



K-12

Health & Wellness

Course of Study



Hilliard City Schools

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Health and Wellness Course of Study

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Forward and Acknowledgement

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Introduction

As the world evolves, so too must teaching and learning. Today's student, at a glance, looks similar to the students of yesterday; however, on the inside, this student is really quite different. In general, 21st century students are walking into our classrooms with access to knowledge and content at their fingertips. They are more experienced and ready to engage in complex learning and real-world problem-solving. Additionally, today's global society, sparked by rapid technological advances and innovation is putting new demands on a global work-force. Students must possess a new set of skills and competencies to be successful in the future. As such, school districts must consistently and systematically review what is taught in school and how it is taught. The Hilliard City Schools Curriculum Department works alongside teachers, administrators, families, and the community to define and communicate what all students will know and be able to do at each grade level and within each course in order to be Ready for Tomorrow. The Health and Wellness Course of Study is the district's foundational document which outlines the K-12 Curriculum Program for Health and Wellness. The Course of Study is designed, developed, and revised periodically to ensure that the most recent and appropriate learning standards are taught with fidelity, incorporating current research within health and using evidence-based instructional strategies and practices to maximize students' knowledge and skills. In addition, resources are evaluated for alignment and intentionality. The Course of Study consists of several key components, including a foreword, table of contents, introduction, the district's philosophy and vision statement, the district's educational goals, the content area's vision and instructional commitments, Health Learning Standards, a scope and sequence for each grade level, and assessment practices.

When revising this course of study, the following areas of health instruction were at the forefront of professional development to guide the design of this document:

- Nutrition
- Alcohol, Tobacco and Drug
- Personal Safety and Assault Prevention
- Prescription Opioid Abuse Prevention
- Venereal Disease Education
- Dating Violence Prevention
- Organ Donation
- Suicide Awareness and Prevention
- Social Inclusion
- Culturally Responsive Practices

The resources and research listed below anchored the work of revising the K-12 Health and Wellness curriculum:

- Ohio Revised Code 3313.60, 3313.6011
- National Health Education Standards
- Centers for Disease Control and Prevention
 - Health and Academics
 - Characteristics of an Effective Health Education Curriculum
 - 2019 National Youth Risk Behavior Survey
- The Ohio Department of Education: Health Education

- The Ohio Association of Health, Physical Education, Recreation and Dance Model Curriculum
- Society of Health and Physical Educators (SHAPE) America
- Enhancing Health Education: There's an Instructional Strategy for That! (Lynch, 2021)
- Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. (Basch, 2011)
- *Culturally Responsive Teaching and the Brain* (Hammond, 2014)

District Mission and Educational Philosophy

District Mission: Hilliard City Schools will ensure that every student is Ready For Tomorrow.

Educational Philosophy, Purpose and Beliefs:

The district mission will be accomplished by:

1. Academics – The foundational knowledge we require all our students to be skilled in. The traditional focus of schools and our elite teachers as they prepare our students.
2. Interests – Connecting learning to life. We align students' strengths to their path after high school. This is accomplished by providing opportunities for students to discover their own potential.
3. Mindset – Our passion for growth leads to an understanding that change and improvement are a part of life. We foster student self awareness to guide students to an understanding of their personal strengths and weaknesses.

The purpose of the Hilliard City School District is to enable students to become productive citizens in an ever-changing world. We believe it is the responsibility of the District to ensure that all students can learn and grow.

1. Students are the focus of all school activities.
2. To develop all students' potential, the Hilliard City School District will strive to provide a safe and caring environment.
3. The District will guide students in the pursuit of excellence in knowledge and skills and prepare them to become productive citizens in a democratic society.
4. The District will provide ongoing professional learning for all staff, ensuring adequate facilities, resources and instructional tools essential to continuous student improvement.
5. A student's value system begins with the family.
6. Partnerships between home, school and community are essential to student success.

All building and course of study philosophies reflect and extend the Board's philosophy.

(Policy - AD, ADA)

District Instructional Goals

The educational goals for the District address the meaning of a quality education. Each learner who has the potential and inner strength should strive toward the ideal implicit in each goal.

The goals are intertwined: no one goal stands in isolation from the rest. They will help to define performance objectives for learners, identify tasks to be performed by teachers in giving substance to those objectives and help to determine means for evaluating learners' progress toward the goals.

1. **Physical and Emotional Well-Being** - Education should contribute to the learner's physical and emotional well-being, especially to a sense of self-worth and to a capacity for influencing one's own destiny through personal growth. Students will also learn to work effectively and to cooperate with others in order to form positive, healthy relationships.
2. **Communication Skills** - Education should develop in each learner the basic skills needed for communication, perception, evaluation, and conceptualization of ideas. Among the most important skills are reading, writing, speaking, listening, computational skills, visual literacy and technology literacy.
3. **Effective Use of Knowledge** - Education should provide each learner access to human cultural heritage. It should stimulate intellectual curiosity and promote intellectual development. Students should strive to produce high quality products based on knowledge work.
4. **Capacity and Desire for Lifelong Learning** - Education should foster and stimulate in each learner the natural desire for lifelong learning and should develop the skills necessary to fulfill that desire.
5. **Citizenship in a Democratic Society** - Education should provide each learner with an understanding of how our society functions in theory and in practice. Education must also foster individual commitment to exercise the rights and responsibilities of citizenship including participation in the democratic process and service to society.
6. **Respect for the Community of Man** - Education should provide each learner with the knowledge and experience which contribute to an understanding of human similarities and differences, thereby advancing mutual respect for humanity and for the dignity of the individual.
7. **Occupational Competence** - Education should provide the learner with the skills, experience, attitudes and understanding for future careers. It is also important for the learner to develop a capacity to adapt to change by solving problems and thinking creatively.
8. **Understanding of the Environment** - Education should provide each learner with knowledge and understanding of the social, physical, and biological worlds, and the balance between humans and their environment, and should develop attitudes and behavior leading to intelligent use of the environment. Students will learn to conserve the natural world in which they live.
9. **Creative Interests and Talents** - Education should provide each learner with varied opportunities to nurture interests, to discover and to develop natural talents and to express values and feelings through various media. Students should develop an appreciation of the arts, leisure and everyday life.
10. **Individual Values and Attitudes** - Education should expand and advance the humane dimensions of all learners, especially by helping them to identify and cultivate their own moral and ethical values and attitudes.

(Policy - IA)

Health and Wellness Vision Statement & Instructional Commitments

Vision Statement:

Hilliard City Schools's Health and Wellness vision is for all students to acquire the functional knowledge, skills and mindset needed to make healthy and safe choices with a focus on social, emotional, physical, and mental health. Fostering positive student health outcomes prepares students to succeed in college and careers as engaged community members.

Instructional Commitments:

In order to achieve our vision, Hilliard City Schools teachers of English Language Arts are committed to each of the following:

1. **Partnership with Students** - Teachers of Health and Wellness will build relationships with students, fostering classroom communities and learning environments that allow all students to feel physically, emotionally, and socially safe, promote trust, intellectual freedom and curiosity. Teachers will cultivate collaborative partnerships with students, empowering them to examine and think critically on how their own actions and decisions can influence their health and health behaviors have an impact on their current and future success. Students will also learn to work effectively and cooperate with others in order to form positive, healthy relationships.
2. **Culturally Responsive Practices** - Teachers of Health and Wellness recognize that all individuals bring unique experiences, cultures, and language to the classroom community. Teachers will use this understanding to inform instructional practices and support students in mastering skills to make healthy and safe choices.
3. **Developmentally Appropriate, Relevant Instruction** - Teachers of Health and Wellness will support each student's personal journey through Health and Wellness. Health and Wellness instruction will center on a skills-based, comprehensive health curriculum incorporating the National Health Standards which include accurate and developmentally appropriate health information that will provide students with the knowledge and skills to make health-enhancing choices.
4. **Evidence-Based Practices** - Teachers of Health and Wellness will provide high quality, evidence-based instruction that encourages students to be curious, think critically, problem solve and reflect. Students will have opportunities to practice skills needed to access valid and reliable health information, set health goals, make healthy decisions, use products effectively and advocate for their own health.
5. **Communication Skills** - Teachers of Health and Wellness will foster students' growth as effective communicators through interpersonal skill development and collaboration with peers as part of a team. Students will learn how to use interpersonal and communication skills to enhance health, avoid or reduce health risks and advocate for personal, family and community health.
6. **Authenticity and Real-World Application** - Teachers of Health and Wellness will connect learning to life. Students will make connections to their own prior knowledge and experiences, while increasing their functional health knowledge and practicing skills needed to adopt and maintain healthy behaviors in authentic real-world settings and throughout their lives.

Current Legislation, Research and Pedagogy for Health

As referenced in the introduction, the K-12 Health and Wellness Course of Study revision relied on current research and evidence-based practices that should be implemented in every classroom in order for all students to acquire the functional knowledge and skills that will empower them to live a healthy lifestyle. Through a skills-based health education, students foster the development of self-efficacy, personal and social competence, healthy communication, and an ability to analyze influences on their health and make health-enhancing choices throughout their life. (SHAPE, 2018) The following is a summation of several key pieces, including current Ohio legislation on health education and recommendations from the Centers for Disease Control and Prevention.

Ohio law does not permit the State Board of Education to adopt Health Education Standards in Ohio but it does direct schools and districts to include health education and other related topics at various times throughout its K-12 curriculum. Ohio Revised Code 3313.60 outlines the prescribed curriculum for school districts to implement. In regards to health education, it states

“Health education shall include instruction in:

- a. The nutritive value of foods, including natural and organically produced foods, the relation of nutrition to health, and the use and effects of food additives;
- b. The harmful effects of and legal restrictions against the use of drugs of abuse, alcoholic beverages, and tobacco;
- c. Venereal disease education, except that upon written request of the student's parent or guardian, a student shall be excused from taking instruction in venereal disease education;
- d. In grades kindergarten through six, instruction in personal safety and assault prevention, except that upon written request of the student's parent or guardian, a student shall be excused from taking instruction in personal safety and assault prevention;
- e. In grades seven through twelve, age-appropriate instruction in dating violence prevention education, which shall include instruction in recognizing dating violence warning signs and characteristics of healthy relationships. In order to assist school districts in developing a dating violence prevention education curriculum, the department of education shall provide on its web site links to free curricula addressing dating violence prevention. If the parent or legal guardian of a student less than eighteen years of age submits to the principal of the student's school a written request to examine the dating violence prevention instruction materials used at that school, the principal, within a reasonable period of time after the request is made, shall allow the parent or guardian to examine those materials at that school.
- f. Prescription opioid abuse prevention, with an emphasis on the prescription drug epidemic and the connection between prescription opioid abuse and addiction to other drugs, such as heroin.
- g. The process of making an anatomical gift under Chapter 2108. of the Revised Code, with an emphasis on the life-saving and life-enhancing effects of organ and tissue donation.
- h. Beginning with the first day of the next school year that begins at least two years after March 24, 2021, in grades six through twelve, at least one hour or one standard class period per school year of evidence-based suicide awareness and prevention and at least one hour or one standard class period per school year of safety training and

violence prevention, except that upon written request of the student's parent or guardian, a student shall be excused from taking instruction in suicide awareness and prevention or safety training and violence prevention;

- i. Beginning with the first day of the next school year that begins at least two years after March 24, 2021, in grades six through twelve, at least one hour or one standard class period per school year of evidence-based social inclusion instruction, except that upon written request of the student's parent or guardian, a student shall be excused from taking instruction in social inclusion.
- j. First aid, including a training program in cardiopulmonary resuscitation, which shall comply with section 3313.6021 of the Revised Code when offered in any of grades nine through twelve, safety, and fire prevention. However, upon written request of the student's parent or guardian, a student shall be excused from taking instruction in cardiopulmonary resuscitation.

In addition, Ohio Revised Code 3313.603 specifies the requirements for graduation from every high school which shall include one-half unit of health that provides instruction in nutrition and the benefits of nutritious foods and physical activity for overall health.

The K-12 Health and Wellness Course of Study also incorporates research and recommendations from leading experts in the field of Health Education. According to SHAPE and research conducted by the Centers for Disease Control and Prevention, a preK-12 comprehensive skills-based health education program is a critical component of a student's well-rounded education in that it must be taught in order to support healthy and academically successful students (2018). In a skills-based health education program, students acquire the ability to proficiently demonstrate and apply the National Health Education Standards. The skills outlined in the National Health Standards provide the framework for increasing positive health behaviors by teaching skills that are relevant and applicable to daily life. These standards paired with accurate and developmentally appropriate information, based on student need and derived from local data, provide the context for skill development and the foundation for a comprehensive education program. The Centers for Disease Control and Prevention (2022) has identified the following areas as the most relevant for adolescents today:

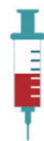
- Behaviors that contribute to unintentional injuries and violence.
- Sexual behaviors related to unintended pregnancy and sexually transmitted infections including HIV infection.
- Alcohol and other drug use.
- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.

In order for students to learn and be academically successful, we must have structures in place to support student's ability to be mentally and physically present at school and beyond the walls. When we include health education in our efforts to decrease absenteeism, reduce bullying, promote social and emotional health and increase the student's ability to be college and career ready, we provide a platform for success (SHAPE, 2018). The Centers for Disease Control and Prevention published significant findings relative to student health and academic performance furthering the importance of a comprehensive health education program. In particular, "Youth behaviors and experiences related to early sexual initiation, violence, and substance use are consistently linked to poor grades and test scores and lower educational attainment. Providing health education as early as possible can help youth to develop positive well-being,

academic success, and healthy outcomes into adulthood. Research suggests that well-designed and well-implemented school health programs can influence multiple health outcomes, including reducing sexual risk behaviors related to HIV, sexually transmitted diseases (STDs) and unintended pregnancy, decreasing substance and tobacco use, and improving academic performance” (CDC, 2022).

Health & Academics: What the Research Says

Compared to students who received mostly As, those who reported receiving mostly Ds and Fs were:



More than 11 times more likely to have injected illegal drugs



More than 4 times more likely to have had four or more sexual partners



5 times more likely to miss school because of safety concerns



2 times more likely to feel sad or hopeless

Source: CDC. Health-Related Behaviors and Academic Achievement Among High School Students — United States, 2015. MMWR 2017;66:921–927.

In addition to the data on health and academics, the Centers for Disease Control and Prevention also publishes data from Youth Risk Behavior Surveys that are given to students in grades 9-12 by state. From 1991 through 2019, the YRBSS has collected data from more than 4.9 million high school students in more than 2,100 separate surveys. While Hilliard students are not part of the CDC’s Youth Risk Behavior Survey, around 10,000 Ohio students participate in the survey. The most recent results from this survey consist of 2019 data. Notable data points that are of importance as part of the Health and Wellness curriculum include:

- 19% of students have been involved in a physical fight within the previous year
- 10% of students have been part of physical dating violence within the previous year
 - 7.4% of students have been part of sexual dating violence within a year
- 33% of students felt sad or hopeless within the previous year
- 15.6% seriously considered suicide, while 10.2% made a plan and 6.8% attempted
- 47.7% of students tried electronic vapor products, such as vape pens
- 25.9% currently were drinking alcohol
- 37.7% of students had sexual intercourse
- 26.5% of students were currently sexually active
 - 55.3% of those students did not use a condom during last sexual intercourse
- 65.3% drank soda/pop
- 56.9% were not active for at least 60 minutes for five of the seven days of the week
- 80.9% did not get 8 or more hours of sleep on an average school night
- 49.1% texted or emailed while driving

These data points bring awareness and help educators understand the most significant health risk behaviors Hilliard students may be experiencing.

Current pedagogy for Health and Wellness education focuses on students acquiring health literacy through a skills-based approach. According to the Ohio Association of Health, Physical Education, Recreation and Dance, a skills-based approach represents a paradigm shift for school health education, from presenting information to students to engaging students in lessons to develop the skills necessary to apply that information. Students do not just need facts, figures, and information about their bodies, they need essential knowledge that is functional and useful to apply health-related skills in their lives.

Skills-based health education uses a planned, sequential, comprehensive, and relevant curriculum to develop the skills, attitudes, and functional knowledge needed to live a healthy life. A planned and sequential curriculum has a logical order, builds upon prior learning, and helps students develop functional knowledge and skills in all dimensions of health and wellness (i.e., physical, social, emotional, mental, environmental). A relevant curriculum is significant, engaging, considerate, and meaningful in considering all students' needs and interests. A skills-based health education curriculum also uses participatory methods, specifically the time to practice and develop the skills required to gain proficiency (2019).

Finally, the Ohio Department of Education recognizes the importance of culturally responsive practice and has embedded the tenets of this best practice into each content area. Culturally Responsive Practice is a systematic approach to teaching that recognizes a student's unique culture can strengthen a connectedness to school and enhance learning. In a culturally responsive classroom, student's lived experiences, cultures, and linguistic capital are recognized and valued, high expectations for learning are supported, high-quality, rigorous instruction is provided, and students are stretched cognitively to grow as independent learners (Hammond, 2014). Hilliard City School District is committed to high-quality instruction and ensuring that each student is ready for rigor and independent learning in every classroom, every day. As a result, within the Health and Wellness curriculum, learners are encouraged to connect with content in meaningful, and engaging ways.

A Balanced Assessment System

A balanced assessment framework allows all learners to demonstrate their understanding, all teachers to use results as a means of providing responsive instruction and intervention, and all stakeholders to recognize areas of strength and need in support of every student, without exception.

Battelle for Kids, as part of their Assessment21 professional learning series, identified four big ideas regarding assessments and how they can be leveraged to drive deeper learning.

- Testing is an event. Assessment is a process.
- Assessing deeper learning cannot be done in a vacuum.
- Assessment for deeper learning promotes transfer.
- Students are important stakeholders in the assessment process - now more than ever.

A combination of diagnostic, formative, and summative assessments provide learners and educators with valuable information to ensure that the learning environment is responsive to the diverse needs of all students and provides equitable opportunities to engage with academics, interests, and mindsets in a culturally relevant way. Assessments for, as, and of learning allow teachers and students to gather, examine, and use data in support of deep learning and thinking.

Assessments for learning are intended to occur during the learning process to gather specific information about each student's learning path based on what they know and can do. These opportunities work to unlock prior knowledge, identify misconceptions and errors in thinking, and demonstrate understanding and progress toward mastery of a particular standard or outcome. These assessments should be designed such that teachers can easily unpack and use the information to differentiate instruction, provide targeted and responsive interventions, and create conditions so that they, in partnership with students, can identify successful next steps in the learning process. Assessments for learning also provide each student with accurate and descriptive feedback and help all stakeholders gain an understanding of achievement, progress, and any necessary support.

Assessments as learning serve as opportunities to promote self-assessment and self-monitoring. In order for students to adequately plan for learning, connect new ideas to existing understandings, monitor progress, identify misconceptions, make sense of new concepts, and reflect on learning, teachers must both support the ambiguity and uncertainty that is inevitable with new learning as well as model and guide mechanisms of questioning one's own thinking.

Assessments of learning serve as a summary of student achievement and often represent summative demonstrations of mastery. These assessments are meant to be fair and accurate sources of information regarding student progress toward identified outcomes and can be used, when appropriate, to make educational decisions about and for students. To ensure these assessments are reliable, valid, and accurate representations of student learning, they should be transparent, aligned to curricular goals and outcomes, and accurately reflect the rigor of the course and intended learning.

The Hilliard City School District strives to accurately measure student achievement using a balanced assessment system. A single data point has limitations and tells only a part of the full picture of the district and a student's academic performance. By utilizing multiple data points, we can create a robust picture of student achievement that allows us to truly prepare students to be Ready for Tomorrow. In creating that balanced assessment system, each assessment type has unique benefits. Listed below are some of the roles of the major assessments in our system.

Purpose of Classroom Teacher Assessments:

- Monitor student progression on mastery of state standards
- Identify common student misconceptions
- Identify where to adjust instruction
- Identify student strengths and weaknesses
- Help inform student grades
- Communication tool for students to benchmark their learning

Purpose of Common District Assessments (in Performance Matters):*For Teachers:*

- Monitor student progression on mastery of state standards
- Identify common student misconceptions
- Identify where to adjust instruction
- Identify student strengths and weaknesses
- Compare student progress to other students in the building and district
- Encourage collaboration in data analysis and instructional planning

For Building Leaders:

- Monitor student progression on mastery of state standards
- Compare student progress to other students in the district
- Identify where teachers need PD and/or support
- Identify areas for celebration and improvement
- Lead data team discussions and encourage collaboration
- Monitor building progress toward state assessment goals
- Identify trends among student groups

For District Leaders:

- Identify where buildings/teachers need support/PD
- Identify district learning gaps
- Inform district improvement planning
- Monitor student progression toward mastery of state standards
- Identify resources needed for support and justify the investment in those resources
- Identify trends with subgroups or other identified populations
- Monitor consistency in student achievement district wide

Purpose for STAR (Renaissance) Assessments:

- Impartial, third party, look at student achievement
- Calculates nationally normed, comparative, student growth data
- Monitors student mastery of state standards and progress toward success on state assessments
- Allows for student data comparison over time, including multiple years
- Allows for the identification and monitoring of academic interventions
- Allows for progress monitoring for EL students, students on IEPs, or other students as needed
- Inform district improvement planning

Purpose for Ohio State Assessments:

- Impartial, third party, look at student achievement
- Identify district curriculum gaps
- Identify where buildings/teachers need support/PD
- Identify student achievement and mastery of state standards district wide
- Creates comparative growth data
- Inform district improvement planning
- Identify trends with subgroups or other identified populations
- Allows students to demonstrate competency toward graduation pathways
- Are the basis for the state's school evaluation system (District Report Card)
- Evaluation of our district progress in comparison to other district in the state
- Evaluate student skills in preparation for post secondary options

National K-12 Health and Wellness Standards Organization and Overview

The K-12 Health and Wellness Course of Study identifies the National Health Education Standards developed by the Joint Committee on National Health Education Standards and establishes a foundation for the planning and development of lessons, resource selection and instruction. The National Health Education Standards (NHES) were developed to establish, promote, and support health-enhancing behaviors for students in all grade levels—from pre-Kindergarten through grade 12. The NHES provides a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. More importantly, the standards provide students, families and communities with concrete expectations for health education.

The National Health Education Standards were created in response to several model standards being developed for other areas of education by leaders across the United States in the early 1990's. With support from the American Cancer Society, the Joint Committee members who developed the standards included the American Public Health Association, the American School Health Association and the American Association for Health Education. For decades, the NHES has become the accepted reference on health education, providing a framework for the adoption of standards by most states. A review process occurred in 2004 which resulted in revisions to the NHES that acknowledged the impact and strength of the original document and took into account more than 10 years of use nationwide. The National Health Education Standards are research and evidence-based, rigorous, and relevant to real world applications. They provide an integrated model for health and wellness and as such are categorized by eight key standards with performance indicators defined within the following grade bands, kindergarten through second grade, third through fifth grades, sixth through eighth grades, and ninth through twelfth grades. The performance indicators identify what students should know and be able to do at the end of each grade band. This means that teachers should not expect students to show mastery after their first exposure to an indicator, skill or concept.

The following is an overview of the eight standards that comprise the National Health Education Standards and a rationale for each standard.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Focus and Coherence of Instruction and Assessment:

While together all of the standards delineate specific expectations regarding health and wellness at each grade level, each performance indicator does not need to be a separate focus for instruction and assessment. Often, a single rich task can address several standards and performance indicators. The sample Scope and Sequence for each grade level provides an example of how standards are paired together in support of one another.

K-12

Health and Wellness

Grade Level Standards Scope and Sequence



HILLIARD CITY SCHOOLS

The following Graded Course of Study identifies the Health and Wellness Standards taught at each grade level and/or course as well as provides a sample Scope and Sequence that illustrates how standards are paired together and sequenced throughout the course of a school year. The Scope and Sequence is a flexible guide and should be adaptive based on student learning. It illustrates the indicators taught at each grade within a grade band including K-2, 3-5, 6-8 and 9-12. In addition, the Health and Wellness standards are categorized by themes, such as nutrition and personal safety, and learning progressions are illustrated vertically across each grade level.

Kindergarten - Second Grade Health and Wellness Standards

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

3.2.1	Identify trusted adults and professionals who can help promote health.
3.2.2	Identify ways to locate school and community health helpers.

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

Performance Indicators

4.2.1	Demonstrate healthy ways to express needs, wants, and feelings.
4.2.2	Demonstrate listening skills to enhance health.
4.2.3	Demonstrate ways to respond in an unwanted, threatening, or dangerous situation.
4.2.4	Demonstrate ways to tell a trusted adult if threatened or harmed.

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

Performance Indicators

5.2.1	Identify situations when a health-related decision is needed.
5.2.2	Differentiate between situations when a health-related decision can be made individually or when assistance is needed.

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

Kindergarten - Second Grade Scope and Sequence

	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8
Kindergarten	1.2.1 1.2.3	2.2.1 2.2.2 2.2.3	3.2.1 3.2.2	4.2.1 4.2.2 4.2.3 4.2.4	5.2.1 5.2.2	6.2.1	7.2.1 7.2.2	8.2.1 8.2.2
First Grade	1.2.1 1.2.2 1.2.3 1.2.4 1.2.5	2.2.1 2.2.2		4.2.1 4.2.2 4.2.3 4.2.4	5.2.1 5.2.2	6.2.1 6.2.2	7.2.1	8.2.1 8.2.2
Second Grade	1.2.1 1.2.2	2.2.1 2.2.2 2.2.3		4.2.1 4.2.2 4.2.3 4.2.4	5.2.1 5.2.2	6.2.1	7.2.1 7.2.2	8.2.1 8.2.2

Third - Fifth Grade Health and Wellness Standards

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

Third - Fifth Grade Scope and Sequence

	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8
Third Grade	1.5.1 1.5.2 1.5.3	2.5.1 2.5.2 2.5.3 2.5.4 2.5.5 2.5.6		4.5.1 4.5.4	5.5.1 5.5.2 5.5.3 5.5.4 5.5.5 5.5.6		7.5.1 7.5.2	8.5.1 8.5.2
Fourth Grade	1.5.1 1.5.2 1.5.3 1.5.4 1.5.5	2.5.1 2.5.2 2.5.3 2.5.4 2.5.5 2.5.6	3.5.1 3.5.2	4.5.1 4.5.2 4.5.4	5.5.1 5.5.2 5.5.3 5.5.4 5.5.5 5.5.6	6.5.1 6.5.2	7.5.1 7.5.2 7.5.3	8.5.1 8.5.2
Fifth Grade	1.5.1 1.5.2 1.5.3 1.5.4 1.5.5	2.5.1 2.5.2 2.5.3 2.5.4 2.5.5 2.5.6	3.5.1 3.5.2	4.5.1. 4.5.2 4.5.3 4.5.4	5.5.1 5.5.2 5.5.3 5.5.4 5.5.5 5.5.6	6.5.2	7.5.1 7.5.2 7.5.3	

Sixth - Eighth Grade Health and Wellness Standards (Course: Seventh Grade Health)

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

Performance Indicators

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

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

Performance Indicators

2.8.1	Examine how the family influences the health of adolescents.
2.8.2	Describe the influence of culture on health beliefs, practices, and behaviors.
2.8.3	Describe how peers influence healthy and unhealthy behaviors.
2.8.4	Analyze how the school and community can affect personal health practices and behaviors.
2.8.5	Analyze how messages from the media influence health behaviors.
2.8.6	Analyze the influence of technology on personal and family health.
2.8.7	Explain how the perceptions of norms influence healthy and unhealthy behaviors.
2.8.8	Explain the influence of personal values and beliefs on individual health practices and behaviors.
2.8.9	Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.
2.8.10	Explain how school and public health policies can influence health promotion and disease prevention.

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

Sixth - Eighth Grade Scope & Sequence

	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8
Sixth Grade	1.8.1 1.8.2 1.8.3 1.8.4 1.8.5 1.8.6 1.8.7 1.8.8 1.8.9	2.8.3 2.8.4		4.8.1 4.8.2 4.8.3 4.8.4	5.8.1 5.8.2 5.8.4 5.8.5 5.8.6 5.8.7		7.8.1 7.8.2 7.8.3	
Seventh Grade	1.8.1 1.8.2 1.8.3 1.8.4 1.8.5 1.8.6 1.8.7 1.8.8 1.8.9	2.8.1 2.8.2 2.8.3 2.8.4 2.8.5 2.8.6 2.8.7 2.8.8 2.8.9 2.8.10	3.8.1 3.8.2 3.8.3 3.8.4 3.8.5	4.8.1 4.8.2 4.8.3 4.8.4	5.8.1 5.8.2 5.8.3 5.8.4 5.8.5 5.8.6 5.8.7	6.8.1 6.8.2 6.8.3 6.8.4	7.8.1 7.8.2 7.8.3	8.8.1 8.8.2 8.8.3 8.8.4
Eighth Grade		2.8.1 2.8.2 2.8.7 2.8.8		4.8.1 4.8.2 4.8.3 4.8.4	5.8.1 5.8.2 5.8.3 5.8.4 5.8.5		7.8.1 7.8.2 7.8.3	

Ninth - Twelfth Grade Health and Wellness Standards (Graduation Requirement Course: Health)

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

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

Performance Indicators

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

Ninth - Twelfth Grade Scope and Sequence

	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8
Ninth Grade		2.12.1 2.12.2 2.12.7 2.12.8		4.12.1 4.12.2 4.12.3 4.12.4	5.12.1 5.12.2 5.12.3 5.12.4 5.12.5		7.12.1 7.12.2 7.12.3	
Tenth Grade	1.12.1 1.12.2 1.12.3 1.12.4 1.12.5 1.12.6 1.12.7 1.12.8 1.12.9	2.12.3 2.12.4 2.12.5 2.12.6 2.12.8	3.12.1 3.12.2 3.12.3 3.12.4 3.12.5	4.12.1 4.12.2 4.12.3 4.12.4	5.12.1 5.12.2 5.12.3 5.12.5 5.12.6 5.12.7	6.12.1 6.12.2 6.12.3 6.12.4	7.12.1 7.12.2 7.12.3	8.12.1 8.12.2 8.12.3 8.12.4
Eleventh Grade		2.12.1 2.12.2 2.12.7 2.12.8		4.12.1 4.12.2 4.12.3 4.12.4	5.12.1 5.12.2 5.12.3 5.12.4 5.12.5	6.12.1 6.12.4	7.12.1 7.12.2 7.12.3	
Twelfth Grade		2.12.1 2.12.2 2.12.7 2.12.8		4.12.1 4.12.2 4.12.3 4.12.4	5.12.1 5.12.2 5.12.3 5.12.4 5.12.5	6.12.1 6.12.4	7.12.1 7.12.2 7.12.3	

Kindergarten - Twelfth Grade Learning Progressions by Health Topic

Health Education Topics	K	1	2	3	4	5	6	7	8	9	10	11	12
Alcohol, Tobacco, & Other Drugs													
Body Systems													
CPR/AED													
Exercise / Physical and Personal Health													
Growth and Development													
Interpersonal Relationships													
Nutrition													
Personal Safety (Violence Prevention)													
Prescription Opioid Abuse Prevention													
Social Inclusion Instruction													
Suicide Prevention / Awareness													
Organ Donation													
Well Being													

Bolded topics denote a state mandate

★ indicates grade level that includes Venereal Disease mandate

Optional Sex Education Parent Opt-In Only Curriculum

Ohio Revised Code 3313.6011 allows school districts to offer sex education to students whose parents submit written permission. This curriculum will only be available to students whose parents want a more comprehensive curriculum for their child pertaining to sex education. Currently, the district provides venereal disease instruction to students prescribed by Ohio Revised Code which emphasizes abstinence as the only protection that is one hundred percent effective against unwanted pregnancy, sexually transmitted disease, and the sexual transmission of a virus that causes acquired immunodeficiency syndrome. A student may be excused from venereal disease instruction with a written request from a parent or guardian.

Hilliard City Schools' provides an optional comprehensive sex education curriculum based on current research, student data and results from the 2022 Hilliard City Schools K-12 Health Curriculum Parent Survey. In regards to recent research conducted on the effectiveness of school-based teen pregnancy prevention programs, a systematic review and meta-analysis was conducted by Marseille et al. in 2018. Empirical evidence supports the effectiveness of school- and group-based sex education programs on improving health behaviors, such as: delays in first sexual intercourse, decrease in the number of sexual partners, and increase in condom and contraceptive use among sexually active young people (pp. 468-489). The Centers for Disease Control and Prevention published student data from the National Youth Risk Behavior Survey in 2019 which revealed that among U.S. high school students surveyed

- 38% had ever had sexual intercourse.
- 9% had four or more sexual partners.
- 7% had been physically forced to have sexual intercourse when they did not want to.
- 27% had had sexual intercourse during the previous 3 months, and, of these
 - 46% did not use a condom the last time they had sex.
 - 12% did not use any method to prevent pregnancy.
 - 21% had drunk alcohol or used drugs before last sexual intercourse.
- Less than 10% of all students have ever been tested for HIV.
- Less than 10% of all students have been tested for sexually transmitted diseases during the past year.

As a result, a quality sexual health education will include medically accurate, developmentally appropriate, and culturally relevant content and skills that target key behavioral outcomes and promote healthy sexual development. The curriculum is age-appropriate and planned across grade levels to provide information about health risk behaviors and experiences. The CDC concurs that sexual health education should be consistent with scientific research and best practices; reflect the diversity of student experiences and identities; and align with school, family, and community priorities.

Finally, based on Hilliard parents who completed the K-12 Health and Wellness Curriculum Survey, approximately a third of the parents submitted comments requesting our district provide sexual health education. Sex education was referenced in 106 different submissions.

The optional Sex Education curriculum that parents can give permission for their child to access will align to the National Health Standards but also incorporate performance indicators that outline the foundational knowledge and skills students need to navigate sexual development and grow into sexually healthy adults.

Health and Wellness Electives: Seventh-Twelfth Grades

The Hilliard City School District offers students in grades seventh through twelfth the opportunity to participate in a variety of elective courses. These courses are evaluated and revised annually through our Middle School and High School Program of Studies review. There are several elective, non-required courses that are categorized as Health and Wellness electives due to the knowledge and skills students use in the class which support and reinforce Health and Wellness Standards. For example, Sports and Fitness supports and reinforces Health Standards 4 and 6. However, because these courses are revised annually based on student enrollment, tailored to the interest of students, and are not the primary way Health Standards are explicitly taught to students, the Health and Wellness Course of Study does not list each of the Health Standards that are reinforced in any given elective, year to year. The exception is the Health course required in high school for graduation and the Physical Education/Health course required in seventh grade. Those two classes are delineated in the Course of Study and referenced in the applicable grade band Health Standards. Please refer to the Middle School and High School Program of Studies for the specific Health and Wellness course elective offerings annually. Health and Wellness elective teachers have a copy of the Health Standards for their grade band which are utilized based on the design of the course and student interest.

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