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## Note

Saskatchewan Education recognizes that schools share responsibility for HIV/AIDS education with parents, churches, community organizations and social agencies.

Health-related information is constantly changing. The purpose of this module is to enable students to access and evaluate information that is currently accepted by responsible authorities as well as information that is continually being made available to the public.

Saskatchewan Education recommends the establishment of a health education liaison committee. Some communities may already have this support in place, as the Health Education curriculum for grades 7-9 recommends the establishment of such a committee. A parent advisory or liaison committee can be a beneficial support to both HIV/AIDS education and teachers. A liaison committee might assist in acquiring and selecting resources that meet community needs. Such committees provide a valuable link between the school and community.



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# Teacher Background Information

HIV/AIDS education is one small part of health education. Health education is a shared responsibility. The term, shared responsibility, applies to school, neighbourhood, community, school division, health district, and provincial levels. It includes students, educators, parents, churches, community organizations and social agencies.

## AIDS Education Policy

The Ministers of Health and Education have declared the need to strengthen HIV/AIDS instruction in Saskatchewan schools. This policy is effective as of September 1997, for students enrolling in Wellness 10. Due to the sensitivity of the topic for some families or students, parents have the option to remove their son or daughter from HIV/AIDS education.

Saskatchewan Education continues to recommend a local liaison committee to support teachers and to facilitate coordinated planning. The committee structure and mandate vary 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 main functions are to:

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

See *Health Education: A Curriculum Guide for Grades 7-9*, pages 41 and 42, for additional information related to the membership and duties of a local health education liaison committee.

# AIDS Information

It is important that teachers and students recognize that health-related information in general, and AIDS-related information in particular, is dynamic. Accurate information as well as misinformation about HIV/AIDS is available. Often it is provided to the public through the media. The intent of this module is to provide students with the knowledge and skills to access and evaluate information.

HIV (human immunodeficiency virus) is a preventable, chronic, progressive condition of which AIDS (acquired immunodeficiency syndrome) is the final stage. The cause of AIDS is infection with HIV, which refers to any of a large number of viral strains. HIV is a retrovirus, a small class of viruses having RNA as their genetic material. The RNA serves as a template for the production of DNA, which invades a host cell's chromosomes, reproducing and killing the cell. With AIDS infection, the victimized cell is a white blood cell, hence the eventual suppression of the immune system.

The HI virus is transmitted through blood, semen and vaginal fluids. It is a blood-borne virus that is most often transmitted sexually, through needle sharing, or through blood products and transfusions.

As of 1985, improvements in blood screening have substantially reduced the likelihood of infection through blood products or transfusions. Not sharing needles prevents contact with infected blood.

Abstinence is the only sure protection against the sexual transmission of HIV. Students at the Secondary Level need to know that abstinence is the safest and most appropriate choice at this stage in their lives. Making responsible decisions and maintaining an abstinent lifestyle are compatible concepts for high school students.

A number of myths exist about HIV/AIDS. Accurate and current information is needed in order to maintain an AIDS-free lifestyle. Facts are more helpful than either fear or ignorance.

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## Sensitive Issues

HIV/AIDS education deals with the personal and sometimes sensitive issues of interpersonal relationships, drugs, and death. Students come to Saskatchewan classrooms from diverse backgrounds and bring with them different values and ideas about these topics.

Students may live in traditional families or non-traditional families. Some may be hesitant to share ideas and join discussions.

The topic of homosexuality may arise during discussions about HIV/AIDS. In accordance with Saskatchewan's Common Essential Learnings (Personal and Social Values and Skills), health educators must remind students that all people deserve respect. Throughout HIV/AIDS instruction, it is best to focus on prevention, transmission, support and treatment rather than focusing on groups of people. Avoiding stereotyping can help all students. Emphasizing behaviours, decisions and actions will benefit students throughout this module and the future.

For many adults, classroom discussions about condoms may seem too advanced for middle years students. Should discussion arise, students need to know that condoms are not 100 percent reliable. They are not a perfect solution, as there is always a possibility of improper use or breakage. Condoms have however, been shown to lower the risk of HIV transmission. The consistent and proper use of latex condoms is effective in reducing the risk of contracting HIV through sexual intercourse.

Some students may have friends or family members who are HIV positive, are dying or have died of AIDS. For these students, information on supporting friends or family who are living with AIDS, death and dying may be of real importance. Appropriate resource people and community agencies can support both teachers and students.

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# HIV/AIDS Update

(Statistics Canada, 1996).

Cases of AIDS have been reported from all geographic regions, in both sexes, in all age groups and among many different racial and ethno-cultural groups (Health Canada Bureau of HIV/AIDS and STD Laboratory Centre for Disease Control, December 1995, *1994 Annual Report of AIDS in Canada*). The graphs on the following pages show Saskatchewan and Canadian statistics.

The two groups showing the greatest increase in HIV infection are women and teenagers. AIDS has moved through society in waves. Gay men were most affected by the first wave of HIV infection. Hemophiliacs and drug users in the next group. Current trends indicate women and teenagers as the third wave (Flynn and Lound, 1995, *AIDS: Examining the Crisis*).

The annual frequencies of adult AIDS cases is continuing to rise in all geographic regions and among all risk groups except recipients of blood transfusion and clotting factor (Health Canada Bureau of HIV/AIDS and STD Laboratory Centre for Disease Control, December 1995, *1994 Annual Report of AIDS in Canada*).

An estimated 20,137 AIDS cases had been diagnosed in Canada based on adjustments made because of reporting delay and 15% correction for under reporting to the end of 1995 (Health Canada Bureau of HIV/AIDS and STD Laboratory Centre for Disease Control, July 1996, *Quarterly Surveillance Update: AIDS in Canada*).

About one-half of HIV positive people develop AIDS within 10-11 years of infection (Statistics Canada, 1996).

AIDS cases diagnosed today reflect HIV transmissions that occurred between two and 10 or more years ago (Health Canada Bureau of HIV/AIDS and STD Laboratory Centre for Disease Control, December 1995, *1994 Annual Report of AIDS in Canada*).

Approximately 17% of reported AIDS cases exist among individuals in their twenties, many of whom probably were infected as adolescents (Health Canada Bureau of HIV/AIDS and STD Laboratory Centre for Disease Control, March 1996, *Quarterly Surveillance Update: AIDS in Canada*).

HIV infection is increasing most rapidly among young people. One in four new infections in the U.S. occurs in people younger than 22 (Rosenberg, Biggar and Goedert, 1994, *New England Journal of Medicine*).

Injection drug use is a risk factor of increasing significance. For example, in 1987, 1% of AIDS cases due to injection drug use were reported. In 1994, 6% of AIDS cases due to injection drug use were reported

Expectant mothers with the HI virus can transmit it to their unborn children during pregnancy, during birth, or through breastfeeding. As of the fall of 1995, perinatal transmission accounted for about 75% of AIDS cases among children - the remainder having been infected through blood products or transfusions (Statistics Canada, 1996).

There is a theoretical risk of transmitting HIV via kissing. The HI virus can be present in the saliva of an infected person but not in large quantities. There has never been a documented case of HIV transmission through kissing (Canadian Medical Association, 1995, *Counselling Guidelines for HIV Testing*). Theoretical risk of HIV infection means that it is impossible to prove that infection will never happen.

HIV is not spread through everyday school and social activities and it is not spread through the air, casual contact or water (Unks, 1996, *Schools and AIDS*).

HIV is not a germ floating in the air. It cannot be transmitted by casual contact such as touching or sharing forks and knives. To infect you, HIV must enter your bloodstream. Only the exchange of blood, semen, vaginal secretions, or breast milk will allow HIV to pass from one person to another. Body fluids such as tears and saliva cannot hold enough of the virus to permit transmission (Flynn and Lound, 1995, *AIDS: Examining the Crisis*).

## Positive HIV Antibody Tests in Saskatchewan (To March 31, 1996)

Year	# Tested	# Confirmed Positive	% Positive
1985 - 86	760	53	7.0
1987	3,268	42	1.3
1988	3,574	32	0.9
1989	3,319	16	0.5
1990	4,615	34	0.7
1991	6,440	16	0.3
1992	12,152	41	0.3
1993	13,390	20	0.2
1994	17,814	27	0.15
1995	16,100	29	0.18
<b>TOTAL</b>	81,432	310*	0.36
* Adjustments have been made to eliminate repeat positive test results			

Source: Communicable Disease Control, Saskatchewan Health

## Saskatchewan AIDS CASES To June 30, 1996

### ALL CASES

	Total	Dead	Alive
Male	99	81	18
Female	12	5	7
<b>Total</b>	<b>111</b>	<b>86</b>	<b>25</b>

Year	Cases reported by year of diagnosis.			Death occurred during this calendar year.			Number of cases still alive from the year the case was reported.		
	Total Cases	Male	Female	Total Deaths	Male Deaths	Female Deaths	Total Alive	Male Alive	Female Alive
1984	1	1	-	1	1	-	-	-	-
1985	3	3	-	1	1	-	-	-	-
1986	8	8	-	4	4	-	-	-	-
1987	8	8	-	9	9	-	1	1	-
1988	5	5	-	2	2	-	-	-	-
1989	7	5	2	4	3	1	1	1	-
1990	15	14	1	8	7	1	-	-	-
1991	6	6	-	10	9	1	1	1	-
1992	10	8	2	8	8	-	3	1	2
1993	11	9	2	9	9	-	3	2	1
1994	15	12	3	9	8	1	6	3	3
1995	21	19	2	18	17	1	10	9	1
1996	1	1	-	2	2	-	1	1	-
<b>Total</b>	<b>111</b>	<b>99</b>	<b>12</b>	<b>86</b>	<b>81</b>	<b>5</b>	<b>25</b>	<b>18</b>	<b>7</b>

Source: Communicable Disease Control, Saskatchewan Health

**Age Distribution of Cumulative Reported AIDS Cases, By Sex** (data reported for the quarter ending on June 30, 1996)

<b>Age Group</b>	<b>Males</b>		<b>Females</b>		<b>Total</b>	
	<b>Cases Reported</b>	<b>%</b>	<b>Cases Reported</b>	<b>%</b>	<b>Cases Reported</b>	<b>%</b>
<b>Pediatric</b>						
<1	30	0.2	36	4.0	66	0.5
1-4	23	0.2	27	3.0	50	0.4
5-9	10	0.1	1	0.1	11	0.1
10-14	14	0.1	3	0.3	17	0.1
<b>Adults</b>						
15-19	38	0.3	4	0.4	42	0.3
20-29	2154	16.7	244	27.1	2398	17.4
30-39	5748	44.5	323	35.9	6071	44.0
40-49	3534	27.4	126	14.0	3660	26.5
50+	1360	10.5	135	15.0	1495	10.8
<b>Total</b>	12911	100.0	899	100.0	13810	100.0

Source: Bureau of HIV/AIDS & STD, LCDC, Health Canada

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# Foundational Objectives and Learning Objectives

## Time Frame

Approximately five hours of instruction will be required for this module. The number of lessons will vary according to the time available for each lesson.

### Level A - Extend Knowledge Base

#### Foundational Objectives

Students will know and use appropriate health resources to develop a factual information base about HIV/AIDS.

#### Learning Objectives

Students will:

- identify HIV/AIDS information sources
- identify information selection criteria
- gather accurate, up-to-date information about HIV/AIDS from a variety of sources.

### Level B - Make an Informed Decision

#### Foundational Objective

Students will practise evaluating HIV/AIDS information for the purpose of deciding which resources to retain as part of a factual information base upon which to base health-enhancing decisions.

#### Learning Objectives

Students will:

- explore the challenge of evaluating HIV/AIDS information
- list strategies to use in evaluating HIV/AIDS information
- explore the consequences of evaluating and not evaluating HIV/AIDS information
- establish a goal to access and evaluate HIV/AIDS information.

### Level C - Carry Out Action Plan

#### Foundational Objective

Students will design and implement an action plan to

maintain a current and dynamic HIV/AIDS information base.

#### Learning Objective

Students will:

- design and carry out an action plan designed to maintain an accurate, up-to-date factual information base using at least three reliable sources.

The selection of the following Common Essential Learnings for emphasis in this module does not preclude the development of other C.E.L.s in the suggested activities and strategies. The C.E.L.s include:

C = Communication N = Numeracy

PSVS = Personal & Social Values & Skills

IL = Independent Learning

CCT = Critical & Creative Thinking

TL = Technological Literacy

### **Foundational Objective (C)**

Students will use language for differing purposes to learn about HIV/AIDS.

#### **Learning Objectives**

Students will:

- identify and understand persuasion and propaganda techniques (e.g., loaded words, unsubstantiated claims, etc.)
- distinguish between primary and secondary sources of information.

### **Foundational Objective (IL)**

Students will develop the ability to access information.

#### **Learning Objectives**

Students will:

- seek out information from people who may be knowledgeable (e.g., parents, teachers, guidance counsellors, community agencies, and health care workers)
- seek information through a steadily expanding network of options, including libraries and databases.

### **Foundational Objective (IL)**

Students will develop the skills and abilities necessary to meet their own learning needs.

#### **Learning objective**

Students will:

- evaluate their personal action plans and re-design as necessary.

### **Foundational Objective (CCT)**

Students will think for themselves, recognize the limits of individual reflection and the need to contribute to and build upon mutual understandings.

#### **Learning Objectives**

Students will:

- consciously evaluate what is being read, heard, or viewed

- examine knowledge in terms of what they already know and what they want to know.

### **Foundational Objective (CCT)**

Students will develop the ability to evaluate ideas, processes, and experiences relevant to maintaining a current and dynamic HIV/AIDS information base.

#### **Learning Objective**

Students will:

- render a judgment and support that judgment by referring to clearly defined criteria.

### **Foundational Objective (PSVS)**

Students will work toward becoming compassionate, empathetic and fair-minded people who can make positive contributions to society as individuals and as members of groups.

#### **Learning Objective**

Students will:

- recognize the importance of respecting evidence, truth and views of others when engaging in rational discussions.

### **Foundational Objective (PSVS)**

Students will treat themselves, others and the environment with respect.

#### **Learning Objective**

Students will:

- act upon the principle of respect for persons.

### **Foundational Objective (N)**

Students will develop their abilities to understand the uses and abuses of quantitative data related to HIV/AIDS.

#### **Learning Objective**

Students will:

- develop an awareness of the reporting techniques commonly used by special interest groups to shape the impact of quantitative data and to influence the uncritical reader, listener, viewer, or consumer.

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# Module At a Glance

**Time Frame 5 hours**

## Content

Overview of module

Prior knowledge about HIV/AIDS

Sources of HIV/AIDS information

Criteria for selecting sources of information

Gathering HIV/AIDS information

Evaluating sources of information

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Challenge of evaluating HIV/AIDS information

Strategies to evaluate information

Consequences of evaluating and not evaluating information

Setting goal to maintain a current and dynamic HIV/AIDS information base

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Designing and carrying out action plan

Teacher evaluation, self-evaluation and evaluation by designated support person(s), perhaps leading to some revision in the original action plan

## Planning Process

### Level A - Extend Knowledge Base

1. Stop and *Reflect* on what you know and feel about the issue.

2. *Research* the issue. Find the facts.

### Level B - Make an Informed Decision

3. *State* the challenge and *Explore* alternatives and consequences.

4. *Determine* your decision and *Set* personal goal.

### Level C - Carry Out Action Plan

5. *Design* and *Apply* action plan.

6. *Evaluate* your progress and *Revise* as needed.

**Planning Process**

Level A - Extend Knowledge Base

1. Stop and Reflect on what you know and feel about the issue.

**Learning Objectives**

Students will identify HIV/AIDS information sources.

Students will examine knowledge in terms of what they already know and what they want to know (CCT).

**Instructional Strategies/Methods****Teaching Notes**

Direct Instruction:  
structured overview

Provide students with an overview of what is to be included in this five hour module.

Interactive Instruction:  
discussion

Introduce this module with questions designed to stimulate the recalling of AIDS-related information and the identification of a variety of HIV/AIDS information sources. The questions might be similar to:

- AIDS: What have you heard? From whom? or From where?
- What do you know about AIDS? How do you know that it is accurate?

After several student responses, begin to organize student ideas under headings such as:

- What I have heard about AIDS
- What I know about AIDS
- Source of information
- How I know that it is or is not accurate
- How I can find out if it is or is not accurate.

Bring closure to this part of the discussion by acknowledging what is likely an extensive listing of AIDS-related information (factual and otherwise) as well as the identification of a number of information sources (reliable and otherwise).

Interactive Instruction:  
discussion

Concentrating on the list of information sources, ask students to group or categorize the sources. For example:

- popular magazines
- special interest group publications
- medical journals or other health professional journals
- newspapers
- books
- TV documentaries
- internet
- CD-ROM
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**Planning Process**

Level A - Extend Knowledge Base

2. Research the issue. Find the facts.

**Learning Objectives**

Students will identify information selection criteria.

Students will distinguish between primary and secondary sources of information (C).

**Instructional Strategies/Methods****Teaching Notes**

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Interactive Instruction:  
1-2-4 (Think-Pair-Share)

Pose questions similar to:

- Are some of these information sources more reliable than others?
- If so, why? (See Appendix for other discussion questions.)

Once a few ideas have been forwarded, ask students to individually make a list of criteria that could guide them in selecting reliable resources. For purposes of this activity, ask them to concentrate on **the source of information**.

Move students into pairs where they compare criteria, add criteria and compile a joint list. Remind students that they are to focus on the source of information rather than factors such as format/layout, readability and visuals.

Move pairs together to become groups of four. Again, lists of criteria are compared and extended in order to compile one list of criteria per group.

Debrief by placing key organizers such as date, author, publisher, references, research, and other authorities on flipchart paper or the chalkboard. Make note of what each group has to offer in each of these categories and add others as they may arise.

Note: Student generated ideas may include the following:

- Copyright date (within five years)
- Author (qualifications, affiliations)
- Publisher/producer/sponsor (credibility, reputation, editorial slant)
- References (current, balance of viewpoints)
- Research (valid and scholarly; i.e., sample size and selection, data analysis, reporting techniques, citations)
- Other authorities (Does this author consider all of the relevant evidence and arguments, or only that part which tends to support his/her position? Does it provide the perspective of a particular interest group? If so, it is important to access other authorities that present a different viewpoint).

Direct Instruction:  
demonstration

Create a checklist or rating scale, to be used later in the module, for evaluating sources of HIV/AIDS information. While the criteria to be placed on the checklist have been generated by the class, the design or layout work can be done by individual students or small groups of students.

Use three or four teacher-selected resources and demonstrate the use of the class designed checklist or rating scale. It may be valuable to ensure that one source of information is outdated, one presents inaccurate information and one offers the viewpoints of a special interest group.

Direct Instruction:  
mini-lecture

The Communication learning objective refers to primary and secondary sources of information. In the area of health-related information, the term primary can mean "expert". A primary or expert source of information might be the Centre for Disease Control (CDC) where HIV/AIDS research is carried out. Another primary source of information might be a doctor who uses the findings of such research in his or her work with HIV/AIDS patients. A secondary source of information is an organization that includes an article about the CDC research in a newsletter that they publish quarterly, for example.

The purpose of this mini-lecture is to help students understand that a clergy member may be a primary source or expert source of information if the topic is death, dying or grieving while an oncologist is a primary source or expert if the topic is cancer.

**Student Assessment Techniques**

The first learning objective is to "identify" information selection criteria. Students can be assessed at the knowledge level by asking them to list the criteria.

The Communication learning objective is to "distinguish" between primary and secondary sources of information. Having students explain why a particular resource is a primary or secondary source of information assesses their ability to evaluate.

Present each student with a source of HIV/AIDS information ( e.g., journal article, magazine article, video, book, web site). Ask each student to list the selection criteria that can be used to evaluate the source of HIV/AIDS information. Also, ask the student to explain why the source is a primary or secondary source of information.

**Planning Process**            Level A - Extend Knowledge Base  
2. Research the issue. Find the facts.

**Learning Objectives**

Students will gather accurate up-to-date information about HIV/AIDS.

Students will seek out information from people who may be knowledgeable (e.g., parents, teachers, guidance counsellors, community agencies, and health care workers) (IL).

Students will seek information through a steadily expanding network of options, including other libraries, databases (IL).

Students will render a judgment and support that judgment by referring to clearly defined criteria (CCT).

**Instructional Strategies/Methods**

**Teaching Notes**

Indirect Instruction:  
reflective discussion  
and  
Direct Instruction:  
mini-lecture

Lead the class in a discussion that reflects the opening comments of this module (AIDS: What have you heard? and What do you know about AIDS?). As main ideas are restated, list them under such headings as prevention, transmission, treatment, and support.

If the following key points are articulated adequately by students during the discussion, a debriefing or summary is all that is needed. However, if some of the key information pieces are missing, presenting them in a mini-lecture ensures that all students have the information.

**Prevention**

HIV/AIDS is preventable. We can reduce the risk of contracting the virus by:

- wearing latex gloves when handling body fluids (i.e., blood in a playground mishap or at the scene of an accident)
- not sharing needles or syringes
- abstaining from sexual intercourse (the only sure way to avoid sexually transmitted HIV infection)
- using a condom as a barrier against the HI virus during sexual intercourse. (Condoms have been shown to lower the risk of HIV transmission when used properly. However, the HI virus can be transmitted through sexual intercourse if a condom breaks or leaks.)

**Transmission**

Exposure to HIV-infected blood, semen, vaginal fluids, or breast milk can occur through:

- blood transfusions with HIV-infected blood. (As blood supplies have been tested for HIV since November 1985, this mode of transmission is unlikely, but not impossible.)
- needle-sharing for drugs including steroids, ear or other piercing, tattoos, blood brothers/blood sisters

- pregnancy, childbirth, breastfeeding (through HIV positive mother's milk)
- all forms of unprotected or inadequately protected sexual intercourse with an infected person.

**Treatment**

At this time, there is no cure for AIDS. Opportunistic infections are treated with a variety of medications. Researchers have identified 26 illnesses associated with AIDS. Some of these illnesses are called opportunistic infections because HIV weakens the immune system, giving other viruses and diseases an opportunity to infect the body (Flynn and Lound, 1995, *AIDS: Examining the Crisis*).

**Support**

Sources of support may include the following:

- clinics
- doctors
- hospitals
- counsellors
- AIDS organizations
- Kids Help Phone 1-800-668-6868
- 

Independent Study:  
homework  
and  
Interactive Instruction:  
interviewing

Assign individual students or pairs of students to gather accurate up-to-date information about HIV/AIDS. To make it more manageable, some students may focus on gathering information about prevention, others about transmission, and so on. Set a due date as to when the materials are to be collected and brought to the classroom. Set a minimum and maximum number of resources, from two or three different sources, to be gathered per student or pair of students.

Encourage students to gather information in non-print as well as print form. Inform students, from the outset, that they will be required to justify that the sources of information they submit rate favourably when measured against the selection criteria for copyright date, author, publisher/producer, research and other authorities.

Interactive Instruction:  
peer practice

Once all resources are gathered, ask pairs of students to use the class-designed checklist or rating scale to evaluate the sources of information that they have each gathered. Advise students in advance, that their joint written evaluations of these sources are to be submitted as part of their assessment for this module.

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**Student Assessment Techniques**

Students have observed a teacher demonstrate the evaluation of a source of HIV/AIDS information. They have also practised, with a peer, evaluating sources of information. Use the peer partner checklist or rating scale as assessment data for Level A of this module.

At this point in the module, it is appropriate to assess each student's ability to evaluate sources of HIV/AIDS information. Present each student with a copy of the information source evaluation checklist and one print or non-print resource that has not been previously evaluated. Allow time for each student to evaluate that source of information. Present each student with a second source of information. This technique assesses the degree to which each student has achieved the Critical and Creative Thinking learning objective regarding the ability to make judgments based upon clearly defined criteria.

**Student Evaluation Techniques**

In each student's folder the following assessment data is located rating of an HIV/AIDS source of information (as gathered by a teacher) using criteria listed on a checklist or rating scale, written explanation or justification regarding primary and secondary sources, peer partner rating of an HIV/AIDS source of information (as gathered by self and peer) using criteria listed on a checklist or rating scale, and individual rating of a source of HIV/AIDS information (as gathered by a student using criteria listed on a checklist or rating scale). At the end of Level A, this assessment data must be judged and assigned a mark that represents a percentage of the student's mark for the HIV/AIDS Education module.

**Planning Process**

Level B - Make an Informed Decision

3. State the challenge and Explore alternatives and consequences.

4. Determine your decision and Set personal goal.

**Learning Objectives**

Students will explore the challenge of evaluating HIV/AIDS information.

Students will identify and understand persuasion and propaganda techniques (e.g., loaded words, unsubstantiated claims, etc.) (C).

Students will develop an awareness of the reporting techniques commonly used by special interest groups to shape the impact of quantitative data and influence the uncritical reader, listener, viewer, or consumer (N).

Students will recognize the importance of respecting evidence, truth and views of others when engaging in rational discussions (PSVS).

Students will act upon the principle of respect for persons (PSVS).

Students will list strategies to use in evaluating HIV/AIDS information.

Students will explore the consequences of evaluating and not evaluating HIV/AIDS information.

Students will establish a goal to access and evaluate HIV/AIDS information.

**Instructional Strategies/Methods****Teaching Notes**Interactive Instruction:  
brainstorming OR discussion

During the brainstorming session or discussion, students may identify the following challenges:

- How do I know if the HIV/AIDS information is accurate?
- How do I know if the research was conducted in a scientific fashion?
- How do I know if the findings are reliable?
- What if the study was funded by a particular agency and as a result only particular findings are being reported? How do I recognize such practices?
- 

Conclude the sharing of challenges session and lead students into some of the proactive strategies of evaluating information. Remind students that earlier in this module, they evaluated sources of information. In this portion of the module, they will be evaluating the information itself.

Indirect Instruction:  
concept attainment

Concept attainment is suggested as an instructional method teachers might use in assisting students to identify and understand persuasion and propaganda techniques in HIV/AIDS information. Through this method students work with examples and non-examples of such practices as loaded words and unsubstantiated claims.

Direct Instruction:  
demonstration

Students may have worked with the Numeracy learning objective in other areas of health education. For example, they may be aware of salad dressings or snack food products claiming to be ... 30% less fat. The critical consumer asks, "30% less than what?". Upon further examination, it is possible to find out that the product claiming to be 30% less in fat is actually higher in fat content than another comparable product. Remind students that they need to be critical consumers of health-related information in general, and HIV/AIDS information in particular. Caution students that special interest groups often report data in ways that reflect the beliefs or values of that group. Provide examples of quantitative data being reported in such a way as to influence the uncritical reader.

Direct Instruction:  
mini-lecture  
OR  
compare and contrast

In a mini-lecture, examples of the truth about HIV/AIDS, as substantiated by scientific evidence and reported in reliable information sources, can be presented to students. A variety of viewpoints can also be presented. In an activity of compare and contrast, students can see the similarities among truth, evidence and views as well as the differences.

Regardless of which instructional method is used, it is important that students recognize the importance of respecting the truth, respecting evidence, and respecting although not necessarily accepting the views of others.

Interactive Instruction:  
brainstorming  
OR  
reflective discussion

In discussions about HIV/AIDS, differing viewpoints emerge. Likewise, differing values and beliefs emerge. Provide students with the phrase, "respect for persons". Ask them to cite examples of how people demonstrate respect for one another. They may suggest:

- listen to the other person's opinion even if it is different from yours
- listen without interrupting
- state your own opinion without trying to coerce others
- say something like, "You are entitled to your opinion", as a way of acknowledging respect for the person/speaker but not necessarily agreeing with the opinion
- refuse to overlook derogatory comments based upon gender, culture, age or lifestyle
- 

As a means of review, ask students to brainstorm a list of strategies they might use to evaluate information about HIV/AIDS. Examples from classroom discussion might include:

Interactive Instruction:  
brainstorming

- determine the main purpose of the article, speech or video
- check for use of loaded words
- search for examples of unsubstantiated claims
- read/listen to ensure that statements that sound like, or read like, "truth" or "fact" are actually supported by empirical "evidence"; if not, such statements are the "view" of the author
- determine the assumptions upon which the author's claim or position is based
- check for biased reporting techniques.

**A Sample Checklist for Evaluating HIV/AIDS Information** is provided in the Appendix. Students are encouraged to develop their own checklist. It may include some of the following strategies:

- search for ambiguous statements or claims
- watch for over-generalizations
- examine any visuals to determine their purpose or intent
- find out what group or organization funded the research and explore its agenda or mandate.

Interactive Instruction:  
co-operative learning groups  
1-2-4 (Think-Pair-Share)

The 1-2-4 instructional method is suggested as a means of having students list the consequences of evaluating and not evaluating HIV/AIDS information. As they move from the Think stage to the Pair stage, prompt students to consider both short-term and long-term consequences. As they move from the Pair stage to the Share stage, suggest that they consider consequences not only for individuals, but also for friends, families and communities.

Debrief the 1-2-4 with a class discussion about the consequences of not evaluating HIV/AIDS information.

Independent Study:  
homework

As indicated in the foundational objectives for Levels A, B, and C of this module, students are expected to access and evaluate multiple resources for purposes of maintaining a current and dynamic HIV/AIDS information base. As stated in the Level C learning objective, each student is to maintain an information base of at least three reliable sources. Here, at the end of Level B, each student is expected to write a goal statement around which he/she designs an action plan. Below are some examples of student goal statements:

- I will maintain an accurate, up-to-date factual information base of at least three reliable sources.
- I will work with my friend \_\_\_\_\_ to maintain an accurate, up-to-date information base of at least three reliable sources. (See Appendix for Sample Decision-making form.)
- I will work with \_\_\_\_\_ (e.g., teacher-librarian, health education liaison committee, public health nurse, home and school association/school council) to maintain an accurate, up-to-date information base of at least three reliable sources for use in our school/community resource centre.

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**Student Assessment Techniques**

To assess students' abilities to identify propaganda techniques and persuasion, provide them with examples and non-examples and ask them to identify the examples. Having students write or orally present (possibly on audio tape) an HIV/AIDS news release is one way to assess their understanding of persuasion and propaganda techniques.

One way to assess whether students have developed an awareness of reporting techniques commonly used by special interest groups is to access magazines and newsletters where such techniques are used and ask students to identify the techniques as they appear in selected articles.

Talk shows, panel discussions, and debates provide an interesting way to assess students' abilities to recognize the importance of respecting evidence, facts and views of others. Provide students with a video tape and ask them to indicate examples of evidence, truth, and viewpoints. Have students indicate examples of not respecting evidence, truth and the views of others. Likewise, ask for examples of when evidence, truth, and the views of others were respected and the importance of these examples in rational discussions about HIV/AIDS or any topic.

It is difficult to assess the degree to which students practise the principle of respect for persons in their day-to-day lives. Case studies, video tapes, and audio tapes can be used to assess students' abilities to identify day to day examples that support the principle of respect for persons.

**Student Evaluation Techniques**

Gather the Level B assessment data located in each student's portfolio and use it in making an evaluation of his/her Level B progress. Assessment is the process of gathering data. Evaluation is the process of making a judgement or assigning a mark based upon the data.

**Planning Process**

Level C - Carry Out Action Plan

5. Design and Apply action plan.

6. Evaluate your progress and Revise as needed.

**Learning Objectives**

Students will consciously evaluate what is being read, heard, or viewed (CCT).

Students will design and carry out an action plan to maintain an accurate, up-to-date factual information base of at least three reliable sources.

Students will evaluate their personal action plans and re-design as necessary (IL).

**Instructional Strategies/Methods****Teaching Notes**

Independent Study:  
learning contracts

Each student designs a short-term action plan that can be carried out in a school term or semester.

The plan states specifically what the student intends to do. Remind students to do a "feasibility check" before submitting their action plan. In other words, "Can this action plan be completed in the amount of time I have allocated?".

Action plans also declare a support system. Review motivational support and moral support. Students should consider these when approaching someone to be the support person(s) for their action plan. Encourage students and support people to set "check-in dates". Check-in dates are simply prearranged times for the student and support person to check and see if everything is on track. Such dates also provide an opportunity for small rewards.

Distribute action plan outlines (see Appendix). Allow class time for these to be completed or establish a submission date.

The student, teacher and support person(s) sign the action plan at the time of its design. An assessment of the plan can be conducted at this meeting.

Step 6, evaluation and revision occurs later in the term or semester. The parties meet at an agreed-to time and place on the completion date to evaluate the plan.

Independent Study:  
learning contracts

The evaluation includes the student, the support person(s), and the teacher.

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### **Student Assessment Techniques**

At this time, the action plan is an assessment technique. The elements of the action plan are the focal point of assessment. The **Rating Scale for Assessment and Evaluation of Action Plans** and the **Holistic Rating Scale for Assessment and Evaluation of Action Plans** are available for your use when assessing student action plans (see the Appendix). The rating scale may assist you in assessing the degree to which a student's action plan is likely to be successful. Use Part A, numbers 1-6, to assess the student's likelihood of success based upon the degree to which the student included the components and detail of a good action plan. Part B, numbers 1-4, is also designed for assessment purposes.

The same rating scale can be used later in the term or year to assess the action plan and the degree to which it has been completed. Part A, number 7, and Part B, numbers 5-8, are designed for this purpose.

### **Student Evaluation Techniques**

Once the action plan has been completed, a judgement or evaluation needs to be made. Use the assessment data gathered throughout Level C and assign a Level C mark. A student's mark for the entire module is based upon Level A evaluation, Level B evaluation, and Level C evaluation.







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# Questions to Consider when Selecting and Evaluating Sources of Information

## Author

What special qualifications, training or experience does the author bring to the subject of HIV/AIDS? Be cautious of impressive titles easily confused with qualified professionals.

What organizations or causes is the author affiliated or associated with?

Is the author a recognized expert in the discipline in which s/he is writing or speaking?

Is the author a recognized member of a professional health organization in the area in which s/he is writing or speaking?

## Publisher

What is the reputation of the publisher? For example, the National Enquirer has a different reputation for accuracy than does Maclean's or Time.

## References

Are the sources of facts, quotations, statistics and studies adequately identified? Are the sources recognized organizations in the health field?

## Research

When evaluating research studies and their findings, consider the following questions. They may help to determine the legitimacy of the source.

Has the study been published in a scientific journal after peer review?

How large is the sample?

Has the research been duplicated?

Do provincial public health authorities confirm the validity of the study?

## Purpose

What is the apparent purpose of the presentation or publication? Is the purpose to provide information, to attract converts or to get votes? Does the author present her or his argument based upon justifiable facts and evidence? Does s/he appeal primarily to your emotions, loyalties and prejudices?

What is being discussed and how is it being discussed? Is it political, scientific, moral or religious? Is the evidence being presented relevant to the topic or issue? For example, is the writer or speaker trying to prove or disprove a scientific claim by using political, moral or religious means that may be inappropriate?

What assumptions, expressed or not, lie within the claims being made?

## A Sample Checklist for Evaluating HIV/AIDS Information

	Yes	No	Not sure/ Don't know	Comments
The information is based on personal observations or experiences and not sound scientific data.				
The information is inconsistent with other information on the same topic.				
The author uses testimonials of what others have said or done.				
Sensationalism is used to emphasize points.				
The author uses broad or vague generalities.				
False or debatable claims are woven within long and complex arguments.				

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# Sample Decision Making in Wellness 10

## Module 3: HIV/AIDS

### Challenge

As I consider all the information I acquired throughout the HIV/AIDS module, the challenge for me is to access and evaluate HIV/AIDS resources.

### Alternatives

When I list all the alternatives available to me in meeting that challenge

<u>Alternative #1</u>	<u>Alternative #2</u>	<u>Alternative #3</u>	<u>Alternative #4</u>	<u>Alternative #5</u>
Access multiple resources and evaluate them for persuasion and propaganda techniques	Access multiple resources and screen them for biased reporting	Access multiple resources and identify usage of fact, evidence and assumptions within viewpoints	Access multiple sources of information and check for unsubstantiated claims	

### Consequences

and I consider all the consequences of those alternatives

<u>Alternative #1</u>	<u>Alternative #2</u>	<u>Alternative #3</u>	<u>Alternative #4</u>	<u>Alternative #5</u>
<u>Pros</u> <u>Cons</u>	<u>Pros</u> <u>Cons</u>	<u>Pros</u> <u>Cons</u>	<u>Pros</u> <u>Cons</u>	<u>Pros</u> <u>Cons</u>

### Decision

the information indicates that the best choice for me is

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### Goal

In order to meet my challenge, my personal goal is to maintain an accurate up-to-date information base of at least three reliable sources.

---

## Sample Action Plan

Name \_\_\_\_\_

Date \_\_\_\_\_

**What** My personal goal is (to maintain an accurate, up-to-date factual information base of at least three reliable sources).

**How** To meet my goal, I am going to \_\_\_\_\_ (state action)

**When** I will practise this action (times per week) \_\_\_\_\_

I will begin this action on (date) \_\_\_\_\_

I will evaluate this action on (date) \_\_\_\_\_

Between the starting date and the evaluation date I will check in with my support person(s) on  
(check-in dates)

- 
- 
- 

**Where** I will carry out my action plan in such locations as (i.e., home, school, community agency, work)

**Who** I have asked for the support of (name of one or two people who are willing to fulfil the role of support person)

### Signatures

Student signature \_\_\_\_\_

Teacher signature \_\_\_\_\_

Support person(s) signature(s) \_\_\_\_\_

### Check-in Dates and Comments

### Evaluation Date and Comments

## Rating Scale for Assessment and Evaluation of Action Plans

1 = lowest

4 = highest

### A. Content

- |  |   |   |   |  |  |   |   |   |   |                           |
|--|---|---|---|--|--|---|---|---|---|---------------------------|
| 1) Statement of goal   | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of clarity         |
|  |   |   |   |  |  |   |   |   |   |                           |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |                           |
| 2) Match of action plan to achieve goal  | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of appropriateness |
|  |   |   |   |  |  |   |   |   |   |                           |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |                           |
| 3) Time frame appropriate in duration and frequency  | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of appropriateness |
|  |   |   |   |  |  |   |   |   |   |                           |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |                           |
| 4) Checkpoints appropriate in frequency, in involvement of other person(s), and in purpose | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of appropriateness |
|  |   |   |   |  |  |   |   |   |   |                           |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |                           |
| 5) Support system identified   | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of appropriateness |
|  |   |   |   |  |  |   |   |   |   |                           |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |                           |
| 6) Justification reasonable for choice of support system and/or person(s) identified       | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of appropriateness |
|  |   |   |   |  |  |   |   |   |   |                           |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |                           |
| 7) Written record/journal  | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of detail          |
|  |   |   |   |  |  |   |   |   |   |                           |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |                           |

### B. Process

- |  |   |   |   |  |  |   |   |   |   |  |
|--|---|---|---|--|--|---|---|---|---|--|
| 1) Evidence of multiple sources of information accessed  | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of variety<br>(print, non-print, human) |
|  |   |   |   |  |  |   |   |   |   |  |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |  |
| 2) Evidence of multiple sources of information being evaluated for accuracy, representation of a variety of views/perspectives, up-to-dateness | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of effort                               |
|  |   |   |   |  |  |   |   |   |   |  |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |  |
| 3) Information has been analyzed for applicability   | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of appropriateness                      |
|  |   |   |   |  |  |   |   |   |   |  |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |  |
| 4) Plan has been formulated in written form in triplicate (teacher/support person/student)   | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of completeness                         |
|  |   |   |   |  |  |   |   |   |   |  |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |  |
| 5) Evidence of observation that the plan has been carried out  | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of involvement                          |
|  |   |   |   |  |  |   |   |   |   |  |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |  |
| 6) Realistic judgment made   | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of appropriateness                      |
|  |   |   |   |  |  |   |   |   |   |  |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |  |
| 7) Evidence of collaborative effort between student, support person, and teacher   | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of effort                               |
|  |   |   |   |  |  |   |   |   |   |  |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |  |
| 8) Evidence that goal has been or is being achieved  | <table border="0" style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </table> |   |   |  |  | 1 | 2 | 3 | 4 | degree of application                          |
|  |   |   |   |  |  |   |   |   |   |  |
| 1  | 2   | 3 | 4 |  |  |   |   |   |   |  |

---

# Holistic Rating Scale for Assessment and Evaluation of Action Plans

Note: The topic will determine to a great extent whether the source of information is an expert, specific or general source (e.g., clergy may be an expert source in a topic on death and dying, but a general source in a topic on fitness; parent/guardians, nutritionists, elders and police are other examples in this category). This rating scale is based upon a scale of 1-5.

**5**

**The student's answer provides an overall impression of a well-organized, successful plan.** The student identifies a specific topic to investigate (e.g., how HIV is transmitted and is not transmitted). The student researches the topic using a variety of sources, including at least **one** expert source and several other reliable and valid sources. The student develops and applies appropriate criteria for sorting the research information and determining what information will be pertinent to the topic. After gathering and evaluating the information, the student targets a focused challenge, chosen through personal commitment. He or she postulates a number of alternatives and consequences related to possible student actions. The student weighs and reflects on each set and chooses the most appropriate one for the situation. The student describes a well-developed plan with at least **four** of the following elements: who, what, when, where, why, how. After following the plan, the student is able to reflect on its success and determine definite reasons for its success or lack of success, the changes that should be made to the plan and why those changes should be made.

**4**

**The student's answer provides an overall impression of a plan with success potential, but may lack one or two elements that ensure success.** The student implies a specific topic to investigate (e.g., HIV/AIDS). The student researches the topic using a variety of reliable and valid sources, but no expert source is used. The student retains information from a variety of these sources, but has no set criteria for doing so. After gathering the information, the student is able to describe a focused challenge that was chosen without personal commitment, but as a result of support and pressure from a number of sources. Based on the challenge, the student postulates a number of alternatives and consequences related to possible student actions. Although an alternative is identified, the student does not appear to have a process for selecting the best alternative. The student develops a plan that describes at least **three** of the following elements: who, what, when, where, why, how. After following the plan, the student is able to reflect on its success and determine possible reasons for its success or lack of success. These reasons may or may not affect the plan's success. The student is able to suggest changes that make the plan more detailed and give reasons why those changes should be made.

**3**

**The student's answer provides an overall impression of a plan but that plan may or may not work. Although containing some details, it may be very sketchy in some areas.** The student identifies a broad topic to investigate (e.g., learn how to look after my health care). She or he indicates that information was gathered from reliable and valid sources and that the sources were often easily accessible. The student retains information from some of these sources, but has no set criteria for doing so. He or she describes a broad, general challenge chosen without personal commitment but as a result of convenience and some pressure from a number of sources. The student implies a number of alternatives related to possible student actions. Although one alternative is chosen, the student does not appear to have a process for selecting it. The plan describes only **two** of the following elements: who, what, when, where, why, how. After following the plan, the student is able to reflect on its success and determine possible reasons for its success or lack of success but these reasons will have no effect on the actual success of the plan. Some changes are suggested that could be made to the plan, but these changes will not affect its outcome.

---

**2**

**The student's answer provides an overall impression that the student does not fully understand what he or she is doing. There are some major flaws in the plan's specific elements.** The student implies a broad topic to investigate (e.g., be safe). The student has made little effort to find information, possibly finding one source or using information already known. Because research is minimal, all information is retained and therefore no set criteria for selecting information was developed. The student implies a broad, general challenge that was chosen without personal commitment but as a result of convenience. She or he considers only one alternative related to possible student actions. The student develops a plan that describes only **one** of the following elements: who, what, when, where, why, how. After following the plan, the student is able to reflect on its success and determine **one** reason for its success or lack of success. The student indicates that changes should be made, but provides no suggested changes.

**1**

**The student's answer indicates a total lack of understanding of the task.** It has no focus and does not identify or imply a topic or issue. There is no indication of using an information base or considering any information in selecting a challenge. No alternatives were considered and no plan was developed.

**0**

No answer is given.

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## HIV/AIDS Resources

Before purchasing materials to support this module, educators should check their library collections for titles that may be suitable, and refer to their school division's materials selection policy for guidelines in choosing appropriate resources. Because HIV/AIDS materials become dated quickly and because they may be of a controversial nature, it is also very important to preview them before using in the classroom.

A parent advisory or liaison committee can be a beneficial support to both HIV/AIDS education and teachers. Such a liaison committee might assist in acquiring and selecting resources that meet community needs. Some communities may already have this support in place, as the Health Education curriculum for grades 7-9 and the Life Transitions curriculum for the Secondary Level recommend the establishment of a health education liaison committee. Such committees provide a valuable link between the school and community.

The list below includes a few resources that have been recommended for other subject areas and are also suitable for supporting the HIV/AIDS module within Wellness 10. A distributor directory follows the resources. Additional titles are being evaluated and will be included in *Learning Resource Material Update* as they become available.

**AIDS and Society** (Print-Non-Fiction). Merki, Mary Bronson. Glencoe (MHR), 1994. 54 p. ISBN 0-02-652624-7 (\$8.40 pbk.). Teacher's Annotated Guide - ISBN 0-02-652625-5 (\$10.00 pbk.).

In a visually appealing format, teens are introduced to the many questions surrounding the AIDS issue. Information on what AIDS is, how it is transmitted, prevention, testing procedures, and care of AIDS patients is included. Colourful photographs and diagrams add to the format. The teacher's guide provides objectives, activities, and assessment ideas to accompany each lesson. Included in each book are a table of contents, a glossary, and an index.

**AIDS: Examining the Crisis** (Print-Non-Fiction). Flynn, Tom and Lound, Karen. (The Frontline Series). Lerner Publications (NEL), 1995. 72 p. ISBN 0-8225-2625-5 (\$25.32 hdc.).

This easy-to-read resource answers many of the commonly asked questions about the deadly virus that causes AIDS. The history of the disease, society's response to the disease, and what we can expect in the future are also discussed. Colourful photographs, charts, and graphs are included. Included are a table of contents, a glossary, a list of resources, and an index.

**Just Say Know to AIDS: Abstinence** (Video). AIMS Media (CLC), 1993. 28 min. Order no. 1-8523. Single Site (\$49.95). Circulating Copy (\$275.00).

This program takes a realistic look at AIDS including how HIV is contracted, symptoms of the disease, and cost of treatment. It includes testimonials by medical professionals and victims, including Magic Johnson. The program presents the abstinence message.

**Ryan White Talks to Kids About AIDS** (Video). Films for the Humanities & Sciences (FFH), 1995. 28 min. Order no. ST1998 (\$89.95 U.S.).

In this Phil Donahue special, 16-year-old Ryan White tells his story of living with the AIDS virus. He was infected with HIV by contaminated blood products. Ryan answers questions from teens and preteens with sincerity and honesty. His positive attitude is very inspirational. Ryan died at age 18.

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## Distributor Directory

The codes given in parentheses in the bibliography citations indicate the distributor. The full addresses, telephone, and fax numbers are given below.

- CLC Canadian Learning Company Inc.  
95 Vansittart Ave  
WOODSTOCK ON N4S 5Y8  
(800) 267-2977  
(519) 537-2360  
Fax: (416) 691-8833
- FFH Films for the Humanities & Sciences Inc.  
12 Perrine Rd  
MONMOUTH JCT NJ 08852  
(800) 257-5126  
(609) 452-1128  
Fax: (609) 275-3767
- MHR McGraw-Hill Ryerson Ltd.  
300 Water St  
WHITBY ON L1N 9B6  
(800) 565-5758  
(905) 428-2222  
Fax: (800) 463-5885
- NEL Nelson Canada  
1120 Birchmount Road  
SCARBOROUGH ON N1J 5G4  
(800) 668-0671  
(416) 752-9100  
Fax: (416) 752-9646