

**VSBPE**

**Date: March 12, 2019**

**Item: Health Education**

**ITEM: Shall the VSBPE vote to approve the revised (00) Health Education endorsement?**

**AGENCY RECOMMENDED ACTION:**

**That the Vermont Standards Board for Professional Educators votes to approve the revised (31) Health Education endorsement.**

**BACKGROUND:** On November 28, 2018, a group of Elementary Education educators, and representatives from higher education met to revise the Health Education endorsement. Over the course of the revision process the group referenced other state competencies in the area of health education, syllabi in the area of health education, ETS testing requirements, Vermont statutes pertaining to health education. ETS testing requirements, articles on health education and current state and national standards including the Society of Health and Physical Educators 2018 Standards, Center for Disease Control Guide for Health Education Teacher Preparation Programs, and Vermont Core Teaching Standards.

**RATIONALE:** The Vermont Standards Board for Professional Educators has set to revise endorsements on a five year cycle, Health Education is up for revision.

**Attached:** (31) Health Education DRAFT, and Crosswalk.



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## (31) Health

Purpose: To identify substantive changes to the newly revised (31) Health endorsement

Change	Previous wording	New wording
As with recent endorsement revisions, per the VSBPE, the endorsement now is formatted numerically. Also, the phrase "Additional Requirements" has been removed so that testing and practicum requirements are listed out numerically within the body of the endorsement.	NA	NA
Change in instructional level	The holder is authorized to teach health education in grades PK-6, 7-12, or PK-12, as specified on the endorsement.	The holder is authorized to teach health education in grades PK-8, 5-12, or PK-12, as specified on the endorsement.
1. An independent knowledge standard at the beginning of the endorsement to emphasize the importance of Health Education related laws, regulations, policies and guidance	None	1. The candidate shall demonstrate knowledge of Vermont statutes (Vermont Act 1, VSA 16: 131, 906, 136, and the Education Quality Standards (e.g., proficiency-based learning, personalized learning, and flexible pathways) that guide comprehensive health education in Vermont, as well as policies that relate to the school setting
2.1. Updated language to include most recent and relevant national standards.	<b>Demonstrates knowledge of health and health education concepts and skills delineated in current national professional standards, in <i>Health Education Guidelines</i></b>	2.1. Demonstrates knowledge of health and health education concepts and skills delineated in current national professional standards, in

Change	Previous wording	New wording
	<i>for Curriculum and Assessment, and in Vermont's Framework of Standards and Learning Opportunities, including:</i>	SHAPE America – National Standards for Initial Health Education Teacher Education (2018) and in National Health Education Standards, Center of Disease Control (CDC) Health Education Curriculum Analysis Tool (HECAT) and National Sexuality Education Standards including:
2.2., 2.3. New language added to update endorsement to stay in keeping with current practice in Health education	<i>None</i>	2.2. Process for implementing teaching skills-based Health Education 2.3. Teaching Health Skills (Interpersonal communication, media literacy, advocacy, analyzing influences, decision-making, goal-setting, and accessing health information, products, and services)
2.6. Language changed updating endorsement in keeping with current practice in Health education	Personal health (social, mental, physical, and emotional health maintenance, including the development of responsible personal behaviors and healthful stress maintenance skills)	2.6. Personal health (mental, physical, social intellectual, and the value of annual well care visits and healthful stress maintenance skills)

Change	Previous wording	New wording
<p>2.9., 2.10., 2.11. Language changed updating endorsement in keeping with current practice in Health education</p>	<p>Disease (etiology of diseases, including their origins, progression, diagnosis, treatment, and prevention, to include HIV/AIDS and other sexually transmitted infections)</p> <p>Intentional and unintentional injury prevention (safety issues and violence prevention, including bullying and harassment)</p> <p>Alcohol, tobacco, and other drugs (physiological, psychological, and sociological effects of substance use and abuse on the individual, family, and society; legal issues; and curriculum and teaching strategies for effective substance abuse prevention)</p>	<p>2.9. Disease (etiology of diseases, e.g. their origins, progression, diagnosis, treatment, and prevention, [e.g. immunizations] HIV/AIDS and other sexually transmitted infections)</p> <p>2.10. Intentional and unintentional injury prevention (safety issues and violence prevention, including bullying harassment, sexual abuse, and physical and mental/emotional trauma)</p> <p>2.11. Alcohol, tobacco, marijuana, and other drugs (physiological, psychological, and sociological effects of substance use and abuse on the individual, family, and society; legal issues; and curriculum and teaching strategies for effective substance abuse prevention)</p>
<p>The Performance Standards were substantially rewritten drawing heavily from the 2018 Society of Health and Physical Education (SHAPE) America, National Standards for Initial Health Education Teacher Education. Because the re-write was so thorough, please see the proposed draft and existing endorsement for comparisons.</p>		

(Revised March 2013)

The holder is authorized to teach health education in grades PK-~~68~~, ~~75~~-12, or PK-12, as specified on the endorsement.

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1. The candidate shall demonstrate knowledge of Vermont statutes (Vermont Act 1, VSA 16: 131, 906, 136, and the Education Quality Standards (e.g., proficiency-based learning, personalized learning, and flexible pathways) that guide comprehensive health education in Vermont, as well as policies that relate to the school setting

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

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2. Knowledge Standards:

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2.1. Demonstrates knowledge of health and health education concepts and skills delineated in current national professional standards, in SHAPE America – National Standards for Initial Health Education Teacher Education (2018), Health Education Guidelines for Curriculum and Assessment, and in National Health Education Standards, Center of Disease Control (CDC) Health Education Curriculum Analysis Tool (HECAT) and National Sexuality Education Standards, Vermont's Framework of Standards and Learning Opportunities, including:

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2.2. Process for implementing teaching skills-based Health Education

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2.3. Teaching Health Skills (Interpersonal communication, media literacy, advocacy, analyzing influences, decision-making, goal-setting, and accessing health information, products, and services)

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2.4. Human development, including the typical progression of early childhood through early adolescent development (for PK-~~68~~) and/or early adolescent through adult growth and development (for ~~75~~-12), and age appropriate indicators of intellectual, physical, social and emotional health for each stage of development

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2.5. Human body structure and functioning

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The specific content areas of health education as defined in 16 VSA 131 and the Centers for Disease Control priority risk behaviors:

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2.6. Personal health (social, mental, physical, and physical, social intellectual, and the value of annual well care visits, emotional health maintenance, including the development of responsible personal behaviors and healthful stress maintenance skills)

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2.7. Nutrition (basic nutrition concepts, nutrient needs, dietary guidelines for Americans, and common nutritional problems of children and adults, including disordered eating)

2.8. 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)

2.9. Disease (etiology of diseases, including their origins, progression, diagnosis, treatment, and prevention, [e.g. immunizations] to include HIV/AIDS and other sexually transmitted infections)

2.10. Intentional and unintentional injury prevention (safety issues and violence prevention, including bullying and harassment, sexual abuse, and physical and mental/emotional trauma)

2.11. Alcohol, tobacco, marijuana, and other drugs (physiological, psychological, and sociological effects of substance use and abuse on the individual, family, and society; legal issues; and curriculum and teaching strategies for effective substance abuse prevention)

2.12. Family health and comprehensive sexuality education (issues of human growth and development, families, relationships, reproductive health, abstinence, premature sexual activity, contraception, adolescent pregnancy, childbirth, adoption, and abortion)

2.13. Community and consumer health (media literacy, advocacy, and accessing health information, products, and services)

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#### Principles and Methods for Effective Comprehensive School Health Education

Historical development and theoretical foundations of skills-based health education programs

The impact of societal values, norms, and priorities on health education practice and a variety of strategies to deal with controversial health issues in the classroom

Research relative to health risks among school-age youth and translation of this research into the design and implementation of health education programs

#### Standards-Based Health Education Curriculum and Assessment

Effective, age-appropriate standards-based school health curricula

Multiple assessment techniques appropriate to health education, including performance assessments to evaluate student learning and guide instruction

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#### 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

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### 3. Performance Standards

3.1. Planning: Plan relevant and meaningful school health education instruction and programs that are sequential and aligned with national standards and leads students to health education proficiency

3.1.1. Collect and analyze data (e.g., Youth Risk Behavior Survey, School Health Index results) to plan relevant school health instruction and programs that meet the diverse needs of all learners and the community.

3.1.2. Design a logical scope and sequence of meaningful, comprehensive and challenging learning experience that meet the diverse needs of all learners.

3.1.3. Construct measurable, developmentally appropriate, performance-based objectives that are aligned with the national standards.

3.1.4. Plan instruction that facilitates skill development and application of functional health knowledge for all learners.

3.1.5. Collaborate and design health education instruction and programs that integrate components of the Whole School, Whole Community, and Whole Child (WSCC) Model.

3.1.6. Plan instruction that incorporates technology, media and other appropriate resources in order to enhance student's digital literacy and to engage all learners

3.2. Implementation: Implement a range of school health education proficiency-based learning instructional strategies, while incorporating technology, to support student learning.

3.2.1. Use a variety of instructional strategies to facilitate students' development of health-related skills and their application of functional health knowledge in order to meet the needs of all students.

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3.2.2. Implement instructional strategies that incorporate technology, media and other appropriate resources to enhance student learning and engage all learners.

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3.2.3. Implement instructional strategies that support all learners regardless of race, ethnic origin, gender, gender identity, gender expression, sexual orientation, religion, cognitive ability or physical ability, in order to create and sustain a productive, inclusive and supportive learning environment.

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3.2.4. Apply communications skills, feedback and classroom management strategies equitably to promote a safe, inclusive and supportive learning environment that meets the needs of all learners.

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3.2.5. Reflect on student learning outlines and instructional practices, and adjust lessons to meet the needs of all learners.

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3.3. Assessment: Use multiple methods of assessment to plan instruction, engage all learners, monitor learner progress, provide meaningful feedback, and reflect on and adjust units and lessons to enhance the acquisition of functional health knowledge and health skills proficiency for all learners.

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3.3.1. Analyze and select assessment strategies, tools, and technologies to determine their appropriateness for enhancing learning of all students.

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3.3.2. Implement a variety of formative and summative assessments, aligned with proficiency-based learning principles, that measure and monitor students' progress, and to accommodate the needs of all students.

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3.3.3. Use assessment data to plan instruction, analyze student learning, reflect on implementation practices, provide meaningful feedback and adjust units and lessons so they meet the needs of all students.

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3.4. Advocates for health education as an essential component of the school community that supports the diverse needs of all learners and contributes to the school's mission.

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Implements a comprehensive, standards-based health education curriculum that enables students to acquire the knowledge, skills, and attitudes that promote lifelong wellness and healthy choice making. Specifically, the educator:

Selects and uses current, valid and reliable sources of health information, to include national, state, and local organizations/associations, publications, and educational materials/resources

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Develops and/or adopts health curriculum and assessments that are age appropriate, based, and derived from research on learning and human behavior

Applies active instructional strategies that align with standards-based learner outcomes and performance indicators

Implements skill building strategies to develop students' competency in essential health related skills, including decision making, goal setting, interpersonal communication, self management, accessing information, and advocacy

Selects, designs, and uses a variety of standards-based assessment techniques to assess student understanding and performance, provide feedback, communicate student progress, and improve instruction  
Creates a classroom climate that promotes respect for self and others, including psychological and emotional safety, as well as respect for privacy and confidentiality

Evaluates and applies research concerning best practices in health education

Collaborates with colleagues, families, and community within a Coordinated School Health Program to improve academic achievement and quality of life through health literacy and positive health behaviors

4. Current certificates in First Aid full or compression only cardiopulmonary resuscitation (CPR) and the use of an Automated External Defibrillator (AED).
5. A minimum of a practicum, or the equivalent, in health education at the elementary (PK-~~8~~6) or middle/secondary (~~7~~5-12) instructional level, depending on the authorization sought. For the full PK-12 authorization, a minimum of a practicum, or the equivalent, in health education at both the PK-6 and 7-12 instructional levels is required.
6. REQUIRED TESTING: Praxis II Subject Assessment: Health - Test Code 5551.

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