

Office Use Only

Name: _____ Social Security # _____

Transcript Review Worksheet

Endorsement # 31 – Health Education

Instructional Level Options: PK-6, 7 - 12, or PK – 12

The holder is authorized to teach health education in grades PreK-6, 7-12 or PreK-12 as specified on the endorsement.

Additional Requirements: A minimum of a practicum, or the equivalent, in health education at the elementary (PK-6) or middle/secondary (7-12) instructional level, depending on the authorization sought. *For the full PK-12 authorization*, practica in health education, or the equivalent, at **both** the PK-6 and 7-12 instructional levels are required. (A practicum is defined as sixty hours of supervised field experience.)

In order to qualify for this endorsement, the candidate shall demonstrate the following:

Content Topic	College/ University	Course Number	# of Credits	Course Title
Early childhood through early adolescent development (for PK-6) AND/OR early adolescent through adult development (for 7-12)				
Human body structure and functioning				
Specific content areas of health education as defined in 16 VSA 131 and the Centers for Disease Control priority risk behaviors: A. Personal Health (social, mental, physical, emotional health maintenance including the development of responsible personal behaviors, safety, etiology of disease-progression, diagnosis and prevention of disease, and healthful stress maintenance skills) B. Nutrition (Basic nutrition concepts, nutrient needs, dietary guidelines for Americans, common nutritional problems of children and adults, including disordered eating) C. Physical Activity (the health benefits of physical activity, research on physical activity and academic performance, factors that influence participation in physical activity, and strategies for collaborating with physical education colleagues to promote physical activity)				

<p>D. Disease (Etiology of diseases, including their progression, diagnosis, treatment and prevention. Coursework should include HIV/AIDS and other sexually transmitted infections.)</p> <p>E. Intentional and unintentional injury prevention (Safety issues and violence prevention, including bullying and harassment)</p> <p>F. Alcohol, tobacco, and other drugs (Physiological, psychological, and sociological effects of substance use and abuse on the individual, family and society; legal issues; curriculum and teaching strategies for effective substance abuse prevention)</p> <p>G. Family health and comprehensive sexuality education (Issues of human growth and development, families, relationships, reproductive health, abstinence, premature sexual activity, contraceptives, adolescent pregnancy, childbirth, adoption, and abortion, including HIV/AIDS and other sexually transmitted infections)</p> <p>H. Community and Consumer Health (media literacy, advocacy, and accessing health information, products and services)</p>				
<p>Principles and Methods for Effective Comprehensive School Health Education</p>				
<ul style="list-style-type: none"> • Historical development and theoretical foundations of skills-based health education programs • Selection and use of current, valid and reliable sources of health information, to include national, state and local organizations/associations, publications, and educational materials/resources • Application of diverse innovative instructional strategies that align with standards-based learner outcomes and performance indicators • Implementation of skill-building strategies to develop competency in health-related skills including, decision-making, goal setting, interpersonal communication, self-management, accessing information, and advocacy • The impact of societal values, norms, and priorities on health education practice and the application of a variety of strategies to deal with controversial health issues • Analysis of research relative to health risks among school-age youth and translation of research into recommendations for the design and implementation of health education programs 				

Standards-based Health Education Curriculum and Assessment				
<ul style="list-style-type: none"> • Knowledge of health education concepts and skills delineated in current national and Vermont health education standards, laws and regulations • Planning of effective, age-appropriate standards-based school health curriculum that includes developmentally-appropriate instructional strategies that support target outcomes • Selection, design, and use of multiple assessment techniques, including performance assessments to evaluate student learning and guide instruction 				
School Health Program Planning				
Purposes, components, and approaches to coordinating school health initiatives based on the Coordinated School Health Model, including partnerships with families, school staff, and community members to improve health literacy and health behaviors				
Additional Requirements:				
A minimum of a practicum, or the equivalent, in health education at the elementary (PK-6) or middle/secondary (7-12) instructional level, depending on the authorization sought. <i>For the full PK-12 authorization</i> , practica in health education, or the equivalent, at both the PK-6 and 7-12 instructional levels are required. (A practicum is defined as sixty hours of supervised field experience.)				