Appendixes

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Appendix A: No. 270. AN ACT RELATING TO COMPREHENSIVE FAMILY LIFE EDUCATION AND APPROPRIATIONS

(H.218)

It is hereby enacted by the General Assembly of the State of Vermont Sec. 1. 16 V.S.A. Section 131 is amended to read:

§ 131. Definitions

For the purposes of this subchapter: "Comprehensive health education" means a systematic and extensive elementary and secondary educational program designed to provide a variety of learning experiences based upon knowledge of the human organism as it functions within its environment. The term includes, but is not limited to, a study of:

(1) Body structure and function, including the physical, psychosocial and psychological basis of human development, sexuality and reproduction;

(2) Community health to include environmental health, pollution, public health and world health;

(3) Safety including first aid, disaster prevention and accident prevention;

(4) Disease, such as HIV infection, other sexually transmitted diseases, as well as other communicable diseases, and the prevention of disease;

(5) Family health and mental health, including instruction which promotes the development of responsible personal behavior involving decision making about sexual activity including abstinence; skills which strengthen existing family ties involving communication, cooperation, and interaction between parents and students; and instruction to aid in the establishment of strong family life in the future, thereby contributing to the enrichment of the community;

(6) Personal health habits including dental health;

(7) Consumer health including health careers, health costs and utilizing health services;

(8) Human growth and development, including understanding the physical, emotional and social elements of individual development and interpersonal relationships including instruction in parenting methods and styles. This shall include information regarding the possible outcomes of premature sexual activity, contraceptives, adolescent pregnancy, childbirth, adoption, and abortion;

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(9) Drugs including education about alcohol, caffeine, nicotine and prescribed drugs; and

(10) Nutrition.

§ 132. Advisory council

(a) The commissioner with the approval of the state board shall establish an advisory council on comprehensive health education. There shall be eleven members of the council, at least three of whom shall be associated with the health services field, and their qualifications shall be determined by the board. The members shall serve without compensation but shall receive their actual expenses incurred in the pursuance of their duties relating to comprehensive health education.

(b) The council shall assist the department of education in planning a program of comprehensive health education in the public schools. –Added 1977, No. 131 (Adj. Sess.) §1, eff. March 3, 1978.

Sec. 2. 16 V.S.A. Sec. 134 is amended to read:

§ 134. *[NON-MANDATORY NATURE OF SUBCHAPTER]*

RELIGIOUS EXEMPTION

Any pupil whose parent shall present to the school principal a signed statement that the teaching of disease, its symptoms, development and treatment, conflicts with the parents' religious convictions shall be exempt from such instruction, and no child so exempt shall be penalized by reason of that exemption.

Sec. 3. 16 V.S.A. Sec. 135 is amended to read:

§ 135. PROGRAM DEVELOPMENT

(a) The department shall offer assistance to school districts and supervisory unions to provide teacher instruction in comprehensive health education.

(b) Any school district board or supervisory union board may establish a comprehensive health education community advisory council to assist the school board in developing and implementing comprehensive health education. the school board shall provide public notice to the community to allow all interested parties to apply for appointment. The school board shall endeavor to appoint members that represent various points of view within the community regarding comprehensive health education.

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§ 140. Tobacco use prohibited on public school ground

No person shall be permitted to use tobacco on public school grounds and no student shall be permitted to use tobacco at public school sponsored functions. Each public school board shall adopt policies prohibiting the possession and use of tobacco products by students at all times while under the supervision of school staff. These policies shall include confiscation and appropriate referrals to law enforcement authorities. –Added 1987, No. 162 (Adj. Sess.) §4; amended 1995, no. 52, § 1; 1997, No. 58, $ 10.

Sec. 4. 16 V.S.A. Sec. 906 is amended to read:

906. COURSE OF STUDY

(a) In public schools, approved and recognized independent schools and in home study programs, learning experiences shall be provided for pupils in the minimum course of study.

(b) For purposes of this title, the minimum course of study means learning experiences adapted to a pupil's age and ability in the fields of:

(1) Basic communication skills, including reading, writing, and the use of numbers;

(2) Citizenship, history, and government in Vermont and the United States;

(3) Physical education and comprehensive health education including the effects of tobacco, alcoholic drinks, and drugs on the human system and on society;

(4) English, American and other literature;

(5) The natural sciences; and

(6) The fine arts.

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No. 51 An Act to Amend 16 V.S.A. Section 1045 and to add 16 V.S.A. Sections 907, 1165(e) and (f) and 33 V.S.A. Chapter 50 relating to Alcohol and Drug Abuse

§ 907. Course of study

The department of education in conjunction with the alcohol and drug abuse council is hereby authorized and directed to develop a sequential alcohol and drug abuse prevention education curriculum for elementary and secondary schools.

Vermont State Board of Education Rules

4200 Alcohol and Drugs

4213.1 Schools shall develop a sequential K-12 alcohol and drug abuse prevention education curriculum as defined in Vermont State Alcohol and Drug Education Curriculum Plan and in the Health Education and Traffic Safety and Driver Education requirements of the Standards for Approving Vermont's Public Schools.

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Appendix B: Vermont School Quality Standards

The following sections of the *Vermont School Quality Standards* support the development of health education assessment based on the *Vermont Framework of Standards and Learning Opportunities* both at the classroom level and as part of a comprehensive assessment system.

From the Vermont School Quality Standards, January 1999, Vermont Department of Education

2120.2.2 Development and Implementation of a Local Comprehensive Assessment System

(a) Each school shall make continual and steady progress in developing a local comprehensive assessment system that includes the state-level assessments, is aligned with the Framework or comparable standards, and is consistent with the Vermont Comprehensive Assessment System adopted by the State Board of Education in November 1996, as amended from time to time. A school's comprehensive assessment system shall yield results that enable it to: (1) made decisions about instruction, professional development, and educational resources and curriculum, and (2) report to the public on student performance measures and progress in, as appropriate, early reading, English language arts, mathematics, science, history and social sciences.

The expectations and performance criteria of the system shall be clear and be communicated to teachers, administrators, students, parents and other community members. The local system shall employ a balance and variety of assessment strategies, both classroom-based and school-level assessments, in order to gain useful information on student learning.

Students and parents shall be informed on a regular basis regarding progress toward achieving the standards. The school shall provide students the opportunity to evaluate their own work.

Any report of assessment results shall in no case reveal personally identifiable information on any student.

(b) Local comprehensive assessment system requirements effective September 1, 2001. In addition to meeting the requirements of subsection (a), by September 1, 2001:

Schools shall adopt a plan that outlines a local comprehensive assessment system by September 1, 2001. The Commissioner of Education shall provide assistance,

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such as materials, the clearinghouse of best practices, and conferences. The local plan shall be fully implemented by September 1, 2005.

Students shall be assessed in those Framework or comparable standards associated with the Fields of Knowledge and Vital Results and those standards associated with the arts, **health and safety education,** physical education, foreign languages, and applied learning.

Each school shall develop and adopt policies on grade advancement and on how the assessment of student learning affects such decisions. Such policies shall assure that parents have early notification of a student's status in this respect.

Each school shall report to the public about student performance on assessments administered in those standards closely associated with the arts, health and safety education, physical education, foreign languages, applied learning and the Vital Results set forth in the Framework.

2120.8.2.3 Curriculum Leadership, Content and Coordination

(a) General

Each school shall make continual and steady progress in the alignment of local curriculum consistent with the Framework or comparable standards and articulated across all grades. The school shall revise its curriculum as warranted based upon a periodic review of student performance results, learning opportunities data, new research and updated content knowledge. All programs offered to students shall be of high quality and designed to allow students the opportunity to meet or exceed the Framework or comparable standards.

Each school shall provide opportunities, appropriate to age and ability, for students to engage in service learning, to develop leadership skills and to participate in cultural affairs. Such programs shall include a variety of options such as, but not limited to, athletics, drama, music, student government, peer leadership, journalism, special interest clubs and organizations and community projects.

Curriculum development shall be coordinated among all schools within the district and within the supervisory union, including between sending high schools and technical centers.

(b) Alcohol, Tobacco and Other Drug Prevention Programs

Each school shall offer a research-based alcohol, tobacco or other drug prevention program aligned with the Framework, which meets the requirements of 16 V.S.A. § 909 and Rule 4213.1.

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(c) Comprehensive Health Education shall be provided for all students in accordance with sections 16 V.S.A. § § 131 and 906 (b) (3).

(g) Curriculum requirements effective September 1, 2001. In addition to meeting the curriculum requirements of subsections (a)-(f) of this section, by September 1, 2001:

(1) Each school's curriculum shall articulate clearly the integration of the skills and knowledge represented in the Vital Results and across the Fields of Knowledge of the Framework or comparable standards, including but not limited to those standards associated with the arts, **health and safety education,** foreign languages, physical education, technology education, business, computer sciences, and technical education.

(2) Each school shall provide appropriate learning opportunities to students in all grades who exceed the student performance standards contained in the Framework or comparable standards.

(3) Each school shall evaluate and review the curriculum on a periodic basis in accordance with school policy and make adjustments as warranted based upon the most recent student assessment data, data concerning conditions, practices and resources and any significant new research and knowledge.

(4) Each school shall use scheduling methods, staffing patterns, distance learning, community resources, and collaboration with community organizations, business and higher education to provide programs designed to enable students to attain or exceed the Framework or comparable standards as well as local standards.

(5) Each school shall provide students with opportunities for advanced course work such as Advanced Placement courses and college level courses.

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Appendix C: Health Education Resource Centers and Safe and Healthy School Teams

Health Education Resource Centers

The Vermont Department of Education operates three regional (HERC) throughout the state, which maintain a variety of PreK–12 health education materials. Currently practicing school-based and community-based health educators may borrow curricula, books, models and kits, reference resources and audio-visual materials from these centers, free of charge. The following list includes contact information for the resource centers and staff.

Lynda Van Kleeck, Regional Specialist
Northwest Health Education Resource Center
Lakewood House
1233 Shelburne Road, Suite E-6
South Burlington, VT 05403-7751
Phone: (802) 864-4789
Fax: (802) 863-8454
E-mail: lvankleeck@doe.state.vt.us
Connie Bonaccio, Assistant
E-mail: cbonaccio@doe.state.vt.us

Kathy Maher, Regional Assistant
Central Health Education Resource Center
78 South Main Street, Box 222
Rutland, VT 05702
Phone: (802) 775-4314
Fax: (802) 747-7695

Kate Lampel Link, Regional Specialist
Southern Health Education Resource Center
P.O. Box 1609
Brattleboro, VT 05302
Phone: (802) 254-4511
Fax: (802) 258-2841
E-mail: klink@doe.state.vt.us
Maureen O'Connell, Assistant
E-mail: moconnell@doe.state.vt.us

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Vermont Department of Education Safe and Healthy School Teams

Doug Dows, Director
Matt Myers, Assistant Director
Lucille Barcomb, Administrative Assistant

Coordinated School Health Program

Shevonne Travers, Project Director
Jean Battelle, School Counseling Program Consultant
Nancy Emberley, Health Education Program Coordinator
Tracy Fisk, HIV/AIDS Prevention Coordinator
Barry Ford, Driver Education and Traffic Safety Education Consultant
Kate Link, Health Education Consultant
Karen Ryan, Program Services Clerk
Judy Safford, Administrative Assistant
Lynda Van Kleeck, Health Education Consultant
Nancy Wible, State School Nurse Consultant

Child Nutrition Program

Jo Busha, State Director
Helen Ballard, Summer Food Program Coordinator
Sue Clark, School Programs Coordinator
Laurie Colgan, Child and Adult Care Food Program Coordinator
Jan Turner, Administrative Assistant

Safe Schools Team

Charles Johnson, Safe Schools Program Consultant
Ron Rubin, Crisis Prevention and Management Consultant

Substance Abuse Prevention Program

Casey Eldridge, Substance Abuse Prevention Consultant
Laurie Grimm, Program Services Clerk
Jayna Guilford, Highway Safety Liaison
Carol Rose, Alcohol and Traffic Safety Consultant
Tish Johnson Smith, Safe & Drug-Free Schools Consultant
Alison Welch, Administrative Assistant

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