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| **District: Date:**  **Connecticut State Department of Education**  **Person(s) Completing Review: Health Education Compliance Review Worksheet**  **2015-16** | | | |
| **School Health Education Requirements** | **Evidence Sufficient**  **(check & cite source)** | | **Evidence Insufficient**  **(check & provide comments)** |
| 1. **State Mandates** | **Documentation** | **Other** |  |
| There are three state mandates relating to health education instructional content:     1. Connecticut General Statutes (CGS) Section 10-16b Health and Safety Education. 2. CGS Section 10-19(a) teaching about alcohol, nicotine or tobacco and drugs 3. CGS Section 10-19(b) acquired immune deficiency syndrome |  |  |  |
| **1. C.G.S. Section 10-16b** **Health and Safety Education**  A program of study in health and safety education must be offered Grades K-12 in a planned, ongoing and systematic fashion and include, at a minimum: |  |  |  |
| human growth and development |  |  |  |
| nutrition |  |  |  |
| first aid |  |  |  |
| disease prevention |  |  |  |
| community and consumer health |  |  |  |
| **School Health Education Requirements**  ***State Mandates - continued*** | **Evidence Sufficient**  **(check & cite source)** | | **Evidence Insufficient**  **(check & provide comments)** |
| substance abuse prevention | Documentation | Other |  |  |
| safety (may include the dangers of gang membership) |  |  |  |
| accident prevention |  |  |  |
| suicide prevention |  |  |  |
| ***New in 2015* Public Act No. 15-94 effective July 1, 2016** requires public schools to offer training in cardiopulmonary resuscitation (CPR)  <https://www.cga.ct.gov/2015/ACT/PA/2015PA-00094-R00SB-00962-PA.htm> |  |  |  |
| ***New in 2015*** **Public Act No. 15-94 effective July 1, 2016** requires public schools to include in the program of instruction safe use of social media  <https://www.cga.ct.gov/2015/ACT/PA/2015PA-00094-R00SB-00962-PA.htm>  (*now included in 10-16b*) |  |  |  |
| **2. C.G.S. Section 10-19(a) Teaching about alcohol, nicotine or tobacco and drugs.** Content shall be taught every academic year to pupils in all grades and include instruction in: |  |  |  |
| the use of alcohol |  |  |  |
| nicotine, tobacco |  |  |  |
| drugs |  |  |  |
| Teaching about the knowledge, skills and attitudes required to understand and avoid the effects of alcohol |  |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | **School Health Education Requirements**  ***Required Content - continued*** |  | **Evidence Sufficient**  **(check & cite source)** | **Evidence Insufficient**  **(check & provide comments)** |   effects of nicotine or tobacco | **Evidence Sufficient**  **(check & cite source)**  Documentation Other | | **Evidence Insufficient**  **(check & provide comments)** |
|  |  |  |
| effects of drugs on health, character, citizenship and personality development |  |  |  |
| **3. C.G.S. Section 10-19(b) Teaching about Acquired Immune Deficiency Syndrome (AIDS/HIV).** Instruction must be offered during the regular school day in a planned, ongoing and systematic fashion. |  |  |  |
| Parents or legal guardian may exempt their child out of such instruction. |  |  |  |
| Districts are required to adopt a policy concerning the exemption of pupils from such instruction upon the written request of a parent or guardian. |  |  |  |
|  |  |  |  |
| **Statutes Related to Health Education (content not required to be delivered in a health education program)** |  |  |  |
| **Public Act 14-196 An Act Concerning a State-Wide Sexual Abuse and Assault Awareness Program**. No later than October 1, 2016, a program shall be implemented in each local and regional school district in grades k-12, inclusive, and may include but not be limited to: the skills to recognize child abuse and assault, boundary violations and unwanted forms of touching and contact, ways offenders groom or desensitize victims, strategies to promote disclosure, reduce self-blame, and mobilize bystanders. |  |  |  |
| Parents or legal guardian may exempt their child out of such instruction. |  |  |  |
| **C.G.S. Section 10-16b(d)** the State Board of Education…shall assist and encourage local and regional boards of education to include training in… cardiopulmonary resuscitation and the use of automatic external defibrillators… |  |  |  |
| **School Health Education Requirements**  **Teacher Certification** | **Evidence Sufficient**  **(check & cite source)**  Documentation Other | | **Evidence Insufficient**  **(check & provide comments)** |
| to teach health education at the primary or secondary level requires a PK-12 health education teaching certificate endorsement (043) |  |  |  |
| or school nurse/teacher certificate endorsement (072). |  |  |  |
| At the primary level (Grades K -6), an elementary teacher may deliver health  education, but cannot be the sole provider per Section 10-145d-435(a) of the  certification regulations. |  |  |  |
| Elementary classroom teachers may provide a part of health education instruction, but  a certified teacher in health education must also provide a portion. |  |  |  |
| At the middle and secondary level (Grades7 -12), teachers must be certified in health  Education |  |  |  |
| or hold a school nurse/teacher certificate in order to teach health education. |  |  |  |
| **Implementation** |  |  |  |
| An **ongoing program** ensures continuity with learning objectives that evolve from one grade, or group of grades, to the next. |  |  |  |
| A **systematic planned program** ensures that implementation is equitable for each specific grade, or group of grades, or course, e.g., all third-grade students receive instruction for the same agreed upon learning objectives in every third-grade classroom in every school within the district. |  |  |  |
| **School Health Education Requirements**  ***Implementation - continued*** | **Evidence Sufficient**  **(check & cite source)**  Documentation Other | | **Evidence Insufficient**  **(check & provide comments)** |
| The Connecticut State Department of Education developed two curriculum framework documents that provide guidance to school districts on content standards and performance indicators that define what students should know and be able to do in grades pk-12. The *Healthy and Balanced Living Curriculum Framework* (health education standards) and the *Sexual Health Education Component of Comprehensive Health Education* are documents based on national standards and are available to local districts.  The program utilizes the CSDE recommended Framework. |  |  |  |
| **B. Key Elements of Effective Comprehensive School Health Education Programs** |  |  |  |
| Nationally, the CDC/DASH has identified the following areas as key elements of an effective comprehensive school health education program.  Resource: Characteristics of an Effective Health Education Curriculum <http://www.cdc.gov/healthyschools/sher/characteristics/index.htm>  Updated June 2015  **An effective health education curriculum has the following characteristics:** |  |  |  |
| 1. Focuses on clear health goals and related behavioral outcomes. |  |  |  |
| 2. Is research-based and theory-driven. |  |  |  |
| 3. Addresses individual values, attitudes, and beliefs. |  |  |  |
| 4. Addresses individual and group norms that support health-enhancing behaviors. |  |  |  |
| 5. Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors. |  |  |  |
| 6. Addresses social pressures and influences. |  |  |  |
| **School Health Education Requirements**  ***Key Elements of Effective Comprehensive School Health Education Programs - continued*** | **Evidence Sufficient**  **(check & cite source)**  Documentation Other | | **Evidence Insufficient**  **(check & provide comments)** |
| 7. Builds personal competence, social competence, and self efficacy by addressing skills. |  |  |  |
| 8. Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors. |  |  |  |
| 9. Uses strategies designed to personalize information and engage students. |  |  |  |
| 10. Provides age-appropriate and developmentally-appropriate information, learning strategies, teaching methods, and materials |  |  |  |
| 11. Incorporates learning strategies, teaching methods, and materials that are culturally inclusive. |  |  |  |
| 12. Provides adequate time for instruction and learning.  (see below chart for recommendations) |  |  |  |
| 13. Provides opportunities to reinforce skills and positive health behaviors. |  |  |  |
| 14. Provides opportunities to make positive connections with influential others. |  |  |  |
| 15. Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning. |  |  |  |
| **C. Policy Recommendations** |  |  |  |
| 1. Certified teachers. Comprehensive school health education shall be taught by certified, highly qualified, effective teachers. |  |  |  |
| 2. Curriculum guidelines. The district shall have guidelines for the development, review and adoption of curriculum. |  |  |  |
| **School Health Education Requirements**  ***Policy Recommendations - continued*** | **Evidence Sufficient**  **(check & cite source)**  Documentation Other | | **Evidence Insufficient**  **(check & provide comments)** |
| 3. Standards-based program. Comprehensive school health education shall be offered as part of a planned, ongoing, systematic, sequential, and standards-based program. |  |  |  |
| 4. Sufficient time and resources. The district shall allocate sufficient time and resources for effective instruction. |  |  |  |
| 5. Attention to diverse learning needs. Comprehensive school health education shall offer multidisciplinary, multicultural perspectives and provide learning opportunities for multiple learning styles. |  |  |  |
| 6. Ongoing professional development. The district shall provide ongoing, timely professional development related to school health issues for teachers, program administrators, and school health and mental health providers. |  |  |  |
| 7. Alignment of curriculum, instruction and assessment. Comprehensive school  health education curriculum, instruction and assessment shall be aligned. |  |  |  |
| 8. Regular evaluation. The district shall conduct regular evaluation of the comprehensive school health education program.  Resource: CDC Division of Adolescent and School Health Evaluation <http://www.cdc.gov/healthyyouth/evaluation/>  *Updated Sept. 2015* |  |  |  |
| **D. Quality Instruction** |  |  |  |
| Is comprehensive school health education consistently offered across the grade levels and district-wide? |  |  |  |
| **School Health Education Requirements**  ***Quality Instruction – continued*** | **Evidence Sufficient**  **(check & cite source)**  Documentation Other | | **Evidence Insufficient**  **(check & provide comments)** |
| Is professional development offered to teachers, administrators, and health and mental health professionals and other appropriate staff? |  |  |  |
| Are adequate time, materials and supplies provided for the delivery of instruction? |  |  |  |
| Are certified, effective, and highly qualified teachers delivering comprehensive school health education? |  |  |  |
| Are materials up-to-date and medically and scientifically accurate? |  |  |  |
| Do the data support the effectiveness of the program?  What sources are used to define educational priorities?  (STD, teen birth rates, etc.) |  |  |  |
| Does the program involve parents/guardians and community members? |  |  |  |

**Recommended Instructional Time for Health and Safety; Alcohol, Tobacco,**

**Nicotine and other Drugs; HIV/AIDS; and Sexual Health Education by Grade Level**

***Check recommendations that are met:***

Grade Sequence

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Content Area** | **PK-2** | **3-4** | **5-6** | **7-8** | **9-10** | **11-12** |
| **CGS 10-16b Health and Safety**  (Inclusive of alcohol, tobacco and other drugs and HIV/AIDS education) | Minimum of 50 hours per academic year | Minimum of 50 hours per academic year | Minimum of 80 hours per academic year | Minimum of 80 hours per academic year | Minimum of 80 hours per academic year | Minimum of 80 hours per academic year |
| **CGS 10-19(a) Alcohol, Nicotine or Tobacco and Other Drugs**  (taught within the health and safety block) | 5-10 hours per academic year | 5-10 hours per academic year | 10-15 hours per academic year | 10-15 hours per academic year | 10-15 hours per academic year | 10-15 hours per academic year |
| **CGS 10-19(b) HIV/AIDS**  (taught within the health and safety block) | 3-5 hours per grade sequence | 3-5 hours per grade sequence | 3-5 hours per grade sequence | 3-5 hours per grade sequence | 3-5 hours per grade sequence | 3-5 hours per grade sequence |
| **Sexual Health Education** | 12 hours per grade sequence | 12 hours per grade sequence | 12 hours per grade sequence | 12 hours per grade sequence | 12 hours per grade sequence | 12 hours per grade sequence |

**Health Education Compliance Review Worksheet**

**2015-16**

SUMMARY:

Health education program major strengths:

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Health education program major weaknesses:

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List gaps and overlaps: