



CONNECTICUT SEED
Student and Educator Support Specialists
Guidance Document

Health Education Teachers

This document provides guidance to administrators and Student and Educator Support Specialists (SESS) on the application of the Connecticut SEED teacher evaluation system to Professional **Health Educators**. Student and Educator Support Specialists are those individuals who by the nature of their job description do not necessarily have traditional classrooms or schedules, but often serve the entire student population of students, or a large proportion thereof. In addition, standardized scheduling, assessments are not usually available for their content areas for measurement of student progress, as well as other considerations that distinguish the conditions of teachers of Health Education from most other subjects and providers of student and family support services. The following document provides guidance on the evaluation of comprehensive **Health Educators** in public school settings.

Health Education

This document provides guidance to administrators, Content Area Specialist and Student and Educator Support Specialists (SESS) on the application of the Connecticut SEED teacher evaluation system to **Health Education**. Health Education teachers are those individuals who provide instruction and conduct an assessment of the health education standards defined in the Connecticut State Department of Education's (CSDE) *Healthy and Balanced Living Curriculum Framework* for public PK-12 students. The following document provides guidance on the evaluation of **Health Education** in public school settings.

Overview

The goal of health education is to develop health literate individuals who have the "capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions" (<http://www.cdc.gov/healthliteracy/>). Health education is a sequence of learning experiences designed to motivate students to maintain and improve their health, prevent disease and reduce health-related risk behaviors and to develop and demonstrate health-related knowledge, attitudes, skills and practices. Health education teachers implement a planned, sequential, PK-12 curriculum that addresses the physical, mental, emotional, spiritual and social dimensions of health. Content areas delivered by health educators and required by the Connecticut General Statutes (C.G.S.) are health and safety education (Section 10-16(b)); alcohol, nicotine, tobacco and drugs (Section 10-19); and HIV/AIDS (Section 10-19(b)).

Certification Requirement

Certification to teach health education at the primary or secondary level in Connecticut requires a PK-12 health education certificate (043) or school nurse/teacher certificate (072).

Section 10-145d-145(a) of the certification regulations also authorizes elementary educators (013, 113) to teach all elementary subjects and art, health, music, physical education and technology, but *does not authorize those teachers to be the sole providers* of art, health, music, physical education or technology. Elementary teachers (013, 113) must work in collaboration with a certified health education teacher or school nurse/teacher playing a significant role in the delivery of health education instruction including direct instruction, collaboration with classroom teachers, and curriculum development. At the secondary level, including middle grades, health education must be delivered by a certified health education teacher or school nurse/teacher.

Certified school health and mental health providers (068, 070, 071, 165) can serve as (1) in-school resource persons for health and safety education, (2) providers of counseling for at-risk students, and (3) professionals to assist classroom teachers in developing and implementing developmentally appropriate lessons. These unique requirements and roles should be taken into account in determining the number of students, classes, and overall responsibilities of health educators in the scheme of evaluation.

Most commonly used names in the district are:

- Health Educator
- Health Teacher
- Wellness Teacher
- Wellness Educator
- Health Education /Physical Education Teacher
- School Nurse Educator

Role of Connecticut-Certified Health Education Teacher (043) and School/Nurse Teacher (072) in the district is to provide comprehensive health education in a planned, on-going and sequential fashion in Grades K-12. Health education is mandated by C.G.S. Sections 10-16b; 10-199(a); 10-19(b); and 10-221a(c) as a course of study for all public K-12 students.

Connecticut-Certified Health Education Teacher (043) and School/Nurse Teachers (072) Professional Responsibilities

- Content and Essential Skills
- Planning
- Instruction
- Classroom management
- Assessment
- Professional Growth and Development

Context/Conditions of Health Education

Health education and health education teachers share many commonalities with other subjects and teachers of those subjects. However, some instructional methodologies are unique to the health education classroom. It is highly recommended that evaluators of health education teachers be familiar and expert in the health education curriculum, setting, and discipline-specific methodologies.

- ***Scheduling***

Wide variation exists in scheduling of health education instruction from one grade level to another and from district to district. In middle and high schools, students and classes are usually scheduled two or three times per week. Rarely does the health educator see students daily, and in such cases, daily health education is scheduled for a fraction of the school year, such as for a quarter of the year or on a rotating schedule with physical education.

- ***Number of students***

Typically, the health educator at the elementary level is responsible for teaching all students in the school. The health educator is usually responsible for instruction of a large percentage of the middle and high school student populations as well. Unique statutory requirements for qualification to teach health education may precipitate in some situations unique scheduling and student load configurations.

- ***Itinerant services***

The dedicated health educator's schedule may of an itinerant nature, particularly at the elementary level, with the teacher assuming a schedule of instruction at two or more schools, thus carrying responsibility for a large number of students – often all students -- in more than one school. It is not uncommon for an itinerant health education teacher to have instructional responsibilities in more than one school on a single day.

- ***Mentorship support***

Because the health educator is often the only person in her or his discipline in a school, availability of an appropriate mentor is often problematic. Mentors who are teachers of other subjects tend to be assigned to health educators. For discipline-specific mentorship, the health educator often must rely on a relationship with a mentor who is assigned to a different school and sometimes to a different grade level.

- ***Shortage areas***

While health education is not an officially designated teacher shortage area, some schools do not have the required, appropriate, qualified or adequate staffing for health education.

- ***Adherence to Health Education Legislation***

Connecticut state statute requires that health education be provided in a planned, ongoing and systematic program of instruction, taught by appropriately certified teachers. Numerous statutory requirements exist with regard to the delivery of the health education that is delineated in the C.G.S. Sections 10-16b; 10-19(a); 10-19(b); and 10-221a(c).

- ***Accessibility to evidence-based instructional materials***

and

- ***Accessibility to content-specific professional growth and development opportunities to meet statute requirements***

Teachers of health education should be provided with and afforded opportunity to engage in professional growth and development related to their content area, and should have equal

access to medically-accurate, evidence-based instructional materials, technology and equipment that is appropriate to provision of quality teaching, assessment and student learning.

Supervision and Observation of Connecticut-Certified Health Education Teacher (043) and School/Nurse Teacher (072)

Certified Health Educators should be supervised and evaluated by a professional who has certification in both administration and health education. Health educators should be evaluated based on delivery of the Connecticut *Healthy and Balanced Living Framework* which serves as the foundation of best practices in the field. Evaluators should also look for the following knowledge and skills in a certified health educator as recommended by the Connecticut's Common Core of Teaching Foundational Competencies, Connecticut's Common Core of Teaching Discipline-Specific Competencies for Teachers of Health Education, and the American Association for Health Education NCATE Health Education Teacher Preparation Standards: assess needs, assets and capacity for health education; plan health education curriculum; implement health education curriculum; conduct evaluation related to health education; administer and manage health education; serve as a health education resource; and communicate and advocate for health and health education.

Recommendations for Customizing the Observation Rubric

The annual performance evaluation of professional health educators should accurately reflect the unique professional training and practices of their field of practice. These written evaluations should use forms and tools specifically designed for professional health educators, based on documents such as those adapted from the SEED evaluation rubrics, sources of evidence documents, student learning objectives samples, and observation checklists by the Health Education Teacher Evaluation Advisory Group for use in support and evaluation of Health Education teachers.

Recommendations for Student, Parent and Peer Feedback:

It is recommended that the school and district utilize information gathered from the Connecticut School Climate Survey or customize a survey that focuses on the best practices and unique contribution that health education and health educators make to the comprehensive education and overall health and well-being of students.

Student Learning Objective (SLO) Form

Teacher:	Administrator:	
SLO Title: Personal Health and Safety	Grade: 2	Date:
Content Area: Health Education	School:	

Student Learning Objective

What is the expectation for student improvement related to school improvement goals?

SLO Focus Statement:

Students will be able to list personal health behaviors (e.g. hand washing, teeth brushing, independent toileting, use of tissues, explaining feelings, making healthy food choices, daily physical activity).

Students will be able to identify characteristics of a trusted adult.

Students will be able to identify personal behaviors that are health enhancing.

Baseline – Trend Data

What data were reviewed for this SLO? How do the data support the SLO?

Data collection:

Baseline, formative and summative data will be coded using a performance-based rubric.

During the first few classes of the term, students will be observed and pre-assessed on

1. personal health behaviors (e.g. hand washing, teeth brushing, independent toileting, use of tissues, explaining feelings, making healthy food choices, daily physical activity);
2. ability to identify characteristics of a trusted adult; and
3. ability to identify personal behaviors that are health enhancing.

Baseline data:

[include specific **pre-assessment** baseline data here – percentages to be determined by pre-assessment]

1. At the beginning of grade two _____% of students are able to list personal health behaviors (e.g. hand washing, teeth brushing, independent toileting, use of tissues, explaining feelings, making healthy food choices, daily physical activity)
2. At the beginning of grade two _____% of students are able to Identify characteristics of a trusted adult
3. At the beginning of grade two _____% of students are able to Identify personal behaviors that are health enhancing

Student Population

Who are you going to include in this objective? Why is this target group/class selected?

All students in Grade 2 will be included in this objective.

Understanding and practice of personal health and health-enhancing behaviors, and identification of characteristics of a trusted adult skills are developmentally-appropriate skills that students in Grade 2 need to learn in order to prevent disease, enhance personal health and avoid risks to health and safety.

Standards and Learning Content

What are the standards connected to the learning content?

Standards addressed:

CT HBLCF (2006) Standard 1. Core Concepts. Students will comprehend concepts related to health promotion and disease prevention to enhance health. Concepts include but are not limited to: human growth and development, community and environmental health, human sexuality, injury and disease prevention, HIV/AIDS, sexually-transmitted diseases, mental and emotional health, nutrition and physical activity, and alcohol, tobacco and other drugs.

E.1.1. Describe relationships between personal health behaviors and individual well-being.

CT HBLCF (2006): Standard 3. Self-management of Healthy Behaviors. Students will demonstrate the ability to practice health-enhancing behaviors to avoid and reduce health risks.

E.3.1. Identify responsible health behaviors.

CT HBLCF (2006): Standard 8. Advocacy. Students will demonstrate the ability to advocate for personal, family and community health.

P.8.3. Name trusted adults at home, in school and in the community.

Possible connections [Note: interdisciplinary connections to Common Core Standards for ELA/Literacy, Mathematics and Science should be made collaboratively, with teachers of each subject contributing to the design of learning activities and assessments, and sharing of learning goals. Evaluation of assessment activities and products is also a shared responsibility, with each subject-area teacher contributing to the effort to ensure that achievement of learner outcomes is maximized without compromising either/any subject's content.] :

CCSS ELA/Literacy: College and Career Readiness Anchor Standard for Reading 9. Analyze how two or more texts address similar themes or topics in order to build knowledge or to compare the approaches the author takes.

Example: Ask students these Essential Questions (CT HBLCF): "What do I need to know to stay healthy?" and, "What can I do to avoid or reduce health risks?"

CCSS ELA/Literacy Anchor Standards for Speaking and Listening: Comprehension and Collaboration 1.

Prepare for and participate effectively in a range of conversations and collaborations with diverse partners, building on others' ideas and expressing their own clearly and persuasively.

CCSS Math: K-12 Standards for Mathematical Practice 3. Construct viable arguments and critique the reasoning of others. Mathematically proficient students: Construct arguments using verbal or written explanations (expressions, equations, graphs, etc.) Evaluate their own thinking and the thinking of others by asking questions.

Example linking ELA/Literacy, Mathematics and Health Education: Describe, listen to others, and discuss with a partner and small *groups* (Essential Question CT HBLCF), "What can I do to promote accurate health information and healthy behaviors?" Deeper questions can be cued by the teacher as appropriate.

Interval of Instruction*What is the time period that instruction for the learning content will occur?*

The interval of instruction is ongoing throughout the school year. A pre-assessment will be implemented in September to collect a baseline data of the students' skills. Formative assessments will be given periodically throughout the year to measure present level of ability and progress, and a summative assessment will be conducted in June to measure the student's yearly growth.

Assessments*How will you measure the outcome of your SLO?*

Assessments will include:

1. District designed common assessments that address IAGD indicators below
2. Teacher designed formative and summative assessments

Indicators of Academic Growth and Development (IAGDs)/Growth Targets*What are the quantitative targets that will demonstrate achievement of the SLO?*

Indicator(s) for Academic Growth and Development:

1. By the end of grade two ____% of students will be able to list personal health behaviors (e.g. hand washing, teeth brushing, independent toileting, use of tissues, explaining feelings, making healthy food choices, daily physical activity)
2. By the end of grade two ____% of students will be able to Identify characteristics of a trusted adult
3. By the end of grade two ____% of students will be able to Identify personal behaviors that are health enhancing

Instructional Strategies/Supports*What methods will you use to accomplish this SLO? How will progress be monitored?**What professional learning/supports do you need to achieve this SLO?*

Teaching methods and strategies include:

- Exploration
- cooperative learning
- reciprocal/peer teaching
- guided discovery
- debate discussion

Progress will be monitored using

- self check
- peer assessment
- formative assessments administered by the teacher

Student Learning Objective (SLO) Form

Teacher:	Administrator:	
SLO Title: Personal Health and Safety	Grade: 4	Date:
Content Area: Health Education	School:	

Student Learning Objective

What is the expectation for student improvement related to school improvement goals?

SLO Focus Statement:

Students will be able to compare behaviors that are safe to those that are risky or harmful.

Students will be able to explain how media and technology influence personal and health behaviors.

Students will be able to demonstrate active listening skills to build and maintain healthy relationships with peers and family members.

Baseline – Trend Data

What data were reviewed for this SLO? How do the data support the SLO?

During the first few classes of the term, students will be observed and pre-assessed on

1. ability to identify and compare behaviors that are safe to those that are risky or harmful;
2. ability to explain how media and technology influence personal and health behaviors; and
3. ability to demonstrate active listening skills to build and maintain healthy relationships with peers and family members.

Baseline data:

[include specific **pre-assessment** baseline data here – percentages to be determined by pre-assessment]

1. At the beginning of grade four _____% of students are able to compare behaviors that are safe to those that are risky or harmful
2. At the beginning of grade four _____% of students are able to explain how media and technology influence personal and health behaviors
3. At the beginning of grade four _____% of students are able to demonstrate active listening skills to build and maintain healthy relationships with peers and family members

Student Population

Who are you going to include in this objective? Why is this target group/class selected?

All students in Grade 4 will be included in this objective.

Ability to identify and compare behaviors that are safe to those that are risky or harmful; ability to explain how media and technology influence personal and health behaviors; and ability to demonstrate active listening skills to build and maintain healthy relationships with peers and family members are developmentally-appropriate skills that students in Grade 4 need to learn in order to prevent disease, enhance personal health and avoid risks to health and safety.

Standards and Learning Content

What are the standards connected to the learning content?

Standards addressed:

CT HBLCF (2006) Standard 1. Core Concepts. Students will comprehend concepts related to health promotion and disease prevention to enhance health. Concepts include but are not limited to: human growth and development, community and environmental health, human sexuality, injury and disease prevention, HIV/AIDS, sexually-transmitted diseases, mental and emotional health, nutrition and physical activity, and alcohol, tobacco and other drugs.

E.1.1. Describe relationships between personal health behaviors and individual well-being.

CT HBLCF (2006): Standard 3. Self-management of Healthy Behaviors. Students will demonstrate the ability to practice health-enhancing behaviors to avoid and reduce health risks.

E.3.1. Identify responsible health behaviors.

CT HBLCF (2006): Standard 8. Advocacy. Students will demonstrate the ability to advocate for personal, family and community health.

P.8.3. Name trusted adults at home, in school and in the community.

Possible connections [Note: interdisciplinary connections to Common Core Standards for ELA/Literacy, Mathematics and Science should be made collaboratively, with teachers of each subject contributing to the design of learning activities and assessments, and sharing of learning goals. Evaluation of assessment activities and products is also a shared responsibility, with each subject-area teacher contributing to the effort to ensure that achievement of learner outcomes is maximized without compromising either/any subject's content.] :

CCSS ELA/Literacy: College and Career Readiness Anchor Standard for Reading 9. Analyze how two or more texts address similar themes or topics in order to build knowledge or to compare the approaches the author takes.

Example: Ask students these Essential Questions (CT HBLCF): "What do I need to know to stay healthy?" and, "What can I do to avoid or reduce health risks?"

CCSS ELA/Literacy Anchor Standards for Speaking and Listening: Comprehension and Collaboration 1.

Prepare for and participate effectively in a range of conversations and collaborations with diverse partners, building on others' ideas and expressing their own clearly and persuasively.

CCSS Math: K-12 Standards for Mathematical Practice 3. Construct viable arguments and critique the reasoning of others. Mathematically proficient students: Construct arguments using verbal or written explanations (expressions, equations, graphs, etc.) Evaluate their own thinking and the thinking of others by asking questions.

Example linking ELA/Literacy, Mathematics and Health Education: Describe, listen to others, and discuss with a partner and small *groups* (Essential Question CT HBLCF), "What can I do to promote accurate health information and healthy behaviors?" Deeper questions can be cued by the teacher as appropriate.

Interval of Instruction*What is the time period that instruction for the learning content will occur?*

The interval of instruction is ongoing throughout the school year. A pre-assessment will be implemented in September to collect a baseline data of the students' skills. Formative assessments will be given periodically throughout the year to measure present level of ability and progress, and a summative assessment will be conducted in June to measure the student's yearly growth.

Assessments*How will you measure the outcome of your SLO?*

During the first few classes of the term, mid-term and at the end of the term, students will be observed and assessed on

1. ability to identify and compare behaviors that are safe to those that are risky or harmful;
2. ability to explain how media and technology influence personal and health behaviors; and
3. ability to demonstrate active listening skills to build and maintain healthy relationships with peers and family members.

Assessments will include:

1. District designed common assessments that address IAGDs below
2. Teacher-designed formative and summative assessments

Baseline, formative and summative data will be coded using a performance-based rubric.

Indicators of Academic Growth and Development (IAGDs)/Growth Targets*What are the quantitative targets that will demonstrate achievement of the SLO?***Indicators for Academic Growth and Development:**

1. By the end of grade four ____% of students will be able to compare behaviors that are safe to those that are risky or harmful
2. By the end of grade four ____% of students will be able to explain how media and technology influence personal and health behaviors
3. By the end of grade four ____% of students will be able to demonstrate active listening skills to build and maintain healthy relationships with peers and family members

Instructional Strategies/Supports*What methods will you use to accomplish this SLO? How will progress be monitored?**What professional learning/supports do you need to achieve this SLO?*

Teaching methods and strategies include:

- Exploration
- cooperative learning
- reciprocal/peer teaching
- guided discovery
- debate / discussion

Progress will be monitored using

- self check

- peer assessment
- formative assessments administered by the teacher

Student Learning Objective (SLO) Form

Teacher:	Administrator:	
SLO Title: Decision-Making	Grade: 8	Date:
Content Area: Health Education	School:	

Student Learning Objective
What is the expectation for student improvement related to school improvement goals?

SLO Focus Statement:

Students will understand the steps of the decision making process and use the model to predict how decisions regarding behaviors related to substance use have consequences for themselves and others.

Baseline – Trend Data
What data were reviewed for this SLO? How do the data support the SLO?

[include specific **pre-assessment** baseline data here – percentages to be determined by pre-assessment]

At the beginning of the term ____% of students scored at level 3-Proficient on this task as scored on the HEAP (Health Education Assessment Project) based decision-making skill rubric

Student Population
Who are you going to include in this objective? Why is this target group/class selected?

All students in Grade 8 will be included in this objective.

Decision making is a critical skill for middle school students. Understanding and utilizing a decision making model across health content areas is a key focus of supporting middle school students in becoming increasingly health literate.

Standards and Learning Content
What are the standards connected to the learning content?

Standards addressed:

CT HBLCF (2006) Standard 6: Decision-Making Skills: Students will demonstrate the ability to use decision-making skills to enhance health.

Essential Question:

M.6.3. Predict how decisions regarding health behaviors have consequences for themselves and others.

Possible connections [Note: interdisciplinary connections to Common Core Standards for ELA/Literacy, Mathematics and Science should be made collaboratively, with teachers of each subject contributing to the design of learning activities and assessments, and sharing of learning goals. Evaluation of assessment activities and products is also a shared responsibility, with each subject-area teacher contributing to the effort to ensure that achievement of learner outcomes is maximized without compromising either/any subject’s content.] :

CCSS ELA/Literacy: College and Career Readiness Anchor Standard for Reading 9. Analyze how two or more texts address similar themes or topics in order to build knowledge or to compare the approaches the author takes.

Example: Ask students these Essential Questions (CT HBLCF): “How do I make good decisions to keep myself healthy?”

CCSS ELA/Literacy Anchor Standards for Speaking and Listening: Comprehension and Collaboration 1.

Prepare for and participate effectively in a range of conversations and collaborations with diverse partners, building on others’ ideas and expressing their own clearly and persuasively.

CCSS Math: K-12 Standards for Mathematical Practice

3. Construct viable arguments and critique the reasoning of others.
Construct arguments using verbal or written explanations (expressions, equations, graphs, etc.)
Evaluate their own thinking and the thinking of others by asking questions.
6. Attend to precision.
Use clear and precise language/definitions in their discussions with others and in their own reasoning.
7. Look for and express regularity in repeated reasoning.
Use repeated reasoning to: understand algorithms, make generalizations about patterns, derive formulas and evaluate the reasonableness of intermediate results.

Example linking ELA/Literacy Speaking and Listening, Math Constructing viable arguments and critiquing the reasoning of others, and Health Education examining the consequences of decisions and actions: Describe, listen to others, and discuss with a partner and small *groups* (Essential Question CT HBLCF), “How do I make good decisions to keep myself healthy?” and, “What are the anticipated consequences of my decisions and actions?” Deeper questions can be cued by the teacher as appropriate.

Interval of Instruction

What is the time period that instruction for the learning content will occur?

The interval of instruction is the term during which the Decision-Making unit is implemented. A pre-assessment will be implemented at the beginning of the term to collect a baseline data of the students’ knowledge and skills. Formative assessments will consist of

1. Decision Making Model quiz
2. Sexuality Decision-Making assignment
3. Physical Activity Decision-Making assignment

and will be assigned at logical intervals during the unit and coded using the same performance rubric for all assessments to measure present level of ability and progress, and the Case Study assignment will serve as the summative assessment at the conclusion of the unit to measure the students’ growth.

Assessments

How will you measure the outcome of your SLO?

1. Decision Making Model quiz
2. Sexuality Decision-Making assignment
3. Physical Activity Decision-Making assignment
4. Case Study assignment (summative assessment)

Assessments will include:

1. District designed common assessments that address IAGDs below
2. Teacher-designed formative and summative assessments

Baseline, formative and summative data will be coded using HEAP (Health Education Assessment Project) based decision-making skill rubric performance-based rubric.

Indicators of Academic Growth and Development (IAGDs)/Growth Targets
What are the quantitative targets that will demonstrate achievement of the SLO?

Indicator(s) for Academic Growth and Development:

1. At the end of the term ___% of students will score at or above level 3-Proficient on this task as scored on the HEAP based decision-making skill rubric
2. At the end of the term ___% of students will improve one level toward standard from baseline indicators

Instructional Strategies/Supports

*What methods will you use to accomplish this SLO? How will progress be monitored?
What professional learning/supports do you need to achieve this SLO?*

All activities and assignments will require 8th grade students to apply their decision making content knowledge and skills.

Teaching methods and strategies include:

- Exploration
- cooperative learning
- reciprocal/peer teaching
- guided discovery
- debate / discussion

Progress will be monitored using

- self check
- peer assessment
- formative assessments administered by the teacher

Student Learning Objective (SLO) Form

Teacher:	Administrator:	
SLO Title: Goal-Setting	Grade: 9-12	Date:
Content Area: Health Education	School:	

Student Learning Objective
What is the expectation for student improvement related to school improvement goals?

SLO Focus Statement:
Students will demonstrate the ability to use a goal-setting process to improve health.

Baseline – Trend Data
What data were reviewed for this SLO? How do the data support the SLO?

Data collection:

Within the first few classes of the term, each student will write a personal goal for enhancing health (pre-assessment). Data will be collected based on a rubric of an effective SMART goal. Student performance on Goal-Setting Model quiz administered at beginning and conclusion of goal-setting unit and a summative assessment SMART goal assignment.

Student performance on goal-setting skill assignments and assessments:

1. Goal Setting Model quiz
2. Short-Term Goal-Setting assignment
3. Physical Fitness Goal-Setting assignment
4. Long-Term Health Enhancement Goal-Setting assignment (summative assessment)

Baseline data:
[include specific **pre-assessment** baseline data here – percentages to be determined by pre-assessment]

1. At the beginning of grade 9, ___% of students are able to write a SMART goal in order to enhance health in any dimension of wellness.
2. At the beginning of grade 9, ___% of students are able to create a plan to achieve a health-enhancing goal with at least 3 different action steps.

Student Population
Who are you going to include in this objective? Why is this target group/class selected?

All students in Grade 9 will be included in this objective.

A health literate person sets goals to achieve a better quality of life through the practice of health enhancing behaviors. This standard involves the ability of the learner to use the goal-setting process to improve health. This essential, life-long skill enables individuals to formulate and implement an effective plan for healthy and balanced living; and make plans and take actions that lead to healthy and balanced living for themselves and for the world around them. Entry into high school is a developmentally appropriate opportunity, aligned with the CT HBLCF (2006), for acquisition and application of this skill set.

Standards and Learning Content

What are the standards connected to the learning content?

Standards addressed:

CT HBLCF (2006) Standard 7: Goal-Setting Skills. Students will use goal-setting skills to enhance health.
H.7.1. Demonstrate various strategies when making goal-setting decisions to enhance health.

Possible connections [Note: interdisciplinary connections to Common Core Standards for ELA/Literacy, Mathematics and Science should be made collaboratively, with teachers of each subject contributing to the design of learning activities and assessments, and sharing of learning goals. Evaluation of assessment activities and products is also a shared responsibility, with each subject-area teacher contributing to the effort to ensure that achievement of learner outcomes is maximized without compromising either/any subject's content.] :

CCSS ELA/Literacy: College and Career Readiness Anchor Standard for Reading 9. Analyze how two or more texts address similar themes or topics in order to build knowledge or to compare the approaches the author takes.

Example: Ask students these Essential Questions (CT HBLCF): “How do I use the goal-setting process to improve my health?”

CCSS ELA/Literacy Anchor Standards for Speaking and Listening: Comprehension and Collaboration 1. Prepare for and participate effectively in a range of conversations and collaborations with diverse partners, building on others' ideas and expressing their own clearly and persuasively.

CCSS Math: K-12 Standards for Mathematical Practice

- 3.** Construct viable arguments and critique the reasoning of others.
 Construct arguments using verbal or written explanations (expressions, equations, graphs, etc.)
 Evaluate their own thinking and the thinking of others by asking questions.
- 6.** Attend to precision.
Use clear and precise language/definitions in their discussions with others and in their own reasoning.
- 7.** Look for and express regularity in repeated reasoning.
 Use repeated reasoning to: understand algorithms, make generalizations about patterns, derive formulas and evaluate the reasonableness of intermediate results.

Example linking ELA/Literacy Speaking and Listening, Math Constructing viable arguments and critiquing the reasoning of others, and Health Education examining the consequences of decisions and actions: Describe, listen to others, and discuss with a partner and small groups (Essential Question CT HBLCF), “How do I use the goal-setting process to improve my health?” and, “What are the advantages and disadvantages of setting goals?” Deeper questions can be cued by the teacher as appropriate.

Interval of Instruction

What is the time period that instruction for the learning content will occur?

The interval of instruction is the term during which the Goal-Setting unit is implemented. A pre-assessment will be implemented at the beginning of the term to collect a baseline data of the students' knowledge and skills. Formative assessments will consist of

1. Goal Setting Model quiz
2. Short-Term Goal Setting assignment

3. Physical Fitness Goal Setting assignment and will be assigned at logical intervals during the unit and coded using the same performance rubric for all assessments to measure present level of ability and progress, and the Long-Term Health Enhancement Goal Setting assignment will serve as the summative assessment at the conclusion of the unit to measure the students' growth.

Assessments

How will you measure the outcome of your SLO?

Student performance on goal-setting skill assignments and assessments:

1. Goal Setting Model quiz
2. Short-Term Goal-Setting assignment
3. Physical Fitness-Goal Setting assignment
4. Long-Term Health Enhancement Goal-Setting assignment (summative assessment)

Assessments will include:

1. District designed common assessments that address IAGDs below
2. Teacher-designed formative and summative assessments

Baseline, formative and summative data will be coded using a performance-based rubric.

Indicators of Academic Growth and Development (IAGDs)/Growth Targets

What are the quantitative targets that will demonstrate achievement of the SLO?

Indicator(s) for Academic Growth and Development:

1. By the end of grade 9, ___% of students will be able to write a SMART goal in order to enhance health in any dimension of wellness.
2. By the end of grade 9, ___% of students will be able to create a plan to achieve a health-enhancing goal with at least 3 different action steps.

Instructional Strategies/Supports

What methods will you use to accomplish this SLO? How will progress be monitored?

What professional learning/supports do you need to achieve this SLO?

All activities and assignments will require 9th grade students to apply their goalsetting content knowledge and skills.

Teaching methods and strategies include:

- Self-assessment
- cooperative learning
- reciprocal/peer coaching
- guided discovery
- debate / discussion

Progress will be monitored using

- self check
- peer assessment
- formative assessments administered by the teacher

Health Education Teacher Evaluation Advisory Group

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