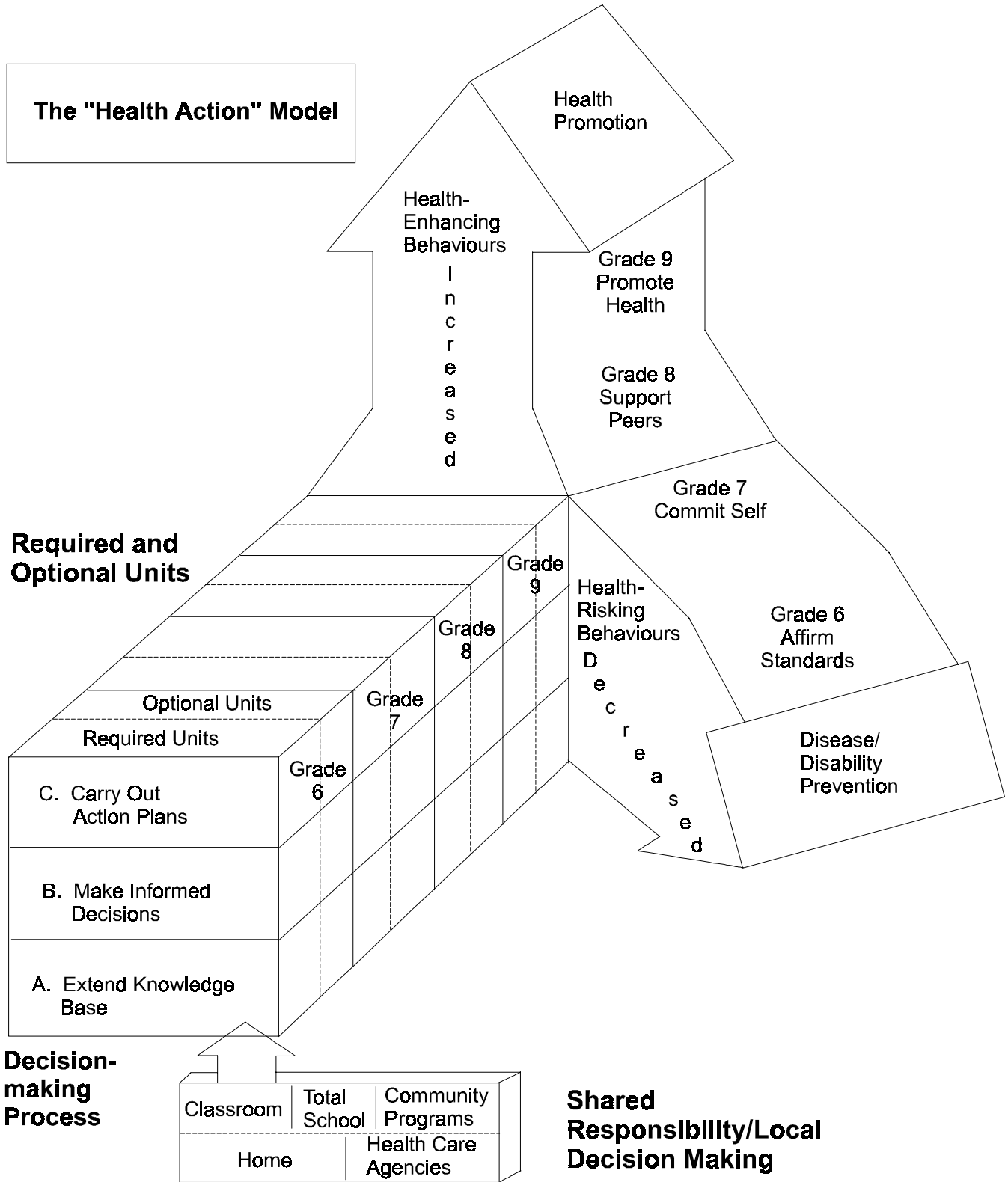


Figure 1: An overview of the Health Action Model.

## **Required and Optional Units**

Teachers draw content from a group of required units and a bank of optional units. The chart on the following page identifies the required units and optional units for each of grades 6 to 9.

### **Abstinence, STDs, Pregnancy, and Contraception**

One grade nine unit entitled Abstinence, Sexually Transmitted Diseases, Pregnancy, and Contraception requires the approval of the school division board of trustees. School division board members decide whether this unit is to be included in the health education program taught in their school division.

### **HIV/AIDS Education**

HIV/AIDS Education is a required unit in each of grades 6-9. The decision to strengthen HIV/AIDS education in Saskatchewan schools was made by the Minister of Education and the Minister of Health.

School divisions do not have an option about whether to teach HIV/AIDS education. Schools cannot opt-out of HIV/AIDS instruction. Parents, however, retain the right to remove their child from HIV/AIDS education. Parents decide whether they want their sons and daughters to obtain this information in a school setting.

### **Communicating with Families**

It is recommended that the principal and teachers invite parents of Health Education students in grades 6-9 to an open house early in the school year. It is important that the parents are informed of the objectives, context, and resources that will be used in the required HIV/AIDS Education Units and the optional Abstinence, STDs, Pregnancy, and Contraception Unit.

Appendix C includes a sample parent information bulletin. It can be used in its entirety or parts of it might be used in newsletters to parents.

**Middle Level Health Education - Required Units, Optional Units, and Sample Units**

	<b>Grade 6</b> 80 minutes per week	<b>Grade 7</b> 100 minutes per week	<b>Grade 8</b> 100 minutes per week	<b>Grade 9</b> 100 minutes per week
<b>Required Units</b>	<i>Decision-making Process</i>	<i>Decision-making Process</i>	<i>Decision-making Process</i>	<i>Decision-making Process</i>
	Self-concept	<i>Assertiveness Skills</i>	<i>Family Structures, Roles, and Responsibilities</i>	Dating
	Personal Standards	Peer Pressure	Family and Community Violence	Chronic Illness
	<i>Body Image and Nutrition</i>	Conflict Resolution	<i>HIV/AIDS Education</i>	<i>HIV/AIDS Education</i>
	Changes of Puberty	<i>HIV/AIDS Education</i>	Eating Disorders	<i>Tobacco Industry</i>
	<i>HIV/AIDS Education</i>	Factors that Affect Decision Making in Relationships		
<b>Optional Units</b>	Caring for Eyes, Ears, and Teeth	Personal Hygiene	Caring for Skin	Promoting Ways to Reduce Common Illnesses
	Safety and Accident Prevention	First Aid	Protecting the Environment and the Health of People	Safety at School, at Home, and in the Community
		Healthy Eating	Respect in Relationships	Promoting a Healthy School Food Policy
	Drug Addictions and Gambling	Gambling	Gambling	Gambling
		Alcohol and Other Drugs	Divorce and Separation	Tragic Death and Suicide
			Abstinence, Sexually Transmitted Diseases, Pregnancy, and Contraception	

= sample units in curriculum guide

= requires school division board approval



## Grade Level Perspectives

The provincial Health Education curriculum incorporates a specific perspective or focus for each grade level. The perspectives are as follows:

Grade 6	Affirm Standards
Grade 7	Commit Self
Grade 8	Support Peers
Grade 9	Promote Health.

In grade 6, students learn to make decisions that affirm their personal standards. In grade 7, students design and carry out action plans in which they commit themselves to health-enhancing behaviours. In grade 8, students learn the skills of supporting a peer who is working toward health-enhancing behaviours. By grade 9, students design and carry out action plans that promote health in their school or community.

Throughout the Middle Level, student learning is directed toward the curriculum aim of increasing health-enhancing behaviours and decreasing health-risking behaviours.

## Foundational Objectives

The goals for Health Education are achieved through the foundational and related specific learning objectives. The following foundational objectives are those that students work toward throughout Health Education from grades 6-9. They are organized according to Levels A, B, and C of the decision-making process.

### Foundational Objectives for Level A - Extend Knowledge Base

Students will:

- understand the role of personal standards in applying health-related information
- acquire and evaluate sources of information about a variety of health-related topics

*In Level A of the decision-making process, students acquire and evaluate information to extend their knowledge base about a variety of topics.*

- use personal commitment in applying health education information to various aspects of daily living over which an individual has more or less control
- acknowledge that adolescents have options in choosing how to act or react in given situations
- understand the functions of support persons and support networks
- realize that adolescents have specific roles and responsibilities, within their families, that change throughout the life cycle
- recognize that gender stereotyping limits choices and makes unfair assumptions about people's skills, abilities, and behaviours
- understand that there are many ways of taking a leadership role in health promotion
- understand the purpose of advertising and promotions, and why manufacturers target specific groups of consumers
- understand that a realistic self-concept is the foundation on which to build meaningful relationships
- realize that adolescents have control over "who they are" at home and at school, and can support their friends in developing the same control
- know that violence is unacceptable behaviour and that support and assistance is available for families involved in violence
- understand the role of self-respect and respect for others in relationships
- understand that people with chronic illnesses want and need to be treated as much like the general population as possible.

### **Foundational Objectives for Level B - Make an Informed Decision**

Students will:

- develop the lifelong skills of making health-enhancing decisions
- understand the role of personal standards in decision making
- understand the role of personal commitment in making decisions and attaining goals
- understand the role peer support plays in making decisions and attaining goals

*In Level B of the decision-making process, students practise making informed decisions.*

*In Level C of the decision-making process, students design and carry out action plans to attain health-enhancing goals.*

## Curriculum Documents

*Additional copies of these documents are available from the Learning Resources Distribution Centre.*

## Resource Selection

*A student or teacher resource cannot replace the provincial Health Education curriculum.*

- understand the role health promotion plays in decision making.

### **Foundational Objectives for Level C - Design and Carry Out an Action Plan**

Students will design and carry out action plans:

- to meet health-enhancing goals that affirm their personal standards
- for responsible health action
- to support peers who are taking responsible health action
- to promote responsible health action in their communities.

Curriculum documents developed and provided by Saskatchewan Education to support Middle Level Health Education include:

- *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)* (one per teacher)
- *Health Education: A Bibliography for the Middle Level* (one per school)
- *Supporting Health Education Renewal at the Middle Level: An Information Bulletin* (one per school).

The bibliography provided for the Health Education curriculum at the Middle Level is intended to assist teachers and school divisions with their purchasing decisions. In the Health Education curriculum, the learning objectives provide the framework for all activities and, therefore, the student resources should be selected to support achievement of the objectives and to address students' interests, needs, and experiences.

Videos, posters, novels, reference materials, commercially designed manuals, community-designed programs, and resource personnel are all examples of resources. Using a variety of them is encouraged. But, one or two favourite resources cannot replace the provincial Health Education curriculum. Different sections of a single resource might be used to support the Decision-making Process Unit, the Self-concept Unit, and the Drug Addictions and Gambling Unit in grade 6. The same resource might be used to support the Decision-making Process Unit, the Peer Pressure Unit, the Assertiveness Skills Unit, and

the Alcohol and Other Drugs Unit in grade 7. Clearly, it is a valuable resource but it cannot replace the curriculum.

Resource-based learning is fundamental to Core Curriculum. Teachers are encouraged to choose a variety of resources from a variety of media. The Health Education curriculum at the Middle Level is based upon students accessing and evaluating current and accurate information, and using that knowledge as a basis for informed decision making. Therefore, the curriculum is accompanied by a bibliography that lists resources that have been evaluated by teachers and identified as suitable for students at the Middle Level.

Schools will need to review their present resources and plan carefully for the renewal of Health Education in grades 6-9. The amount of purchasing necessary will depend on the state of the school's current collection and the degree to which it has been added to and maintained throughout the last decade.

A health education liaison committee can be a beneficial support to the health education program and its teachers. The liaison committee might contribute in acquiring and selecting resources. It is recommended that instructional resources be selected by following the criteria established in the school division's materials selection policy.

*A health education liaison committee can be a beneficial support.*

*A materials selection policy can guide resource acquisitions.*

Administrators, teachers, and parents sometimes ask where commercially prepared manuals and community-developed resources fit into the renewed curriculum. This question and others are answered in Appendix D.

As in all subject areas and grade levels, care is required when arranging for guest speakers and classroom presenters. Clarify, for guest speakers, the learning objectives that they are invited to address through their presentations. It remains, however, the responsibility of classroom teachers to ensure that health education objectives are achieved by students.

The implementation of the Health Education curriculum for grades 7-9 was evaluated, province-wide, in 1994. The data were analyzed and the report was published in 1996. Health Education at the Middle Level has been revised based upon the findings of the curriculum evaluation projects and upon the advice of a curriculum reference committee.

## **Curriculum Evaluation**

**Curriculum  
Maintenance/R  
enewal**

Teachers, in-school administrators, and school division administrators have been involved in each phase of the curriculum development process to date (i.e., design, implementation, and evaluation). It is administrators and teachers who play key roles in the current phase of curriculum maintenance/renewal. The difference is, that in the renewal process, they are encouraged to further develop and nurture a comprehensive school health approach that exemplifies the commonly held belief that health education is a shared responsibility.

## Appendix A: Professional Development Suggestions

Allow time for change to take place. Plan opportunities for it to take place.

1. **Self-reflection.** Encourage teachers to reflect upon the key issues in the lives of their grades 6-9 students. Suggest that they consider how many of those same issues are addressed in the Health Education curriculum. Suggest that they jot down their thoughts and reflections in a journal, log, or daybook. What benefits could the whole school enjoy if a comprehensive health education program existed in their school building?
2. **A Focus for Change.** Help teachers avoid the feeling of being overwhelmed because there are so many things to do or try. As a staff, decide on a focus for the year and concentrate energies and attention (e.g., connect with the health district nutritionist to support a grade 6 required unit, connect with the health district health promotion contact to support two grade 9 required units, broaden assessment techniques including use of portfolios). Make a commitment to full implementation of the chosen focus.
3. **Workshops.** Organize hands-on workshops for half or whole days, focusing on a health education topic or issue, planning collaborative units, sharing instructional strategies, or reviewing web sites that make suitable student resources. Special consideration could be given to workshops on the decision-making process and specific perspectives for each grade level. Provide for structured teacher reflection time after there has been an opportunity to put the idea, skill, unit, or resource into practice. Address teachers' specific, evolving needs in follow-up workshops.
4. **Teacher Networks.** Most teachers do not have time during the school day to network with other teachers. Being part of a teacher network is one of the best things teachers can do to further their professional development. Identify colleagues in the school or neighbouring schools who might be interested in discussing the new curriculum, its challenges, their successes, and their concerns about instruction. Find the time for these colleagues to meet (e.g., once a month) to discuss these areas. The networking could also include teachers jointly planning new units, observing in each others' classrooms, peer coaching, or developing action research projects. Also encourage teachers to join the Health Education Discussion Group on the Saskatchewan Education web site ([www.sasked.gov.sk.ca](http://www.sasked.gov.sk.ca)). The discussion group can be accessed by clicking the Saskatchewan Education side of the front page, selecting Evergreen Curriculum, and then clicking on Discussion Groups.
5. **Book Talks and Resource Moments.** Set aside five to ten minutes of each staff meeting for a few teachers to present brief book talks about new professional or student resources. Teachers may also want to share information regarding the use of community resource personnel for supporting various aspects of health education. Encourage all teachers to present and share their finds over a series of staff meetings.
6. **Lunch Hour Videos.** Set aside time for teachers to view and evaluate student videos to decide which, if any, learning objectives of a specific unit are supported by a video. Viewing guides for students may be developed at the same time.
7. **Unit and Idea Exchanges.** Encourage teachers to share new ideas and strategies through inservice days, the Internet, and other networking opportunities. Keep the focus of the unit planning on the

objectives, the decision-making process, the yearly perspective, and students' needs, interests, and experiences.

8. **Involving Students.** Familiarize students with the content of Health Education at the Middle Level. Involve them in outlining the year-long program by asking which of the optional units are most meaningful to them.
9. **Involving Parents.** Plan an orientation session for parents. Discuss the goals and philosophy of the curriculum. Encourage them to look through some of the resources that their sons and daughters will be using.
10. **Involving the Health District and Community Agencies and Organizations.** Contact community organizations and the health district to share the goals and philosophy of the curriculum. Invite the health promotion contact, the nutritionist, and the public health nurse from the health district to support teachers as they plan and teach units about nutrition and body image, eating disorders, health promotion strategies, tobacco, HIV/AIDS Education, and other units. Community organizations may be willing to share their expertise in units about first aid, tragic death and suicide, chronic illnesses, and others.

## Appendix B: An Observation Checklist for Middle Level Health Education within a Comprehensive School Health Framework

### Instruction

- a comprehensive, K-12 health education curriculum
- a K-12 physical education curriculum
- integration of health information into subject areas
- formal and informal learning
- development of awareness, knowledge, attitudinal change, decision making, skill building, behavioural change, and social action
- effective pre-service and inservice training
- adequate teaching/learning materials
- appropriate and varied instructional strategies and methods

### Support Services

- appraisals
- screening services
- early identification
- child protection services
- referrals
- guidance services
- counselling
- services for special needs students
- treatment
- rehabilitation
- post-treatment support
- pre-service and inservice training

### Middle Level Health Education

- students and teachers accessing multiple sources of information
- students and teachers evaluating sources of information and the information itself
- students personalizing the health topic by identifying a personal challenge
- teachers supporting students as they generate a number of alternatives and consider the consequences of each alternative
- students helping one another define and refine their health-enhancing goals
- students making decisions to affirm standards, commit self, support peers, and promote health
- teachers and students assisting one another to assess the design elements of students' action plans before they are implemented
- students carrying out action plans to affirm standards, commit self, support peers, and promote health
- teachers demonstrating a variety of instructional methods that are appropriate for each step of the decision-making process
- teachers using a variety of student assessment techniques that correspond to instructional methods and to the decision-making process

### Social Support

- role modelling
- peer support
- healthy public policy
- media co-operation
- community participation
- community development
- staff wellness programs
- appropriate school discipline policies
- effective school management practices
- active student participation
- extensive parental involvement

### Physical Environment

- safety procedures and regulations
- sanitation
- hygiene standards
- environmental health standards
- healthy food services
- smoke-free school policies

## Appendix C: Parent Information for a Bulletin or Newsletter

Information about Health Education at the Middle Level is organized in a question and answer format. The questions are those that might be posed by parents to teachers, vice-principals, principals, guidance counsellors, or health education liaison committee members. Feel free to include the following information in a bulletin or a series of school newsletters.

### Background Information

The Health Education curriculum for Middle Level students (grades 6-9) has been renewed. The renewal is based upon the provincial evaluation of the former Health Education curriculum. The evaluation was conducted in 1994. The data were analyzed and the findings released in 1996. The Middle Level Health Education Curriculum was renewed and distributed to schools in 1998.

### What topics are addressed in Health Education for grades 6-9?

The renewed curriculum is organized as required units and optional units for each grade level.

Required units for grade six include:

- Decision-making Process
- Self-concept
- Personal Standards
- Body Image and Nutrition
- Changes of Puberty
- HIV/AIDS Education

Required units for grade eight students include:

- Decision-making Process
- Family Structures, Roles, and Responsibilities
- Family and Community Violence
- HIV/AIDS Education
- Eating Disorders

The required units in grade seven are:

- Decision-making Process
- Assertiveness Skills
- Peer Pressure
- Conflict Resolution
- HIV/AIDS Education
- Factors that Affect Decision-making in Relationships

The units required for grade nine are:

- Decision-making Process
- Dating
- Chronic Illness
- HIV/AIDS Education
- Tobacco Industry

Several optional units are outlined for each of grades six to nine.

### **How much Health Education instruction is my son or daughter to receive?**

Health Education is one of the seven Required Areas of Study for students in grades 6-9. As a Core Curriculum requirement, students in grade six are to receive 80 minutes of health education instruction per week. The instructional time allotment for health education in grades 7-9 is 100 minutes per week.

### **How is Health Education content taught in grades 6-9?**

The aim of Health Education is to increase students' health-enhancing behaviours and to decrease their health-risking behaviours. To achieve this aim, Health Education instruction is based on a decision-making model. Students extend their knowledge base about a particular topic by gathering and evaluating multiple sources of health information. They learn how to evaluate health-related information so they can base decisions upon accurate, current information rather than upon hunches or misinformation.

Health Education includes the process of considering choices or alternatives available to students. It also includes exploring the short-term and long-term consequences of each alternative. Grade six students learn to make decisions that affirm personal standards of well-being. Grade seven students practise making decisions that feature a personal commitment to health-enhancing behaviours. In grade eight, students make decisions to support a peer who is working toward health-enhancing behaviours. Grade nine students have opportunities to make decisions that promote health in their community.

In Health Education classes, student design and carry out action plans to attain their goals. Action plans in grade six feature personal standards while those of grade seven students feature personal commitment. Action plans designed and implemented by grade eight students focus on supporting peers whereas those of grade nine students feature promoting health.

### **How is my son or daughter's Health Education report card mark calculated?**

Assessment techniques are devised to gather information related to how well students are achieving the learning objectives of the curriculum. For each unit of study, students are assessed based upon their abilities to access and evaluate information, to make an informed decision, and to design and carry out an action plan.

Data about a student's knowledge of health education content and his or her ability to access and evaluate health-related information may be collected through the use of presentations, individual or group assignments, quizzes, projects, reports, and so on. Data about a student's ability to make decisions can be collected by using case studies, scenarios, audiotapes, written assignments, or matrices. Rubrics, checklists, and rating scales are examples of ways to collect data about a student's ability to design and carry out an action plan.

### **What can I do, as a parent, to support Health Education in my son or daughter's classroom?**

You can discuss, with your son or daughter, the topics being addressed in health education class at school. Such discussions can help students personalize health-related information and recognize the impact a person's state of well-being has on the lives of individuals and families.

You can volunteer to act as a support person when your son or daughter is carrying out his or her action plan. This means playing a supporting role in the design of the action plan as well as in its implementation and evaluation.

You can suggest and/or encourage the formation of a health education liaison committee at your neighbourhood school. The structure and mandate of a health education liaison committee varies from one area to another depending on the number of classrooms, the size of the community, health-related programming in the community, and other factors. The committee might strive to work with the school, community, and health district to establish a comprehensive school health framework that not only features instruction but also features support services, a healthy school environment, and social supports.

Demonstrating the concept of shared responsibility is one way of supporting your daughter or son, the health education teacher, and health education at your child's school. Health Education is a responsibility shared among parents, schools, churches, community organizations, and social agencies.

## **Appendix D: Frequently Asked Questions about the Renewed Health Education Curriculum for the Middle Level (Grades 6-9)**

### **1. Is there a three-year implementation window for the renewed Middle Level Health Education Curriculum?**

No. This is not an implementation. This is curriculum renewal and Health Education is the first subject area to enter this stage of the curriculum development process. Health Education for grades 7-9 was piloted in the early 1980s and was implemented in 1985-1988. It went through the provincial evaluation process in 1994. The findings were released in *Curriculum Evaluation Report: Health Education 7, 8, and 9* (March 1996). *Health Education: A Curriculum Guide for the Middle Level (grades 6-9)* has been renewed based upon the findings of the provincial evaluation. It is a June 1998 publication and is available for schools to use in the fall of 1998. All schools must be using the renewed 1998 curriculum.

### **2. Are there units that require school division board approval?**

Yes. There is one optional unit that requires school division board approval. It is called Abstinence, Sexually Transmitted Diseases, Pregnancy, and Contraception. It is designed for use with grade nine students. While it is anticipated that most school divisions will approve the offering of this unit, it is important to note that parents may withdraw their son or daughter from this particular unit. Schools are responsible for providing appropriate, alternate health education instruction.

### **3. Is the HIV/AIDS Education Unit required at each of grades 6-9?**

Yes. School divisions are required to offer the HIV/AIDS Education Unit at each of grades 6-9. Parents may withdraw their daughter or son from HIV/AIDS education. Schools are responsible for providing appropriate, alternate health education instruction for students whose parents choose to have their children learn HIV/AIDS information at home rather than in the school setting.

### **4. Where do commercially prepared manuals and community-developed resources fit into the renewed curriculum?**

Resource-based learning is one of the initiatives within Core Curriculum. Teachers and students are encouraged to use a variety of print and non-print resources, including resource personnel. Resources are selected or rejected based upon their ability to support achievement of the learning objectives stated in the provincial curriculum.

Having said that, a favourite resource cannot replace the provincial Health Education curriculum. For example, certain sections of a resource might be used to support the learning objectives in the following grade six units: Decision-making Process, Self-concept, Personal Standards, and Drug Addictions and Gambling. Different sections of the same resource might be used to support the following grade seven units: Decision-making Process, Assertiveness Skills, Peer Pressure, and Alcohol and Other Drugs. Clearly, the resource is a valuable support to the Middle Level Health Education curriculum but it cannot become the school's health education program.