The Research and Curriculum Unit (RCU), located in Starkville, MS, as part of Mississippi State University, was established to foster educational enhancements and innovations. In keeping with the land-grant mission of Mississippi State University, the RCU is dedicated to improving the quality of life for Mississippians. The RCU enhances intellectual and professional development of Mississippi students and educators while applying knowledge and educational research to the lives of the people of the state. The RCU works within the contexts of curriculum development and revision, research, assessment, professional development, and industrial training.
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- Dr. O. Wayne Gann, Chairman
- Mr. Howell “Hal” N. Gage, Vice-Chairman
- Mrs. Kami Bumgarner
- Mr. William Harold Jones
- Dr. John R. Kelly
- Mr. Charles McClelland
- Mr. Richard Morrison
- Mrs. Martha “Jackie” Murphy
- Mr. Simon F. Weir, II

The Office of Healthy Schools and the Office of Career and Technical Education have partnered to combine their two previously separate curricula into one statewide curriculum. New state and national laws and standards emphasize teaching functional health information. This collaborative curriculum will support a wide range of activities to ensure academic success and the development of healthy behaviors for Mississippi’s students.

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- Christine Philley, M.Ed., CFCS, School Health Administrator, Office of Healthy Schools, Mississippi Department of Education, Jackson, MS
Standards

Standards are superscripted in each unit and are referenced in the appendices. Standards in the *Contemporary Health (9-12) Curriculum Framework and Supporting Materials* are based on the following:

**National Health Education Standards**

The National Health Education Standards were developed by a joint committee consisting of the American Association for Health Education, the American Public Health Association, the American School Health Association, and the Society of State Leaders of Health and Physical Education. The standards are published by the Centers for Disease Control and Prevention, meant for public use, and not subject to copyright law protections. Permission is not required for use of public domain items.

**Common Core State Standards Initiative**

The Common Core State Standards provide a consistent, clear understanding of what students are expected to learn, so teachers and parents know what they need to do to help them. The standards are designed to be robust and relevant to the real world, reflecting the knowledge and skills that our young people need for success in college and careers. With American students fully prepared for the future, our communities will be best positioned to compete successfully in the global economy. Copyright 2010, National Governors Association Center for Best Practices and Council of Chief State School Officers. All rights reserved. States and territories of the United States as well as the District of Columbia that have adopted the Common Core State Standards in whole are exempt from this provision and no attribution to the National Governors Association Center for Best Practices and Council of Chief State School Officers is required. Reprinted from [http://www.corestandards.org/](http://www.corestandards.org/).

**National Educational Technology Standards for Students (NETS-S)**

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**21st Century Skills and Information and Communication Technologies Literacy Standards**

In defining 21st century learning, the Partnership for 21st Century Skills has embraced five content and skill areas that represent the essential knowledge for the 21st century: global awareness; civic engagement; financial, economic, and business literacy; learning skills that encompass problem solving, critical thinking, and self-directional skills; and Information and Communication Technology (ICT) literacy.

**Industry Certification**

This curriculum is based on state and national standards, Mississippi Department of Education Subject Area Testing Program Academic Standards, American Association of Family and Consumer Sciences Standard and National Health Education Standards.
Preface

Secondary education programs in Mississippi are faced with many challenges resulting from sweeping educational reforms at the national and state levels. Schools and teachers are increasingly being held accountable for providing true learning activities to every student in the classroom. This accountability is measured through increased requirements for mastery and attainment of competency as documented through both formative and summative assessments.

The courses in this document reflect the statutory requirements as found in Section 37-3-49, Mississippi Code of 1972, as amended (Section 37-3-46); Section 37-13-134, Mississippi Code of 1972, as amended (37-13-134); Section 37-13-171, Mississippi Code of 1972, as amended (37-13-171); and Nathan’s Law, Section 63-3-615, Mississippi Code of 1972, as amended (Sections 63-1-73, 97-3-7, and 63-1-33). In addition, this curriculum reflects guidelines imposed by federal and state mandates (Laws, 1988, ch. 487, §14; Laws, 1991, ch. 423, §1; Laws, 1992, ch. 519, §4 eff. from and after July 1, 1992; No Child Left Behind Act of 2001; and Carl D. Perkins Vocational Education Act IV, 2007).
Contemporary Health (9-12) Executive Summary

Course Description

Contemporary Health (9-12) is a one-semester high school course (offering .5 Carnegie units of credit), which includes classroom and hands-on experiences that help students acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. In this course of study, emphasis is placed on personal, social, and mental health in today’s society. It includes instruction on human growth and development, disease prevention and control, substance abuse and prevention, community and environmental health, nutrition and wellness, and safety and first aid. Students will be provided with instruction that is clearly relevant to today’s rapidly changing world. Classes and projects will be designed to spark student interest and enthusiastic participation as well as provide a rationale for content relevancy, thus enabling students to connect what they learn in school to other aspects of their lives, including their futures.

Industry Certification

This curriculum is based on state and national standards, Mississippi Department of Education Subject Area Testing Program Academic Standards, American Association of Family and Consumer Sciences Standards, National Health Education Standards, as well as 21st Century Skill Standards.

Assessment

No statewide assessment will be provided for this curriculum.

Student Prerequisites

No prerequisites are necessary. This is a required course for graduation. Academic credit will be issued as .5 Carnegie units.

Licensure Requirements

Beginning with Academic Year 2013-2014, academic education Contemporary Health (9-12) teachers will be required to hold one of these two educator licenses: **142 Health Education (7-12)** or **143 Health Education (K-12)**.

The requirements for the 142/143-educator endorsements are as follows:

1. **Education**
   a. Applicants must have a bachelor’s degree or higher in Teacher Education from a state-approved or NCATE-approved program from a regionally/nationally-accredited institution of higher learning.
   b. Applicants must pass the Praxis II (Principles of Learning and Teaching Test).
   c. Applicants must pass the Praxis II (Specialty Area Test) in degree program.

2. **Technology Literacy and Related Assessment of that Competency**
   a. Applicants must validate technology competency by attaining the established minimum score or higher on an assessment approved by the Mississippi Department of Education (MDE). The assessment must be directly related to technology competency required by the grade level and subject matter being taught. Approved assessments for this license are IC3, Propulse, or other specific assessment created by third-party vendors, authorized by the Local Education Agency (LEA), and approved by the MDE.

3. **Teacher Education Preparation and Related Assessment(s) of that Education**
a. Applicants must successfully complete the Contemporary Health (9-12) workshop, module, or course that is approved by the MDE.

Note: The applicant who meets all requirements listed above will be issued a 142 or 143 endorsement, which is a 5-year license. For applicants who do not meet all requirements, a 3-year endorsement license will be issued, but all requirements stated above must be satisfied prior to the ending date of that license.

Beginning with Academic Year 2013-2014, career and technical education Contemporary Health (9-12) teachers will be required to hold one of three educator licenses: 321 Vocational Home Economics/Family and Consumer Sciences (non-education) or 322 Home Economics/Family and Consumer Sciences (education) or 961 Career Pathway: Health Sciences. Teachers who hold a currently valid 321, 322, or 961 endorsement are additionally required to successfully complete the Contemporary Health—Grades 9-12 workshop, module, or course that is approved by the MDE. Teachers who do not hold a currently valid 321, 322 or 961 endorsement must successfully complete the requirements and apply for the appropriate license as described below.

The requirements for the 322-educator endorsement are as follows:

1. **Education**
   a. Applicants must have a bachelor’s degree or higher in Home Economics/Family and Consumer Sciences Education (includes student teaching) from a state-approved or NCATE-approved program from a regionally/nationally-accredited institution of higher learning.
   b. Applicants must pass the Praxis II (Principles of Learning and Teaching Test).
   c. Applicants must pass the Praxis II (Specialty Area Test) in degree program.

2. **Technology Literacy and Related Assessment of that Competency**
   a. Applicants must validate technology competency by attaining the established minimum score or higher on an assessment approved by the MDE. The assessment must be directly related to technology competency required by the grade level and subject matter being taught. Approved assessments for this license are IC3, Propulse, or other specific assessment created by third-party vendors, authorized by the LEA, and approved by the MDE.

3. **Teacher Education Preparation and Related Assessment(s) of that Education**
   a. Applicants must successfully complete the Contemporary Health (9-12) workshop, module, or course that is approved by the MDE.

Note: The applicant who meets all requirements listed above will be issued a 322 endorsement, which is a 5-year license. For applicants who do not meet all requirements, a 3-year license will be issued, but all requirements stated above must be satisfied prior to the ending date of that license.

The requirements for the 321-educator endorsement are as follows:

1. **Education**
   a. Applicants must have a bachelor’s or higher degree in Family and Consumer Sciences from an accredited institution of higher education (non-education degree).

2. **Technology Literacy and Related Assessment of that Competency**
   a. Applicants must validate technology competency by attaining the established minimum score or higher on an assessment approved by the MDE. The assessment must be directly related to technology competency required by the grade level and subject matter being taught. Approved assessments for this license are IC3, Propulse, or other specific assessment created by third-party vendors, authorized by the LEA, and approved by the MDE.

3. **Occupational Experience and Related Assessment of that Experience**
   a. Applicants must have verification of at least one year of full-time occupational experience in the past 10 years. This experience must be appropriate to the subject area being taught. A degree in the subject area exempts an applicant from any additional occupational-competency testing.
b. Applicant must enroll immediately in the Vocational Instructor Preparation (VIP) program and must complete the individualized professional development plan (PDP) requirements of the VIP program prior to the expiration date of the 3-year vocational license.

4. **Teacher Education Preparation and Related Assessment(s) of that Education**
   a. Applicants must successfully complete the Contemporary Health (9-12) workshop, module, or course that is approved by the MDE.

Note: The applicant who meets all requirements listed above will be issued a 321 endorsement, which is a 5-year license. For applicants who do not meet all requirements, a 3-year license will be issued, but all requirements stated above must be satisfied prior to the ending date of that license.

Requirements for the **961**-educator endorsement:

1. **Education**
   a. Applicant must be a Registered Nurse who is a graduate of an accredited School of Nursing with a 2-year (associate) degree or higher.

2. **Technology Literacy and Related Assessment of that Competency**
   a. Applicant must validate technology competency by attaining the established minimum score or higher on an assessment approved by the MDE. The assessment must be directly related to technology competency required by the grade level and subject matter being taught. Approved assessments for this license are IC3, Propulse, or other specific assessment created by third-party vendors, authorized by the LEA, and approved by the MDE.

3. **Occupational Experience and Related Assessment of that Experience**
   a. Applicants with an associate degree must have at least two years of verifiable occupational experience in the past 10 years. Experience must be appropriate to the subject being taught.
   b. Applicants with a bachelor’s or higher degree must have at least one year of verifiable occupational experience in the past 10 years. Experience must be appropriate to the subject being taught.
   c. Applicant must possess and maintain an unrestricted Mississippi Registered Nurse License.
   d. Applicant must possess and maintain CPR certification through the American Heart Association (this certification is a prerequisite to the Health-Care Provider Basic Life Saver, Instruction Level certification).
   e. Applicant must possess and maintain a Health-Care Provider Basic Life Saver, Instructor Level certification through the American Heart Association.

4. **Teacher Education Preparation and Related Assessment(s) of that Education**
   a. Applicant must enroll immediately in the VIP program or the College and Career Readiness Educator Program (CCREP).
   b. Applicant must complete the individualized PDP requirements of the VIP or CCREP program prior to the expiration date of the 3-year vocational license.
   c. Applicant must successfully complete a certification for an online learning workshop, module, or course that is approved by the MDE.
   d. Applicant must successfully complete the Health Science and Healthcare and Clinical Service certification workshop, module, or course that is approved by the MDE.
   e. Applicant must successfully complete the Contemporary Health (9-12) workshop, module, or course that is approved by the MDE.

Note: The applicant who meets all requirements listed above will be issued a 961 endorsement, which is a 5-year license. For any applicants who do not meet all requirements, a 3-year license will be issued, but all requirements stated above must be satisfied prior to the ending date of that license.

**Professional Learning**

It is suggested that instructors participate in professional learning related to the following concepts:
• New topics related to the curriculum and new standards
• Differentiated instruction – To learn more about differentiated instruction, please go to [http://www.paec.org/teacher2teacher/additional_subjects.html](http://www.paec.org/teacher2teacher/additional_subjects.html) and click on Differentiated Instruction. Work through this online course and review the additional resources.

The professional learning itinerary for instructors can be found at [http://www.rcu.msstate.edu/ProfessionalLearning/OnlinePD/CourseListing.aspx](http://www.rcu.msstate.edu/ProfessionalLearning/OnlinePD/CourseListing.aspx).

If you have specific questions about the content of any training session provided, please contact the Professional Learning Specialist at the Research and Curriculum Unit, 662.325.2510.
Course Description: Contemporary Health (9-12) is a course that develops skills related to personal, social, and mental health in today's society. It includes instruction on human growth and development, disease prevention and control, substance abuse and prevention, community and environmental health, and safety and first aid. This course is designed to satisfy the graduation requirement for health in grades 9-12. (1 Semester, 0.5 Carnegie units)

Contemporary Health (9-12)—Course Code: 340133

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<td>Personal and Consumer Health</td>
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<td>3</td>
<td>Family/Social Health</td>
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<td>4</td>
<td>Human Growth and Development</td>
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<td>5</td>
<td>Disease Prevention and Control</td>
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<td>6</td>
<td>Nutrition and Fitness</td>
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<td>7</td>
<td>Substance Abuse Prevention</td>
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<td>8</td>
<td>Community and Environmental Health</td>
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<td>9</td>
<td>Safety and First Aid</td>
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Contemporary Health (9-12)—Course Code: 200126

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Contemporary Health (9-12) Research Synopsis

Introduction

Today’s health education curricula reflect the growing body of research that emphasizes teaching functional health information, shaping personal values and beliefs that support healthy behaviors, influencing group norms to value a healthy lifestyle, and developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.

According to various reviews, an effective health-education curriculum has the following characteristics:

1. Focuses on clear health goals and related behavioral outcomes.
2. Is research based and theory driven.
3. Addresses individual values, attitudes, and beliefs.
4. Addresses individual and group norms that support health-enhancing behaviors.
5. Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors.
6. Addresses social pressures and influences.
7. Builds personal competence, social competence, and self-worth by addressing skills.
8. Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors.
9. Uses strategies designed to personalize information and engage students.
10. Provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials.
11. Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.
12. Provides adequate time for instruction and learning.
13. Provides opportunities to reinforce skills and positive health behaviors.
14. Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.

Rationale

Research suggests that educational experiences influence the development of health-related knowledge, attitudes, and skills. If health education begins early and continues throughout a child’s development and growth, national objectives for wellness and well-being can be achieved. Well-designed summative and formative evaluations integrated with developmentally appropriate health subjects will help to increase the likelihood of favorable outcomes for students.

Premature deaths and disabilities of people of all ages are related to poor health decisions and unhealthy behaviors/practices. The ultimate goal of school-based health education is to prevent premature deaths and disabilities by empowering children and youth with appropriate and current health information. Health-enhancing practices can be successfully learned in school-based health education programs, enabling children and youth to begin to apply knowledge and practice skills to promote their health in all aspects of their lives. Students who can use functional health-related knowledge and apply personal and social skills have better health statuses and, as adults, will be better prepared consumers of information to manage stress and conflict, and to make better decisions in the face of conflicting messages, thus assisting them to live healthier lives.

Need for Health Education in Mississippi

The Youth Risk Behavior Surveillance System (YRBSS) monitors priority health-related risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include tobacco use,
unhealthy dietary behaviors, inadequate physical activity, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, and behaviors that contribute to unintentional injuries and violence. In addition, the YRBSS monitors the prevalence of obesity and asthma (see YRBSS Web site, http://www.cdc.gov/HealthyYouth/yrbs/index.htm, for complete information).

The 2011 YRBSS shows that Mississippi’s youth are most at risk in the areas of drug usage, sexual behavior, and obesity. The charts below compare Mississippi with the rest of the United States.

**Tobacco, Alcohol, and Illegal Drug Usage:**
Sexual Behaviors:

Note: 2011 national, state, and local results were released in early summer of 2012. See YRBSS Web site (http://www.cdc.gov/healthyyouth/yrbs/slides/index.htm) for complete information.

With one of the highest rates of teen pregnancy in the nation, Mississippi is implementing abstinence-only or abstinence-plus into local school districts in the fall of 2012 (See House Bill 999: http://billstatus.ls.state.ms.us/documents/2011/html/HB/0900-0999/HB0999SG.htm).

The 2007 STD/HIV Epidemiologic Profile (http://msdh.ms.gov/msdhsite/_static/resources/3591.pdf) provides detailed information about the current HIV/AIDS epidemic in Mississippi, specifically from 2003 to 2007. The report describes the population of Mississippi, people living with or infected by HIV/AIDS, and people at risk for HIV infection. The profile is an essential planning tool for HIV/AIDS prevention and care throughout the state.

Particularly in consideration of these current trends, health education continues to be a critical component of Mississippi’s educational structure. The Contemporary Health (9-12) curriculum is designed to address these issues in the context of educating our youth to make healthy lifestyle choices.

Curriculum Content

Summary of Standards: The standards to be included in the Contemporary Health (9-12) curriculum are the National Health Education Standards, 21st Century Skills, Common Core State Standards, and the National
Educational Technology Standards for Students (NETS-S). Together, these standards will ensure that this curriculum is both an effective teaching and learning tool and a thorough guide of the objectives and assessments to be achieved throughout the course.

- Industry Standards (See Crosswalk Table—Appendix C)
- 21st Century Skills Standards (See Crosswalk Table—Appendix D)
- Applied Academic Credit (See Common Core Standards Crosswalk Table—Appendix E)
- Technology Standards (See National Educational Technology Standards for Students Crosswalk—Appendix F)

Case Studies

According to the School Health Policies and Programs Study (SHPPS) of 2006, 72% of all states required or encouraged districts or schools to follow health-education standards or guidelines based specifically on the National Health Education Standards (http://www.cdc.gov/HealthyYouth/shpps/index.htm).

In 2007, the Mississippi legislature enacted the Mississippi Healthy Students Act (Mississippi Code of 1972 Annotated Section 37-13-134) to address the state’s high rates of childhood obesity by improving nutrition, physical activity, and health education in public schools. The act includes the following provisions:

- mandates minimum requirements for health education and physical education in public schools:
  - For grades K-8, 150 minutes per week of physical education and 45 minutes per week of health education, and
  - For grades 9-12, 0.5 Carnegie units in physical education or physical activity for graduation.
- requires local school-wellness plans to promote increased physical activity, healthy eating habits, and abstinence from tobacco and illegal drugs;
- designates an appropriation for a physical activity coordinator at the State Department of Education;
- makes the statutory duties of local school health councils mandatory rather than permissive; and
- directs the State Board of Education to adopt regulations that address healthy food and beverage choices, healthy food preparation, marketing of healthy food choices to students and staff, food preparation ingredients and products, minimum and maximum time allotments for lunch and breakfast periods, the availability of food items during lunch and breakfast periods, and methods to increase participation in the Child Nutrition School Breakfast & Lunch Programs.

The Center for Mississippi Health Policy is evaluating the impact of the Mississippi Healthy Students Act and has released two reports summarizing key findings from the first two years of research https://mshealthpolicy.com/.

Assessment

There is no statewide assessment for this curriculum.

Best Practices

Innovative Instructional Technologies: Students in today’s society are immersed in technology. Teachers will incorporate the use of technology, which will provide a learning environment that will stimulate student interaction and active involvement in the learning process. Each classroom should have access to a television set with VCR/DVD combo, multiple computers with access to the Internet, SMART Board (whiteboard) or Promethean board with projector, laptop, digital video camera, and digital camera. Using this equipment will allow teachers to make use of communication tools on the Internet, create and model various presentations, and present online scenarios to students for in-depth study. Also, by using
“clickers” (components of the SMART Board) as a classroom assessment method, students will be able to have instant feedback on assignments.

**Differentiated Instruction:** Differentiated instruction is a method of teaching that appreciates the various education and experience backgrounds of students. According to Tomlinson (1995), there are four characteristics that define instruction and learning in a differentiated classroom:

1. Instruction is focused on concepts and driven by principles.
2. Assessment of student readiness and growth is built into the curriculum.
3. Students work in a variety of patterns.
4. Students actively explore the content, and teachers guide that exploration.

The curriculum can be broken down into three elements: content, process, and products. These elements can be differentiated in order to accommodate students’ learning styles in the classroom. Content can be differentiated by providing several different vehicles for introducing information, such as using outside resources, Internet resources, videos, or sensory experiences. The process is considered the “how” of the curriculum. Process can be differentiated by using flexible grouping. The product is the assessment part of the curriculum. This element can be differentiated to meet the needs of the students by allowing students to self-select products. The overall goal for the differentiated instruction method is to amplify individual student development and success.

The Contemporary Health (9-12) curriculum is written to allow teachers the flexibility to create a differentiated classroom. Teachers are encouraged to incorporate technology, which greatly expands resources to reach and teach all types of learners. The curriculum also provides various methods for content presentation, hands-on activities, and assessment tools.

**Cooperative Learning:** Cooperative learning is a powerful method of instruction in a diverse classroom. Because of the new emphasis on teamwork in the workplace, the use of cooperative learning in the classroom prepares students for the workforce environment. Cooperative learning is a way of organizing instruction that involves students working in small groups together to reach a common goal. This method allows students to learn from each other and improves and enhances interpersonal skills, social skills, communication skills, and problem-solving skills. Cooperative learning enhances trust building, decision making, and conflict management. The cooperative learning method can easily be applied into the Contemporary Health Education classroom by utilizing the flexible grouping methods discussed in differentiated instruction.

**Dynamic Instruction/Assessment:** Dynamic instruction is re-teaching content that students did not comprehend in a different method. Identification of the content that needs to be re-taught is accomplished through data analysis of assessment. Dynamic instruction is considered to be a best practice for instruction because it ensures student success in the classroom.

**Conclusions**

Health education in Mississippi is crucial. The health of Mississippians does not depend on major medical breakthroughs, but rather on the everyday practice of good health habits taught and begun at a young age. The Contemporary Health (9-12) curriculum addresses the needs of students by providing a healthy environment in which to support a wide range of activities to ensure academic success and the development of healthy behaviors.
Professional Organizations

American Association of Family & Consumer Sciences (AAFCS)
400 N. Columbus Street
Suite 202
Alexandria, VA 22314
Email: staff@aafcs.org
Phone: 703.706.4600
Toll-free: 800.424.8080
Fax: 703.706.4663
www.aafcs.org

American Association for Health Education
1900 Association Dr.
Reston, VA 20191-1598
800.213.7193
https://www.shapeamerica.org/

American Cancer Society
1599 Clifton Road, NE
Atlanta, GA 30329-4251
900.227.2345
http://www.cancer.org

American Heart Association
7272 Greenville Avenue
Dallas, TX 75231-8721
800.242.8721
http://www.americanheart.org

Centers for Disease Control and Prevention
MS K-32
4700 Buford Highway, NE
Atlanta, GA 30341-3724
888.CDC.4NRG
http://www.cdc.gov

FCCLA (Family, Career and Community Leaders of America) National Headquarters
1910 Association Dr.
Reston, VA 20191
703.476.4900
800.234.4425
Fax: 703.860.2713
www.fcclainc.org

Juvenile Diabetes Foundation
432 Park Avenue South
New York, NY 10016
https://www.jdrf.org
Mississippi FCCLA
Central High School Building, Suite 202A
359 North West Street
P.O. Box 771
Jackson, MS 39205-0771
Phone: 601.576.5025
www.mde.k12.ms.us/vocational/FCCLA
Valerie Taylor, FCCLA State Advisor
taylor@mde.k12.ms.us

Mississippi Association of Family and Consumer Sciences
http://msafcs.org/index.html

National Center for Health Statistics
6525 Belcrest Rd
Hyattsville, MD 20782

National Education Association – Health Info Network
1201 16th Street, NW
Washington, DC 20036-3290
202.833.4000
www.nea.org/

National Health Information Center
P.O. Box 1133
Washington, DC 20013-1133
http://www.health.gov

Students Against Drunk Driving
P.O. Box 800
200 Pleasant Street
Marlboro, MA 01752
https://www.sadd.org
Using this Document

Unit Number and Title

Suggested Time on Task
The suggested time on task amounts to an estimated number of clock hours of instruction that should be required to teach the competencies and objectives of the unit. A minimum of 70 hours of instruction is required for 0.5 Carnegie units credit. The curriculum framework should account for approximately 75–80% of the time in the course.

Competencies and Suggested Performance Indicators
A competency represents a general concept or performance that students are expected to master as a requirement for satisfactorily completing a unit. Students will be expected to receive instruction on all competencies. The suggested performance indicators represent the enabling and supporting knowledge and performances that will indicate mastery of the competency at the course level.

Suggested Teaching Strategies
Suggested teaching strategies are research based and intended to enable students to master each competency. Emphasis has been placed on strategies that reflect active-learning methodologies. Teachers should feel free to modify or enhance these suggestions based on needs of their students and resources available in order to provide optimum learning experiences for their students.

Suggested Assessment Strategies
This section indicates research-based strategies that can be used to measure student mastery. Examples of suggested strategies include rubrics, class participation, reflection, and journaling. Again, teachers should feel free to modify or enhance these suggested assessment strategies based on local needs and resources.

Integrated Academic Topics, 21st Century Skills and Information and Communication Technology Literacy Standards, ACT College Readiness Standards, and Technology Standards for Students
This section identifies related academic topics as required in the Subject Area Testing Program (SATP) in Algebra I, Biology I, English II, and U.S. History from 1877, which are integrated into the content of the unit. Research-based teaching strategies also incorporate ACT College Readiness standards. This section also identifies the 21st Century Skills and Information and Communication Technology Literacy skills. In addition, national technology standards for students associated with the competencies and suggested objectives for the unit are also identified.

References
A list of suggested references is provided for each unit. The list includes some of the primary instructional resources that may be used to teach the competencies and suggested objectives. Again, these resources are suggestions, and the list may be modified or enhanced based on needs and abilities of students and upon available resources.
Unit 1: Personal and Consumer Health

Understandings and Goals

Enduring Understandings

In this unit, the student will

- define health and wellness.
- recognize correct hygiene habits.
- practice decision making skills.
- recognize the role of values in decision making.
- identify the rights of consumers.
- analyze the costs of health care.
- determine reliable and valid sources of information.
- identify the influences for decision making.

Essential Questions

- What is the difference between health and wellness?
- Why is personal hygiene an important health skill?
- What are your values and how do they guide your decisions?
- What are the rights of consumers?
- What are the options for assistance to help pay for health care?
- How can you tell if the information you use is reliable or valid?
- Who and what are the influences that persuade your decisions?

Vocabulary

Vocabulary terms and definitions can be found in Appendix B.
## Suggested Learning Experiences

### Competency 1: Describe ways to achieve and maintain a healthy lifestyle.  
[DOK 1, NHES6]

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
</table>
| a. Define health and list characteristics of a healthy person. | Describe ways to achieve and maintain a healthy lifestyle.  
Discuss the characteristics of a healthy person and have students prepare a list of these characteristics.  
Discuss the benefits of having a local school health council and student involvement on that council.  
Have a school health council representative speak to the class. | Evaluate the students’ lists of healthy characteristics.  
Student Class Participation Rubric – Appendix A  
Guest Speaker Evaluation Forms – Appendix A |
| b. State good personal hygiene habits, including dental, skin, hair, ear, eye, and nail care. | Have the students participate in a discussion of personal hygiene habits. Invite health care professionals to demonstrate the various techniques of basic hygiene and discuss the various functions of teeth, skin, hair, ears, eyes, and nails. | Observe student participation in class discussion and demonstration.  
Student Class Participation Rubric – Appendix A |

### Competency 2: Demonstrate the ability to use goal-setting and decision-making skills to enhance health.  
[DOK 3, NHES6]

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
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</tr>
</thead>
</table>
| a. Identify the steps in the decision-making model. | Explain the relationship between current health decisions and future wellness. Have students respond to this statement: I am young. Why should I care about my health?  
Have the students participate in a class discussion on the decision-making model. | Observe participation in class discussion.  
Student Class Participation Rubric – Appendix A |
| b. Apply the decision-making model to solve a personal problem.  
Note: If you choose the topic of abstaining from premarital sex, you should check to see if your district chose abstinence-only or abstinence-plus. (Mississippi House Bill 999 - Appendix G) | Divide the class into groups and give groups a personal problem situation where they must write a solution utilizing the decision-making model.  
(Reasons for abstaining from premarital sex, abstaining from use of drugs and alcohol, etc.) | Critique and grade group written assignments.  
Group Participation or Group Work Rubric – Appendix A |
c. Define a value system and identify the relationship of values to actions.
   - Have students complete an anonymous value inventory. Have students participate in a class discussion on values and their role in the decision making process.
   - Student Class Participation Rubric – Appendix A

### Competency 3: Recognize the benefits of being a wise consumer. (DOK 2, NHES3)

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Identify rights and responsibilities as a consumer.</td>
<td>Recognize the benefits of being a wise consumer. Have students participate in class discussion about consumer rights and responsibilities, the Consumer Bill of Rights, etc.</td>
<td>Observe student participation in class discussion. Student Class Participation Rubric – Appendix A</td>
</tr>
<tr>
<td>b. Identify the activities of agencies that protect the consumer.</td>
<td>Have students search the Web and report on the various consumer protection agencies.</td>
<td>Presentation Assessment Rubric – Appendix A</td>
</tr>
<tr>
<td>c. Identify popular types of deceptive advertising and product fraud.</td>
<td>Have students use magazines and other print media to select advertisements that represent different forms of deceptive advertising and product fraud to be included in a brochure.</td>
<td>Evaluate selection of advertisements for deception and fraud. Brochure Rubric – Appendix A</td>
</tr>
<tr>
<td>d. Recognize medical fraud in the marketplace.</td>
<td>Invite a pharmacist to describe medical fraud in the marketplace. Have students complete a guest speaker evaluation form. Ask for volunteers to share evaluation with the class.</td>
<td>Observation Guests Speaker Evaluation Forms – Appendix A Student Class Participation Rubric – Appendix A</td>
</tr>
<tr>
<td>e. Examine costs and options for paying for health care services.</td>
<td>Divide students into groups to research various health care services (such as prenatal care, out-patient care, preventive health, etc.) with and without health insurance, Medicaid, or Medicare. Have groups complete a written cost analysis of health services.</td>
<td>Evaluate the student groups’ written cost analysis of health care services. Group Work Assessment – Appendix A Unit Test</td>
</tr>
</tbody>
</table>

### Competency 4: Analyze the influence of culture, media, technology, and other factors on health. (DOK 3, NHES2)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>a. Evaluate the implications of modern technology on societal health.</td>
<td>Have students bring articles from media sources and search Web for current information and resources. Have students discuss relevance of Web sites to determine reliability of health information.</td>
<td>Evaluate students’ participation in the open-ended discussion.</td>
</tr>
</tbody>
</table>
Performance Task

Performance Task Title: Health Insurance Policies—Comparative Research

Objective: Students will be able to compare and contrast health insurance policies.

The teacher will ask students to use the Internet to research health insurance policies. Students will compare and contrast health insurance policies. Medicaid and Medicare policies should be included in their analyses. Each analysis should include cost of premiums, cost of deductibles, and cost of co-pays. Students should also examine the limits of the policies.

Once the students have collected and reported their data, their analyses will be given to the teacher. The teacher will grade each analysis using a rubric.

Attachments for Performance Task

Unlimited Web Sites
Written Report Assessment Rubric – Appendix A

Supplementary Lesson Plans

Supplementary lesson plans can be found at the following Web site:  
http://www.mde.k12.ms.us/ohs/home - (click on Health In Action)

Lessons plans for teaching Personal and Consumer Health are listed below.

Live and Let Die – H122
The Importance of Good Health – Vocabulary Builder – H231
The Roles of Medicine – H416
Take Care of Your Skin – It’s the Only One You’ve Got – H466
Be A Wise Consumer – H555
Which Health Care Provides What You Need? – H558
Do you Know the Type of Doctor Your Need? – H559
How do I Pay for this Doctor – H562
Does This stuff Really Work – H564
Did Your Grandparents Fall for the Miracle Cure, Too? – H566
What Public Health Services are There to Help You? – H568
Read My... - H578
More Exercise and Your Health – H577
Do You Hear Me? – H588
Eye See You – H587
Brusha Brusha Brusha – H586
We All Want to Be Healthy People – H610
Be Health Smart Online – H676
Act Now...Time is Limited – H677
Umm...It Didn’t Work, Now What? – H678
Death Is a Part of Life – H868
Violence Prevention – Problem Solving and Decision Making – H1329
Marketing of Video Games to Teens and Impact on Violence – H1327

Health Literacy – Using Books to Teach Health Concepts and Skills

Books listed below can be used while teaching the unit on Personal and Consumer Health. They may be helpful for introducing unit topics or as sources for student-prepared oral or written reports, either as regular or extra-credit assignments.

1. *Oh the Things That You Can Do That are Good for You*
   Author – Tish Rabe
   ISBN – 10: 0375810986

2. *Germs Make Me Sick*
   Author – Melvin Berger
   Publisher – Harper Collins Publishers, Inc.

3. *Make Lemonade*
   Author – Virginia Wolff
   Publisher – Henry Holt and Company
   IBSN – 978-0805080704
Unit 2: Mental Health

Understandings and Goals

Enduring Understandings

In this unit, the student will

- learn how mental health contributes to personality.
- describe how the effects of stress influence mental health and the harmful effects of stress affect the body.
- will be able to identify and describe symptoms of mental disorders.
- be able to identify treatment centers where assistance can be provided.

Essential Questions

- What is a mental disorder and how does one acquire/develop one?
- How can stress contribute to our mental health?
- What is the difference between functional and organic mental disorders?
- What are ways to cope once one is identified with a mental disorder?
- What are the signs and symptoms of eating disorders?

Vocabulary

Vocabulary terms and definitions can be found in Appendix B.
## Suggested Learning Experiences

### Competency 1: Demonstrate the ability to practice health-enhancing behaviors that contribute to positive mental health. (DOK 2, NHES 1)

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
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</tr>
</thead>
<tbody>
<tr>
<td>a. Explain how an individual’s mental and physical health habits affect what he or she thinks about himself or herself.</td>
<td>Explain how mental health contributes to personality. Have students compile a list of personality traits during a brainstorming session; circle the traits that contribute to mental health.</td>
<td>Observe student participation in class discussion and activity. Student Class Participation Rubric – Appendix A</td>
</tr>
<tr>
<td>b. Identify nonthreatening ways of being assertive.</td>
<td>Divide the class into groups to role-play assertive strategies, with each group given a specific situation.</td>
<td>Observe student participation in role-play. Role-Play or Skit Rubric – Appendix A</td>
</tr>
<tr>
<td>c. Identify common defense mechanisms.</td>
<td>Discuss healthy and unhealthy defense mechanisms (coping skills). Using a scenario, have students list healthy and unhealthy defense mechanisms.</td>
<td>Student Class Participation Rubric – Appendix A</td>
</tr>
</tbody>
</table>

### Competency 2: Describe how stress influences mental health. (DOK 1, NHES 1)

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>a. Identify the harmful physiological and psychological effects of stress.</td>
<td>Describe how stress influences mental health. Have students rate their personal stressors on a given chart, and then, using their top three stressors, explain the body’s response. Have students list how stress leads to heart disease, cancer, stroke, and high blood pressure.</td>
<td>Written Report Rubric – Appendix A Stress Chart – Appendix A</td>
</tr>
<tr>
<td>b. Develop a stress management plan.</td>
<td>Have students outline a personal stress management plan (using Stress Chart from Suggested Teaching Strategy 2a), indicating activities and relaxation techniques to be utilized.</td>
<td>Written Report Rubric – Appendix A</td>
</tr>
</tbody>
</table>

### Competency 3: Define functional and organic mental disorders and state controls for each. (DOK 1, NHES 1)

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
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</tr>
</thead>
<tbody>
<tr>
<td>a. Identify different mental health disorders and recognize signs of each.</td>
<td>Define functional and organic mental disorders and state controls for each. Invite mental health resource personnel for class presentation.</td>
<td>Written Test Guest Speaker Evaluation Forms – Appendix A</td>
</tr>
</tbody>
</table>
### Performance Task

**Performance Task Title: Mental Health Disorders—Research and Presentations**

Objective: Students will be able to identify different mental disorders, identify the symptoms, and locate treatment centers where help can be received. Their research will be presented through a poster or pamphlet/brochure.

The teacher will assign student groups, giving each group a different mental disorder to research and present. The students will be able to use their textbooks, the Internet, and other reliable sources approved by the teacher. A rubric will be used for assessment purposes.

The students will give a definition of the disorder, symptoms of the disorder, how the individual and families cope with the disorder, and how the disorder can be treated.

Once the student groups have collected their data, they will present a poster or brochure/pamphlet to the class with the information found.

The students will also evaluate each group’s project.

#### Attachments for Performance Task

- Mental Health Project Rubric—Appendix A
- Student Critique of Project—Appendix A
Supplementary Lesson Plans

Supplementary lesson plans can be found at the following website:
http://www.mde.k12.ms.us/ohs/home - (click on Health In Action)

Lessons plans for teaching Mental Health are listed below.

Distress or Not Distress – That is the Question – H124
OHmmm – H125
Mental Disorders – Part 1 – Defining Categories – H126
Mental Disorders – Part 2 – Categories – H169
Mental Disorders – Part 3 – The Specifics – H170
Suicide – Know the Signs – Part 1 – H171
Suicide – Know the Signs – Part 2 – H172
I’m Alright – You’re Alright – H245
Would You Be, Could You Be, Won’t You Be My Neighbor? – H246
Your Emotional Rescue – H681
Life is Worth Living – H867
There is Help Out There – H869
Someone will Appreciate Your Words – H876

Health Literacy – Using Books to Teach Health Concepts and Skills

Books listed below can be used while teaching the unit on Mental Health. They may be helpful for introducing unit topics or as sources for student-prepared oral or written reports on the content, either as regular or extra-credit assignments.

1. When Sophie Gets Angry – Really, Really Angry ...
   Author – Molly Bang
   Publisher – The Blue Sky Press (Scholastic)
   ISBN 0-590-18979-4

2. Mick Harte was Here
   Author – Barbara Park
   Publisher - Yearling

3. Taking A.D.D. to School
   Author – Ellen Weiner
   Publisher – JayJo Books

4. Taking Depression to School
   Author – Kathy Khalsa
   Publisher – JayJo Books

5. The Berenstain Bears and Too Much Pressure
   Authors – Stan and Jan Berenstain
   Publisher – Randon House, New York

6. Diary of an Anorexic Girl
Unit 3: Family/Social Health

Understandings and Goals

Enduring Understandings

In this unit, the student will

- use effective interpersonal skills with family, friends, and others.
- communicate support for a healthy family.
- effectively manage conflicts.
- advocate improving the health of self and others.
- determine difficulties the family system may face.

Essential Questions

- What is “communication” and how can we apply strategies of communication to the issues/problems of today’s society?
- What are the characteristics of healthy communication?
- What are characteristics of a healthy and unhealthy family?
- How can we prevent breakdowns in the family system?
- What coping skills can we use to help with family conflicts and problems?

Vocabulary

Vocabulary terms and definitions can be found in Appendix B.
### Suggested Learning Experiences

**Competency 1: Describe how the skills of communication, cooperation, and advocacy are essential for healthy relationships.** *(DOK 1, NHES4)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
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</thead>
<tbody>
<tr>
<td>a. Identify strategies for choosing abstinence when faced with sexual pressures. <em>Note: Check to see if your district chose abstinence-only or abstinence-plus (Mississippi House Bill 999 – Appendix G)</em></td>
<td>Describe how the skills of communication and cooperation are essential for healthy relationships. Have students participate in a classroom discussion and facilitate the group’s role-playing of assertive strategies to resist sexual pressures and advances.</td>
<td>Observe student participation in class discussion and role-play activity. Role-Play or Skit Rubric and Student Class Participation Rubric – Appendix A</td>
</tr>
<tr>
<td>b. Identify qualities that are important in close friends.</td>
<td>Have students brainstorm about the personal qualities important in friends and write a list on the board. Have students narrow the list to ten qualities and discuss the results.</td>
<td>Observe student participation in brainstorming session. Student Class Participation Rubric – Appendix A</td>
</tr>
<tr>
<td>c. Discuss conflict-resolution styles and components of communication that can aid in resolving conflicts.</td>
<td>Have students role-play situations that involve resolving conflict.</td>
<td>Observe student participation in role-play situations. Look for their conflict-resolution styles and communication techniques. Role-Play or Skit Rubric – Appendix A</td>
</tr>
<tr>
<td>d. Demonstrate the ability to work cooperatively when advocating for healthy individuals.</td>
<td>Have students write recommendations to the school health council on ways to improve the health of students (i.e., school environment, health services, physical activity, etc.).</td>
<td>Written Report Rubric – Appendix A Exit Card – Appendix A Teacher Observation</td>
</tr>
</tbody>
</table>

**Competency 2: Describe why the family is the basic social unit of society.** *(DOK 1, NHES2)*

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>a. Describe elements that healthy families have in common and ways to</td>
<td>Describe why the family is the basic social unit of society. Play the song, <em>Cats in the Cradle</em>, sung by James Taylor. Ask students to note the positive and</td>
<td>Observe student participation in class discussion.</td>
</tr>
</tbody>
</table>

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maintain family health. | negative things about the family situation related in the song. Have each student prepare a list of elements from a healthy family and one from an unhealthy family. Have students participate in a class discussion to suggest ways to make the unhealthy family healthy. | Student Class Participation Rubric – Appendix A

b. Explain factors that may cause a family system to break down (to include spousal and child abuse.) | Have students participate in a class discussion about factors that may cause a family to break down. Have students anonymously submit a question on one of the following subjects: divorce, family alcoholism, drug abuse, financial problems, physical or sexual abuse, emotional abuse, or runaways. Invite guest speaker to address student questions. | Guest Speaker Evaluation Forms – Appendix A

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</table>
| c. Define the role of the family in the transmission of values, attitudes, behavior, personalities, and responsibilities of its members. | Lead the students in a brainstorming session about their thoughts when they hear the word “family.” Using the letters in the word family, have students identify a positive element of the family for each letter. Discuss their word choices. | Student Class Participation Rubric – Appendix A

### Performance Task

**Performance Task Title: Communication is Key in a Healthy Marriage and Family**

Objective: Students will analyze ways that married couples communicate in a healthy marriage.

The teacher describes how important good communication is for a successful marriage and to maintain a healthy family environment. The teacher should include points such as concern for the spouse's feelings and needs. Then students will be divided into pairs, given descriptions of various challenging scenarios commonly encountered in marriage, and asked to demonstrate good communication techniques to resolve the situation. Some of the situations that should be provided by the teacher include job issues, caring for ill family members, and paying the bills. The students should then develop a short skit to demonstrate how they would resolve the situation and then perform it for the class.

The evaluation of the task will consist of the teacher observing the pairs as they share their skits with the class and asking other class members questions such as:

1. What is the situation the pair chose to highlight?
2. How did the students resolve the situation?
3. Did they show empathy for their "spouse"?

**Attachments for Performance Task**
Skit Rubric – Appendix A

Article – “What is Family Communication?” (http://www.livestrong.com/family-communication/)

**Supplementary Lesson Plans**

Supplementary lesson plans can be found at the following website: http://www.mde.k12.ms.us/ohs/home - (click on Health In Action)

**Lessons plans for teaching Family and Social Health are listed below.**

- Bumps in the Road and How to Fix Them – H836
- Making a Marriage Work – H-835
- It’s Family Time – H-452
- All Families are not the Bradys – H-258
- The Good Ole Days vs Today’s Modern Times – H257
- Health – I Got Skills – H-233
- I’m So Lonesome I Could Cry – H-691
- I Want a Family . . . Just Not Now! – H-609
- I Want to Know What Love Is . . . – H-607
- Is One Really the Lonliest Number? – H-606

**Health Literacy – Using Books to Teach Health Concepts and Skills**

Books listed below can be used while teaching the unit on Family and Social Health. They may be helpful for introducing unit topics or as sources for student-prepared oral or written reports on the content, either as regular or extra-credit assignments.

1. *Breathing Underwater*
   Author – Alex Flinn
   Publisher – HarperTemset

2. *At Daddy’s on Saturdays*
   Author – Linda Walvoord Girard
   Publisher – Albert Whitman
Unit 4: Human Growth and Development

Understandings and Goals

Enduring Understandings

In this unit, the student will

- know how genetic traits are passed on from one generation to another.
- explain the process of human reproduction from conception to birth.
- identify the characteristics and tasks of adolescence, early adulthood, and late adulthood.

Essential Questions

- How are genetic traits passed on from one generation to another?
- What health practices should be considered before, during, and after pregnancy?
- What is the process of human reproduction from conception to birth?
- What are some methods of family planning? Note: Check to see if your district chose abstinence-only or abstinence-plus (see law – House Bill 999 – Appendix G).

Vocabulary

Vocabulary terms and definitions can be found in Appendix B.
## Suggested Learning Experiences

### Competency 1: Summarize how genetic traits are passed on from one generation to another. \[DOK 2, NHES1\]

<table>
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</tr>
</thead>
</table>
| a. Define the role heredity plays in determining physical traits and distinguish between dominant and recessive genes. | Summarize how genetic traits are passed on from one generation to another. | Written Test  
Student Class Participation Rubric – Appendix A |
|                                  | Show and have the students discuss how genes are passed from parents to their children by putting a diagram on the board. Use uppercase and lowercase letters to represent dominant and recessive genes. | |
| b. Identify various genetic and environmental birth defects. | Using the Internet, have students research a specific birth defect and prepare an oral report that includes description, causes, detection, and treatment of the birth defect. | Presentation Assessment Rubric – Appendix A |

### Competency 2: Examine health practices to be considered before, during, and after pregnancy. \[DOK 2, NHES5\]

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</thead>
</table>
| a. List reasons that parents decide to have children. | Examine health practices to be considered before, during, and after pregnancy.  
Have students brainstorm reasons that parents decide to have children. | Evaluate students’ knowledge of health practices to be considered before, during, and after pregnancy.  
Observe student participation in class discussion.  
Student Class Participation Rubric – Appendix A |
| b. Discuss various methods of family planning. \*Note: Check to see if your district chose abstinence-only or abstinence-plus (Mississippi House Bill 999 – Appendix G) | Invite a nurse from the school or health department.  
Have students participate in class discussion.  
Have students summarize the guest speaker’s presentation in a written report, and grade. | Guest Speaker Evaluation Forms – Appendix A  
Written Report Rubric – Appendix A |
| c. Explain the process of human reproduction from conception to birth. | Have students participate in class discussion on the importance of prenatal development using models, diagrams, or charts. | Observe student participation in class discussion.  
Student Class Participation Rubric – Appendix A |
### Competency 3: Identify physical, mental, and emotional changes that occur from childhood through adolescence. \([\text{DOK 1, NHES1}]\)

<table>
<thead>
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<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Trace developmental stages of infancy, childhood, and adolescence.</td>
<td>Identify physical, mental, and emotional changes that occur from childhood through adolescence. Divide the class into groups and role-play various assigned developmental stages from childhood through adolescence.</td>
<td>Observe student participation in class discussion. Student Class Participation Rubric – Appendix A Role-play or Skit Rubric – Appendix A</td>
</tr>
<tr>
<td>b. Name the physical, mental, and emotional changes that happen during adolescence and state how these changes affect identity and interpersonal relationships.</td>
<td>Divide the class into groups and have students create a skit portraying the physical, mental, and emotional changes that occur during adolescence.</td>
<td>Observe student participation in skit and grade. Role-play or Skit Rubric – Appendix A</td>
</tr>
</tbody>
</table>

### Competency 4: Examine the aging process from adulthood through death. \([\text{DOK 2, NHES1}]\)

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Identify the tasks and characteristics of adulthood.</td>
<td>Examine the aging process from early adulthood through late adulthood. Divide the class into groups and brainstorm tasks and opportunities of young, middle, and older adults. Have students interview adults in various stages of life and compile interview information for class discussion.</td>
<td>Observe participation in class discussion. Student Class Participation Rubric – Appendix A</td>
</tr>
<tr>
<td>b. Identify ways to cope with death and dying.</td>
<td>Invite a guest speaker (i.e., hospice professional or grief counselor) to explain the coping mechanisms used during and after the dying process. Have students summarize guest speaker’s presentation using Guest Speaker form (Appendix A).</td>
<td>Guest Speaker Evaluation Forms – Appendix A. Unit Test</td>
</tr>
</tbody>
</table>
Performance Task

Performance Task Title: Class Project – Teen Survey – Abstinence vs. Being Sexually Active

Objective: Students will gain knowledge concerning teen pregnancy and sexually transmitted diseases in Mississippi and gain information concerning the opinions of high school students about remaining abstinent-vs.-engaging in sexual activity.

Students will research teen pregnancy and STD data for the state of Mississippi using the following data sites: http://msdh.ms.gov/phs/stat2009.htm and http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf. Using this data and information presented in the Human Growth and Development Unit, students will create an anonymous opinion survey about sexual activity vs. remaining abstinent. The survey should include no more than ten questions and the survey should be simple to complete. The students, with teacher assistance, will request permission to distribute the survey to students at their school.

Note: There may be better survey results if teachers distribute the surveys in homeroom classes.

Once the surveys are collected, the class will work together to compile the results. Each student will prepare a two-page report giving their thoughts about the survey. The report should include a discussion of the survey results and the compiled data.

Attachments for Performance Task

Plans for abstaining – http://www.abstinence.net/
Written Report Assessment Rubric – Appendix A
Class Participation Rubric – Appendix A

Supplementary Lesson Plans

Supplementary lesson plans can be found at the following website: http://www.mde.k12.ms.us/ohs/home - (click on Health In Action)

Lessons plans for teaching Human Growth and Development are listed below.

- Genetic Disorders – Cystic Fibrosis – H-887
- Genetic Disorders – Sickle-Cell Anemia – H-886
- DNA is the Map For You – H-883
- Death is a Part of Life – H-868
- Onward to Adulthood – H-833
- Growth and Change – H832
- Infancy and Children – H-815
- Joining the World – H-814
- This is Where it all Begins – H-792
- The Female Reproductive System – H-790
- The Male Reproductive System – H-788
- I Want a Family…Just Not Now – H-609
- I’m a Character – H-152
- Live and Let Die – Part 2 – Healthy Choices – H-123
- Never Forget Where You Came From – H-232
Health Literacy – Using Books to Teach Health Concepts and Skills

Books listed below can be used while teaching the unit on Human Growth and Development. They may be helpful for introducing unit topics or as sources for student-prepared oral or written reports on the content, either as regular or extra-credit assignments.

1. *Taking Down Syndrome to School*
   Author – Jenna Glatzer
   Publisher – JayJo Books

2. *Taking Seizure Disorders to School – a Story about Epilepsy*
   Author – Kim Gosselin
   Publisher – JayJo Books
Unit 5: Disease Prevention And Control

Understandings and Goals

Enduring Understandings

In this unit, the student will

- identify types of common communicable diseases.
- describe how to protect against various pathogens.
- understand the function of the immune system.
- identify common sexually transmitted diseases.
- explain the prevention and treatment of sexually transmitted diseases.
- describe the symptoms, mode of transmission, prevention, and treatment of HIV and AIDS.
- identify the causes, transfer, and prevention of noncommunicable diseases.

Essential Questions

- What are the four kinds of pathogens?
- How are pathogens spread?
- What are the five major barriers that protect the body from infection?
- What is the best way to avoid getting STDs?
- What is the difference between HIV and AIDS?
- Name at least six noncommunicable diseases?
- How can noncommunicable diseases be treated?

Vocabulary

Vocabulary terms and definitions can be found in Appendix B.
## Suggested Learning Experiences

### Competency 1: Recognize the causes, transfer, and control of common communicable diseases. *(DOK 1, NHES2)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Identify the pathogens that cause communicable disease and how they are transmitted.</td>
<td>Explain the difference between the types of pathogens.</td>
<td>Written Test</td>
</tr>
<tr>
<td>b. Describe the transmission, symptoms, treatment, and prevention of communicable diseases.</td>
<td>Explain the causes, transfer, and control of common communicable diseases. Have students create pamphlets illustrating causes, stages, treatment, and prevention of communicable diseases.</td>
<td>Observe student presentation of pamphlet. Presentation Assessment Rubric – Appendix A</td>
</tr>
<tr>
<td>a. Describe the function of the immune system.</td>
<td>Discuss the five major barriers that protect the body from infection.</td>
<td>Written Test</td>
</tr>
</tbody>
</table>

### Competency 2: Recognize the ways to prevent HIV infection and STDs. *(DOK 1, NHES2)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Describe the symptoms, mode of transmission, and prevention and treatment of sexually transmitted diseases. <em>Note: Check to see if your district chose abstinence-only or abstinence-plus.</em> <em>(Mississippi House Bill 999 – Appendix G)</em></td>
<td>Recognize the ways to prevent STDs. Invite a speaker from the State Board of Health to discuss the symptoms, transmission, and control of STDs. Have students write a short story on a teenager who has acquired an STD.</td>
<td>Observe student participation in class discussion led by guest speaker. Guest Speaker Evaluation Forms – Appendix A Grade completion of short story assignment. Written Report Checklist or Rubric – Appendix A. Written Test</td>
</tr>
<tr>
<td>b. Describe the symptoms, mode of transmission, prevention, and treatment of HIV and AIDS. <em>Note: Check to see if your district chose abstinence-only or abstinence-plus.</em> <em>(Mississippi House Bill 999 – Appendix G)</em></td>
<td>Divide the class into groups. Provide open-ended statements about HIV. Each group selects a spokesperson to share ideas with the class. Correlate current HIV-infection data and extrapolate infection trends for the current year.</td>
<td>Observe student participation in class discussion.</td>
</tr>
</tbody>
</table>
Competency 3: State causes, signs, and control of noninfectious diseases. (DOK1, NHES1)

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Name the different kinds of cardiovascular diseases and their risk factors.</td>
<td>State causes, signs, and control of noninfectious diseases.</td>
<td>Observe student participation in and completion of poster activity.</td>
</tr>
<tr>
<td></td>
<td>Divide the class into groups. Have each group illustrate one cardiovascular disease on a poster. Each poster should include a description of the disease, detection and treatment, and prevention measures.</td>
<td>Poster Rubric – Appendix A.</td>
</tr>
<tr>
<td>b. Describe the warning signs of cancer and the ways to reduce personal risk, including breast and/or testicular cancer.</td>
<td>Invite a medical professional to discuss breast and testicular cancer and demonstrate procedures using models or instructional video (gender separation recommended).</td>
<td>Observe student participation in class discussion led by guest speaker.</td>
</tr>
<tr>
<td></td>
<td>Have students write down and complete the following statements: Cancer is...; Cancer may be...; Cancer is not....</td>
<td>Guest Speaker Evaluation Forms – Appendix A</td>
</tr>
<tr>
<td>c. Explain the types, prevention, and treatments for diabetes, arthritis, and other chronic diseases including those requiring, long-term care.</td>
<td>Invite a medical professional to discuss diabetes, arthritis, other chronic diseases, and how to establish a healthy lifestyle at an early age.</td>
<td>Guest Speaker Evaluation Forms – Appendix A</td>
</tr>
<tr>
<td></td>
<td>Have students create and record a public service announcement on the prevention of diabetes, arthritis, or other chronic diseases.</td>
<td>Public Service Rubric</td>
</tr>
<tr>
<td></td>
<td>Give Unit Test on disease prevention and control.</td>
<td></td>
</tr>
</tbody>
</table>

Performance Task

Performance Task Title: Communicable Diseases – One-Act Play

Objective: Students will gain knowledge concerning the immune system and how it fights off infection.

Using the information presented in the Disease Prevention and Control Unit, the teacher will divide the class into small groups and ask each group to create a one-act play that presents the immune system’s specific response to infection. Instruct students that plays can be created as a dramatic mystery or as a comedy, but every one-act play should inform the audience about the immune system’s response. Have groups perform their plays for the class.

Performance Task Title: Non-communicable Diseases – Epinephrine

Objective: Students will gain knowledge concerning how allergic reactions can be treated with epinephrine.

Using the textbook from the Disease Prevention and Control Unit, the teacher will ask a volunteer to read aloud the description of epinephrine and how it is used to treat the symptoms of a severe allergic reaction. The teacher will then explain that epinephrine is a hormone that is naturally produced by the adrenal gland and that, as a medicine, epinephrine has several purposes, one of which is to treat allergies. Divide the class into pairs and ask each pair to research epinephrine using library or online resources. Students should answer these questions during their research: What is epinephrine? How does it help severe allergic reactions?
Have students prepare a brief report of their findings. Ask volunteers to share what they have learned.

**Performance Task Title: Sexually Transmitted Diseases (STDs)**

Objective: Students will gain knowledge concerning sexually transmitted diseases.

The teacher will divide the class into seven groups, assigning each group one of the common STDs discussed in the text. Challenge each group to prepare a short lesson about its assigned STD. Then have each group take a turn teaching the class about that STD.

**Attachments for Performance Task**

- Role-Play or Skit Rubric – Appendix A
- Written Report Assessment Rubric – Appendix A
- Class Participation Rubric – Appendix A
- Various Web sites

### Supplementary Lesson Plans

Supplementary lesson plans can be found at the following Web site: [http://www.mde.k12.ms.us/ohs/home](http://www.mde.k12.ms.us/ohs/home) - (click on Health In Action)

Lessons plans for teaching Disease Prevention and Control are listed below:

- Live and Let Die – Part 1 – Mortality – H122
- And You Are... – H142
- Communicable Diseases – Part 1 – Invasion of the Healthy B – H174
- Just Shot Me – H175
- Diabetes – How Sweet it Isn’t – H181
- Cardiovascular Disease – Lookin’ for a Heartbeat – H182
- What’s All the Hyper...ertension? – H183
- STD Don’ts 1, 2, and 3 – H211, 212, and 213
- AIDS, Parts 1, 2, and 3 – H223, 224, and 225
- Take Care of Your Skin. It’s the Only One You’ve Got – H466
- What’s Bugging You? – H842
- Something’s Bugging Me – H877
- What Harm Can a Little Flea Do? – H878
- Sugar Isn’t Sweet for Everyone – H885
Health Literacy – Using Books to Teach Health Concepts and Skills

Books listed below can be used while teaching the unit on Disease Prevention and Control. They may be helpful for introducing unit topics or as sources for student-prepared oral or written reports, either as regular or extra-credit assignments.

1. *Ana’s Story: A Journey of Hope*  
   Author – Jenna Bush  
   Publisher – Harper-Collins

2. *The Naked Truth*  
   Author – Marvely Brown  
   Publisher – Harper-Collins

3. *It Happened to Nancy*  
   Author – Beatrice Sparks  
   Publisher – Avon Books

4. *Taking Diabetes to School*  
   Author – Kim Gosselin  
   Publisher – JayJo Books

5. *Germs Make Me Sick*  
   Author – Melvin Berger  
   Publisher – Harper-Collins

6. *Taking Cancer to School*  
   Author – Cynthia S. Henry and Kim Gosselin  
   Publisher – JayJo Books
Unit 6: Nutrition And Fitness

Understandings and Goals

Enduring Understandings

In this unit, the student will

• learn to make responsible food choices.
• determine food sources for each of the six classes of nutrients and the function they play in the human body.
• explain the path of food through the digestive systems.
• evaluate meal plans by calculating caloric value.
• identify diseases associated with poor nutrition.
• explain the physical and psychological benefits of exercise.
• identify the four parts of physical fitness and the two types of exercise.
• develop skills needed to achieve lifetime fitness.

Essential Questions

• How do responsible food choices lead to nutritional health?
• How does a regular fitness plan benefit a person physically and psychologically?

Vocabulary

Vocabulary terms and definitions can be found in Appendix B.
## Suggested Learning Experiences

### Competency 1: Summarize how responsible food choices lead to nutritional health. *(DOK 2, NHES1)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Explain the organization of MyPlate.</td>
<td>Make responsible food choices using MyPlate.</td>
<td>Observe student participation in class discussion.</td>
</tr>
<tr>
<td></td>
<td>Have students participate in class discussion and invite resource person (dietician, food service director, etc.) to class.</td>
<td>Student Class Discussion Rubric – Appendix A</td>
</tr>
<tr>
<td>b. Identify six classes of nutrients and describe their functions in the human body.</td>
<td>Write a list of nutrients on the board and have students participate in class discussion of the nutrients and their functions in the human body.</td>
<td>Written Report Rubric – Appendix A</td>
</tr>
<tr>
<td></td>
<td>Ask students to write a report researching a specific nutrient. Have them include the function and food source of the nutrient in their report.</td>
<td></td>
</tr>
<tr>
<td>c. Trace the path of food through the digestive system.</td>
<td>Show the anatomy of the digestive system (model, chart, or transparency) and have students trace flow of food throughout the system.</td>
<td>Observe student participation in activity and class discussion.</td>
</tr>
<tr>
<td></td>
<td>Observe student participation in activity and class discussion.</td>
<td>Student Class Discussion Rubric – Appendix A</td>
</tr>
<tr>
<td>d. Identify kinds of information provided on a food label.</td>
<td>Have students bring in food labels and facilitate class discussion.</td>
<td>Observe student participation in activity and class discussion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student Class Discussion Rubric – Appendix A</td>
</tr>
<tr>
<td>e. Create a daily meal plan for students’ own families and calculate the number of calories.</td>
<td>Have students record daily meals and calculate number of calories for each meal.</td>
<td>Evaluate meal plans.</td>
</tr>
<tr>
<td></td>
<td>Based on results, have students create a healthier meal plan for their families.</td>
<td></td>
</tr>
<tr>
<td>f. Recognize diseases associated with poor nutrition.</td>
<td>Discuss how poor nutrition leads to disease (diabetes, heart disease, obesity, etc.).</td>
<td>Brochure Rubric – Appendix A</td>
</tr>
<tr>
<td></td>
<td>Create a brochure on the connection between nutrition and disease.</td>
<td></td>
</tr>
</tbody>
</table>

### Competency 2: Discover the importance of fitness. *(DOK 2, NHES1, NHES6)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Explain the physical and psychological benefits of exercise.</td>
<td>Have students research the benefits that exercise provides for physical, mental and emotional, and social health.</td>
<td>Observe participation in class discussion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student Class Discussion Rubric – Appendix A</td>
</tr>
<tr>
<td>Performance Task Title: Personal Exercise Plan for 5K Run/Walk Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective: Students will develop a written personal exercise plan for participation in a 5K run/walk race. Their plan will include both fitness and a nutrition component and will be shared with the class in an oral report.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**a) Fitness**

1. Perform a pre-assessment to determine your current fitness level and include your findings in this report.
   a. What three assessments should be performed to determine your fitness level?
   b. What activities can be used to measure each?
2. From the information gathered in the pre-assessment, use the FITT principle to develop the training plan.

**b) Nutrition**

3. Identify each food group and the number of servings of each that is needed for proper health according to age, gender, and activity level.
4. Using the food groups, identify where each of the six nutrients may be found.
5. Using the food groups and recommended number of servings from each group, construct one day of meals divided into breakfast, snack, lunch, snack, and dinner. Then show how the meal of your choice would appear on MyPlate. (Answers will vary.)
6. Select one food from your day of meals and trace it through the digestive tract.
7. In your written discussion, explain
   a. the roles that nutrients play in helping you reach your fitness goal.
   b. how exercise and proper nutrition can help prevent disease and promote positive physical and psychological benefits. (Answers should be in-line with earlier class discussion on these two topics.)
8. Share your findings with the class in a short oral report.

**Attachments for Performance Task**

- Answer Key for Fitness Level – Appendix A
- Written Report Assessment Rubric – Appendix A
- Oral Report Rubric – Appendix A
Supplementary Lesson Plans

Supplementary lesson plans can be found at the following Web site:
http://www.mde.k12.ms.us/ohs/home - (click on Health In Action)

Lessons plans for teaching Nutrition and Fitness are listed below.

You are What You Eat – H138
What You are is What You Eat – H227
It’s So Good, But is it Good for You? – H228
The Importance of Good Health – Vocabulary Builder – H231
You’d Better Know What You’re Eating – H236
Eating Cabbage Soup on South Beach with Dr. Atkins While Watching Weight – H241
There are no Shortcuts to Glory – H243
Let’s Get Physical – H451
Exercise and Your Health – H576
More Exercise and Your Health – H577
Read My... – H578
Fitness Should be Fun...Not Dangerous – H585

Health Literacy – Using Books to Teach Health Concepts and Skills

Books listed below can be used while teaching the unit on Nutrition and Fitness. They may be helpful for introducing unit topics or as sources for student-prepared oral or written reports, either as regular or extra-credit assignments.

1. Want Fries With That?: Obesity and the Supersizing of America
   Author – Scott Ingram
   Publisher – Franklin Watts, 2005
   ISBN – 0531167569

2. Gregory, the Terrible Eater
   Author – Mitchell Sharmat
   Publisher – Simon and Schuster Books for Young Readers

3. Murphy Meets the Treadmill
   Author – Harriet Ziefert
   Publisher – Houghton Mifflin
Unit 7: Substance Abuse Prevention

Understandings and Goals

Enduring Understandings

In this unit, the student will

- understand the effects of tobacco usage.
- explain the short- and long-term effects alcohol has on individuals, their families, and society.
- identify legal and illegal drugs.
- explain the benefits of medicines and harmful effects of drugs.
- describe the dangers associated with the use of inhalants.
- demonstrate ways to help a friend dependent on drugs or inhalants.

Essential Questions

- Why do people continue to smoke when they know the dangers?
- What are some short- and long-term effects of alcohol on the body?
- How do legal drugs differ from illegal drugs?
- What are some harmful effects of drugs and the benefits of medicines?
- How are some common types of dangerous inhalants used today?
- What techniques can you use to refuse drugs or inhalants?

Vocabulary

Vocabulary terms and definitions can be found in Appendix B.
## Suggested Learning Experiences

### Competency 1: Examine the health hazards of tobacco. *(DOK 3, NHES7, NHES8)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. List major reasons why people either abstain from or use tobacco.</td>
<td>Present the health hazards of tobacco. Have students participate in class discussion on reasons people continue to smoke even though they are aware of the dangers of smoking.</td>
<td>Observe student participation in class discussion. Student Class Discussion Rubric – Appendix A</td>
</tr>
<tr>
<td>b. Describe long-term effects of tobacco use and the dangers of smoking.</td>
<td>Show diagrams of a normal lung and a cancerous lung. Have students write a report on the effects of tobacco usage.</td>
<td>Grade the written reports. Written Report Checklist or Rubric – Appendix A</td>
</tr>
</tbody>
</table>

### Competency 2: Summarize the health hazards of alcohol. *(DOK 2, NHES7, NHES8)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Identify the short- and long-term effects of alcohol on the body.</td>
<td>Present the health hazards of alcohol. Have students participate in class discussion on short- and long-term effects of alcohol on the body. Have students write articles about the health risks and dangers of using alcohol to submit to the school newspaper.</td>
<td>Evaluate articles. Written Report Checklist or Rubric – Appendix A</td>
</tr>
<tr>
<td>b. Explain the impact of alcohol on alcoholics, their families, and society.</td>
<td>Have students participate in a class discussion on the truth of newspaper and magazine advertisements for alcohol products. Have students post examples of alcohol advertisements around the room.</td>
<td>Observe student participation in class discussion. Student Class Discussion Rubric – Appendix A</td>
</tr>
</tbody>
</table>

### Competency 3: Analyze the health hazards of drugs and the benefits of medicines. *(DOK 3, NHES7, NHES8)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Differentiate between legal and illegal drugs and explain the benefits of medicines and harmful effects of illegal drugs.</td>
<td>Present the health hazards of drugs. Invite a law enforcement officer to discuss and display legal and illegal drugs and their effects on the body. Have students prepare a short written summary of the presentation.</td>
<td>Grade the written assignment. Written Report Checklist or Rubric – Appendix A Guest Speaker Evaluation Forms – Appendix A</td>
</tr>
</tbody>
</table>
b. Describe the side effects of drugs and how drugs are commonly abused.  
Show a video that discusses the side effects of drugs and how drugs are commonly abused.  
Have students discuss the video.  
Observe student participation in class discussion.  
Student Class Discussion Rubric – Appendix A

c. Illustrate how drug use, misuse, and abuse cause problems in society.  
Invite drug task force and mental health personnel to lead class discussion on various drug topics.  
Observe  
Guest Speaker Evaluation Forms – Appendix A

d. Explain how medicines benefit the life of human beings.  
Invite health professional to lead class discussion on the proper use of medicine.  
Observe  
Guest Speaker Evaluation Forms – Appendix A

Competency 4: Illustrate the health hazards of inhalants.  \(^{(DOK\,1,\,NHES7,\,NHES8)}\)

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
</table>
| a. Discuss various types of inhalants and identify dangers associated with the use of inhalants. | Have students participate in a KWL (What I Know, What I Want to Know, and What I Learned) activity.  
Introduce various types of inhalants.  
Have students research the various types of inhalants and list dangers associated with the use of inhalants.  
Have students use this information to develop a poster on inhalants and the dangers associated with inhalants. | Observation of students  
Poster Rubric – Appendix A |

Competency 5: Discuss refusal and intervention skills.  \(^{(DOK\,1,\,NHES4,\,NHES7)}\)

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
</table>
| a. Develop refusal skills for all forms of drugs and inhalants. | Discuss refusal and intervention skills.  
Divide the class into small groups and create a public service announcement (PSA) emphasizing ways to refuse all forms of drugs and inhalants. | Evaluate PSA and student participation.  
Public Service Announcement Rubric – Appendix A |
| b. Demonstrate ways to intervene and help a drug-dependent friend. | Have students compile a list of agencies and individuals available to assist with the treatments for drug dependency.  
Role-play ways to help a drug-dependent friend. | Evaluate list.  
Role-play or Skit Rubric – Appendix A  
Give Unit Test. |
| c. Describe how individuals can help reduce the misuse and abuse of drugs. | Invite drug task force and mental health personnel to lead class discussion on various drug topics. | Guest Speaker Evaluation Forms – Appendix A |
d. Explain how alcohol and drugs can increase the vulnerability to unwanted sexual advances. 
   *Note: Check to see if your district chose abstinence-only or abstinence-plus.*
   *(Mississippi House Bill 999 – Appendix G)*

| Explain how alcohol and drugs can increase the vulnerability to unwanted sexual advances. 
| Discuss the effect that alcohol and drugs have on the central nervous system that alters a person’s ability to think clearly and to reason. 
| Discuss sex, drugs, and alcohol and the impact of the media on each, both positively and negatively. 
| Have students brainstorm ways that they can avoid becoming vulnerable to unwanted sexual advances. 
| Have students research and report on MS laws that relate to unwanted sexual advances. |

**Presentation Rubric** – Appendix A

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**Performance Task**

**Performance Task Title: Here's What Drugs Can Do For You!**

**Objective:** Students will demonstrate the effects of drugs on society, especially on young people.

The teacher will lead the students as they work in cooperative groups of five to six students, each to create cemetery headstones from cardboard boxes. The headstones will be for famous celebrities who have died from drug and alcohol abuse. The students will place the headstones around the school building and the school grounds to illustrate how deadly drugs can be. The students should especially focus on young celebrities who have died to show that it can happen to young people their age.

The evaluation of the task will consist of the teacher observing the students as they work in their groups. The teacher critiques the final project (a celebrity headstone) for artistic creativity as well as emotional impact.

**Attachments for Performance Task**

Poster Rubric – Appendix A

**Supplementary Lesson Plans**

Supplementary lesson plans can be found at the following Web site:
http://www.mde.k12.ms.us/ohs/home - (click on Health In Action)

Lessons plans for teaching Substance Abuse Prevention are listed below.

- Alcohol + Brain = Trouble – H-412
- All That Health...Up In Smoke – H-267
- Do You Want This In Your Body? – H-269
- DUI and You May Die – H-414
- No Smoking in Our Town – H-271
- Under Age...and Under Arrest – H-384
- What’s Hiding In That Bottle? – H-355
Generation Free (FREE) Grades 9-12 – Lesson 13 – H-1268
Generation Free (FREE) Grades 9-12 – Lesson 12 – H-1287
Generation Free (FREE) Grades 9-12 – Lesson 9 – H-1284
Generation Free (FREE) Grades 9-12 – Lesson 8 – H-1283
Go Ahead and Smoke...I Know You Want To Be Cool! – H-268
Just Because You Smoke, Don’t Pollute My Air! – H-270
When Drinking Goes Too Far – H-890
Whiskey, Wine, and Beer...They’re All Dangerous – H-385
Health Literacy – Using Books to Teach Health Concepts and Skills

Books listed below can be used while teaching the unit on Substance Abuse Prevention. They may be helpful for introducing unit topics or as sources for student-prepared oral or written reports, either as regular or extra-credit assignments.

1. *The House That Crack Built*
   Author – Clark Taylor
   Publisher – Chronicle Books

2. *In a Perfect World*
   Author – Marie Lindquist
   Publisher – Hazelden
   ISBN – 978-0894867750

3. *Choosing the Best Path*, 4th Edition
   Copyright 2008
   Publisher – Choosing the Best
   ISBN – 978-0-9724890-2-7 (Student)

4. *Choosing the Best Life*, 4th Edition
   Copyright 2008
   Publisher – Choosing the Best
   ISBN – 0-9724890-1-0 (student)
   ISBN – 978-0-9724890-7-2 (Leader/teacher)
Unit 8: Community And Environmental Health

Understandings and Goals

Enduring Understandings

In this unit, the student will

- identify community health-care agencies.
- identify health-care careers.
- describe the importance of family medical records.
- describe the causes and effects of pollution.
- identify how to keep air and water clean.
- describe ways to conserve natural resources.
- list organizations that protect the environment.
- demonstrate decision-making skills to choose environmentally friendly products.

Essential Questions

- What services do community health-care agencies provide?
- What are five health career opportunities?
- Why is it important to have medical history information available for each member of a family?
- What is pollution?
- How can pollution, natural disasters, over-population, and community violence affect our environmental health?
- What are the biggest sources of air, water, noise, radiation, and ground pollution? What are ways to prevent these types of pollution?
- What is conservation, and why is it important?
- What are ways to conserve heat, electricity, and water?
- What government agencies help protect people from environmental dangers?
- What is the green movement, and why is it important?

Vocabulary

Vocabulary terms and definitions can be found in Appendix B.
### Suggested Learning Experiences

**Competency 1: Identify community health-care agencies, health careers, and the importance of family medical records.** *(DOK 1, NHES3)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
</table>
| **a.** Describe organizations and services that assist the community and individuals in health promotion. | Identify community health-care agencies and their functions.  
Have students participate in a class discussion about community health-care agencies, their functions, and services provided. | Observe student participation in class discussion.  
Student Class Discussion Rubric – Appendix A |
| **b.** List career opportunities in health. | Divide students into groups and assign each group a specific health career to research and present to the class. | Presentation Rubric – Appendix A |
| **c.** Explain the importance of family medical records. | Discuss the value of family medical history.  
Have students complete the generic family medical form from a specific scenario. | Case Study/Scenario Rubric and Medical History Worksheet – Appendix A |

**Competency 2: Explain how the environment affects people and how people affect the environment.** *(DOK 2, NHES1)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
</table>
| **a.** Determine how pollution, natural disasters, over-population, and community violence affect our environmental health. | Explain how the environment affects people and how people affect the environment.  
Have students participate in a class discussion and list the environmental threats found in the local community.  
Have students bring clippings from newspapers and magazines that relate to environmental concerns and present an oral report to the class. | Observe student participation in class discussion, participation in class activity, and presentation of an oral report to the class.  
Presentation Rubric – Appendix A |
| **b.** Name sources of air, water, noise, radiation, and ground pollution. | Have students create bumper-sticker designs and slogans to inform the public about global pollution of air, water, noise, radiation, and ground.  
Invite a guest speaker (DEQ – Department of Environmental Quality) to discuss various pollution issues. | Evaluate bumper sticker/slogan.  
Guest Speaker Evaluation Forms – Appendix A |
| **c.** Describe government agencies that protect the environment. | Have students participate in class discussion. Include the names of government agencies that protect the environment and explain the functions of the agencies. | Observe student participation in class discussion.  
Student Class Discussion Rubric – Appendix A |
Performance Task

Performance Task Title: Pollution – What Can We Do?

Objective: Students will gain knowledge concerning methods to reduce pollution.

The teacher will have students choose one method of reducing air and water pollution, either from the text or from another source. Instruct them to write a plan that will incorporate this method of reducing pollution into their daily lives. The teacher will instruct the students to try the method in their daily lives for 5 days, have them write about the experience, and compare the new experience to their old habits. Encourage students to evaluate the impact of their change on the environment.

Attachments for Performance Task


Written Report Assessment Rubric – Appendix A

Supplementary Lesson Plans

Supplementary lesson plans can be found at the following Web site:
http://www.mde.k12.ms.us/ohs/home - (click on Health In Action)

Lessons plans for teaching Community and Environmental Health are listed below.

What Public Health Services Are There to Help You? – H568
Just Because You Smoke, Don’t Pollute My Air! – H270
Unit 9: Safety And First Aid

Understandings and Goals

Enduring Understandings

In this unit, the student will

- explain how to stay safe at home and school.
- develop safe habits.
- describe how to avoid injuries.
- explain how to stay safe during severe weather.
- identify various weather emergencies and natural disasters.
- explain universal precautions.
- identify the steps to take in an emergency.
- assemble a first aid kit.
- explain first aid treatments for common injuries.
- recognize when to call for medical assistance.
- explain different kinds of life-threatening emergencies.
- identify the symptoms of shock.
- explain how to help someone who is choking.

Essential Questions

- What are the strategies for preventing accidents at home and school?
- What are universal precautions?
- What are four kinds of weather emergencies?
- What is the difference between a weather watch and a weather warning?
- What are the four universal precautions to take when administering first aid?
- How can you help an injured person until professional medical help arrives?
- What are the symptoms of heat exhaustion?
- What are the symptoms of heat stroke?
- What is the universal sign for choking?
• What are the symptoms of shock?

Vocabulary

Vocabulary terms and definitions can be found in Appendix B.
## Suggested Learning Experiences

### Competency 1: Discuss promotion of safety and prevention of accidents.  
[DOK 1, NHES1]

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
</table>
| a. Describe behaviors that promote home safety. | Discuss promotion of safety and prevention of accidents.  
Divide class into small groups to brainstorm ideas for prevention of accidents in the home. | Observe student participation in class discussion and brainstorming session.  
Student Class Discussion Rubric – Appendix A |
| b. Describe ways to prepare for natural disasters in the community. | Have students participate in class discussion on potential natural disasters (earthquake, tornadoes, etc.).  
Divide the class into groups and have each group develop a plan to cope with each disaster listed above. | Observe student participation in class discussion and completion of written assignment.  
Student Class Discussion Rubric – Appendix A  
Written Report Rubric or Checklist – Appendix A |
| c. Identify basic safety rules that help prevent accidents at work and school. | Have students participate in a class discussion, review school safety and emergency rules and procedures, and write safety rules on the board.  
Discuss Senate Bill 2473 (Nathan’s Law) regarding use of a cellular phone while driving (see Senate Bill 2472 in Appendix H). | Observe student participation in class discussion.  
Student Class Participation Rubric – Appendix A |
| d. Recognize recreational-related injuries and how to prevent them. | Discuss common recreational-related injuries (sprains, cuts and bruises, fractures, heat exhaustion, heat stroke, hypothermia, etc.).  
Invite a professional to speak to students about common recreational-related injuries. | Observation of students.  
Guest Speaker Evaluation Forms – Appendix A |
| e. Explain ways to promote vehicle safety, including regular use of seat belts for all ages. | Invite a guest speaker (EMT, etc.) to discuss automobile accidents he or she has worked where the victims could have been saved if seat belts had been used.  
Have students participate in a class discussion on the importance of driver’s education. | Guest Speaker Forms – Appendix A  
Student Class Participation Rubric – Appendix A |
f. Recognize dangerous situations, including rape, assault, misuse of social networking, and gang-related activities, and how to avoid them. Note: Check to see if your district chose abstinence-only or abstinence-plus. *(Mississippi House Bill 999–Appendix G)*  
Have students research dangerous situations.  
Group students by situation and have them create a fact sheet or poster on measures to avoid dangerous situations.  
Invite a guest speaker (police officer) to discuss recognizing and avoiding violent situations.

### Competency 2: Discuss and demonstrate procedures for emergency situations. *(DOK 2, NHES3)*

<table>
<thead>
<tr>
<th>Suggested Performance Indicators</th>
<th>Suggested Teaching Strategies</th>
<th>Suggested Assessment Strategies</th>
</tr>
</thead>
</table>
| a. Identify, assess, and learn to respond to emergency situations using CPR procedures and an AED. *Note: Senate Bill 2185, signed into law in 2015, mandates that CPR/AED instruction is required for high school graduation.* | Discuss and demonstrate procedures for emergency situations including CPR using American Heart Association Guidelines.  
[http://bethebeat.heart.org/](http://bethebeat.heart.org/) (click on Lesson Plans)  
Use resources found on the Office of Healthy Schools website [http://www.mde.k12.ms.us/ohs/home](http://www.mde.k12.ms.us/ohs/home) to teach CPR/AED as required by law.  
Invite guest speaker/trainer to supplement classroom instruction. An appropriate guest should have expertise in CPR/AED training such as: nurse, EMT, AHA/Red Cross trainer, or hospital based educator. | Observe student participation in skills and class discussion.  
Guest Speaker Evaluation Forms – Appendix A |
| b. Assemble contents of a basic first aid kit. | Discuss and demonstrate how to assemble a first aid kit for the class.  
Have students assemble a small first aid kit. | Observe student participation. |
| c. Practice first aid emergency procedures, including reporting accidents and providing first aid for wounds, choking, fractures, heart attacks, seizures, and poisonings. | Have guest speaker demonstrate and discuss first aid emergency procedures to class.  
Have students demonstrate first aid procedures. | Give Unit Test on safety and first aid. |

### Performance Task
Performance Task Title: First Aid Training and You!

Objective: Students will be trained in basic first aid using American Red Cross First Aid Training.

The teacher will have a representative from the American Red Cross instruct the class on basic first aid. The representative will also give instruction on the procedures for being a first responder in any emergency situation. (Note: This may be taught by the instructor if he or she is Red Cross Certified.) Students will demonstrate their skills by role-playing an emergency situation.

Attachments for Performance Task

Role-Play or Skit Rubric – Appendix A

Supplementary Lesson Plans

Supplementary lesson plans can be found at the following Web site:
http://www.mde.k12.ms.us/ohs/home - (click on Health In Action)

Lessons plans for teaching Safety and First Aid are listed below.

Healthy Eyes Relay – H139
All Families Are Not the Bradys – H258
I Can Protect Myself – H262
Safe Schools – H265
Home Safe Home – H420
Be Road Safe – H428
I Don’t Think We’re In Kansas Anymore! – H429
A Safe Home is a Happy Home! – H430
Let’s Get Physical – H451
Halloween...Make It Scary But Safe – H491
What Public Health Services Are There to Help You? – H568
Antrrax Isn’t Just a Rock Band! – H880

Health Literacy – Using Books to Teach Health Concepts and Skills

The book listed below can be used while teaching the unit on Safety and First Aid. It may be helpful for introducing unit topics or as a source of student-prepared oral or written reports, either for regular or extra-credit assignments.

1. Mick Harte was Here
   Author – Barbara Park
   Publisher – Yearling
Unit Resources

Unit 1 – Personal and Consumer Health


Unit 2 – Mental Health

Education Weekly – [www.edweek.org](http://www.edweek.org)
Health – [https://www.thehealthatoz.com](https://www.thehealthatoz.com)
Mental Health – [www.mentalhealth.com](http://www.mentalhealth.com)
Mental Disorders – [www.webmd.com/mental-health/default.htm](http://www.webmd.com/mental-health/default.htm)
Teaching Resources – [https://classroommentalhealth.org/](https://classroommentalhealth.org/)


Unit 3 – Social and Family Health

Unit 4 – Human Growth and Development
No Additional Resources

Unit 5 – Disease Prevention and Control

Online: Health – [www.health.glencoe.com](http://www.health.glencoe.com)

Unit 6 – Nutrition and Fitness

Journals: *The Journal of Physical Education, Recreation & Dance*

Online: American Alliance for Health, Physical Education, Recreation and Dance – [www.aahperd.org](http://www.aahperd.org)
Fitness for Life – [www.fitnessforlife.org/highschool](http://www.fitnessforlife.org/highschool)
MyPlate nutritional information – [www.choosemyplate.gov](http://www.choosemyplate.gov)

**Unit 7 – Substance Abuse Prevention**


**Other:**

**Unit 8 – Community and Environment Health**


**Online:** Health – [www.health.glencoe.com](http://www.health.glencoe.com)

**Unit 9 – Safety and First Aid**


# Student Competency Profile

**Student’s Name:** ___________________________________________

This record is intended to serve as a method of noting student achievement of the competencies in each unit. It can be duplicated for each student, and it can serve as a cumulative record of competencies achieved in the course.

In the blank before each competency, place the date on which the student mastered the competency.

<table>
<thead>
<tr>
<th><strong>Unit 1: Personal and Consumer Health</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe ways to achieve and maintain a healthy lifestyle. (DOK 1)</td>
</tr>
<tr>
<td>2. Demonstrate the ability to use goal setting and decision making skills to enhance health. (DOK 3)</td>
</tr>
<tr>
<td>3. Recognize the benefits of being a wise consumer. (DOK 2)</td>
</tr>
<tr>
<td>4. Analyze the influence of culture, media, technology, and other factors on health. (DOK 3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Unit 2: Mental Health</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate the ability to practice health-enhancing behaviors that contribute to positive mental health. (DOK 2)</td>
</tr>
<tr>
<td>2. Describe how stress influences mental health. (DOK 1)</td>
</tr>
<tr>
<td>3. Define functional and organic mental disorders and state controls for each. (DOK 1)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Unit 3: Family/Social Health</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe how the skills of communication, cooperation, and advocacy are essential for healthy relationships. (DOK 1)</td>
</tr>
<tr>
<td>2. Describe why the family is the basic social unit of society. (DOK 1)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Unit 4: Human Growth and Development</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Summarize how genetic traits are passed on from one generation to another. (DOK 2)</td>
</tr>
<tr>
<td>2. Examine health practices to be considered before, during, and after pregnancy. (DOK 2)</td>
</tr>
<tr>
<td>3. Identify physical, mental, and emotional changes that occur from childhood through adolescence. (DOK 1)</td>
</tr>
<tr>
<td>4. Examine the aging process from adulthood through death. (DOK 2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Unit 5: Disease Prevention and Control</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognize the causes, transfer, and control of common communicable diseases. (DOK 1)</td>
</tr>
<tr>
<td>2. Recognize the ways to prevent HIV infection and STDs. (DOK 1)</td>
</tr>
<tr>
<td>3. State causes, signs, and control of noninfectious diseases. (DOK 1)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Unit 6: Nutrition and Fitness</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Summarize how responsible food choices lead to nutritional health. (DOK 2)</td>
</tr>
<tr>
<td>2. Discover the importance of fitness. (DOK 2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Unit 7: Substance Abuse Prevention</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Examine the health hazards of tobacco. (DOK 3)</td>
</tr>
</tbody>
</table>
2. Summarize the health hazards of alcohol. (DOK2)
3. Analyze the health hazards of drugs and benefits of medicines. (DOK3)
4. Illustrate the health hazards of inhalants. (DOK1)
5. Discuss refusal and intervention skills. (DOK2)

**Unit 8: Community and Environmental Health**

1. Identify community health-care agencies, health careers, and the importance of family medical records. (DOK1)
2. Explain how environment affects people and how people affect the environment. (DOK2)

**Unit 9: Safety and First Aid**

1. Discuss promotion of safety and prevention of accidents. (DOK1)
2. Discuss and demonstrate procedures for emergency situations. (DOK2)
Answer Key for Fitness and Nutrition Performance Task

Performance Task Title: Personal Exercise Plan for a 5K Run/Walk Race (Page 46)

Objective: Students to develop a written personal exercise plan for participation in a 5K run/walk race. Their plan will include both fitness and nutrition components and will be shared with the class in an oral report.

Answers may vary.

a) Fitness

1. Perform a pre-assessment to determine your current fitness level and include your findings in this report.

a. What three assessments should be performed to determine your fitness level?
   1. Strength
   2. Flexibility
   3. Endurance

b. What activities can be used to measure each?
   1. Strength – curl ups, squats, leg press, push ups
   2. Flexibility – sit & reach
   3. Endurance – step test, 1-mile timed run/walk

2. From the information gathered in the pre-assessment use the F.I.T.T. Principal to develop the training plan.

   Frequency
   - Strength – 2-3 days a week
   - Flexibility – daily
   - Endurance – 3-5 days a week

   Intensity
   - Strength – moderate
   - Flexibility – moderate
   - Endurance – depending on cardio endurance Low to Moderate

   Time
   - Strength – 2-3 sets/8-12 reps each set
   - Flexibility – 4 reps/15-60 seconds hold on each
   - Endurance – 3-5 days/week, 20-60 minutes each

   Type
   - Strength – Free and/or machine weights
   - Flexibility – Static stretch: yoga, etc.
   - Endurance – 80 %
b) **Nutrition**

3. Identify each food group and the number of servings of each that is needed for proper health.
   
   1. Grains – 6-8oz/equivalent
   2. Vegetable- 2 ½-3 cups
   3. Fruit – 1 ½-2 cups
   4. Meat & Beans – 5-6oz/equivalent
   5. Milk – 3 cups
   6. Oil – 5-6 teaspoons

4. Using the food groups, identify where each of the 6 nutrients may be found.
   
   1. Carbohydrates = grains & vegetables
   2. Fiber = whole grains, fruits & vegetables
   3. Proteins = meat, beans, nuts, milk & whole grains
   4. Lipid= animal fats & tropical oils
   5. Vitamins = all food groups
   6. Minerals = all food groups

5. Using the foods and number of servings from each of the food groups construct one day of meals broken down into breakfast, snack, lunch, snack, and dinner. Then show how the portions and foods would appear on MyPlate.

   **Answers will vary.**

6. Select one food from your day of meals and trace it through the digestive tract.

   The first stage in the digestive process begins with ingestion, by the mouth. Ingestion involves the teeth, salivary glands, and tongue. The teeth break down the food into small pieces. The salivary glands produce the first digestive juice that break down starches and sugars in food into smaller particles. Then the tongue forms chewed food into a size and shape that can be swallowed. Food then enters the esophagus by swallowing. As food moves down the esophagus it empties into the stomach. Once in the stomach food is mixed with gastric juices and converted into chyme (food), the chyme is moved into the small intestine. Once in the small intestine, the juices of two other digestive organs mix with the food to continue the digestive process. First is the pancreas, it produces enzymes that break down carbohydrates, fats, and proteins in foods. Second is the liver, it produces bile that breaks down and assist in the absorption of fats. The unabsorbed material, in the form of liquid and fiber, moves into the colon or large intestine. The main function of the large intestine is to absorb water, vitamins, and salts, and to eliminate wastes.

7. In a written discussion, explain the following:
a. The roles that nutrients play in helping you reach your fitness goal.
b. How exercise and proper nutrition can help prevent disease and promote positive physical and psychological benefits.

Answers should be in-line with earlier class discussion on these two topics.

8. Share your findings with the class in a short oral report.
## Brochure/Bulletin Board/Visual Display Assessment Rubric

<table>
<thead>
<tr>
<th>Category</th>
<th>Possible Points</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye-catching, states a purpose, and conveys a message</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

**Appropriate Use of Space:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Possible Points</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Layout and design is creative and easily read</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

**Accuracy of Information:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Possible Points</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major points are clearly defined</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Correct use of grammar and spelling</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

**Artistic Appeal:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Possible Points</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Border applied</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Attractive color scheme</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Neatly presented artwork, drawings, cut-outs, and lettering</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

100 **__________**
## Case Study/Scenario Assessment Rubric

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Accomplished</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehension</strong></td>
<td>Shows complete understanding of the issues and grasps implications beyond the immediate issue</td>
<td>Asks for more details to clarify understanding of the issue</td>
<td>Shows partial understanding of the issue but does not ask for clarification</td>
<td>Resists attempts to get clarification</td>
<td></td>
</tr>
<tr>
<td><strong>Strategizing</strong></td>
<td>Develops realistic strategies that would provide a satisfactory conclusion</td>
<td>Chooses appropriate strategies that may satisfy</td>
<td>Shows evidence of strategy that may or may not satisfy</td>
<td>Needs assistance to choose a strategy</td>
<td></td>
</tr>
<tr>
<td><strong>Innovation</strong></td>
<td>Devises more than one resolution to the problem</td>
<td>Offers a solution</td>
<td>Offers a solution with a limited point of view</td>
<td>Shows some understanding of the problem</td>
<td></td>
</tr>
<tr>
<td><strong>Communications</strong></td>
<td>Convincingly communicates resolution</td>
<td>Explains solution so others can understand</td>
<td>Conveys an opinion</td>
<td>Unsure of how to explain</td>
<td></td>
</tr>
</tbody>
</table>
EXIT TICKETS

Description: A short, written assessment strategy given at the end of class that allows students to combine learned information, skills, and processes. An Exit Ticket provides immediate feedback to the teacher.

Purpose: To enable the teacher to quickly assess his/her own teaching and to engage students in summarizing their learning.

Procedure:
1. Students will need to get out a sheet of paper for writing.
2. The teacher will ask students one or two assessment question(s).
3. Students will have five to ten minutes at end of class to write their answers.
4. Students will give teacher Exit Tickets as they exit the classroom.
5. The teacher will analyze the tickets.

Response Ideas:
Two things I learned in class today are ____________________________.
One question I still have is ____________________________.
Briefly explain ___________________. Give an example of ___________________.
3 words I think are important to this topic:
1 connection I made: ____________________________
1 thing I did not like: ____________________________
Guest Speaker Evaluation Form

Student Name: ______________________________________
Date: ______________________________________________

Name of Speaker: ____________________________________

1. List 5 main ideas expressed in the presentation:
   1. ____________________________________________________________________
   2. ____________________________________________________________________
   3. ____________________________________________________________________
   4. ____________________________________________________________________
   5. ____________________________________________________________________

2. Write a brief summary relating the topics of the presentation to your life.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
Guest Speaker Evaluation

Student name: _________________________________________________________________
Guest Speaker’s Name: __________________________________________________________
Date: _________________________________________________________________________

1. Please evaluate the following statements with a check mark in the appropriate space:
   Key: SA – Strongly Agree, A – Agree, N – Neutral, D – Disagree, SD – Strongly Disagree
   SA    A    N    D    SD
   The presentation stimulated my interest.     ( ) ( ) ( ) ( ) ( )
   The content was clearly presented.          ( ) ( ) ( ) ( ) ( )
   The content was challenging.                ( ) ( ) ( ) ( ) ( )
   The handouts and materials were helpful.    ( ) ( ) ( ) ( ) ( )

2. Please rate the guest speaker:
   _____ Extraordinary   _____ Excellent   _____ Good   _____ Fair   _____ Poor

   Additional Comments:

3. What was your favorite element of the presentation?

4. What career or lifestyle knowledge did you take from the presentation?

5. How would you improve or change the presentation?

6. What do you still need or want to know?
## Group Participation Assessment Rubric

<table>
<thead>
<tr>
<th></th>
<th>Beginning</th>
<th>Developing</th>
<th>Accomplished</th>
<th>Exemplary</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Discussions</strong></td>
<td>Rarely contributed to discussions of the group</td>
<td>Contributed good effort to discussions of the group</td>
<td>Contributed great effort to discussions of the group</td>
<td>Contributed exceptional effort to discussions of the group</td>
<td>1 point</td>
</tr>
<tr>
<td>On-task Behavior</td>
<td>Exhibited on-task behavior inconsistently</td>
<td>Exhibited on-task behavior some of the time</td>
<td>Exhibited on-task behavior most of the time</td>
<td>Exhibited on-task behavior consistently</td>
<td>2 points</td>
</tr>
<tr>
<td>Helping Others</td>
<td>Did not assist other group members</td>
<td>Seldom assisted other group members</td>
<td>Occasionally assisted other group members</td>
<td>Consistently assisted other group members</td>
<td>3 points</td>
</tr>
<tr>
<td>Listening</td>
<td>Ignored ideas of group members</td>
<td>Seldom listened to ideas of group members</td>
<td>Occasionally listened to ideas of group members</td>
<td>Always listened to ideas of group members</td>
<td>4 points</td>
</tr>
</tbody>
</table>
## Group Work Assessment Rubric

<table>
<thead>
<tr>
<th></th>
<th>Highly Successful</th>
<th>Meeting Success</th>
<th>Experiencing Difficulty</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sharing</strong></td>
<td>3 points</td>
<td>2 points</td>
<td>1 point</td>
<td></td>
</tr>
<tr>
<td>Shared ideas with</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Listening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always listened to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Respecting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interacted with,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>encouraged, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>supported ideas of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Participating</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared task equally</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with group members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did most of the</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>task</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did very little of the task</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medical History Scenario

After months of training, Bridget Ann Clark finally made the soccer team at her local high school in Sparks, MS. Her coach informed all of the new players that they needed to have a physical. Bridget was nervous because she had always seen the same doctor and did not know what to expect. Bridget’s coach assured her that all she would need was her basic health information and a good general knowledge of her family’s medical history. Bridget still felt nervous but knew she could answer questions about herself. She was born May 1, 1997. She lived with her parents, Doris and Joe Clark, at 507 South Street, Sparks, MS, 57058. Her home phone number was 605-489-1111, her cell phone number was 605-713-2191, and her e-mail was bclark@gmail.com. “Let’s see, what else?” she thought to herself. “Oh yeah, medical history.” Bridget could remember all of the shots that she had gotten when she was five: Tetanus, Hepatitis A/B, Influenza, Pneumococcal, and Polio. Her doctor has prescribed a Ventolin inhaler for her asthma. She knew she was allergic to Sulfa because she would get a bad rash every time she took it. Bridget did not take any type of drugs that were harmful to her since she was an athlete. She had oral surgery in 2010 to remove four wisdom teeth. Bridget’s mother began having asthma attacks at age six, and her grandmother had breast cancer at age forty-five. Her dad had been diagnosed with high cholesterol at age fifty.

Scenario by Laura A. Boyd
# Medical History Worksheet

## Personal Data

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle One</td>
<td>Ms.</td>
<td>Mrs.</td>
<td>Mr.</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td>Address</td>
<td>Street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone</td>
<td>Home</td>
<td>Work</td>
<td>Mobile</td>
</tr>
<tr>
<td>E-Mail</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status (circle one)</td>
<td>Single</td>
<td>Married</td>
<td>Divorced</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Emergency Contact

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Relationship to Patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Medication Allergies

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Medication (Prescription & Non-Prescription)

<table>
<thead>
<tr>
<th>Name</th>
<th>Strength</th>
<th>How Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Past Hospitalization / Surgeries

<table>
<thead>
<tr>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Have you had the following?

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date</th>
<th>Don’t Know</th>
<th>Have Not Had One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus booster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Family Medical History

<table>
<thead>
<tr>
<th>Disease</th>
<th>Relative</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Illness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Social History

<table>
<thead>
<tr>
<th>Drug</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Drug Use</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>
Mental Health Project Rubric

Poster Presentation Criteria

<table>
<thead>
<tr>
<th>Content</th>
<th>Design</th>
<th>Efficiency</th>
</tr>
</thead>
</table>
| The poster/brochure will include the types of information:  
  - Title  
  - Symptoms  
  - Causes  
  - Treatments  
  - Treatment centers, local services, and resources  
  - References of all sources where the information was found | The poster/brochure will include:  
  - A team product rather than individual work  
  - Easy-to-follow content objectives  
  - Creative use of visual components, to include coloring, spacing, lettering | The poster will include traits that make the subject easy to understand:  
  - Content is easy to read and interpret.  
  - The information is presented in clear writing.  
  - The content of the poster/brochure is informative. |
## Poster Assessment Rubric

<table>
<thead>
<tr>
<th>Required Content</th>
<th>Exemplary</th>
<th>Accomplished</th>
<th>Developing</th>
<th>Beginning</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The poster includes all required content elements as well as additional information.</td>
<td>All required content elements are included on the poster.</td>
<td>All but one of the required content elements are included on the poster.</td>
<td>Several required content elements were missing.</td>
<td></td>
</tr>
<tr>
<td>Labels</td>
<td>All items of importance on the poster are clearly labeled and easy to read.</td>
<td>Almost all items of importance on the poster are clearly labeled and easy to read.</td>
<td>Many items of importance on the poster are clearly labeled and easy to read.</td>
<td>Labels are too small to read, or no important items were labeled.</td>
<td></td>
</tr>
<tr>
<td>Attractiveness</td>
<td>The poster is exceptionally attractive in terms of design, layout, and neatness.</td>
<td>The poster is attractive in terms of design, layout, and neatness.</td>
<td>The poster is acceptably attractive though it may be a bit messy.</td>
<td>The poster is distractingly messy or very poorly designed.</td>
<td></td>
</tr>
<tr>
<td>Grammar</td>
<td>There are no grammatical or mechanical mistakes on the poster.</td>
<td>There are 1 to 2 grammatical or mechanical mistakes on the poster.</td>
<td>There are 3 to 4 grammatical or mechanical mistakes on the poster.</td>
<td>There are more than 4 grammatical or mechanical mistakes on the poster.</td>
<td></td>
</tr>
</tbody>
</table>
## Presentation Assessment Rubric

<table>
<thead>
<tr>
<th></th>
<th>Exemplary</th>
<th>Accomplished</th>
<th>Developing</th>
<th>Beginning</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
<td>Clear, appropriate, and correct</td>
<td>Mostly clear, appropriate, and</td>
<td>Somewhat confusing, incorrect, or flawed</td>
<td>Confusing, incorrect, or flawed</td>
<td><strong>Score</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>correct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clarity</strong></td>
<td>Logical, interesting sequence</td>
<td>Logical sequence</td>
<td>Unclear sequence</td>
<td>No sequence</td>
<td></td>
</tr>
<tr>
<td><strong>Presentation</strong></td>
<td>Clear voice and precise pronunciation</td>
<td>Clear voice and mostly correct pronunciation</td>
<td>Low voice and incorrect pronunciation</td>
<td>Mumbling and incorrect pronunciation</td>
<td></td>
</tr>
<tr>
<td><strong>Visual Aids</strong></td>
<td>Attractive, accurate, and grammatically correct</td>
<td>Adequate, mostly accurate, and few grammatical errors</td>
<td>Poorly planned, somewhat accurate, and some grammatical errors</td>
<td>Weak, inaccurate, and many grammatical errors</td>
<td></td>
</tr>
<tr>
<td><strong>Length</strong></td>
<td>Appropriate length</td>
<td>Slightly too long or short</td>
<td>Moderately too long or short</td>
<td>Extremely too long or short</td>
<td></td>
</tr>
<tr>
<td><strong>Eye Contact</strong></td>
<td>Maintains eye contact, seldom looking at notes</td>
<td>Maintains eye contact most of time but frequently returns to notes</td>
<td>Occasionally uses eye contact but reads most of information</td>
<td>No eye contact because reading information</td>
<td></td>
</tr>
</tbody>
</table>
## Public Service Announcement Rubric

<table>
<thead>
<tr>
<th></th>
<th>Exemplary</th>
<th>Accomplished</th>
<th>Developing</th>
<th>Beginning</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delivery</strong></td>
<td>Interesting, well-rehearsed with smooth delivery that holds audience attention.</td>
<td>Relatively interesting, rehearsed with a fairly smooth delivery that usually holds audience attention.</td>
<td>Delivery not smooth, but able to hold audience attention most of the time.</td>
<td>Delivery not smooth and audience attention lost.</td>
<td>4 points</td>
</tr>
<tr>
<td><strong>Originality</strong></td>
<td>Product shows a large amount of original thought. Ideas are creative and inventive.</td>
<td>Product shows some original thought. Work shows new ideas and insights.</td>
<td>Uses other people's ideas (giving them credit), but there is little evidence of original thinking.</td>
<td>Uses other people's ideas, but does not give them credit.</td>
<td></td>
</tr>
<tr>
<td><strong>Length</strong></td>
<td>30-45 seconds long; pre-produced</td>
<td>30 seconds; performed in class</td>
<td>20-29 seconds; performed in class</td>
<td>15-19 seconds; performed in class</td>
<td></td>
</tr>
<tr>
<td><strong>Use of Class Time</strong></td>
<td>Used time well during each class period. Focused on getting the project done. Never distracted others.</td>
<td>Used time well during each class period. Usually focused on getting the project done and never distracted others.</td>
<td>Used some of the time well during each class period. There was some focus on getting the project done but occasionally distracted others.</td>
<td>Did not use class time to focus on the project OR often distracted others.</td>
<td></td>
</tr>
</tbody>
</table>
## Role-play or Skit Assessment Rubric

<table>
<thead>
<tr>
<th></th>
<th>Excellent 4 Points</th>
<th>Good 3 Points</th>
<th>Average 2 Points</th>
<th>Needs Improvement 1 Point</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accuracy</strong></td>
<td>All information accurate</td>
<td>Almost all information accurate</td>
<td>Most information accurate</td>
<td>Very little information accurate</td>
<td></td>
</tr>
<tr>
<td><strong>Role</strong></td>
<td>Excellent character development; student contributed in a significant manner</td>
<td>Good character development; student contributed in a cooperative manner</td>
<td>Fair character development; student may have contributed</td>
<td>Little or no character development; student did not contribute much at all</td>
<td></td>
</tr>
<tr>
<td><strong>Knowledge Gained</strong></td>
<td>Can clearly explain several ways in which his/her character “saw” things differently than other characters and can explain why</td>
<td>Can clearly explain several ways in which his/her character “saw” things differently than other characters</td>
<td>Can clearly explain one way in which his/her character “saw” things differently than other characters</td>
<td>Cannot explain any way in which his/her character “saw” things differently than other characters</td>
<td></td>
</tr>
<tr>
<td><strong>Props</strong></td>
<td>Used several props and showed considerable creativity</td>
<td>Used 1 or 2 appropriate props that made the presentation better</td>
<td>Used 1 or 2 props that made the presentation better</td>
<td>Used no props to make the presentation better</td>
<td></td>
</tr>
<tr>
<td><strong>Required Elements</strong></td>
<td>Included more information than required</td>
<td>Included all required information</td>
<td>Included most required information</td>
<td>Included less information than required</td>
<td></td>
</tr>
</tbody>
</table>
Stress Chart

Stress can be both negative and positive. Negative stress is called distress and positive stress is called eustress. It can take time to adapt to both positive and negative stress.

Sources of conflict that may cause stress are stated below. Rate each one, 1 being most stressful for you, and 5 being least stressful.

<table>
<thead>
<tr>
<th>Most</th>
<th>Least</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (grades)</td>
<td>1</td>
</tr>
<tr>
<td>Money</td>
<td>1</td>
</tr>
<tr>
<td>Social matters</td>
<td>1</td>
</tr>
<tr>
<td>Curfew</td>
<td>1</td>
</tr>
<tr>
<td>Chores</td>
<td>1</td>
</tr>
<tr>
<td>Respecting parents</td>
<td>1</td>
</tr>
</tbody>
</table>

Which source of conflict above causes you the most stress? Explain.

Life Events:

If any of the following has happened in your life, put a check in the box.

<table>
<thead>
<tr>
<th>Changes in eating habits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Major change in sleeping habits</td>
<td></td>
</tr>
<tr>
<td>Change in residence</td>
<td></td>
</tr>
<tr>
<td>Major change in living condition</td>
<td></td>
</tr>
<tr>
<td>Death of a loved one</td>
<td></td>
</tr>
<tr>
<td>Learning you were adopted</td>
<td></td>
</tr>
<tr>
<td>Personal Injury or Illness</td>
<td></td>
</tr>
<tr>
<td>Minor Violations with the law</td>
<td></td>
</tr>
<tr>
<td>Going through a parents’ divorce</td>
<td></td>
</tr>
<tr>
<td>Having a newborn sister or brother</td>
<td></td>
</tr>
<tr>
<td>Having a parent lose his job</td>
<td></td>
</tr>
<tr>
<td>Being accepted to college</td>
<td></td>
</tr>
</tbody>
</table>

Would you consider any of the life changes listed above as positive? Explain.
### Student Class Participation Rubric

<table>
<thead>
<tr>
<th></th>
<th>Beginning</th>
<th>Developing</th>
<th>Accomplished</th>
<th>Exemplary</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussions</strong></td>
<td>Rarely contributed to discussions</td>
<td>Contributed good effort to discussions</td>
<td>Contributed great effort to discussions</td>
<td>Contributed exceptional effort to discussions</td>
<td>1 point</td>
</tr>
<tr>
<td><strong>Listening</strong></td>
<td>Ignored ideas of other class members</td>
<td>Seldom listened to ideas of other class members</td>
<td>Occasionally listened to ideas of other class members</td>
<td>Always listened to ideas of other class members</td>
<td></td>
</tr>
<tr>
<td><strong>On-task Behavior</strong></td>
<td>Exhibited on-task behavior inconsistently</td>
<td>Exhibited on-task behavior some of the time</td>
<td>Exhibited on-task behavior most of the time</td>
<td>Exhibited on-task behavior consistently</td>
<td></td>
</tr>
</tbody>
</table>
Student Critique of Project

1. By observing each group’s poster/brochure, which one did you find most interesting? Explain.

2. By observing each group’s poster/brochure, which did you find least interesting? Explain.

3. Which poster/brochure was your favorite and why?

4. How can the information presented by each group about the different mental disorders help you in the future?

5. What did you find most interesting or surprising about the mental disorder you researched?
### Written Report Assessment Rubric

<table>
<thead>
<tr>
<th></th>
<th>Exemplary</th>
<th>Accomplished</th>
<th>Developing</th>
<th>Beginning</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
<td>4 points</td>
<td>3 points</td>
<td>2 points</td>
<td>1 point</td>
<td></td>
</tr>
<tr>
<td><em>Clear thesis and focus that remain apparent</em></td>
<td>Thesis and focus that remain apparent</td>
<td>Addresses subject matter with minimal support</td>
<td>Does not focus on topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grammar</strong></td>
<td>Correct and effective use of grammar and mechanics</td>
<td>Occasional errors in use of grammar and mechanics</td>
<td>Problems in use of grammar and mechanics</td>
<td>Repeated errors in use of grammar and mechanics</td>
<td></td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td>Ideas flow smoothly and logically with clarity and coherence</td>
<td>Logical order and appropriate sequencing of ideas with adequate transition</td>
<td>Some evidence of an organizational plan or strategy</td>
<td>Lacks organization</td>
<td></td>
</tr>
</tbody>
</table>
Written Report Checklist

_____/16 Preparation
_____/28 Organization
_____/24 Thoroughness
_____/19 Extra Materials
_____/13 Final Report

Preparation:
1. _____/2 Information written (neatly)
2. _____/2 Sources used listed
3. _____/5 Worked every day (did not waste time)
4. _____/5 Has all materials ready for use
5. _____/2 Cooperative

Organization
1. _____/7 Report in a logical order
2. _____/7 Interesting manner
3. _____/7 Understanding of topic
4. _____/7 Spelling and sentence structure (do not copy from books)

Thoroughness
1. _____/5 Main points given
2. _____/5 Details to explain given
3. _____/5 Information presented clearly
4. _____/4 More than one source used
5. _____/5 Extra materials are appropriate

Extra Materials
1. _____/2 Neatness
2. _____/7 Creativity
3. _____/2 Dramatic value
4. _____/3 Usefulness
5. _____/5 Correctness

Final Report
1. _____/3 Written clearly
2. _____/2 Organized
3. _____/2 Sources documented correctly
4. _____/2 Spelling
5. _____/2 Grammar
6. _____/2 Neatness
Appendix B: Glossary

Unit 1 – Personal and Consumer Health

Consumer: anyone who uses products and services.

Consumer skills: techniques that enable you to make wise and informed purchases.

Health: a combination of physical, mental/emotional, and social well-being.

Health care system: the medical services available to a nation’s people and the manner in which these services are paid for.

Health fraud: intentional misrepresentation of health care practices by a provider.

Health insurance: a plan in which private companies or government programs pay part of a person’s medical costs.

Hygiene: habits that keep the body clean.

Preventive Care: the steps taken to keep disease or injury from happening or getting worse.

Reliable: trustworthy or dependable.

Valid: a legitimate source.

Wellness: a state of well-being or total health.

Unit 2 – Mental Health

Anorexia nervosa: eating disorder in which a person doesn’t eat enough food to maintain a healthy body weight.

Binge eating disorder: abnormal behavior related to food in which a person suffers from the uncontrollable urge to eat large amounts of food.

Bulimia: eating disorder in which a person experiences uncontrollable eating binges, and then follows them by purging, or removing, the food from their bodies.

Clinical psychologist: a professional trained to recognize and treat behavior that is not normal.

Depression: feelings of sadness and/or hopelessness, which may last for months.

Eating disorder: mental disorder that reveals itself through abnormal behaviors related to food.

Mental disorder: illness that affects the mind and reduces a person’s ability to function, to adjust to change, or to get along with others.

Psychiatric social worker: a professional trained to help people with mental disorders and their families to accept and adjust to the illness.

Psychiatrist: physician who can diagnose and treat mental disorders.
Unit 3 – Social and Family Health

Abstinence: the conscious decision to avoid harmful behaviors, including sexual activity before marriage and the use of tobacco, alcohol, and other drugs.

Active listening: really paying attention to what someone is saying and feeling.

Advocate: someone who speaks out for another person or cause.

Assertive: standing up for your own rights, in firm but positive ways.

Body language: nonverbal communication through gestures, facial expressions, and behaviors.

Child abuse: physical harm, including sexual abuse, or emotional harm to a child.

Clique: a small, narrow circle of friends usually with similar backgrounds or tastes that excludes people they view as outsiders.

Communication: a process through which you send messages to and receive messages from others.

Constructive criticism: non-hostile comments that point out problems and have the potential to help change a person.

Cooperation: working together for the good of all.

Crisis center: a facility equipped to handle emergencies and make referrals for persons who need help.

Custody: a legal decision about who has the right to make decisions that affects the children and who has the physical responsibility of caring for them.

Domestic violence: any acts of violence involving family members.

Emotional abuse: a pattern of behavior that attacks a child’s emotional development and sense of self-worth.

Family counseling: therapy to restore healthy relationships in a family.

Family values: values, especially of a traditional or conservative kind, which are held to promote the sound functioning of the family and strengthen the fabric of society.

Friendship: a significant relationship between two people based on caring, consideration, and trust.

“I” message: a statement in which a person tells you how he or she feels using the pronoun “I”.

Neglect: a failure to provide a child’s physical or emotional needs.

Peer pressure: the control and influence people your age may have over you.

Personality: a complex set of characteristics that makes you unique and sets you apart from everyone else.
Platonic friendship: a relationship with a member of the opposite gender in which there is affection, but no sexual activity.

Refusal skills: techniques that can help you refuse when you are urged to take part in unsafe or unhealthful behaviors.

Relationship: a bond or connection between people.

Role: a part that you play in a relationship.

Spousal abuse: domestic abuse directed at a spouse.

Stereotype: an exaggerated and oversimplified belief about an entire group of people.

Values: beliefs and standards of conduct that you find important.

**Unit 4 – Human Growth and Development**

Abstinence: a deliberate decision to avoid harmful behaviors, including sexual activity before marriage and the use of tobacco, alcohol and other drugs.

Adolescence: the period from childhood to adulthood.

Chromosomes: threadlike structures found within the nucleus of a cell that carry the codes for inherited traits.

Cognition: the ability to reason and think our abstract solutions.

Developmental tasks: events that need to happen in order for person to continue growing toward becoming a healthy, mature adult.

DNA: the chemical unit that makes up chromosomes.

Emotional maturity: the state at which the mental and emotional capabilities of an individual are fully developed.

Fertilization: the union of a male sperm cell and a female egg cell; also known as conception.

Genes: the basic units of heredity.

Genetic disorders: disorders caused partly or completely by a defect in genes.

Heredity: the passing of traits from parents to their children.

Hormones: chemical substances that are produced in glands and help regulate many body’s functions.

Physical maturity: the state at which the physical body and all its organs are fully developed.

Puberty: the time when a person begins to develop certain traits of adults of his or her own gender.

**Unit 5 – Disease Prevention and Control**
Antibodies: specific proteins that attach to antigens, keeping them from harming the body.
Antigens: substances that send the immune systems into action.

Arthritis: a disease of the joints marked by painful swelling and stiffness.

Bacteria: simple one-celled organisms.

Communicable disease: a disease that can be spread to a person from another person, an animal, or an object.

Contagious period: the length of time that a particular disease can be spread from person to person.

Disease: any condition that interferes with the normal or proper functioning of the body or mind.

Fungi: organisms that are more complex than bacteria, but cannot make their own food.

Germs: organisms that are so small they can only be seen through a microscope.

Hepatitis: disease characterized by an inflammation of the liver and yellowing of the skin and the white of the eyes.

Hygiene: cleanliness.

Immune system: a combination of body defenses made up of the cells, issues, and organs that fight pathogens in the body.

Immunity: the ability to resist the pathogens that cause a particular disease.

Infection: a condition that happens when pathogens enter the body, multiply, and cause harm.

Inflammation: the body’s response to injury or disease, resulting in a condition of swelling, pain, heat, and redness.

Influenza (flu): a communicable disease characterized by fever, chills, fatigue, headache, muscle aches, and respiratory symptoms.

Juvenile rheumatoid arthritis (JRA): the most common form of arthritis in young people.

Lymphatic system: a secondary circulatory system that helps the body fight pathogens and maintains its fluid of balance.

Lymphocytes: special white blood cells in the blood and lymphatic system.

Mononucleosis: a viral disease characterized by a severe sore throat and swelling of the lymph glands in the neck and around the throat area.

Osteoarthritis: a chronic disease that is common in older adults and results from a breakdown in cartilage in the joints.

Pathogens: germs that cause diseases.

Pneumonia: a serious inflammation of the lungs.
Protozoa: one-celled organisms that are more complex than bacteria.

Rheumatoid arthritis: a chronic disease characterized by pain, inflammation, swelling, and stiffness of the joints.

Strep Throat: a sore throat caused by streptococcal bacteria.

Tuberculosis: a bacterial disease that usually affects the lungs.

Vaccine: a preparation of dead or weakened pathogens that is introduced into the body to cause an immune response.

Viruses: the smallest and simplest pathogens.

**Unit 6 – Nutrition and Fitness**

**Nutrition**

Calorie (kilocalories): units of heat that measure the energy used by the body and the energy that foods supply to the body.

Carbohydrates: the starches and sugars present in foods.

Complete proteins: a protein that contains an adequate amount of all nine essential amino acids.

Complex carbohydrate: starches found in certain types of foods.

Cross contamination: the spreading of bacteria or other pathogens from one food to another.

Dietary Guidelines for Americans: a set of recommendations for healthful eating and active living.

Fiber: an indigestible complex carbohydrate.

Food additives: substances intentionally added to food to produce a desired effect.

Food allergy: a condition in which the body’s immune system reacts to substances in some foods.

Food intolerance: a negative reaction to a food or part of food caused by a metabolic problem, such as the inability to digest parts of food caused by a metabolic problem, such as the inability to digest parts of certain foods or food components.

Foodborne illness: food poisoning.

Incomplete proteins: a protein that lacks one or more of the essential amino acids.

Lipid: a fatty substance that does not dissolve in water.

Minerals: substances that the body cannot manufacture but that are needed for forming healthy bones and teeth and for regulating many vital body processes.

MyPlate: an illustrated dietary tool broken into the 5 food groups and related portion sizes.
Nutrients: substances in food that your body needs to grow, to repair itself, and to supply your energy.

Nutrition: the process by which the body takes in and uses food.

Proteins: nutrients that help build and maintain body cells and tissues.

Pasteurization: the process of treating a substance with heat to destroy or slow the growth of pathogens.

Simple carbohydrate: sugars, such as fructose and lactose.

Vitamins: compounds that help regulate many vital body processes, including the digestion, absorption, and metabolism of other nutrients.

**Fitness**

Aerobic exercise: an activity that uses large muscle groups, is rhythmic in nature, and can be maintained continuously for at least 10 minutes three times a day or for 20 to 30 minutes at one time.

Anaerobic exercise: intense short bursts of activity in which the muscles work so hard that they produce energy without using oxygen.

Body composition: the ratio of body fat to lean body tissue, including muscle, bone, water, and connective tissue such as ligaments, cartilage, and tendons.

Cardiorespiratory endurance: the ability of the heart, lungs, and blood vessels to utilize and send fuel and oxygen to the body's tissues during long periods of moderate-to-vigorous activity.

Cool down: the activity that prepares the muscles to return to a resting state.

Exercise: is purposeful activity that is planned, structured, and repetitive and that improves or maintains personal fitness.

F.I.T.T. principle: frequency, intensity, time/duration, and type of activity.

Flexibility: the ability to move a body part through a full range of motion.

Metabolism: the process by which your body gets energy from food.

Muscle endurance: the ability of the muscles to perform physical tasks over a period of time without becoming fatigued.

Muscular strength: the amount of force a muscle can exert.

Overload: working the body harder than it is normally worked.

Physical activity: any form of movement that causes your body to use energy.

Physical fitness: the ability to carry out daily tasks easily and have enough reserve energy to respond to unexpected demands.

Progression: the gradual increase in overload necessary to achieve higher levels of fitness.

Resting heart rate: the number of times your heart beats in one minute when you are not active.
Specificity: particular exercise and activities that improve particular areas of health-related fitness.
Warm up: an activity that prepares the muscles for work.

**Unit 7 – Substance Abuse Prevention**

Addiction: a chronic relapsing condition characterized by compulsive drug-seeking and abuse and by long-lasting chemical changes in the brain.

Alcohol abuse: use of alcoholic beverage to excess, either on individual occasions or as a regular practice.

Alcoholism: physical dependence on alcohol to the extent that stopping alcohol use will bring on withdrawal symptoms.

Heroin: semisynthetic drug derived from morphine.

Inhalant: any breathable chemical vapor.

Marijuana: a very common street and recreational drug that comes from the marijuana plant.

Nicotine: an alkaloid (a nitrogen-containing chemical) made by the tobacco plant.


Prescription: a physician's order for the preparation and administration of a drug or device for a patient.

Substance abuse: the excessive use of a substance, especially alcohol or a drug.

Tobacco: a South American herb, formally known as Nicotiana tabacum, whose leaves contain 2-8% nicotine and serve as the source of smoking and smokeless tobacco.

Withdrawal symptoms: abnormal physical or psychological features that follow the abrupt discontinuation of a drug that has the capability of producing physical dependence.

**Unit 8 – Community and Environmental Health**

Acid rain: rain that is more acidic than normal rain.

Air: the mixture of invisible odorless, tasteless nitrogen and oxygen gases that surrounds the earth.

Biodegradable: easily broken down in the environment.

Career: a profession for which one trains and which is undertaken as a permanent calling.

Community: people with common interest living in a particular area.

Conservation: the saving of resources.

Environmental Protection Agency (EPA): an agency of the U.S. government that is dedicated to protecting the environment.

Fossil fuels: the oil, coal, and natural gas that are used to provide energy.
Groundwater: water that collects under the earth’s surface.

Hazardous wastes: human-made liquid, solid, sludge, or radioactive wastes that may endanger human health or the environment.

Landfill: huge, specially designed pits where waste materials are dumped and buried.

Natural disaster: an event caused by nature those results in widespread damage.

Noise: loud, confused, or senseless shouting or outcry.

Nonrenewable resources: substances that cannot be replaced once they are used.

Occupational Safety and Health Administration (OSHA): a branch of the U.S. Department of Labor that protects American workers.

Ozone: a gas made of three oxygen atoms.

Pollution: dirty or harmful substances in the environment.

Radiation: energy radiated in the form of waves or particles.

Sewage: human waste, garbage, detergents, and other household waste washed down drains and toilets.

Smog: a yellow/brown haze that forms when sunlight reacts with air pollution.

Water: the liquid that descends from the clouds as rain, forms streams, lakes, and seas.

**Unit 9 – Safety and First Aid**

Accident: any event that was not intended to happen.

Accident chain: a series of events that include a situation, an unsafe habit, and an unsafe action.

Accidental injuries: injuries that result from an accident.

First aid: the immediate, temporary care given to an injured or ill person until he or she can get professional help.

Heat exhaustion: a life threatening condition characterized by faintness, nausea, rapid heartbeat, and hot, red, dry, or sweaty skin.

Shock: a life threatening condition in which the circulatory system fails to deliver enough blood to vital tissues and organs.

Universal precautions: actions taken to prevent the spread of disease by treating all blood as if it were contaminated.
Appendix C: Industry Standards

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NHES 1: Students will comprehend concepts related to health promotion and disease prevention to Enhance health.

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

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

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

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

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

NHES 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
4.12.1 Use skills for communicating effectively with family, peers, and others to enhance health.
4.12.2 Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
4.12.3 Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.
4.12.4 Demonstrate how to ask for and offer assistance to enhance the health of self and others.

NHES 5: Students will demonstrate the ability to use decision-making skills to enhance health.
5.12.1 Examine barriers that can hinder healthy decision making.
5.12.2 Determine the value of applying a thoughtful decision-making process in health-related situations.
5.12.3 Justify when individual or collaborative decision making is appropriate.
5.12.4 Generate alternatives to health-related issues or problems.
5.12.5 Predict the potential short-term and long-term impact of each alternative on self and others.
5.12.6 Defend the healthy choice when making decisions.
5.12.7 Evaluate the effectiveness of health-related decisions.

NHES 6: Students will demonstrate the ability to use goal-setting skills to enhance health.
6.12.1 Assess personal health practices and overall health status.
6.12.2 Develop a plan to attain a personal health goal that addresses strengths, needs, and risks.
6.12.3 Implement strategies and monitor progress in achieving a personal health goal.
6.12.4 Formulate an effective long-term personal health plan.

NHES 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
7.12.1 Analyze the role of individual responsibility for enhancing health.
7.12.2 Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
7.12.3 Demonstrate a variety of behaviors to avoid or reduce health risks to self and others.

NHES 8: Students will demonstrate the ability to advocate for personal, family, and community health.
8.12.1 Utilize accurate peer and societal norms to formulate a health-enhancing message.
8.12.2 Demonstrate how to influence and support others to make positive health choices.
8.12.3 Work cooperatively as an advocate for improving personal, family, and community health.
8.12.4 Adapt health messages and communication techniques to a specific target audience.
## Appendix E: Common Core Standards

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### English Language Arts (6-12)

**College and Career Readiness Anchor Standards for Reading**

**Key Ideas and Details**

CCR1: Read closely to determine what the text says explicitly and to make logical inferences from it; cite specific textual evidence when writing or speaking to support conclusions drawn from the text.

CCR2: Determine central ideas or themes of a text, and analyze their development; summarize the key supporting details and ideas.

CCR3: Analyze how and why individuals, events, and ideas develop and interact over the course of a text.
Craft and Structure

CCR4: Interpret words and phrases as they are used in a text, including determining technical, connotative, and figurative meanings, and analyze how specific word choices shape meaning or tone.

CCR5: Analyze the structure of texts, including how specific sentences, paragraphs, and larger portions of the text (e.g., a section, chapter, scene, or stanza) relate to each other and the whole.

CCR6: Assess how point of view or purpose shapes the content and style of a text.

Integration of Knowledge and Ideas

CCR7: Integrate and evaluate content presented in diverse formats and media, including visually and quantitatively, as well as in words.

CCR8: Delineate and evaluate the argument and specific claims in a text, including the validity of the reasoning as well as the relevance and sufficiency of the evidence.

CCR9: Analyze how two or more texts address similar themes or topics in order to build knowledge or to compare the approaches the authors take.

Range of Reading and Level of Text Complexity

CCR10: Read and comprehend complex literary and informational texts independently and proficiently.

Mathematics (High School)

College and Career Readiness Anchor Standards for Writing

Text Types and Purposes

CCW1: Write arguments to support claims in an analysis of substantive topics or texts, using valid reasoning and relevant and sufficient evidence.

CCW2: Write informative/explanatory texts to examine and convey complex ideas and information clearly and accurately through the effective selection, organization, and analysis of content.

CCW3: Write narratives to develop real or imagined experiences or events using effective technique, well-chosen details, and well-structured event sequences.

Production and Distribution of Writing

CCW4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.

CCW5: Develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach.

CCW6: Use technology, including the Internet, to produce and publish writing and to interact and collaborate with others.
Research to Build and Present Knowledge

CCW7: Conduct short as well as more sustained research projects based on focused questions, demonstrating understanding of the subject under investigation.

CCW8: Gather relevant information from multiple print and digital sources, assess the credibility and accuracy of each source, and integrate the information while avoiding plagiarism.

CCW9: Draw evidence from literary or informational texts to support analysis, reflection, and research.

Range of Writing

CCW10: Write routinely over extended time frames (time for research, reflection, and revision) and shorter time frames (a single sitting or a day or two) for a range of tasks, purposes, and audiences.

College and Career Readiness Anchor Standards for Speaking and Listening

Comprehension and Collaboration

CCSL1: 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.

CCSL2: Integrate and evaluate information presented in diverse media and formats, including visually, quantitatively, and orally.

CCSL3: Evaluate a speaker’s point of view, reasoning, and use of evidence and rhetoric.

Presentation of Knowledge and Ideas

CCSL4: Present information, findings, and supporting evidence such that listeners can follow the line of reasoning and the organization, development, and style are appropriate to task, purpose, and audience.

CCSL5: Make strategic use of digital media and visual displays of data to express information and enhance understanding of presentations.

CCSL6: Adapt speech to a variety of contexts and communicative tasks, demonstrating command of formal English when indicated or appropriate.

College and Career Readiness Anchor Standards for Language

Conventions of Standard English

CCL1: Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.

CCL2: Demonstrate command of the conventions of standard English capitalization, punctuation, and spelling when writing.
Knowledge of Language

CCL3: Apply knowledge of language to understand how language functions in different contexts, to make effective choices for meaning or style, and to comprehend more fully when reading or listening.

Vocabulary Acquisition and Use

CCL4: Determine or clarify the meaning of unknown and multiple-meaning words and phrases by using context clues, analyzing meaningful word parts, and consulting general and specialized reference materials, as appropriate.

CCL5: Demonstrate understanding of figurative language, word relationships, and nuances in word meanings.

CCL6: Acquire and use accurately a range of general academic and domain-specific words and phrases sufficient for reading, writing, speaking, and listening at the college and career readiness level; demonstrate independence in gathering vocabulary knowledge when considering a word or phrase important to comprehension or expression.
## Appendix D: 21st Century Skills

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<tr>
<th>21st Century Standards</th>
<th>Unit 1 Personal &amp; Consumer Health</th>
<th>Unit 2 Mental Health</th>
<th>Unit 3 Social &amp; Family Health</th>
<th>Unit 4 Human Growth &amp; Development</th>
<th>Unit 5 Disease Prevention &amp; Control</th>
<th>Unit 6 Nutrition &amp; Fitness</th>
<th>Unit 7 Substance Abuse Prevention</th>
<th>Unit 8 Community &amp; Environment Health</th>
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### CSS1-21st Century Themes

#### CS1 Global Awareness
1. Using 21st century skills to understand and address global issues
2. Learning from and working collaboratively with individuals representing diverse cultures, religions, and lifestyles in a spirit of mutual respect and open dialogue in personal, work, and community contexts
3. Understanding other nations and cultures, including the use of non-English languages

#### CS2 Financial, Economic, Business, and Entrepreneurial Literacy
1. Knowing how to make appropriate personal economic choices
2. Understanding the role of the economy in society
3. Using entrepreneurial skills to enhance workplace productivity and career options

#### CS3 Civic Literacy
1. Participating effectively in civic life through knowing how to stay informed and understanding governmental processes
2. Exercising the rights and obligations of citizenship at local, state, national, and global levels
3. Understanding the local and global implications of civic decisions

#### CS4 Health Literacy
1. Obtaining, interpreting, and understanding basic health information and services and using such information and services in ways that enhance health
2. Understanding preventive physical and mental health measures, including proper diet, nutrition, exercise, risk avoidance, and stress reduction
3. Using available information to make appropriate health-related decisions
4. Establishing and monitoring personal and family health goals
5. Understanding national and international public health and safety issues

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CS5  **Environmental Literacy**
1. Demonstrate knowledge and understanding of the environment and the circumstances and conditions affecting it, particularly as relates to air, climate, land, food, energy, water, and ecosystems.
2. Demonstrate knowledge and understanding of society’s impact on the natural world (e.g., population growth, population development, resource consumption rate, etc.).
3. Investigate and analyze environmental issues, and make accurate conclusions about effective solutions.
4. Take individual and collective action toward addressing environmental challenges (e.g., participating in global actions, designing solutions that inspire action on environmental issues).

CS2-Learning and Innovation Skills
CS6  **Creativity and Innovation**
1. Think Creatively
2. Work Creatively with Others
3. Implement Innovations

CS7  **Critical Thinking and Problem Solving**
1. Reason Effectively
2. Use Systems Thinking
3. Make Judgments and Decisions
4. Solve Problems

CS8  **Communication and Collaboration**
1. Communicate Clearly
2. Collaborate with Others

CS3-Information, Media and Technology Skills
CS9  **Information Literacy**
1. Access and Evaluate Information
2. Use and Manage Information

CS10  **Media Literacy**
1. Analyze Media
2. Create Media Products

CS11  **ICT Literacy**
1. Apply Technology Effectively

CS4-Life and Career Skills
CS12  **Flexibility and Adaptability**
1. Adapt to change
2. Be Flexible

CS13  **Initiative and Self-Direction**
1. Manage Goals and Time
2. Work Independently
3. Be Self-directed Learners

CS14  **Social and Cross-Cultural Skills**
1. Interact Effectively with others
2. Work Effectively in Diverse Teams

CS15  **Productivity and Accountability**
1. Manage Projects
2. Produce Results

CS16  **Leadership and Responsibility**
1. Guide and Lead Others
2. Be Responsible to Others
Appendix F: National Educational Technology Standards for Students (NETS-S)

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<th>NETS Standard</th>
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T1  Creativity and Innovation
Students demonstrate creative thinking, construct knowledge, and develop innovative products and processes using technology. Students do the following:
   a. Apply existing knowledge to generate new ideas, products, or processes.
   b. Create original works as a means of personal or group expression.
   c. Use models and simulations to explore complex systems and issues.
   d. Identify trends and forecast possibilities.

T2  Communication and Collaboration
Students use digital media and environments to communicate and work collaboratively, including at a distance, to support individual learning and contribute to the learning of others. Students do the following:
   a. Interact, collaborate, and publish with peers, experts, or others employing a variety of digital environments and media.
   b. Communicate information and ideas effectively to multiple audiences using a variety of media and formats.
   c. Develop cultural understanding and global awareness by engaging with learners of other cultures.
   d. Contribute to project teams to produce original works or solve problems.

T3  Research and Information Fluency
Students apply digital tools to gather, evaluate, and use information. Students do the following:
   a. Plan strategies to guide inquiry.
   b. Locate, organize, analyze, evaluate, synthesize, and ethically use information from a variety of sources and media.
   c. Evaluate and select information sources and digital tools based on the appropriateness to specific tasks.
d. Process data and report results.

**T4  Critical Thinking, Problem Solving, and Decision Making**

Students use critical-thinking skills to plan and conduct research, manage projects, solve problems, and make informed decisions using appropriate digital tools and resources. Students do the following:

a. Identify and define authentic problems and significant questions for investigation.
b. Plan and manage activities to develop a solution or complete a project.
c. Collect and analyze data to identify solutions and/or make informed decisions.
d. Use multiple processes and diverse perspectives to explore alternative solutions.

**T5  Digital Citizenship**

Students understand human, cultural, and societal issues related to technology and practice legal and ethical behavior. Students do the following:

a. Advocate and practice safe, legal, and responsible use of information and technology.
b. Exhibit a positive attitude toward using technology that supports collaboration, learning, and productivity.
c. Demonstrate personal responsibility for lifelong learning.
d. Exhibit leadership for digital citizenship.

**T6  Technology Operations and Concepts**

Students demonstrate a sound understanding of technology concepts, systems, and operations. Students do the following:

a. Understand and use technology systems.
b. Select and use applications effectively and productively.
c. Troubleshoot systems and applications.
d. Transfer current knowledge to learning of new technologies.
Appendix G: Mississippi House Bill 999

MISSISSIPPI LEGISLATURE
2011 Regular Session
To: Education
By: Representatives Clarke, Mayo, Hines, Broomfield, Brown, Burnett, Calhoun, Clark, Coleman (29th), Coleman (65th), Dedeaux, Evans (70th), Flaggs, Fredericks, Gardner, Gibbs, Harrison, Lane, Smith (27th), Straughter, Thomas, Scott

House Bill 999

(As Sent to Governor)

AN ACT TO AMEND SECTION 37-13-171, MISSISSIPPI CODE OF 1972, TO REQUIRE EACH LOCAL SCHOOL BOARD TO ADOPT A SEX-RELATED EDUCATION POLICY TO IMPLEMENT ABSTINENCE-ONLY OR ABSTINENCE-PLUS EDUCATION INTO ITS LOCAL SCHOOL DISTRICT’S CURRICULUM BY JUNE 30, 2012, OR TO REQUIRE THE LOCAL SCHOOL BOARD TO ADOPT THE PROGRAM DEVELOPED BY THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH; TO REQUIRE THE STATE DEPARTMENT TO APPROVE EACH DISTRICT’S CURRICULUM FOR SEX-RELATED EDUCATION AND ESTABLISH A PROTOCOL TO BE USED BY DISTRICTS TO PROVIDE CONTINUITY IN TEACHING THE APPROVED CURRICULUM; TO PROVIDE THAT INSTRUCTION IN SCHOOL DISTRICTS IMPLEMENTING ABSTINENCE-PLUS EDUCATION INTO THE CURRICULUM MAY BE EXPANDED BEYOND THE INSTRUCTION FOR ABSTINENCE-ONLY EDUCATION WITHIN PARAMETERS APPROVED BY THE DEPARTMENT; TO DEFINE ABSTINENCE-PLUS EDUCATION; TO REMOVE THE AUTHORITY GIVEN TO LOCAL SCHOOL BOARDS TO VOTE IN FAVOR OF TEACHING SEX EDUCATION WITHOUT ANY INSTRUCTION ON ABSTINENCE; TO PROHIBIT ANY TEACHING THAT ABORTION CAN BE USED TO PREVENT THE BIRTH OF A BABY; TO REQUIRE BOYS AND GIRLS TO BE SEPARATED INTO DIFFERENT CLASSES BY GENDER AT ALL TIMES WHEN SEX-RELATED EDUCATION IS DISCUSSED OR TAUGHT; TO REQUIRE THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF HEALTH TO DEVELOP CERTAIN PROGRAMS AND STRATEGIES PROMOTING PREGNANCY PREVENTION AND PROVIDING INFORMATION ON THE CONSEQUENCES OF UNPROTECTED, UNINFORMED AND UNDERAGE SEXUAL ACTIVITY; TO PROVIDE FOR THE REPEAL OF THIS SECTION ON JULY 1, 2016; TO AMEND SECTION 37-13-173, MISSISSIPPI CODE OF 1972, RELATING TO PARENTAL NOTICE; TO AMEND SECTION 2, CHAPTER 507, LAWS OF 2009, TO REVISE THE DUTIES OF THE TEEN PREGNANCY PREVENTION TASK FORCE AND TO EXTEND THE DATE OF THE REPEAL ON THE TASK FORCE TO JULY 1, 2016; TO REQUIRE THE STATE DEPARTMENT OF HEALTH AND THE STATE DEPARTMENT OF EDUCATION, SUBJECT TO THE AVAILABILITY OF FUNDS, TO ESTABLISH A PILOT PROGRAM IN EACH HEALTH CARE DISTRICT, TO BE LOCATED IN A SCHOOL DISTRICT IN A COUNTY HAVING THE HIGHEST NUMBER OF TEEN PREGNANCIES; TO REQUIRE THOSE AGENCIES TO PROVIDE CERTAIN EDUCATIONAL SERVICES THROUGH QUALIFIED PERSONNEL; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Section 37-13-171, Mississippi Code of 1972, is amended as follows:

37-13-171. (1) The local school board of every public school district shall adopt a policy to implement abstinence-only or abstinence-plus education into its curriculum by June 30, 2012, which instruction in those subjects shall be implemented not later than the start of the 2012-2013 school year or the local school board shall adopt the program which has been developed by the Mississippi Department of Human Services and the Mississippi Department of Health. The State Department of Education shall approve each district’s curriculum for sex-related education and shall establish a protocol to be used by districts to provide continuity in teaching the approved curriculum in a manner that is age, grade and developmentally appropriate.
(2) Abstinence-only education shall remain the state standard for any sex-related education taught in the public schools. For purposes of this section, abstinence-only education includes any type of instruction or program which, at an appropriate age and grade:

(a) Teaches the social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical effects of not abstaining;

(b) Teaches the harmful consequences to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, educational, financial and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others;

(c) Teaches that unwanted sexual advances are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances;

(d) Teaches that abstinence from sexual activity before marriage, and fidelity within marriage, is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases and related health problems. The instruction or program may include a discussion on condoms or contraceptives, but only if that discussion includes a factual presentation of the risks and failure rates ** of those contraceptives. In no case shall the instruction or program include any demonstration of how condoms or other contraceptives are applied;

(e) Teaches the current state law related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity; and

(f) Teaches that a mutually faithful, monogamous relationship in the context of marriage is the only appropriate setting for sexual intercourse.

(3) A program or instruction on sex-related education need not include every component listed in subsection (2) of this section for abstinence-only education. However, no program or instruction under an abstinence-only curriculum may include anything that contradicts the excluded components. For purposes of this section, abstinence-plus education includes every component listed under subsection (2) of this section that is age and grade appropriate, in addition to any other programmatic or instructional component approved by the department, which shall not include instruction and demonstrations on the application and use of condoms. Abstinence-plus education may discuss other contraceptives, the nature, causes and effects of sexually transmitted diseases, or the prevention of sexually transmitted diseases, including HIV/AIDS, along with a factual presentation of the risks and failure rates.

(4) Any course containing sex-related education offered in the public schools shall include instruction in either abstinence-only or abstinence-plus education. **

(5) Local school districts, in their discretion, may host programs designed to teach parents how to discuss abstinence with their children.

(6) There shall be no effort in either an abstinence-only or an abstinence-plus curriculum to teach that abortion can be used to prevent the birth of a baby.
(7) At all times when sex-related education is discussed or taught, boys and girls shall be separated according to gender into different classrooms, sex-related education instruction may not be conducted when boys and girls are in the company of any students of the opposite gender.

(8) This section shall stand repealed on July 1, 2016.

SECTION 2. (1) The Mississippi Department of Human Services shall develop programs to accomplish the purpose of one or more of the following strategies:

(a) Promoting effective communication among families about preventing teen pregnancy, particularly communication among parents or guardians and their children;

(b) Educating community members about the consequences of unprotected, uninformed and underage sexual activity and teen pregnancy;

(c) Encouraging young people to postpone sexual activity and prepare for a healthy, successful adulthood, including teaching them skills to avoid making or receiving unwanted verbal, physical, and sexual advances;

(d) Providing medically accurate information about the health benefits and side effects of all contraceptives and barrier methods as a means to prevent pregnancy and reduce the risk of contracting sexually transmitted infections, including HIV/AIDS; or

(e) Providing educational information, including medically accurate information about the health benefits and side effects of all contraceptives and barrier methods, for young people in those communities who are already sexually active or are at risk of becoming sexually active and inform young people in those communities about the responsibilities and consequences of being a parent, and how early pregnancy and parenthood can interfere with educational and other goals.

(2) The State Department of Health shall develop programs with the following strategies:

(a) To carry out activities, including counseling, to prevent unintended pregnancy and sexually transmitted infections, including HIV/AIDS, among teens;

(b) To provide necessary social and cultural support services regarding teen pregnancy;

(c) To provide health and educational services related to the prevention of unintended pregnancy and sexually transmitted infections, including HIV/AIDS, among teens;

(d) To promote better health and educational outcomes among pregnant teens; and

(e) To provide training for individuals who plan to work in school-based support programs regarding the prevention of unintended pregnancy and sexually transmitted infections, including HIV/AIDS, among teens.

(3) It shall be the responsibility of school nurses employed by local school districts implementing the program developed by the State Department of Health under subsection (2) of this section to carry out the functions of those strategies to promote consistency in the administration of the program.

SECTION 3. Section 37-13-173, Mississippi Code of 1972, is amended as follows:

37-13-173. Each school providing instruction or any other presentation on human sexuality in the classroom, assembly or other official setting shall be required to provide no less than one (1) week's written notice thereof to
the parents of children in such programs of instruction. The written notice must inform the parents of their right to request the inclusion of their child for such instruction or presentation. The notice also must inform the parents of the right, and the appropriate process, to review the curriculum and all materials to be used in the lesson or presentation. Upon the request of any parent, the school shall excuse the parent's child from such instruction or presentation, without detriment to the student.

**SECTION 4.** Section 2, Chapter 507, Laws of 2009, is amended as follows:

Section 2. (1) There is created the Teen Pregnancy Prevention Task Force to study and make recommendation to the Legislature on the implementation of sex-related educational courses through abstinence-only or abstinence-plus education into the curriculum of local school districts and the coordination of services by certain state agencies to reduce teen pregnancy and provide prenatal and postnatal training to expectant teen parents in Mississippi. The task force shall make an annual report of its findings and recommendations to the Legislature beginning with the 2012 Regular Session.

(2) The task force shall be composed of the following seventeen (17) members:

(a) The Chairmen of the Senate and House Public Health and Welfare Committees, or their designees;
(b) The Chairmen of the Senate and House Education Committees, or their designees;
(c) The Chairman of the House Select Committee on Poverty;
(d) One (1) member of the Senate appointed by the Lieutenant Governor;
(e) The Executive Director of the Department of Human Services, or his or her designee;
(f) The State Health Officer, or his or her designee;
(g) The State Superintendent of Public Education, or his or her designee;
(h) The Executive Director of the Division of Medicaid, or his or her designee;
(i) The Executive Director of the State Department of Mental Health, or his or her designee;
(j) The Vice Chancellor for Health Affairs and Dean of the University of Mississippi Medical Center School of Medicine, or his or her designee;
(k) Two (2) representatives of the private health or social services sector appointed by the Governor;
(l) One (1) representative of the private health or social services sector appointed by the Lieutenant Governor; * *

(m) One (1) representative of the private health or social services sector appointed by the Speaker of the House of Representatives; and

(n) One (1) representative from a local community-based youth organization that teaches or has taught a federal or local school district approved curriculum.

(3) Appointments shall be made within thirty (30) days after the effective date of this act, and, within fifteen (15) days thereafter on a day to be designated jointly by the Speaker of the House and the Lieutenant Governor, the task force shall meet and organize by selecting from its membership a chairman and a vice chairman. The vice chairman shall also serve as secretary and shall be responsible for keeping all records of the task force. A majority
of the members of the task force shall constitute a quorum. In the selection of its officers and the adoption of rules, resolutions and reports, an affirmative vote of a majority of the task force shall be required. All members shall be notified in writing of all meetings, the notices to be mailed at least fifteen (15) days before the date on which a meeting is to be held. If a vacancy occurs on the task force, the vacancy shall be filled in the manner that the original appointment was made.

(4) Members of the task force who are not legislators, state officials or state employees shall be compensated at the per diem rate authorized by Section 25-3-69 and shall be reimbursed in accordance with Section 25-3-41 for mileage and actual expenses incurred in the performance of their duties. Legislative members of the task force shall be paid from the contingent expense funds of their respective houses in the same manner as provided for committee meetings when the Legislature is not in session. However, no per diem or expense for attending meetings of the task force may be paid to legislative members of the task force while the Legislature is in session. No task force member may incur per diem, travel or other expenses unless previously authorized by vote, at a meeting of the task force, which action shall be recorded in the official minutes of the meeting. Nonlegislative members shall be paid from any funds made available to the task force for that purpose.

(5) The task force shall use clerical and legal staff already employed by the Legislature and any other staff assistance made available to it by the Department of Health, the Mississippi Department of Human Services, the Department of Mental Health, the State Department of Education and the Division of Medicaid. To effectuate the purposes of this section, any department, division, board, bureau, commission or agency of the state or of any political subdivision thereof shall, at the request of the chairman of the task force, provide to the task force such facilities, assistance and data as will enable the task force properly to carry out its duties.

(6) In order to carry out the functions and responsibilities necessary to study and make recommendations to the Legislature, the Teen Pregnancy Prevention Task Force shall:

(a) Form task force subgroups based on specific areas of expertise;

(b) Review and consider coordinated services and plans and related studies done by or through existing state agencies and advisory, policy or research organizations to reduce teen pregnancy and provide the necessary prenatal and postnatal training to expectant teen parents;

(c) Review and consider statewide and regional planning initiatives related to teen pregnancy;

(d) Consider efforts of stakeholder groups to comply with federal requirements for coordinated planning and service delivery; * * *

(e) Evaluate the implementation of sex-related educational courses through abstinence-only or abstinence-plus education in local school districts throughout the state;

(f) Evaluate the effect of the adoption of a required sex education policy on teen pregnancy rates and dropout rates due to teen pregnancy on the local school district and statewide levels;

(g) Compare and analyze data in districts adopting and implementing abstinence-only education to districts adopting abstinence-plus education;
(h) Require the Department of Health, the Mississippi Department of Human Services, the Department of Mental Health, the State Department of Education and the Division of Medicaid to conduct a study of community programs available throughout the state, and the areas wherein they are located, which provide programs of instruction on sexual behavior and assistance to teen parents; and

(i) Work through the Department of Health, the Mississippi Department of Human Services, the Department of Mental Health, the State Department of Education and the Division of Medicaid to cause any studies, assessments and analyses to be conducted as may be deemed necessary by the task force.

(7) This section shall stand repealed on July 1, 2016.

SECTION 5. (1) Beginning with the 2012-2013 school year, to the extent that federal or state funds are available and appropriated by the Legislature for the purposes of establishing and implementing the Prevention of Teen Pregnancy Pilot Program authorized by Section 41-79-5, the State Department of Health in conjunction with the State Department of Education shall establish a pilot program in each of the nine (9) health districts as defined by the State Department of Health, to be located in a school district in a county in that district having the highest number of teen pregnancies.

(2) The State Department of Health and the State Department of Education shall jointly provide education services through qualified personnel to increase awareness of the health, social and economic risks associated with teen pregnancy. The services and curriculum provided shall have a primary emphasis on reducing the teenage pregnancy rate in those pilot districts.

SECTION 6. This act shall take effect and be in force from and after July 1, 2011.
Appendix H: Mississippi Senate Bill 2472 – Nathan’s Law

MISSISSIPPI LEGISLATURE
2011 Regular Session
To: Judiciary, Division A
By: Senator(s) McDaniel, Watson, Yancey, Montgomery, Hyde-Smith, King, Lee (35th), Chassaniol, Ward, Gollott, Flowers, Hewes, Mettetal, Hudson, Jackson (15th), Moffatt, Fillingane, Brown, Davis, Burton, Dearing

SENATE BILL NO. 2472
(As Sent to Governor)

AN ACT TO CREATE “NATHAN’S LAW”; TO AMEND SECTION 63-3-615, MISSISSIPPI CODE OF 1972, TO CLARIFY THE OFFENSE OF PASSING A SCHOOL BUS WHEN STOPPED TO LOAD OR UNLOAD STUDENTS AND TO REVISE THE PENALTY THEREFORE; TO REQUIRE THE STATE DEPARTMENT OF EDUCATION TO DEVELOP CURRICULUM GUIDELINES FOR SCHOOL BUS SAFETY; TO AMEND SECTION 63-1-73, MISSISSIPPI CODE OF 1972, TO PROHIBIT THE USE OF WIRELESS COMMUNICATION DEVICES BY BUS DRIVERS; TO AMEND SECTION 97-3-7, MISSISSIPPI CODE OF 1972, IN CONFORMITY; TO AMEND SECTION 63-1-33, MISSISSIPPI CODE OF 1972, TO REVISE THE DRIVER’S LICENSE EXAMINATION REQUIREMENTS TO ENSURE COVERAGE THEREON OF SCHOOL BUS SAFETY ISSUES; TO AUTHORIZE CAMERAS ON SCHOOL BUS STOP ARMS; TO AUTHORIZE THE DEPARTMENTS OF TRANSPORTATION AND EDUCATION TO CONDUCT A PUBLIC EDUCATION CAMPAIGN ON SCHOOL BUS SAFETY; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Section 63-3-615, Mississippi Code of 1972, is amended as follows:

63-3-615. (1) (a) The driver of a vehicle upon a street or highway upon meeting or overtaking any school bus that has stopped on the street or highway for the purpose of receiving or discharging any school children shall come to a complete stop at least ten (10) feet from the school bus before reaching the school bus when there is in operation on the school bus the flashing red lights provided in Section 63-7-23, or when a retractable, hand-operated stop sign is extended; the driver shall not proceed until the children have crossed the street or highway and the school bus has resumed motion or the flashing red lights are no longer actuated and the hand-operated stop sign is retracted.

(b) The driver of a vehicle upon a highway that has four (4) lanes or more, whether or not there is a median or turn lane, need not stop upon meeting or passing a school bus that is on a different roadway or when upon a controlled-access highway if the school bus is stopped in a loading zone that is a part of or adjacent to the highway and where pedestrians are not permitted to cross the roadway.

(2) (a) Except as provided in paragraph (b), any person violating the provisions of subsection (1) of this section shall be guilty of a misdemeanor and upon a first conviction thereof shall be fined not less than $350.00 nor more than $750.00, or imprisoned for not more than one (1) year, or both. For a second or subsequent offense, the offenses being committed within a period of five (5) years, the person shall be guilty of a misdemeanor and, upon conviction, shall be fined not less than Seven Hundred Fifty Dollars ($750.00).
Hundred Fifty Dollars ($750.00) nor more than One Thousand Five Hundred Dollars ($1,500.00), or imprisoned for not more than one (1) year, or both. In addition, the Commissioner of Public Safety or his duly authorized designee, after conviction for a second or subsequent offense and upon receipt of the court abstract, shall suspend the driver’s license and driving privileges of the person for a period of ninety (90) days.

(b) A conviction under this section for a violation resulting in any injury to a child who is in the process of boarding or exiting a school bus shall be a violation of Section 54 97-3-7, and a violator shall be punished under subsection (2) of that section.

(3) This section shall be applicable only in the event the school bus shall bear upon the front and rear thereon a plainly visible sign containing the words "school bus" in letters not less than four (4) inches in height.

(4) If the driver of any vehicle is witnessed by a law enforcement officer or the driver of a school bus to have violated this section and the identity of the driver of the vehicle is not otherwise apparent, it shall be a rebuttable inference that the person in whose name the vehicle is registered committed the violation. If charges are filed against multiple owners of a motor vehicle, only one (1) of the owners may be convicted and court costs may be assessed against only one (1) of the owners. If the vehicle that is involved in the violation is registered in the name of a rental or leasing company and the vehicle is rented or leased to another person at the time of the violation, the rental or leasing company may rebut the inference of guilt by providing the law enforcement officer or prosecuting authority with a copy of the rental or lease agreement in effect at the time of the violation.

SECTION 2. Section 63-1-73, Mississippi Code of 1972, is amended as follows:

63-1-73. (1) For purposes of this section, the following terms shall have the meanings ascribed in this subsection, unless the context clearly indicates otherwise:

(a) "Cellular telephone" means an analog or digital wireless telephone authorized by the Federal Communications Commission to operate in the frequency bandwidth reserved for cellular radiophones.

(b) "Personal digital assistant" means a wireless electronic communication device that provides for data communications other than by voice.

(c) The term "E911" shall have the meaning ascribed in Section 19-5-303.

(d) "Wireless communication device" means a device that uses a commercial mobile service, as defined by 47 USC Section 332, including a cellular telephone or personal digital assistant.

(2) (a) A person who is authorized to drive under an intermediate license, a temporary learning permit or a temporary driving permit shall not operate a motor vehicle on a highway while using a wireless communication device to send or receive a written message while the motor vehicle is in motion.

(b) A person shall not use a wireless communication device while operating a passenger bus with a minor passenger on the bus, except for an emergency or in the case of a school bus driver for official school business or in an emergency.

(3) This section does not apply to any of the following:

(a) Law enforcement and safety personnel;
(b) Drivers of authorized emergency vehicles;

(c) * * * A person who is reporting reckless or negligent behavior;

(d) * * * A person who believes that the person or another person is in physical danger * * *

(e) Written messages sent or received while the vehicle is parked; * * *

(f) The use of a wireless communication device for the sole purpose of communicating with any of the following regarding an emergency situation:

(i) An emergency response or E911 operator;

(ii) A hospital, physician’s office or health clinic;

(iii) A provider of ambulance services;

(iv) A provider of firefighting services;

(v) A law enforcement agency;

(g) The use of technology utilizing a cellular connection to a vehicle to relay vehicle operational information between the vehicle and a call center or repair facility; and

(h) A vehicle navigation system utilizing a cellular connection to update databases and provide real-time traffic information.

(4) (a) A violation of this section is a misdemeanor, and upon conviction, is punishable by a fine not to exceed Five Hundred Dollars ($500.00).

(b) If the person violates this section at the time that he is involved in a motor vehicle accident, then the S. B. No. 2472 violations is punishable by a fine not to exceed One Thousand Dollars ($1,000.00).

(c) A law enforcement officer investigating a motor vehicle accident in which a person is cited for violating subsection (2)(b) or (c) of this section * * * shall indicate on the written accident report * * * the use of a wireless communication device in violation of this section * * * at the time of the accident.

SECTION 3. Section 97-3-7, Mississippi Code of 1972, is amended as follows:

97-3-7. (1) A person is guilty of simple assault if he (a) attempts to cause or purposely, knowingly or recklessly causes bodily injury to another; or (b) negligently causes bodily injury to another with a deadly weapon or other means likely to produce death or serious bodily harm; or (c) attempts by physical menace to put another in fear of imminent serious bodily harm; and, upon conviction, he shall be punished by a fine of not more than Five Hundred Dollars ($500.00) or by imprisonment in the county jail for not more than six (6) months, or both.

However, a person convicted of simple assault (a) upon a statewide elected official, law enforcement officer, fireman, emergency medical personnel, public health personnel, social worker or family protection specialist or family protection worker employed by the Department of Human Services or another agency, youth detention center personnel, training school juvenile care worker, any county or municipal jail officer, superintendent, principal, teacher or other instructional personnel, school attendance officer, school bus driver, or a judge of a circuit, chancery, county, justice, municipal or youth court or a judge of the Court of Appeals or a justice of the Supreme Court, district attorney, legal assistant to a district attorney, county prosecutor, municipal prosecutor,
court reporter employed by a court, court administrator, clerk or deputy clerk of the court, or public defender, while such statewide elected official, judge or justice, law enforcement officer, fireman, emergency medical personnel, public health personnel, social worker, family protection specialist, family protection worker, youth detention center personnel, training school juvenile care worker, any county or municipal jail officer, superintendent, principal, teacher or other instructional personnel, school attendance officer, school bus driver, district attorney, legal assistant to a district attorney, county prosecutor, municipal prosecutor, court reporter employed by a court, court administrator, clerk or deputy clerk of the court, or public defender is acting within the scope of his duty, office or employment; (b) upon a legislator while the Legislature is in regular or extraordinary session or while otherwise acting within the scope of his duty, office or employment; or (c) upon a person who is sixty-five (65) years of age or older or a person who is a vulnerable adult, as defined in Section 43-47-5, shall be punished by a fine of not more than One Thousand Dollars ($1,000.00) or by imprisonment for not more than five (5) years, or both.

(2) A person is guilty of aggravated assault if he (a) attempts to cause serious bodily injury to another, or causes such injury purposely, knowingly or recklessly under circumstances manifesting extreme indifference to the value of human life; * * * (b) attempts to cause or purposely or knowingly causes bodily injury to another with a deadly weapon or other means likely to produce death or serious bodily harm; or (c) causes any injury to a child who is in the process of boarding or exiting a school bus in the course of a violation of Section 63-3-615; and, upon conviction, he shall be punished by imprisonment in the county jail for not more than one (1) year or in the Penitentiary for not more than twenty (20) years. However, a person convicted of aggravated assault (a) upon a statewide elected official, law enforcement officer, fireman, emergency medical personnel, public health personnel, social worker, family protection specialist, family protection worker employed by the Department of Human Services or another agency, youth detention center personnel, training school juvenile care worker, any county or municipal jail officer, superintendent, principal, teacher or other instructional personnel, school attendance officer, school bus driver, or a judge of a circuit, chancery, county, justice, municipal or youth court or a judge of the Court of Appeals or a justice of the Supreme Court, district attorney, legal assistant to a district attorney, county prosecutor, municipal prosecutor, court reporter employed by a court, court administrator, clerk or deputy clerk of the court, or public defender, while such statewide elected official, judge or justice, law enforcement officer, fireman, emergency medical personnel, public health personnel, social worker, family protection specialist, family protection worker, youth detention center personnel, training school juvenile care worker, any county or municipal jail officer, superintendent, principal, teacher or other instructional personnel, school attendance officer, school bus driver, district attorney, legal assistant to a district attorney, county prosecutor, municipal prosecutor, court reporter employed by a court, court administrator, clerk or deputy clerk of the court, or public defender is acting within the scope of his duty, office or employment; (b) upon a legislator while the Legislature is in regular or extraordinary session or while otherwise acting within the scope of his duty, office or employment; or (c) upon a person who is sixty-five (65) years of age or older or a person who is a
vulnerable adult, as defined in Section 43-47-5, shall be punished by a fine of not more than Five Thousand Dollars ($5,000.00) or by imprisonment for not more than thirty (30) years, or both.

(3) A person is guilty of simple domestic violence who commits simple assault as described in subsection (1) of this section against a current or former spouse or a child of that person, a person living as a spouse or who formerly lived as a spouse with the defendant or a child of that person, other persons related by consanguinity or affinity who reside with or formerly resided with the defendant, a person who has a current or former dating relationship with the defendant, or a person with whom the defendant has had a biological or legally adopted child and, upon conviction, the defendant shall be punished as provided under subsection (1) of this section; however, upon a third or subsequent conviction of simple domestic violence, whether against the same or another victim and within five (5) years, the defendant shall be guilty of a felony and sentenced to a term of imprisonment not less than five (5) nor more than ten (10) years. In sentencing, the court shall consider as an aggravating factor whether the crime was committed in the physical presence or hearing of a child under sixteen (16) years of age who was, at the time of the offense, living within either the residence of the victim, the residence of the perpetrator, or the residence where the offense occurred.

(4) A person is guilty of aggravated domestic violence who commits aggravated assault as described in subsection (2) of this section against, or who strangles, or attempts to strangle, a current or former spouse or a child of that person, a person living as a spouse or who formerly lived as a spouse with the defendant or a child of that person, other persons related by consanguinity or affinity who reside with or formerly resided with the defendant, a person who has a current or former dating relationship with the defendant, or a person with whom the defendant has had a biological or legally adopted child. Upon conviction, the defendant shall be punished by imprisonment in the custody of the Department of Corrections for not less than two (2) years; however, upon a third or subsequent conviction of aggravated domestic violence, whether against the same or another victim and within five (5) years, the defendant shall be guilty of a felony and sentenced to a term of imprisonment of not less than ten (10) nor more than twenty (20) years. In sentencing, the court shall consider as an aggravating factor whether the crime was committed in the physical presence or hearing of a child under sixteen (16) years of age who was, at the time of the offense, living within either the residence of the victim, the residence of the perpetrator, or the residence where the offense occurred. Reasonable discipline of a child, such as spanking, is not an offense under this subsection (4). A person convicted of aggravated domestic violence shall not be eligible for parole under the provisions of Section 47-7-3(1)(c) until he shall have served one (1) year of his sentence.

For the purposes of this section, "strangle" means to restrict the flow of oxygen or blood by intentionally applying pressure on the neck or throat of another person by any means or to intentionally block the nose or mouth of another person by any means.

(5) "Dating relationship" means a social relationship as defined in Section 93-21-3.
(6) Every conviction of domestic violence may require as a condition of any suspended sentence that the defendant participate in counseling or treatment to bring about the cessation of domestic abuse. The defendant may be required to pay all or part of the cost of the counseling or treatment, in the discretion of the court.

(7) When investigating allegations of a violation of subsection (3) or (4) of this section, law enforcement officers shall utilize the form prescribed for such purposes by the Office of the Attorney General in consultation with the sheriff's and police chief's associations.

(8) In any conviction of assault as described in any subsection of this section which arises from an incident of domestic violence, the sentencing order shall include the designation "domestic violence." The court shall forward a copy of each sentencing order bearing the designation "domestic violence" to the Office of the Attorney General.

SECTION 4. The State Department of Education shall develop and issue curriculum guidelines to school districts relating to the implementation of a school bus safety curriculum for implementation in Kindergarten through Grade 3.

SECTION 5. Section 63-1-33, Mississippi Code of 1972, is amended as follows:

63-1-33. (1) Except as otherwise provided under subsection (6) of this section, it shall be the duty of the license examiner, when application is made for an operator’s license or temporary driving permit, to test the applicant’s ability to read and understand road signs and to give the required signals as adopted by the National Advisory Committee on Uniform Traffic Control Devices and the American Association of Motor Vehicle Administrators.

(2) Except as otherwise provided under subsection (6) of this section, the commissioner shall have prepared and administer a test composed of at least ten (10) questions relating to the safe operation of a motor vehicle and testing the applicant’s knowledge of the proper operation of a motor vehicle. Every examination shall ensure adequate knowledge on the part of the applicant as to school bus safety requirements.

(3) Prior to the administration of the test, the license examiner shall inspect the horn, lights, brakes, inspection certificate and vehicle registration of the motor vehicle which the applicant expects to operate while being tested, and if he finds that any of the aforementioned items are deficient, no license or endorsement shall be issued to the applicant until same have been repaired.

(4) An applicant for a Mississippi driver’s license who, at the time of application, holds a valid motor vehicle driver’s license issued by another state shall not be required to take a written test.

(5) Except as otherwise provided by Section 63-1-6, when application is made for an original motorcycle endorsement or a restricted motorcycle operator’s license, the applicant shall be required to pass a written test which consists of questions relating to the safe operation of a motorcycle and a skill test similar to the "Motorcycle Operator Skill Test," which is endorsed by the American Association of Motor Vehicle Administrators. The commissioner may exempt any applicant from the skill test if the applicant presents a certificate showing
successful completion of a course approved by the commissioner, which includes a similar examination of skills needed in the safe operation of a motorcycle.

(6) The Department of Public Safety may accept the certification of successful completion of an individual’s training in the knowledge and skills needed for the proper and safe operation of a motor vehicle from a driver education and training program at a secondary school that meets the standards of the department, in lieu of the department administering the examination of the individual for the purpose of obtaining a driver's license. The commissioner and the State Board of Education shall jointly promulgate rules and regulations for the administration of this subsection.

SECTION 6. Every school district is authorized to mount a camera on any retractable, hand-operated stop sign that is a part of the equipment of a school bus.

SECTION 7. To the extent that state, federal or other funds are available or appropriated, the Department of Transportation and the Department of Education shall cooperate to conduct an information campaign to educate drivers concerning the provisions of this act and the importance of school bus safety.

SECTION 8. (1) There is created the Mississippi School Bus Safety Task Force which shall be composed of nine (9) members as follows:

(a) Three (3) members appointed by the Speaker of the House of Representatives, one (1) of whom shall be appointed from the membership of the House of Representatives;
(b) Three (3) members appointed by the Lieutenant Governor, one (1) of whom shall be appointed from the membership of the Senate; and
(c) Three (3) members appointed by the Governor.

(2) At its first meeting, the task force shall elect a chairman and vice chairman from its membership and shall adopt rules for transacting its business and keeping records. Members of the task force shall receive a per diem in the amount provided in Section 25-3-69 for each day engaged in the business of the task force. Members of the task force other than legislative members shall receive reimbursement for travel expenses incurred while engaged in official business of the task force in accordance with Section 25-3-41; legislative members of the task force shall receive the expense allowance provided for in Section 5-1-47.

(3) The duties of the task force shall be to:

(a) Make a comprehensive study of school bus safety designs and technology related to safety and law enforcement.
(b) Examine and study approaches taken by other states in the implementation and costs of school bus safety.
(c) Research and develop recommendations relating to school bus safety.

(4) The task force shall publish its findings and recommendations with any proposed legislation in a report to the Governor and the Legislature to be made on or before December 31, 2011.
(5) The task force shall stand dissolved on January 1, 2012. S. B. No. 2472 *SS26/R171SG*

SECTION 9. This act shall take effect and be in force from and after July 1, 2011.