
MONTANA

HEALTH ENHANCEMENT

K-12

CONTENT AND PERFORMANCE STANDARDS

WITH BENCHMARKS AT

4TH, 8TH AND 12TH GRADES

Office of Public Instruction

and

Montana Association for Health, Physical Education, Recreation and Dance

1999

September 1999

To: All Health Enhancement Teachers
Classroom Teachers Who Teach Health Enhancement
Higher Education Department Chairs, Health Methods Instructors and
Physical Education Methods Instructors
MAHPERD Members

From: Spencer Sartorius, OPI
Maureen “P’Nut” Thomas, MAHPERD Co-Executive Director
Carol Cooke, MAHPERD Co-Executive Director

Re: Montana Health Enhancement Standards

The Montana Health Enhancement Standards have finally been adopted by the Board of Public Education. These Standards represent two years of work by OPI and MAHPERD and include at least five revisions and five public hearings.

The Standards represent a lot of work on the part of many people, and we thank everyone involved: committee chairs, committee members, those who submitted written comments and those who provided public testimony.

The Standards, while new, draw on work already completed including: *the Montana Health Enhancement Model Learner Goals, the National Standards for Physical Education and the National Health Education Standards.*

This booklet represents our initial attempt to “take the next step”; to move from Standards to curriculum and assessment. “Setting the bar” is good. It lets parents, students, teachers and administrators know what is expected, how good is good enough, and where students should be at the end of high school. But setting the bar is not good enough in itself. It takes teachers implementing Standards in their curriculum and assessing student progress.

In the booklet, you’ll find the Standards themselves with benchmarks at the end of grades 4, 8 and 12, performance standards and their definitions, and a glossary to let you know what is intended and how terms were used. In the Appendix, you’ll find both the National Standards for Health and Physical Education. In addition, you’ll find a process for taking the next step and developing curriculum AND you’ll find a page with recommendations to the school administrator. We added that here so that you could sit down with your principal and discuss steps he/she could take to make your transition to a “standards-based curriculum” a reality.

Background:

Health Enhancement was first initiated as part of the Project Excellence school reform effort conducted by the Board of Public Education in the late 1980s. The intent was to combine the traditional disciplines of ‘health’ and ‘physical education’ into a single, integrated program with the focus being the *health needs of the student*.

The Health Enhancement Model Learner Goals were adopted by the Board of Public Education in 1989 and were to be implemented by schools between 1990 and 2000. Following implementation of the health enhancement curriculum, schools were also required to implement plans for both student assessment and program evaluation.

Starting in the early 1990s, the Office of Public Instruction attempted to provide schools with resource materials to ease the transition from the traditional program to a health enhancement program. Materials providing information on the health enhancement concept and philosophy, curriculum guides at both K-6 and 7-12 levels, program evaluation and student assessment booklets were developed and distributed to Montana schools.

In the mid 1990s, National Standards for both Health and Physical Education were developed by national organizations. In order to determine how well the Health Enhancement Model Learner Goals met National Standards, a study was conducted resulting in the 1996 OPI publication: *Health Enhancement: Montana and National Standards*. What was learned from that study was that Montana’s Learner Goals and the National Standards for both Health and Physical Education were fairly closely aligned.

In 1997, a committee of 24 professionals in the health enhancement field representing elementary, secondary, and post-secondary levels, as well as rural schools and administrators, came together and developed a draft set of Health Enhancement K-12 Content and Performance Standards. Between November 1997 and October 1999, these Standards underwent no less than five (5) revisions and five (5) public hearings with literally thousands of copies mailed to Montana educators for comment.

Today, Montana’s Standards for Health Enhancement, including seven content standards with benchmarks at grades 4, 8 and 12, as well as performance standards at those three levels, *are required for public schools by the Board of Public Education*.

Credit: The Montana Association for Health, Physical Education, Recreation and Dance (MAHPERD) was instrumental in the development of both the correlation project (cited earlier) and the Health Enhancement Standards through the contribution of both fiscal and personnel resources. Maureen Thomas (Big Sky High School in Missoula) and K. Annie Sondag (University of Montana in Missoula) deserve special mention.

The 24 Montana health enhancement professionals who gave generously of their time, expertise and experience in a supportive, collegial manner are hereby recognized for their contribution in the development of the *Montana Health Enhancement Standards*:

K. Annie Sondag *

Missoula

Casey Molloy

Helena

Rick Chiotti

Helena

Gloria Lambertz

Helena

Leslie Hickcox

Dillon

DeeAnn Buehler

Lewistown

Spencer Sartorius

Helena

Carol Cooke

Bozeman

Barb Teachout

Livingston

Maureen Thomas*

Missoula

Carl Hanson

Billings

Deanna Collins

Wilsall

Julie Graham

Great Falls

Nancy Colton

Bozeman

Lori Smithwick Hann

Kalispell

Peter Rehor

Bozeman

Gigi Moy

Helena

David Oberly*

Billings

Susan Court

Helena

Teresa Heck

Sand Coulee

Dianna Peterson

Jackson

Sharon Renton Eddy

Columbia Falls

Vi Hills

Chester

Alex McNeill**

Anchorage, AK

* Served as committee chairs for the project

** Alex McNeill served as Chair of the Health and Physical Education Committee for Project Excellence between 1986 and 1989 while he was the Chair of the Health and Human Development Department at Montana State University – Bozeman. He graciously agreed to assist in the project and bring the perspective of the earlier effort to this project.

MONTANA STANDARDS FOR HEALTH ENHANCEMENT

Health Enhancement combines the disciplines of “health” and “physical education” into a single curriculum with its focus on health-related outcomes. Concepts learned in the classroom are reinforced in the gymnasium and vice versa. Health is essential to a quality of life and leads directly to improved learning. Health enhancement develops the skills and behaviors necessary for students to become healthy, productive citizens who take personal responsibility for their own well-being as well as a social responsibility for the health of their community.

Early initiation of healthy behaviors is a predictor of enhanced school performance as well as less risk for morbidity and premature mortality in adulthood. Health enhancement is a critical component of the educational process.

Content Standards indicate what students should know, understand and be able to do in a specific content area.

Benchmarks define our expectations for students’ knowledge, skills, and abilities along a developmental continuum in each content area. That continuum is focused at three points—the end of grade 4, grade 8, and grade 12.

By developing personal and community health-related knowledge, skills and behaviors, all students will be able to:

Health Content Standard 1—Have a basic knowledge and understanding of concepts that promote comprehensive health.

Health Content Standard 2—Demonstrate competency in a variety of movement forms.

Health Content Standard 3—Apply movement concepts and principles while learning and developing motor skills.

Health Content Standard 4—Achieve and maintain a challenging level of health-related physical fitness.

Health Content Standard 5—Demonstrate the ability to use critical thinking and decision making to enhance health.

Health Content Standard 6—Demonstrate interpersonal communication skills to enhance health.

Health Content Standard 7—Demonstrate health-enhancing behaviors.

Health Enhancement Content Standard 1

Have a basic knowledge and understanding of concepts that promote comprehensive health.

Rationale

Basic to health enhancement is the foundation of knowledge about the relationships of behavior and health, the interactions within the human body that promote health and fitness, and actions to prevent disease and other health problems. Comprehensive application of health enhancing strategies enables the student to be health literate, self-directed life-long learners.

Benchmarks

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
1. describe relationships between personal health behaviors and individual well-being.	1. explain the relationship between positive health behaviors and the prevention of injury, illness, disease and premature death.	1. analyze how attitudes and behaviors can impact health maintenance, disease prevention and injury.
2. describe the basic structure and function of the major human body systems, emphasizing growth and development.	2. explain the function and maintenance of body systems, including the reproductive system..	2. explain the impact of personal health behaviors on the functioning of body systems, including the reproductive system.
3. identify common health problems (e.g., eyes, ears, teeth, skin) that should be detected and treated early.	3. analyze how peers, family, heredity, and environment influence personal health.	3. analyze how the environment, public health policies, government, regulations, research and medical advances influence personal and community health.
4. identify personal health enhancing strategies that encompass substance, abuse, nutrition, exercise, injury/disease prevention, and stress management.	4. explain personal health enhancing strategies that encompass substance abuse, nutrition, exercise, sexual activity, injury/disease prevention, and stress management.	4. develop personal health enhancing strategies that encompass substance abuse, nutrition, exercise, sexual activities, injury/disease prevention, and stress management.
5. identify the potential sources of environmental hazards.	5. explain how appropriate health care can prevent premature death and disability.	5. demonstrate the ability to advocate for personal, family, and community health.

Health Enhancement Content Standard 2

Demonstrate competency in a variety of movement forms.

Rationale

Basic movement skills are the foundation students need in order to lead a more active and productive life. It is the daily application of fundamental motor skills by which skillful movers are developed.

Benchmarks

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
<ol style="list-style-type: none">1. demonstrate mature form in all locomotor patterns and selected manipulative and nonlocomotor skills.2. combine movement skills in applied and dynamic settings or lead-up games.3. acquire skills including perceptual, motor and rhythm.	<ol style="list-style-type: none">1. demonstrate a variety of physical skills which encompass lead-up games, rhythms and dance, and individual, dual, and team sports.	<ol style="list-style-type: none">1. demonstrate a variety of physical skills which encompass dance, individual, dual and team sports, and lifetime physical activities.

Health Enhancement Content Standard 3

Apply movement concepts and principles while learning and developing motor skills.

Rationale

The ability of the learner to use cognitive information is essential in understanding and enhancing motor skill acquisition and performance.

Benchmarks

Students will:

End of Grade 4	End Grade 8	Upon Graduation—End of Grade 12
<ol style="list-style-type: none">1. apply critical elements to improve personal performance in fundamental motor skills and some specialized skills.2. recognize and apply movement concepts that impact the quality of performance.	<ol style="list-style-type: none">1. understand and apply movement concepts to game strategies.2. identify and refine the critical elements of advanced movement skills.3. identify and understand the application of basic rules and strategies in a variety of physical activities.	<ol style="list-style-type: none">1. identify the characteristics of technically correct performance in a variety of movement forms.2. apply rules and advanced strategies to a variety of physical activities.3. know and understand scientifically based information regarding movement performance.

Health Enhancement Content Standard 4

Achieve and maintain a challenging level of health-related physical fitness.

Rationale:

Physical fitness, developed through regular physical activity is essential in enjoying an active, productive and healthy life.

Benchmarks:

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
<ol style="list-style-type: none">1. participate in a variety of developmentally appropriate fitness activities involving each component of health-related physical fitness.2. identify each component of health-related physical fitness.3. associate each health-related physical fitness component to the improvement of personal health.4. demonstrate individual progress toward each component of health-related physical fitness.	<ol style="list-style-type: none">1. participate in a variety of developmentally appropriate fitness activities involving each component of health-related physical fitness.2. understand and apply basic principles of training to improve health-related physical fitness.3. identify personal fitness goals.4. demonstrate individual progress toward each component of health-related physical fitness.	<ol style="list-style-type: none">1. participate in a variety of fitness activities involving each component of health-related physical fitness.2. demonstrate the knowledge, skills, and desire to monitor and adjust levels to meet personal fitness needs.3. design a personal fitness program.4. demonstrate individual progress toward each component of health-related physical fitness.

Health Enhancement Content Standard 5

Demonstrate the ability to use critical thinking and decision making to enhance health.

Rationale

Problem-solving processes are lifelong skills needed in order to implement and sustain health enhancing behaviors. These skills make it possible for individuals to transfer health knowledge into healthy lifestyles.

Benchmarks

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
<ol style="list-style-type: none"> 1. identify problem-solving processes specific to health-related issues. 2. access valid health information and resources. 3. explain how basic health information and resources are used in setting goals and decision-making. 4. set personal health goals and record progress toward achievement. 5. predict results of positive health decisions. 	<ol style="list-style-type: none"> 1. individually and collaboratively apply problem-solving processes to health issues. 2. analyze how health-related decisions are influenced by the attitudes and values of individuals, families, and the community. 3. predict how decisions specific to health behavior have consequences for self and others. 4. describe personal factors that influence an individual's health goals. 5. explain a personal health plan that addresses need, strengths, and risks. 6. identify the validity of health information and how culture, media, and technology influence choices. 	<ol style="list-style-type: none"> 1. ability to utilize various problem-solving strategies when making health decisions related to needs and risks of young adults. 2. predict immediate and long-term impacts of health decisions on the individual, family and community. 3. implement a plan for achieving personal health goals. 4. evaluate progress toward attaining personal health goals. 5. formulate an effective plan for lifelong health. 6. demonstrate the ability to locate, evaluate and utilize credible health information.

Health Enhancement Content Standard 6

Demonstrate interpersonal communication skills to enhance health.

Rationale

Self-concept and personal family and community health are enhanced through effective verbal and non-verbal communication.

Benchmarks

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
1. describe characteristics needed to be a responsible friend and family member.	1. describe how the behavior of family and peers affects interpersonal communication.	1. demonstrate skills for communicating effectively with family, peers and others.
2. demonstrate ways to communicate care, consideration and respect of self and others.	2. demonstrate ways to communicate care, consideration and respect of self and others.	2. demonstrate ways to communicate care, consideration and respect of self and others.
3. demonstrate healthy ways to express needs, wants and feelings.	3. demonstrate healthy ways to express needs, wants and feelings.	3. demonstrate healthy ways to express needs, wants and feelings.
4. demonstrate refusal skills.	4. demonstrate refusal and mediation skills to enhance health.	4. demonstrate refusal, mediation and collaboration skills for solving interpersonal conflict without harming self or others.
5. demonstrate active listening skills.	5. demonstrate strategies to analyze and manage conflict in healthy ways.	5. analyze how interpersonal communication affects relationships.
6. demonstrate non-violent strategies to resolve conflicts.		6. analyze the possible causes of conflict and demonstrate strategies to manage conflict.

Health Enhancement Content Standard 7

Demonstrate health-enhancing behaviors.

Rationale:

Many diseases and injuries can be prevented by reducing risk-taking behaviors. In addition, practicing health-enhancing behaviors contributes to a positive quality of life. Students will have a foundation for living a healthy life by accepting responsibility for their personal health.

Benchmarks:

Students will:

End of Grade 4	End of Grade 8	Upon Graduation—End of Grade 12
1. interact with friends and others through participation.	1. enjoy participation in physical activity.	1. regularly participate in health-enhancing physical fitness activities to promote personal well-being on a voluntary basis.
2. use physical activity as a means of self-expression.	2. recognize the social benefits of physical activity.	2. experience enjoyment from physical activity and a healthy lifestyle.
3. experience enjoyment through physical activity.	3. participate in health-enhancing physical activity outside of school.	3. participate in activities that promote community well-being.
4. regularly participate in physical activity.	4. work cooperatively with a group to achieve group goals in both cooperative and competitive settings.	4. initiate independent and responsible health-enhancing personal behavior.
5. demonstrate strategies to improve or maintain personal health.	5. demonstrate strategies to improve or maintain personal and family health.	5. demonstrate strategies to improve or maintain personal, family and community health.

Health Enhancement Performance Standards: A Profile of Four Levels

The Health Enhancement Performance Standards describe students' knowledge, skills, and abilities in the health enhancement content area on a continuum from kindergarten through grade 12. These descriptions provide a picture or profile of student achievement at four performance levels: advanced, proficient, nearing proficient and novice.

Advanced: This level denotes superior performance.

Proficient: This level denotes solid academic performance for each benchmark. Students reaching this level have demonstrated competency over challenging subject matter, including subject-matter knowledge, application of such knowledge to real-world situations, and analytical skills appropriate to the subject matter.

Nearing Proficiency: This level denotes that the student has partial mastery or prerequisite knowledge and skills fundamental for proficient work at each benchmark.

Novice: This level denotes that the student is beginning to attain the prerequisite knowledge and skills that are fundamental for work at each benchmark.

Grade 4 Health Enhancement

Advanced: A fourth-grade student at the advanced level in health enhancement demonstrates superior performance. He/she uses a variety of motor skills and skillful and efficient movement patterns at a fourth-grade level in a variety of applied and dynamic settings; knows, understands, describes and demonstrates health enhancing concepts and behaviors, and how they relate to personal and family health. A student performing at this level demonstrates conflict resolution skills, refusal skills, appropriate self expression, and concern for others.

Proficient: A fourth-grade student at the proficient level in health enhancement demonstrates solid academic performance. He/she consistently exhibits fundamental motor skills in a variety of applied settings; should be able to use a combination of movement patterns with smooth transitions; and, understands, appropriate to the fourth-grade level, some concepts of health promotion and how they impact personal and family health.

Nearing Proficiency: A fourth-grade student at the nearing proficiency level in health enhancement demonstrates partial mastery of the prerequisite knowledge and skills fundamental for proficiency in health enhancement. He/she consistently demonstrates fundamental motor skills in some applied settings; and, understands, appropriate to fourth-grade level, some relationships between healthy behaviors and disease prevention. A student at this level exhibits socially acceptable behavior in most settings.

Novice: A fourth-grade student at the novice level in health enhancement is beginning to attain the prerequisite knowledge and skills that are fundamental at each benchmark in health enhancement. He/she sometimes demonstrates and combines fundamental motor skills, and socially acceptable interpersonal behavior appropriate to the fourth-grade level; seldom identifies concepts related to a healthy lifestyle and healthy relationships. A student at this level does not consistently understand health promotion and disease prevention concepts and how they relate to their own health.

Grade 8 Health Enhancement

Advanced: An eighth-grade student at the advanced level in health enhancement demonstrates superior performance. He/she maintains an appropriate level of skill and health related fitness; applies health promotion concepts to access valid health information

and products; evaluates the influences of media and culture on health; exhibits effective interpersonal social skills; predicts consequences of actions; develops a personal plan for health that involves goal-setting and decision-making skills; and, effectively communicates information and opinions regarding health promotion and personal and social health appropriate to the eighth grade level.

Proficient: An eighth-grade student at the proficient level in health enhancement demonstrates solid academic performance. He/she attains an appropriate level of skill related fitness; identifies influences of media and culture on health; analyzes concepts of health promotion, including determining the validity of information and products, evaluating the influence of external factors on health, examining the causes of interpersonal conflicts and how goal setting and decision making influences health.

Nearing Proficiency: An eighth-grade student at the nearing proficiency level in health enhancement demonstrates partial mastery of the prerequisite knowledge and skills fundamental for proficiency in health enhancement. He/she shows some improvement in developing appropriate skill related fitness components and understands their contributions to overall well-being; achieves an appropriate level of health enhancing physical fitness; describes fundamental relationships in health promotion and disease prevention; and, demonstrates basic interpersonal social skills appropriate to the eighth grade level.

Novice: An eighth-grade student at the novice level in health enhancement is beginning to attain the prerequisite knowledge and skills that are fundamental at each benchmark in health enhancement. He/she participates in appropriate skill related fitness activities and identifies their contributions to overall well-being; works toward health-related physical fitness; identifies and describes healthy behaviors and disease prevention concepts; mostly understands health information appropriate to the eighth-grade level; and, sometimes demonstrates appropriate interpersonal social skills.

Grade 12 Health Enhancement

Advanced: A twelfth-grade student at the advanced level in health enhancement demonstrates superior performance. He/she demonstrates high levels of competency in a variety of physical activities, understands the scientific principles of physical fitness and its relationships to total well-being, and applies that information in developing personal wellness during different periods of life; initiates independent personal and social behaviors and takes both leadership and following roles as situations determine; analyzes, evaluates, and articulates opinions concerning personal and social health issues; utilizes strategies appropriate to the twelfth-grade level to overcome barriers in social situations and forms a plan for healthful living.

Proficiency: A twelfth-grade student at the proficient level in health enhancement demonstrates solid academic performance. He/she participates in some physical activities; demonstrates competency in a variety of physical activities; demonstrates the knowledge and skills necessary to determine current and future fitness needs; initiates independent and responsible personal behavior; anticipates potentially dangerous consequences of actions; analyses, evaluates, and forms opinions regarding health information, services, products and, the effects of external influences; and, uses communications skills effectively in a variety of settings.

Nearing Proficiency: A twelfth-grade student at the nearing proficiency level in health enhancement demonstrates partial mastery of the prerequisite knowledge and skills fundamental for proficiency in health enhancement. He/she participates in some physical activities and demonstrate the fundamental knowledge and skill to achieve a health-enhancing level of fitness; displays socially responsible behavior; describes health concepts, health care costs and services, the role of personal responsibility, and external influences on a health enhancing lifestyle.

Novice: A twelfth-grade student at the novice level in health enhancement is beginning to attain the prerequisite knowledge and skills that are fundamental at each benchmark in health enhancement. He/she participates in some physical activities that contribute to well-being throughout the lifespan; demonstrates the knowledge and skills to adjust activity levels to meet personal fitness needs; identifies socially responsible behavior; sometimes, demonstrates understanding of health concepts, health care costs and services, and the role of personal responsibility, decision making, and external factors on health-enhancing lifestyles.

GLOSSARY OF TERMS AS THEY ARE USED IN THIS DOCUMENT

Advocate: ability to express information and opinions in support of something.

Analyze: to separate into its parts so as to examine in detail.

Applied setting: involves completing skills in a specific setting determined by the instructor such as moving forward while jumping rope, running forward to kick a soccer ball or doing a basketball lay-up.

Collaboration skills: proficiencies necessary to work together in some undertaking in a group setting (e.g., cooperative, supportive, trusting, constructive, friendly).

Community health: taking a social responsibility toward the health needs of one's neighborhood, city, country or world.

Competency: the ability to perform and apply skills.

Comprehensive health: includes the components of drug and alcohol prevention, tobacco use prevention, nutrition, physical activity, human growth, development and family life, environmental health, mental health, disease prevention, consumer health, accident prevention and safety, and personal health.

Conflict resolution skills: skills a person can use to resolve a disagreement in a healthful, safe, legal, respectful and nonviolent way including such things as defining the conflict, taking responsibility for actions, using "I" messages, listening to the needs of others, evaluating solutions, agreeing to a solution and following the agreement.

Critical elements: characteristics of mature performance (e.g., running without bumping into others, throwing a ball with the correct leg forward, skipping without falling).

Critical thinking: is evaluating the effectiveness, validity, and possible impact of what is read, heard or viewed and exploring distinctions between concrete and abstract, plausible and implausible. With critical thinking, one evaluates the validity of assertions and detects fallacies in reasoning.

Dance: to move the body and feet in rhythm, usually to music.

Decision-making: using logic to form conclusions and make judgements, usually including (1) assessing the decision to be reached, (2) listing possible options, (3) evaluating options, (4) deciding which option to pursue, and (5) acting on the decision.

Developmentally appropriate: takes into account those aspects of teaching and learning that change with the age, experience and ability of the learner.

Dual sports: includes games, sports, and other leisure pursuits that require two participants simultaneously such as tennis, badminton and racquetball.

Dynamic settings: involve performing skills and skill combinations in complex settings where the environment changes such as performing manipulative tasks while dodging, performing a gymnastics sequence or a dance to music.

Environmental hazards: those risks associated with factors present where you live (e.g., smog, smoke, hazardous/toxic waste, high crime area).

Family health: taking a responsibility toward the health needs of one's immediate family.

Fundamental motor skills: includes both locomotor skills such as walking, running, hopping, skipping, jumping, leaping, and galloping as well as manipulative skills such as throwing, passing, kicking, dribbling and catching.

Health enhancement: a subject area that includes content from the disciplines of both health and physical education which has as its major focus the development of a healthy lifestyle.

Health enhancing strategy: planning and directing an action that will promote one's well-being or that of their community or family.

Health literate: the ability of the individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which enhance health.

Health-related physical fitness: includes the components of (1) cardiovascular endurance, (2) muscular strength and endurance, (3) flexibility, and (4) body composition.

Human body systems: a set of things so connected as to form a unity or organic whole. **Major body systems** include the circulatory, integumentary, muscular, respiratory, skeletal and digestive systems. Other body systems include the nervous, urinary, reproductive, endocrine, pulmonary, and lymphatic systems.

Individual sports: includes games, sports, and other leisure pursuits pursued by a single individual such as swimming, weight lifting and orienteering.

Interpersonal behavior: the way people act and re-act to each other and include such behaviors as honesty, flexibility, tolerance, courtesy, and respect for others and their property.

Interpersonal communication skills: verbal or non-verbal abilities that help to share feelings, thoughts and information with another person in a positive manner.

Interpersonal social skills: skills that enhance the ability to work and play together such as cooperation, fair play, sportsmanship, respect, loyalty, patience, self-control and tolerance.

Lead-up games: activities that utilize basic skills and strategies related to specific games, sports or leisure activities.

Lifetime physical activities: includes games, sports, and other leisure pursuits usually performed by a person over the course of a lifetime including activities like tennis, golf, bowling, backpacking, canoeing and racquetball.

Listening skills: are active processes that involve discriminating among sounds; using strategies such as anticipating meanings, ignoring distractions, and visualizing what is heard; evaluating; and responding appropriately. Listening is active, hearing is passive.

Locomotor: skills used to move the body from one place to another including walking, running, skipping, leaping, sliding, galloping, jumping and hopping.

Manipulative: skills developed when a person handles some kind of object including throwing, kicking, batting, catching, redirecting an object in flight (such as a volleyball) or continuous control of an object such as a hoop.

Mature form: means that the basic movement can be performed with ease, is smooth, efficient, repetitive and can be performed without thinking out each step of the movement.

Mediation skills: combine the use of problem-solving methods and active listening skills to come to a common understanding and resolution of a problem between disputants and includes such skills as defining the conflict, discussing possible solutions, evaluating the solutions, agreeing to a solution and following the agreement.

Morbidity: the rate of disease or proportion of diseased people.

Mortality: the rate or proportion of death from all causes.

Motor skills or fundamental motor skills: basic fundamental movement patterns usually involving the large muscle groups that are necessary to perform a variety of physical activities.

Movement concepts: a generalized idea concerning human motion (e.g., the lower the center of gravity, the more stable the object; throwing a ball in front of a moving receiver).

Movement concepts and principles: relates to cognitive information concerning the development of physical fitness and motor development and its application in real life such as specificity in training and other principles of conditioning, application of force, center of gravity, and stress management.

Nonlocomotor: skills that are performed in place without appreciable spatial movement and include bending and stretching, pushing, pulling, raising and lowering, twisting and turning, and shaking.

Non-violent strategies: techniques that are used to avoid or deescalate a potentially violent situation and include problem-solving, active listening, conflict resolution skills, mediation, sitdowns or humor.

Overall well-being: includes the intellectual, social, emotional and physical aspects of health.

Perceptual motor skills: movement involving the interrelationships between the perceptual or sensory processes and motor activity including balance and directionality.

Personal health: taking responsibility for one's own health care and health needs.

Problem-solving processes: methods used to identify a problem, generate possible solutions, evaluate the benefits and risks, select the solution with the most benefits, implement the solution and evaluate the results using the feedback to possibly modify or change the solution.

Relationship: the quality or state of connection.

Rhythm/s: involves motion that possesses regularity and a predictable pattern often involving music such as dance patterns, jumping rope or tinkling.

Principles of training: guidelines to follow to derive the maximum benefits from an exercise plan and to prevent injuries which include warming up, cooling down, frequency, duration and intensity, overload and specificity.

Refusal skills: skills that are used when a person wants to say NO to an action and/or leave a situation that threatens health, safety, breaks laws, disobeys guidelines set by adults or detracts from character and include such skills as assertively saying "no," using body language that says "no," suggesting alternative behaviors, walking away and avoiding the situation.

Scientifically based information: involves research-based knowledge concerning human activity and performance (e.g., the overload principle in training, the principles of frequency, duration and intensity in aerobic workouts, specificity of training, absorption of force principles).

Skill related fitness activities: includes qualities that enable a person to perform in activities and is synonymous with motor fitness and include the components of agility, coordination, speed, power, and balance.

Specialized skills: skills basic to a movement form (e.g., basketball chest pass, soccer dribble, fielding a softball with a glove).

Stress management: the ability to cope with stress as a normal part of life including the ability to identify situations and conditions that produce stress and adopt healthy coping behaviors.

Team sports: includes games, sports and leisure pursuits that require the participation of one or more groups of individuals on teams such as basketball, football and soccer.

Questions and Answers Concerning the Montana Standards for Health Enhancement

- *How were the Standards developed?*

The Health Enhancement Standards were developed by 24 health enhancement teachers. This group of educators was divided into three committees to work on different pieces and then came together to see how the pieces fit. Once a first draft was developed, they provided input for the development of draft #2. This draft was then sent to the ‘field’ (over 1,000 teachers and administrators) for additional input. Finally, five public hearings were conducted across Montana in June 1999 with a final draft presented to the Board of Public Education in the fall of 1999.

- *What were the Standards based on?*

Three publications served as the primary resources for the development of the Montana Health Enhancement Standards: *National Standards for Physical Education*, *National Standards for Health Education* and the *Montana Model Learner Goals for Health Enhancement*. The Montana Standards built on the Model Learner Goals for Health Enhancement developed in 1989. National Standards were used to update the earlier effort and identify “gaps” that may have existed. Most readers will see that the new Health Enhancement Standards include much of the earlier content, but in a new format. Consequently, schools will NOT be “starting over” or from scratch in their curriculum development.

- *Now that the Standards are adopted by the Board of Public Education, what does that mean to our school?*

The Standards have been adopted by the Board of Public Education and entered into “Administrative Rule” and the Montana Accreditation Standards. In essence, they now have the same stature as ‘law’ and are required of Montana’s public K-12 schools. This means that schools will need to develop curricula based on the Standards and should start doing this now.*

* The Board of Public Education realizes that schools/districts have curriculum cycles and that it is not an easy task to develop new curricula in all subject areas at the same time; consequently, the Board gave school districts six school years, starting in the fall of 1998, to implement all Standards. This means the Health Enhancement Standards must be implemented by Montana public schools by the start of school in 2004.

- ***I notice terms in the Standards that could be interpreted in a variety of ways. How do I know what the meaning of some of the terms is intended to be?***

A glossary of terms was developed for the Standards to clarify ‘educational jargon’ and words that may lead to individual interpretation. Every attempt was made to make the Standards as clear as possible.

- ***Does the development of the Health Enhancement Standards mean that the “state” is now dictating curriculum at the local level?***

The intent of the Standards is to provide a consistent target for both educators and students in Montana. It is intended to show what students should know and be able to do at certain grade levels. However, how schools (teachers) get there (to the Standards) will be different for each community. This means there is flexibility within the curriculum, but that students, teachers and schools will be accountable for meeting Standards.

- ***I thought we were doing ‘OK’ and now we’ve gone to “Standards.” Why?***

In the 1980s, numerous national publications called into question the job the public schools were doing. Out of those calls for reform came a demand for greater accountability. This included greater accountability for schools, teachers AND students. Teaching “to Standards” has been promoted by politicians such as the nation’s Governors, several U.S. Presidents and various Congressmen (at both state and national levels). It has also been promoted by national teacher organizations, including AAHPERD. Finally, almost all states have adopted Standards as required for their public schools. Standards serve the purpose of both standardizing (to some extent) what is taught and outlining to students, parents and teachers what is expected. Being an “accredited” school implies that some standards are met and these provide that foundation. According to a Board of Public Education statement: “The purpose of the Standards Revision Project is to assure Montana citizens that its public schools are providing all children of our great state with challenging academic expectations.”

- ***I can see where “health enhancement” could work if you were the person charged with teaching both ‘health’ and ‘physical education,’ but in our district we have one person teaching the ‘physical education’ part and one person the ‘health’ part. Can it still work?***

Health enhancement can work in all teaching situations in Montana: rural elementary classroom teacher, elementary specialist, high school with one health enhancement teacher or the situation outlined above. Health enhancement means that if the two disciplines of health and physical education are taught by separate people, they still communicate and

support what each other is doing. It still means that concepts taught in the ‘classroom’ are reinforced in the ‘gym.’ It still means that the objectives of both programs are health-related.

- ***Must all of the Health Enhancement Standards be accomplished in the health enhancement classes?***

There is NO requirement that the standards identified under “health enhancement” be met strictly through health enhancement classes. In some cases, health enhancement instructors and curriculum directors may want to work with other disciplines in order to accomplish objectives. This places the health enhancement instructor in the position of a “broker” to ensure objectives are met. Others who might work in the area of health enhancement are Science teachers (personal health, human sexuality) and Food and Consumer Science teachers (nutrition, human sexuality, etc.)

- ***Don’t you think that Health Enhancement will just ruin Physical Education?***

The move to Health Enhancement was designed to do five things:

1. Provide more of a balance between “health” and “physical education” in the curriculum,
2. Move the focus of the traditional physical education from a skill-oriented program to a health outcome-oriented program,
3. Make “health” and “physical education” a more integrated, cooperative and supportive program,
4. Look at the needs of kids first and at disciplines second, and
5. Change the name to reflect a new way of thinking and to disassociate ourselves from the stigmas attached to the term “physical education.”

* It is important to note that the intent of Project Excellence was to determine what Montanans wanted their kids to know and be able to do into the next century. The committees were parent-driven and the changes made reflected what parents wanted, not what the professional education community necessarily wanted.

When you look at the Montana Health Enhancement Standards, many reflect the National Standards for Physical Education. Consequently, the traditional content, in most cases, is still there. The name change did not “ruin” physical education since, in the view of many in the general public, that had already been done. Many parents do not value physical education as they are the products of our programs and have suffered a variety of indignities they don’t want their own children to suffer. However, all parents care about the health of their children. The change in terminology dumped a lot of the “old baggage”

associated with physical education. However, if it makes you feel better...close your eyes and imagine “Montana Standards for Health and Physical Education” at the top of the Standards. Really, whether or not “physical education” has been ruined will not be determined by a name change, but by what has or will take place in the gym. This is a chance to strengthen the physical education of our children along with the mental, emotional and social education components. We will strengthen it through the holistic philosophy of Health Enhancement. It is worth mentioning that the Board of Public Education felt so strong about this shift that they made a change in the maximum size of classes: from classes at the elementary level that were huge (such as three or four classes at a time) to classes the same size as what an individual classroom teacher had and at the middle and high school levels from 45 down to 30. These reductions in the maximum class size are much more conducive to quality instruction and enhanced learning.

- *Who’s going to know whether or not I implement the Standards?*

Schools will be required to implement the Standards. Probably, no one will come from the “state” to watch you; however, the Standards represent current “best thinking” of the field, what parents want for their children and what is best for kids.

Appendix A

National Health Education Standards

National Health Education Standards

Grades K-4

Health Education Standard 1:

Students will comprehend concepts related to health promotion and disease prevention.

Performance Indicators:

As a result of health instruction in Grades K-4, students will:

1. describe relationships between personal health behaviors and individual well being.
2. identify indicators of mental, emotional, social, and physical health during childhood.
3. describe the basic structure and functions of the human body systems.
4. describe how the family influences personal health.
5. describe how physical, social, and emotional environments influence personal health.
6. identify common health problems of children.
7. identify health problems that should be detected and treated early.
8. explain how childhood injuries and illnesses can be prevented or treated.

Health Education Standard 2:

Students will demonstrate the ability to access valid health information and health-promoting products and services.

Performance Indicators:

As a result of health instruction in Grades K-4, students will:

1. identify characteristics of valid health information and health-promoting products and services.
2. demonstrate the ability to locate resources from home, school, and community that provide valid health information.
3. explain how media influences the selection of health information, products, and services.
4. demonstrate the ability to locate school and community health helpers.

Health Education Standard 3:

Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

Performance Indicators:

As a result of health instruction in Grades K-4, students will:

1. identify responsible health behaviors.
2. identify personal health needs.
3. compare behaviors that are safe to those that are risky or harmful.
4. demonstrate strategies to improve or maintain personal health.
5. develop injury prevention and management strategies for personal health.
6. demonstrate ways to avoid and reduce threatening situations.
7. apply skills to manage stress.

Health Education Standard 4:

Students will analyze the influence of culture, media, technology, and other factors on health.

Performance Indicators:

As a result of health instruction in Grades K-4, students will:

1. describe how culture influences personal health behaviors.
2. explain how media influences thoughts, feelings, and health behaviors.
3. describe ways technology can influence personal health.
4. explain how information from school and family influences health.

Health Education Standard 5:

Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Performance Indicators:

As a result of health instruction in Grades K-4, students will:

1. distinguish between verbal and non-verbal communication.
2. describe characteristics needed to be a responsible friend and family member.
3. demonstrate healthy ways to express needs, wants, and feelings.
4. demonstrate ways to communicate care, consideration, and respect of self and others.
5. demonstrate attentive listening skills to build and maintain healthy relationships.
6. demonstrate refusal skills to enhance health.
7. differentiate between negative and positive behaviors used in conflict situations.
8. demonstrate non-violent strategies to resolve conflicts.

Health Education Standard 6:

Students will demonstrate the ability to use goal setting and decision-making skills to enhance health.

Performance Indicators:

As a result of health instruction in Grades K-4, students will:

1. demonstrate the ability to apply a decision-making process to health issues and problems.
2. explain when to ask for assistance in making health-related decisions and setting health goals.
3. predict outcomes of positive health decisions.
4. set a personal health goal and track progress toward its achievement.

Health Education Standard 7:

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

Performance Indicators:

As a result of health instruction in Grades K-4, students will:

1. describe a variety of methods to convey accurate health information and ideas.
2. express information and opinions about health issues.
3. identify community agencies that advocate for healthy individuals, families, and communities.
4. demonstrate the ability to influence and support others in making positive health choices.

Grades 5-8

Health Education Standard 1:

Students will comprehend concepts related to health promotion and disease prevention.

Performance Indicators:

As a result of health instruction in Grades 5-8, students will:

1. explain the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.
2. describe the interrelationship of mental, emotional, social, and physical health during adolescence.
3. explain how health is influenced by the interaction of body systems.
4. describe how family and peers influence the health of adolescents.
5. analyze how environment and personal health are interrelated.
6. describe ways to reduce risks related to adolescent health problems.
7. explain how appropriate health care can prevent premature death and disability.
8. describe how lifestyle, pathogens, family history, and other risk factors are related to the cause or prevention of disease and other health problems.

Health Education Standard 2:

Students will demonstrate the ability to access valid health information and health-promoting products and services.

Performance Indicators:

As a result of health instruction in Grades 5-8, students will:

1. analyze the validity of health information, products, and services.
2. demonstrate the ability to utilize resources from home, school, and community that provide valid health information.
3. analyze how media influences the selection of health information and products.
4. demonstrate the ability to locate health products and services.
5. compare the costs and validity of health products.
6. describe situations requiring professional health services.

Health Education Standard 3:

Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

Performance Indicators:

As a result of health instruction in Grades 5-8, students will:

1. explain the importance of assuming responsibility for personal health behaviors.
2. analyze the personal health assessment to determine health strengths and risks.
3. distinguish between safe and risky or harmful behaviors in relationships.
4. demonstrate strategies to improve or maintain personal and family health.
5. develop injury prevention and management strategies for personal and family health.
6. demonstrate ways to avoid and reduce threatening situations.
7. demonstrate strategies to manage stress.

Health Education Standard 4:

Students will analyze the influence of culture, media, technology, and other factors on health.

Performance Indicators:

As a result of health instruction in Grades 5-8, students will:

1. describe the influence of cultural beliefs on health behaviors and the use of health services.
2. analyze how messages from media and other sources influence health behaviors.
3. analyze the influence of technology on personal and family health.
4. analyze how information from peers influences health.

Health Education Standard 5:

Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Performance Indicators:

As a result of health instruction in Grades 5-8, students will:

1. demonstrate effective verbal and non-verbal communication skills to enhance health.
2. describe how the behavior of family and peers affects interpersonal communication.
3. demonstrate healthy ways to express needs, wants, and feelings.
4. demonstrate ways to communicate care, consideration, and respect of self and others.
5. demonstrate communication skills to build and maintain healthy relationships.
6. demonstrate refusal and negotiation skills to enhance health.
7. analyze the possible causes of conflict among youth in schools and communities.
8. demonstrate strategies to manage conflict in healthy ways.

Health Education Standard 6:

Students will demonstrate the ability to use goal setting and decision-making skills to enhance health.

Performance Indicators:

As a result of health instruction in Grades 5-8, students will:

1. demonstrate the ability to apply a decision-making process to health issues and problems individually and collaboratively.
2. analyze how health-related decisions are influenced by individuals, family, and community values.
3. predict how decisions regarding health behaviors have consequences for self and others.
4. apply strategies and skills needed to attain personal health goals.
5. describe how personal health goals are influenced by changing information, abilities, priorities, and responsibilities.
6. develop a plan that addresses personal strengths, needs, and health risks.

Health Education Standard 7:

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

Performance Indicators:

As a result of health instruction in Grades 5-8, students will:

1. analyze various communication methods to accurately express health information and ideas.
2. express information and opinions about health issues.
3. identify barriers to effective communication of information, ideas, feelings, and opinions about health issues.
4. demonstrate the ability to influence and support others in making positive health choices.
5. demonstrate the ability to work cooperatively when advocating for healthy individuals, families, and schools.

Grades 9-11

Health Education Standard 1:

Students will comprehend concepts related to health promotion and disease prevention.

Performance Indicators:

As a result of health instruction in Grades 9-11, students will:

1. analyze how behavior can impact health maintenance and disease prevention.
2. describe the interrelationships of mental, emotional, social, and physical health throughout adulthood.
3. explain the impact of personal health behaviors on the functioning of body systems.
4. analyze how the family, peers, and community influence the health of individuals.
5. analyze how the environment influences the health of the community.
6. describe how to delay onset and reduce risks of potential health problems during adulthood.
7. analyze how public health policies and government regulations influence health promotion and disease prevention.
8. analyze how the prevention and control of health problems are influenced by research and medical advances.

Health Education Standard 2:

Students will demonstrate the ability to access valid health information and health-promoting products and services.

Performance Indicators:

As a result of health instruction in Grades 9-11, students will:

1. evaluate the validity of health information, products, and services.
2. demonstrate the ability to evaluate resources from home, school, and community that provide valid health information.
3. evaluate factors that influence personal selection of health products and services.
4. demonstrate the ability to access school and community health services for self and others.
5. analyze the cost of accessibility of health care services.
6. analyze situations requiring professional health services.

Health Education Standard 3:

Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

Performance Indicators:

As a result of health instruction in Grades 9-11, students will:

1. analyze the role of individual responsibility for enhancing health.
2. evaluate a personal health assessment to determine strategies for health enhancement and risk reduction.
3. analyze the short-term and long-term consequences of safe, and risky or harmful behaviors.
4. develop strategies to improve or maintain personal, family, and community health.
5. develop injury prevention and management strategies for personal, family, and community health.
6. demonstrate ways to avoid and reduce threatening situations.
7. evaluate strategies to manage stress.

Health Education Standard 4:

Students will analyze the influence of culture, media, technology, and other factors on health.

Performance Indicators:

As a result of health instruction in Grades 9-11, students will:

1. analyze how cultural diversity enriches and challenges health behaviors.
2. evaluate the effect of media and other factors on personal, family, and community health.
3. evaluate the impact of technology on personal, family, and community health.
4. analyze how information from the community influences health.

Health Education Standard 5:

Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Performance Indicators:

As a result of health instruction in Grades 9-11, students will:

1. demonstrate skills for communicating effectively with family, peers, and others.
2. analyze how interpersonal communication affects relationships.
3. demonstrate healthy ways to express needs, wants, and feelings.
4. demonstrate ways to communicate care, consideration, and respect of self and others.
5. demonstrate strategies for solving interpersonal conflicts without harming self or others.
6. demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations.
7. analyze the possible causes of conflict in schools, families, and communities.
8. demonstrate strategies used to prevent conflict.

Health Education Standard 6:

Students will demonstrate the ability to use goal setting and decision-making skills to enhance health.

Performance Indicators:

As a result of health instruction in Grades 9-11, students will:

1. demonstrate the ability to utilize various strategies when making decisions related to health needs and risks of young adults.
2. analyze health concerns that require collaborative decision making.
3. predict immediate and long-term impact of health decisions on the individual, family, and community.
4. implement a plan for attaining a personal health goal.
5. evaluate progress toward achieving personal health goals.
6. formulate an effective plan for lifelong health.

Health Education Standard 7:

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

Performance Indicators:

As a result of health instruction in Grades 9-11, students will:

1. evaluate the effectiveness of communication methods for accurately expressing health information and ideas.
2. express information and opinions about health issues.
3. utilize strategies to overcome barriers when communicating information, ideas, feelings, and opinions about health issues.
4. demonstrate the ability to influence and support others in making positive health choices.
5. demonstrate the ability to work cooperatively when advocating for health communities.
6. demonstrate the ability to adapt health messages and communication techniques to the characteristics of a particular audience.

Appendix B

National Standards in Physical Education

National Standards in Physical Education

Fourth Grade:

1. Demonstrates competency in many movement forms and proficiency in a few movement forms.

The emphasis for the fourth grade student will be to:

- 1.1 Demonstrate mature form in all locomotor patterns and selected manipulative and nonlocomotor skills.
- 1.2 Adapt a skill to the demands of a dynamic, unpredictable environment.
- 1.3 Acquire beginning skills of a few specialized movement forms.
- 1.4 Combine movement skills in applied settings.

2. Applies movement concepts and principles to the learning and development of motor skills.

The emphasis for the fourth grade student will be to:

- 2.1 Apply critical elements to improve personal performance in fundamental and selected specialized motor skills.
- 2.2 Use critical elements of fundamental and specialized movement skills to provide feedback to others.
- 2.3 Recognize and apply concepts that impact the quality of increasingly complex movement performance.

3. Exhibits a physically active lifestyle.

The emphasis for the fourth grade student will be to:

- 3.1 Select and participate regularly in physical activities for the purpose of improving skill and health.
- 3.2 Identify the benefits derived from regular physical activity.
- 3.3 Identify several moderate to vigorous physical activities that provide personal pleasure.

4. Achieves and maintains a health-enhancing level of physical fitness.

The emphasis for the fourth grade student will be to:

- 4.1 Identify several activities related to each component of physical fitness.
- 4.2 Associate results of fitness testing to personal health status and ability to perform various activities.
- 4.3 Meet the health-related fitness standards as identified by Fitnessgram.

5. Demonstrates responsible personal and social behavior in physical activity settings.

The emphasis for the fourth grade student will be to:

- 5.1 Follow, with few reminders, activity-specific rules, procedures, and etiquette.
- 5.2 Utilize safety principles in activity situations.
- 5.3 Work cooperatively and productively with a partner or small group.
- 5.4 Work independently and on-task for short periods of time.

6. Demonstrates understanding and respect for differences among settings.

The emphasis for the fourth grade student will be:

- 6.1 Explore cultural/ethnic self-awareness through participation in physical activity.
- 6.2 Recognize the attributes that individuals with differences can bring to group activities.
- 6.3 Experience differences and similarities among people of different backgrounds by participating in activities of national, cultural, and ethnic origins.

7. Understands that physical activity provides the opportunity for enjoyment, challenge, self-expression, and social interaction.

The emphasis for the fourth grade student will be:

- 7.1 Experience enjoyment while participating in physical activity.
- 7.2 Enjoy practicing activities to increase skill competence.
- 7.3 Interact with friends while participating in group activities.
- 7.4 Use physical activity as a means of self-expression.

Eighth Grade:

1. Demonstrates competency in many movement forms and proficiency in a few movement forms.

The emphasis for the eighth grade student will be:

1.1 Demonstrate competence in modified versions of a variety of movement forms.

2. Applies movement concepts and principles to the learning and development of motor skills.

The emphasis for the eighth grade student will be:

2.1 Understand and apply more advanced movement and game strategies.

2.2 Identify the critical elements of more advanced movement skills.

2.3 Identify the characteristics of highly skilled performance in a few movement forms.

2.4 Understand and apply more advanced discipline specific knowledge.

3. Exhibits a physically active lifestyle.

The emphasis for the eighth grade student will be:

3.1 Establish personal physical activity goals.

3.2 Participate regularly in health-enhancing physical activities to accomplish these goals.

3.3 Explore a variety of new physical activities for personal interest in and out of the physical education class.

3.4 Describe the relationships between a healthy lifestyle and “feeling good.”

4. Achieves and maintains a health-enhancing level of physical fitness.

The emphasis for the eighth grade student will be:

4.1 Participate in a variety of health-related fitness activities in both school and non-school settings.

4.2 Assess physiological indicators of exercise during and after physical activity.

4.3 Understand and apply basic principles of training to improve physical fitness.

- 4.4 Begin to develop personal fitness goals independently.
- 4.5 Meet the health-related fitness standards as defined by Fitnessgram.

5. Demonstrates responsible personal and social behavior in physical activity settings.

The emphasis for the eighth grade student will be:

- 5.1 Recognize the influence of peer pressure.
- 5.2 Solve problems by analyzing causes and potential solutions.
- 5.3 Analyze potential consequences when confronted with a behavior choice.
- 5.4 Work cooperatively with a group to achieve group goals in competitive as well as cooperative settings.

6. Demonstrates understanding and respect for differences among people in physical activity settings.

The emphasis for the eighth grade student will be:

- 6.1 Recognize the role of sport, games, and dance in modern culture.
- 6.2 Identify behaviors that are supportive and inclusive in physical activity settings.
- 6.3 Willingly join others of diverse culture, ethnicity, and race during physical activity.

7. Understands that physical activity provides the opportunity for enjoyment, challenge, self-expression, and social interaction.

The emphasis for the eighth grade student will be:

- 7.1 Enjoy participation in physical activity.
- 7.2 Recognize the social benefits of participation in physical activity.
- 7.3 Try new and challenging activities.
- 7.4 Recognize physical activity as a vehicle for self-expression.

Twelfth Grade:

1. Demonstrates competency in many movement forms and proficiency in a few movement forms.

The emphasis for the twelfth grade student is to:

1.1 Demonstrate proficiency in a few movement forms.

2. Applies movement concepts and principles to the learning and development of motor skills.

The emphasis for the twelfth grade student will be to:

2.1 Know and understand pertinent scientifically based information regarding movement performance.

2.2 Independently apply advanced movement-specific information.

2.3 Integrate discipline-specific knowledge to enable independent learning of movement skills.

3. Exhibits a physically active lifestyle.

The emphasis for the twelfth grade student will be to:

3.1 Have the skills, knowledge, interest, and desire to independently maintain an active lifestyle throughout their life.

3.2 Understand how activity participation patterns are likely to change throughout life and have some strategies to deal with those changes.

4. Achieves and maintains a health-enhancing level of physical fitness.

The emphasis for the twelfth grade student will be to:

4.1 Participate regularly in health-enhancing fitness activities independent of teaching mandates.

4.2 Demonstrate the skill, knowledge, and desire to monitor and adjust activity levels to meet personal fitness needs.

4.3 Design a personal fitness program.

4.4 Meet the health-related fitness standards as defined by Fitnessgram.

5. Demonstrates responsible personal and social behavior in physical activity settings.

The emphasis for the twelfth grade student will be to:

- 5.1 Initiate independent and responsible personal behavior in physical activity settings.
- 5.2 Accept the responsibility for taking a leadership role and willingly follow as appropriate in order to accomplish group goals.
- 5.3 Anticipate potentially dangerous consequences and outcomes of participation in physical activity.

6. Demonstrates understanding and respect for differences among people in physical activity settings.

The emphasis for the twelfth grade student will be to:

- 6.1 Recognize the influence of participation in physical activity on fostering appreciation of cultural, ethnic, gender, and physical diversity.
- 6.2 Develop strategies for including persons from diverse backgrounds and characteristics in physical activity they select for leisure pursuits.

7. Understand that physical activity provides the opportunity for enjoyment, challenge, self-expression, and social interaction.

The emphasis for the twelfth grade student will be to:

- 7.1 Enjoy regular participation in physical activity.
- 7.2 Recognize that physical activity can provide opportunities for positive social interaction.
- 7.3 Enjoy learning new activities.
- 7.4 Recognize the positive feelings that result from physical activity participation alone and with others.

Appendix C

Moving from Standards to Curriculum and Assessment

Moving from Standards to Curriculum

The Montana Standards for Health Enhancement provide a framework for curriculum development. They show the knowledge and skills for kids that you should weave into your curriculum and instruction. It is like having a skeleton upon which you will provide the organs, muscles and skin.

But the central question quite often is: *How do I start?*

Chances are, you've already started. The Standards were not developed out of thin air, but from already existing documents: the Montana Health Enhancement Model Learner Goals, the National Standards for Health Education and the National Standards for Physical Education. The first has been around for 10 years. So, many of the things you already teach "fit" into the Standards at some point.

However, this might be an easy way to start:

Do a comparison of the Montana Health Enhancement Standards to your existing program.

You could accomplish this by listing each Standard and its Benchmarks down the left hand side of a sheet of paper. Code each one such as GR4 S1B1 (Grade 4, Standard 1, Benchmark 1). For Standard 1, there are four Benchmarks at the fourth-grade level. Once each of the Standards and Benchmarks has a code, you could outline those things you already do down the right-hand side of the paper. If you are a classroom teacher responsible for teaching the entire program, put down everything you do. If you are in a teaching situation where you teach the 'gym' (physical education) part of the program and you work with a person who teaches the 'classroom' (health) portion, the two of you should get together and develop this "flow chart" of your curriculum.

Once you have your flow chart developed, which shows you what your curriculum looks like, you can place a code of the Standards or Benchmarks by each item. If you already have a curriculum guide written, you can go through the guide coding each component to the Standards.

Once you have coded your curriculum to the Standards, you can tell where there are "gaps"; in other words, where Standards or Benchmarks are not being addressed. However, you will also see where many Standards and Benchmarks are already being addressed or could be easily added.

Here's what you have done:

First, identified the “what is” (your curriculum),

Second, compared it to the “what needs to be” (the Standards and Benchmarks), and

Third, identified the “gaps” (where your program does not meet the Standards).

Another term for what you have just done is called doing a needs assessment.

What is the next step?

Once you have determined what needs to be added to your curriculum, you have some options. First, you could simply figure out where, in your program, you would add the material. However, you could also look at other curricular areas that might help. For example, in some school districts, human sexuality instruction is provided through part of the science program, or some other component might be accomplished through the social studies program. *It is important to note here that just because a Benchmark is found in the Health Enhancement Standards, it is not required of a school to only accomplish it within the health enhancement curriculum.*

A helpful suggestion.

You might want to prioritize the Standards and Benchmarks at each of the three grade levels. While all Standards would be addressed, it might be logical for you to concentrate on some more than others at certain grades. For example, it may be logical to focus on tobacco prevention at the earlier grade levels and on sexuality education at later grade levels. Also, in case some are not accomplished because of time constraints, the most important parts of the curriculum (in your mind) have at least been addressed.

In your curriculum development, you also might find it useful to develop your own Benchmarks for grades not addressed in the Standards (i.e., 1, 2, 3, 5, etc.). This would give you a great sense of how the curriculum would build upon both skill development and the knowledge base. Also, parents and students would know what expectations are for each individual grade.

Implementing the Curriculum.

Now that you have the curriculum planned, you will need to determine how your time will be allotted in order to present all the material required in the time available.

To have a visual idea of how well you are teaching the Standards, you could make a checklist for yourself and check off when you have taught a lesson that covers a particular Standard or Benchmark. Remember, the Standards are developed on a continuum *and are accomplished over time. In other words, the Benchmarks at the end of the 4th grade are accomplished in grades K or 1 through 4 and the Benchmarks at the end of the 8th grade are accomplished in grades 5 through 8.*

A checklist might have the Benchmarks listed for a specific grade level with a place to check off when it is accomplished on either side. For grades K-4, there are 30 Benchmarks that would be listed.

Benchmarks for grades K–4:

<u>Taught</u>	<u>Benchmark</u>
X	1. Relationships between personal health behaviors and individual well-being.
	2. Basic structure and function of the major body systems.
X	3. Common health problems that should be detected and treated early.
	4. Personal health enhancing strategies.
	Etc.

What could I use to determine how well a student is meeting the Standards?

Developing valid and reliable assessments of student knowledge and skills is not easy. In addition, there are numerous types of assessment, including skill (physical) tests, selected response tests, extended response items, performance tasks (take more than a class period) or some variation. In addition, teachers may involve students in assessments through such methods as portfolio assessment. However, a start in assessment methodology might be as simple as using a checklist that identifies the student and how well he/she did on each Benchmark rated on a four-point scale.

The Health Enhancement Standards have already developed four performance levels for your use. This is called a *performance standard* developed for your use in identifying those students who meet the Standards very well to those students needing more help, practice or time. All of the Standards developed by the Board of Public Education have the SAME FOUR PERFORMANCE LEVELS: Advanced, Proficient, Nearing Proficiency and Novice. Each curriculum area has a different definition for each of the four scales of the rubric. The full definition for each can be found with the Standards developed at each of the Benchmark grades; however, for our use we’ll simplify the definitions to:

Advanced: superior performance

Proficiency: solid performance

Nearing Proficiency: partial mastery and some skill

Novice: beginning to attain required knowledge and skill

Using the four performance levels, your checklist might look like the following which includes the student's name, the Benchmarks listed for the grade level and a place to check the performance standard:

At the completion of the 4th grade, _____ (Student's Name) _____ is able to:

Benchmarks	Advanced	Proficient	Nearing Proficiency	Novice
1. describe relationships between personal health behaviors and individual well-being,		X		
2. describe the basic structure and function of the major human body systems,	X			
3. identify common health problems,			X	
4. etc.				

Appendix D

**For the School
Administrator**

For The School Administrator

The Montana Standards for Health Enhancement have been adopted by the Board of Public Education and are *required* of accredited schools in Montana just the same as the Standards for Mathematics, Communication Arts, Reading or Science. Some things can be done by the school administration that will help ensure that the Health Enhancement Standards are met. Some of these will be common to all Standards and may be considered “Opportunity to Learn Standards.”

In order for students to meet the Montana Health Enhancement Standards, the local school should provide for:

1. collaborative planning to design, implement and assess instruction,
2. an adequate budget necessary to accomplish the Standards,
3. the employment of adequately trained teachers,
4. ongoing professional development opportunities,
5. leadership that provides support and requires accountability,
6. collaboration with other programs such as science, family and consumer science, school food services and guidance/counseling,
7. sufficient time for students to reach the Standards,
8. availability of technology for the Health Enhancement curriculum,
9. developmentally appropriate instruction based on student needs, interests and culture,
10. teacher evaluations which include teaching to the Standards, and
11. facilities conducive to accomplishing the Standards, including gymnasium/multi-purpose room, outdoor space and classroom space.

Administrators can expect and should demand a quality Health Enhancement program.