

NORTHWEST TERRITORIES

School Health Program

GRADE ONE



Northwest
Territories Education, Culture and Employment
Health and Social Services

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August, 1995

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INTRODUCTION

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NORTHWEST TERRITORIES

School Health Program

PHILOSOPHY AND RATIONALE

THE RATIONALE FOR HEALTH EDUCATION

Traditionally, almost all human and financial resources related to health care in the Northwest Territories have been devoted to acute treatment of illnesses in nursing stations, doctors' offices, hospitals and drug treatment centres. The human and financial costs of this approach have been high.

This approach has led to dependence on medical institutions and professionals. As a result, there is a recognized need to promote a more comprehensive approach to health, especially as it relates to lifestyle. In addition to acute care services, this new approach would include education, environmental changes and greater individual responsibility for health.

THE NEED FOR A HEALTH EDUCATION PROGRAM IN N.W.T. SCHOOLS

Dr. Otto Schaefer, a well-known northern medical officer, has shown that abrupt changes in the diet of native populations have contributed to an increasing incidence of non-communicable diseases, such as cancer and obesity, as well as diseases of the respiratory and circulatory systems. Furthermore, according to Dr. Schaefer, the breakdown of the traditional social structure, specifically the family unit, is associated with wide-spread alcohol and drug abuse, increases in sexually transmitted diseases, family violence and suicide.

In November 1982, the survey "Tobacco Use Among Students in the Northwest Territories" reported that smoking rates in the school population of the N.W.T. were among the highest recorded for any school population in Canada. Smoking started in the early years of elementary school and by the late adolescent years (15 to 19). 49% of boys and 53% of girls were regular smokers. It also found that approximately 910 of Northwest Territories school children used chewing tobacco or snuff. It concluded that four variables were important in the decision to smoke - age, smoking behaviour of friends, smoking behaviour of brothers or sisters and parental smoking.

In 1984, according to the "Report on Health Conditions in the Northwest Territories", accidents, injury and violence accounted for more than 30% of all deaths. The rates for suicide, infant deaths, sexually transmitted diseases and teenage pregnancies were all above the national average.

In addition, there is evidence from treatment centres, that more and more young people are seeking help for drug problems at a younger age.

Also in 1984, the Social Program Evaluation Group from Queen's University, with a grant from Health and Welfare Canada, conducted the Canada Health Attitudes and Behaviours Survey in all provinces and territories. They conducted this survey in a number of selected communities in the Northwest Territories among Grade 4, Grade 7 and Grade 10 students. It concluded that with respect to:

Nutrition

- young people in the Northwest Territories were well below the national average for Grade 4 and Grade 7, and slightly below for Grade 10, in meeting the daily requirements of all four food groups (both in amount and variety);
- young people at all three grade levels consumed more foods with a high sugar content than their southern counterparts.

Alcohol & Drug Use

- higher than average percentage of Grade 7 and Grade 10 students in the Northwest Territories smoked cigarettes,
- of Grade 10 students, lower numbers used alcohol (some communities in which the surveys were conducted were "dry" communities);
- there was an extremely high incidence of cannabis use.

Self-esteem

- Northwest Territories young people felt slightly less positive about themselves and their relationships with their parents than other young Canadians.

Family Life Education

- a higher proportion of students in the N.W.T. than elsewhere in Canada learned about human sexuality in school.

Many of the problem health conditions identified in these and other studies are related to lifestyle behaviours and unhealthy environmental conditions which can be modified by the individual.

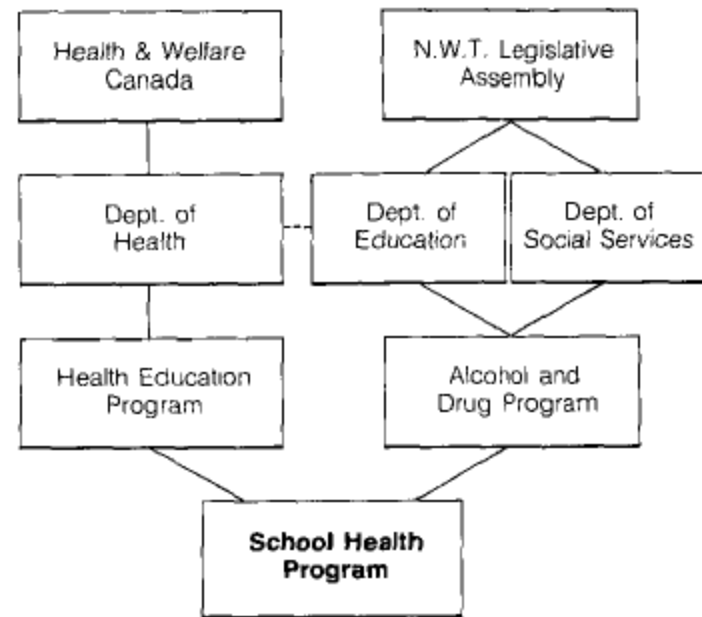
THE HISTORY OF THE N.W.T. SCHOOL HEALTH PROGRAM

Prior to 1979, teachers in the Northwest Territories had no formal health program to follow. In 1979, the Department of Education published "*The Northwest Territories Community School Health Program.*" It outlined the goals which students should achieve by the end of Grade 9. Although the list of goals provided teachers with a framework for unit and lesson planning, it was not a comprehensive health program.

In 1983, on the premise that many of the health problems which exist in the Northwest Territories could be prevented or reduced through an education program in the schools, the Northwest Territories Department of Health received funding from Health and Welfare Canada to develop a program for Kindergarten to Grade 12 students in consultation with the Department of Education.

At the same time, the Northwest Territories Legislative Assembly allocated separate funding to the Department of Social Services and the Department of Education to develop an Alcohol and Drug Program for schools.

These two programs together form the Northwest Territories School Health Program.



ASSESSING THE HEALTH NEEDS OF N.W.T. SCHOOL CHILDREN

The public, particularly parents and students, must accept a health education program in order for it to have an impact on their everyday lives. Such acceptance requires involvement. Local involvement also ensures the relevance of the program to the students for whom it is designed.

To ensure input by northerners, the Department of Health established two advisory committees with members representing professional, cultural and regional groups. These advisory committees provided general overall direction to the project.

The program staff conducted a comprehensive needs assessment to assess the perceived health needs of students in communities.

They distributed questionnaires to the following selected groups of people in every community in the Northwest Territories:

- pre-adolescent students and their parents
- adolescent students and their parents
- Local Education Authorities teachers
- administrators

The questionnaires asked:

- what aspects of health students were interested in; what parents thought it was important for their children to learn about health, and,
- what Local Education Authorities and teachers perceived the needs of the students in their local school were.

Well over 3000 people responded to the questionnaires. They made a significant contribution to this program by articulating the health needs of students.

At the same time, researchers examined statistical data about the delivery of health care in the Northwest Territories to determine why people in various age groups sought professional health care. They found, for example, that, in the 15-19 age group, the main reasons for health care were a result of injuries or poisoning. This was closely followed by diseases of the respiratory system.

Evidence from:

- the examination of problem health conditions in the N.W.T.
- the assessment of student health needs by themselves and others close to them, and
- the analysis of reasons why people seek medical help indicates that many young people are seeking treatment for problem conditions which could have been prevented. Young people must be encouraged to accept responsibility for their own health in order to maintain and enhance personal health.

A VISION OF HEALTH

Health is a state of complete physical, mental and social well-being. It is the result of a dynamic interdependence of these elements, as well as cultural and spiritual elements. Any change which occurs in one dimension will affect the others.

To reach a state of complete well-being, an individual must be able to realize aspirations, satisfy needs and change or cope with the environment.

This vision of health and the premise that health is a resource for everyday life serves as a basis for the Northwest Territories School Health Program.

The World Health Organization states "Health promotion is the process of enabling people to increase control over, and to improve, their health."

This is done in three ways:

- through self-care i.e., making decisions and adopting practices which specifically preserve their health; through mutual aid i.e., helping each other, supporting each other emotionally, sharing ideas, information and experiences;
- through creating healthy environments i.e., altering or adapting social, economic and physical surroundings to maintain and enhance health.

In order for individuals to make informed decisions with regard to their health, they must have support, information and skills to help them understand what promotes their health and what they themselves can do to enhance health.

This is the focus of the Northwest Territories School Health Program.

THE ROLE OF SCHOOLS IN HEALTH PROMOTION

Health promotion is specifically dedicated to enabling individuals to take the lead role in determining the status of their own health. The growing commitment to health education programs in schools can create a supportive environment for the development of healthy practices by providing information and encouraging change. Many jurisdictions now acknowledge the importance of health to quality of life by requiring health education as part of the school curriculum.

It is important to articulate the role of the school in health promotion. It is also important to recognize the limitations of the school's role. The public expects a program such as the Northwest Territories School Health Program to solve all the current social, emotional or physical conditions which contribute to a less than perfect state of well-being among students. That is not the role of health education in the school, The School Health Program does complement the efforts of other agencies in health promotion in the N.W.T. by specifically providing information and by developing skills and attitudes to enable individuals to take the lead role in attaining healthy life styles. The school cannot, however, make the student choose a healthy lifestyle.

By providing information and by developing skills, the school, however, does influence beliefs and attitudes, and it is these changing beliefs and attitudes that impact on behaviour.

Health behaviour is related to the general beliefs:

- that people are vulnerable to problem health conditions;
- that these conditions produce undesirable consequences; and,
- that the consequences are usually preventable.

By influencing these health beliefs positively, the school will increase the probability of positive health behaviours.

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School Health Program

IMPLEMENTATION

MAJOR GOALS

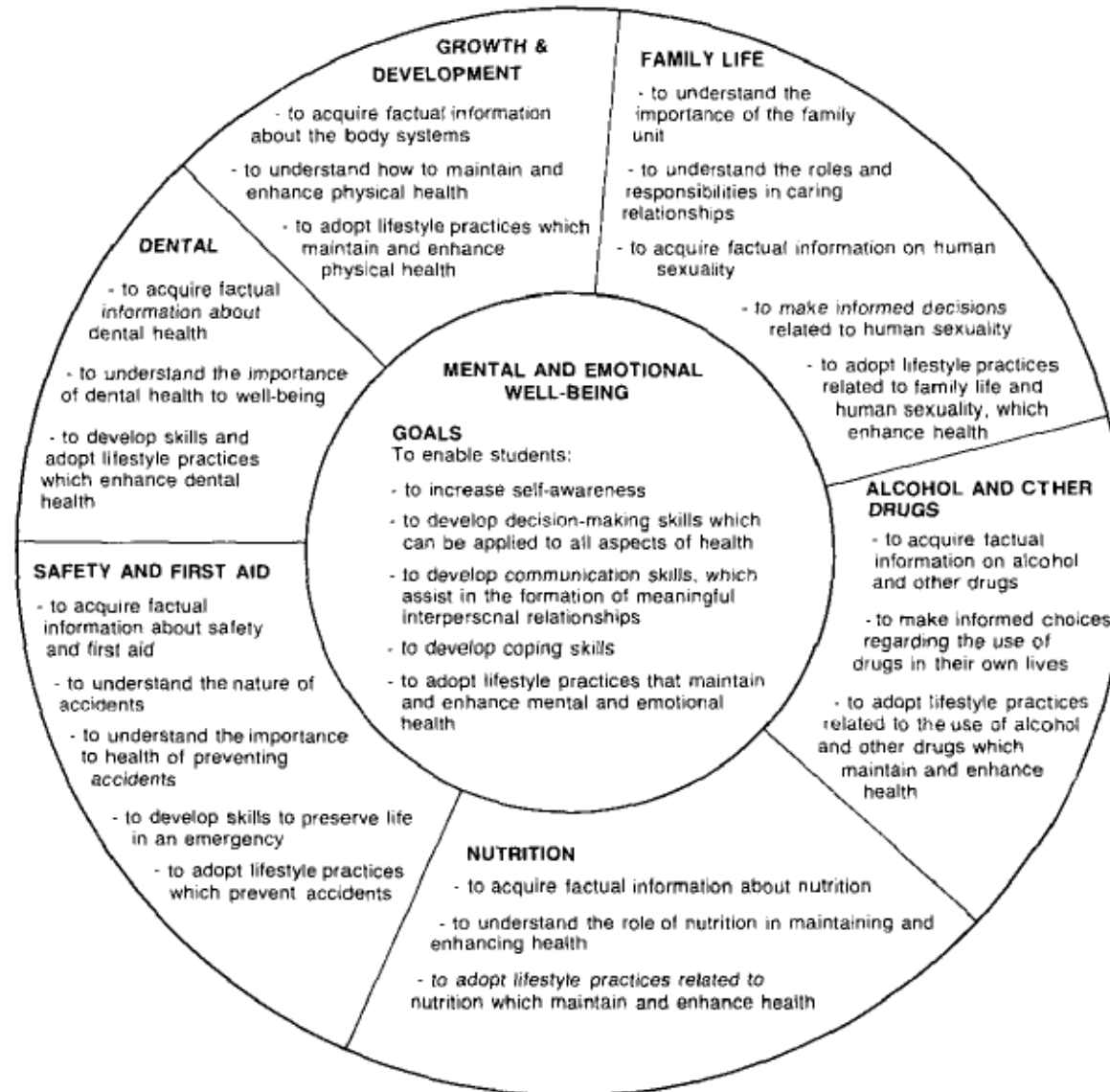
OF THE NORTHWEST TERRITORIES SCHOOL HEALTH PROGRAM

The major goals of the Northwest Territories School Health Program are:

- *to provide factual information on the human body;*
- *to enable students to develop skills that, along with the factual information, will allow them to make informed choices related to health;*
- *to enhance students' self-esteem through self-understanding;*
- *to enable students to develop attitudes which lead to positive lifestyle behaviours; and,*
- *to promote positive lifestyle practices which are conducive to lifelong health.*

THE UNITS OF THE PROGRAM

There are seven units in the program. The central unit is Mental and Emotional Well-Being. It is the major skill-building unit.



SCOPE AND SEQUENCE

The following charts provide an overview of the major topics, indicating at which grade they are taught.

UNIT	KINDERGARTEN	GRADE 1	GRADE 2	GRADE 3
Mental & Emotional Well-Being	<p>Self awareness</p> <ul style="list-style-type: none"> physical characteristics abilities feelings <p>Relationships</p> <ul style="list-style-type: none"> doing things with friends 	<p>Self awareness</p> <ul style="list-style-type: none"> physical characteristics abilities likes and dislikes <p>Relationships</p> <ul style="list-style-type: none"> working and playing together helping sharing 	<p>Self awareness</p> <ul style="list-style-type: none"> feelings expressing feelings appropriately <p>Relationships</p> <ul style="list-style-type: none"> friends making friends <p>Coping</p> <ul style="list-style-type: none"> stressful situations 	<p>Self awareness</p> <ul style="list-style-type: none"> people are alike and different everyone is unique <p>Relationships</p> <ul style="list-style-type: none"> responsibilities sharing responsibilities different ways of communicating <p>Decision-Making</p> <ul style="list-style-type: none"> choices situations which require decisions
Growth & Development	<p>Body Systems</p> <ul style="list-style-type: none"> external body parts five sensory organs <p>Lifestyle</p> <ul style="list-style-type: none"> positive daily and regular health habits 	<p>Body Systems</p> <ul style="list-style-type: none"> touch taste smell <p>Disease Prevention</p> <ul style="list-style-type: none"> signs of sickness germs spread diseases disease prevention 	<p>Body Systems</p> <ul style="list-style-type: none"> sight hearing <p>Lifestyle</p> <ul style="list-style-type: none"> positive health habits <p>Health Care</p> <ul style="list-style-type: none"> community health care workers <p>Environmental Health</p> <ul style="list-style-type: none"> clean water, air and good soil 	<p>Body Systems</p> <ul style="list-style-type: none"> internal organs <p>Growth Patterns</p> <ul style="list-style-type: none"> changes in height and weight <p>Disease Prevention</p> <ul style="list-style-type: none"> personal responsibility for health <p>Environmental Health</p> <ul style="list-style-type: none"> different kinds of pollution
Family Life		<p>Families</p> <ul style="list-style-type: none"> different members similarities/differences in family structures <p>Human Development & Reproduction</p> <ul style="list-style-type: none"> external body parts/boys/girls <p>Abuse Prevention</p> <ul style="list-style-type: none"> feelings associated with touch safety rules family/community support people 	<p>Families</p> <ul style="list-style-type: none"> families provide for the needs of their members the maintenance of the family unit <p>Human Development & Reproduction</p> <ul style="list-style-type: none"> living things reproduce and grow <p>Abuse Prevention</p> <ul style="list-style-type: none"> potentially abusive situations behaviours that maintain personal safety 	<p>Families</p> <ul style="list-style-type: none"> family structure changes with time new family members some family members require special care <p>Human Development & Reproduction</p> <ul style="list-style-type: none"> body organs related to reproduction human babies are created from the union of a sperm and egg

SCOPE AND SEQUENCE

UNIT	KINDERGARTEN	GRADE 1	GRADE 2	GRADE 3
Nutrition	Food Identification <ul style="list-style-type: none"> foods and non-foods Food Appreciation <ul style="list-style-type: none"> healthy snacks unfamiliar foods 	Food Identification <ul style="list-style-type: none"> foods from plants and animals Food Classification <ul style="list-style-type: none"> four food groups Food Selection <ul style="list-style-type: none"> food from each food group Food Appreciation <ul style="list-style-type: none"> nutritious food to start the day 	Food Identification <ul style="list-style-type: none"> different food farms Food Classification <ul style="list-style-type: none"> functions of each food group nutritious snacks Food Selection <ul style="list-style-type: none"> nutritious meals Food Appreciation <ul style="list-style-type: none"> different food forms 	Food Classification <ul style="list-style-type: none"> classifying into food groups function of each food group common foods which do not belong to a food group Food Selection <ul style="list-style-type: none"> nutritious eating for one day Food Appreciation <ul style="list-style-type: none"> nutritious food to start the day
Dental	Structure and Function <ul style="list-style-type: none"> primary and permanent teeth teeth functions Oral Hygiene <ul style="list-style-type: none"> toothbrushing skills Dental Health <ul style="list-style-type: none"> safe and unsafe food 	Structure and Function <ul style="list-style-type: none"> primary and permanent teeth teeth functions Oral Hygiene <ul style="list-style-type: none"> toothbrushing skills Dental Health <ul style="list-style-type: none"> safe and unsafe food safe and unsafe behaviours Dental Disease <ul style="list-style-type: none"> tooth decay Dental Services and Products <ul style="list-style-type: none"> local dental health workers 	Structure and Function <ul style="list-style-type: none"> primary and permanent teeth Oral Hygiene <ul style="list-style-type: none"> flossing skills Dental Health <ul style="list-style-type: none"> safe and unsafe snacks Dental Disease <ul style="list-style-type: none"> dental plaque Dental Services and Products <ul style="list-style-type: none"> common dental health products 	Structure and Function <ul style="list-style-type: none"> specific tooth groups and their functions Oral Hygiene <ul style="list-style-type: none"> toothbrushing and flossing skills Dental Disease <ul style="list-style-type: none"> dental plaque Dental Services and Products <ul style="list-style-type: none"> personal responsibility for dental health care community dental health workers
Safety & First Aid	Personal Safety <ul style="list-style-type: none"> personal safety rules personal identity facts community safety helpers safety rules for pedestrians Fire Safety <ul style="list-style-type: none"> fire drill procedures Safety <ul style="list-style-type: none"> poisons poison warning sign tasting unknown substances hazard warning signs 	Personal Safety <ul style="list-style-type: none"> personal safety rules personal identity facts community safety helpers emergency phone calls Accident Prevention <ul style="list-style-type: none"> burns and scalds falls First Aid <ul style="list-style-type: none"> first aid for minor cuts Safety <ul style="list-style-type: none"> poisons sniffing unsafe substances tasting unknown substances 	Bum Prevention <ul style="list-style-type: none"> safety rules around electricity Bicycle Safety <ul style="list-style-type: none"> bicycle rules and traffic laws Outdoor Safety <ul style="list-style-type: none"> frostbite Firearm Safety <ul style="list-style-type: none"> firearm safety rules First Aid <ul style="list-style-type: none"> nosebleeds Safety <ul style="list-style-type: none"> hazard warning signs common unsafe substances rules for unsafe substances 	Burn Prevention <ul style="list-style-type: none"> burns and scalds Fire Safety <ul style="list-style-type: none"> clothes on fire burning buildings Outdoor Safety <ul style="list-style-type: none"> Ice safety Personal Safety <ul style="list-style-type: none"> animal bites Safety <ul style="list-style-type: none"> hazard warning signs
Alcohol & Other Drugs		Drugs <ul style="list-style-type: none"> medicine safety 	Drugs <ul style="list-style-type: none"> medicines are drugs medicines may be helpful and harmful 	Drugs <ul style="list-style-type: none"> sources of medicines rules for medicines common substances which contain drugs Tobacco <ul style="list-style-type: none"> effects of tobacco Well-Being <ul style="list-style-type: none"> improving their well-being

SCOPE AND SEQUENCE

UNIT	GRADE 4	GRADE 5	GRADE 6
Mental & Emotional Well-Being	<p>Self awareness</p> <ul style="list-style-type: none"> • strengths and weaknesses • activities affect how people feel <p>Relationships</p> <ul style="list-style-type: none"> • caring behaviours <p>Decision-Making</p> <ul style="list-style-type: none"> • the effects of choices • peer influence • resisting peer pressure 	<p>Relationships</p> <ul style="list-style-type: none"> • communication/effective speaking/active listening • assertive communication skills • the refusal process <p>Decision-Making</p> <ul style="list-style-type: none"> • advertising influence <p>Coping</p> <ul style="list-style-type: none"> • stressful situations • signs of stress • ways of dealing with stress 	<p>Relationships</p> <ul style="list-style-type: none"> • responsibilities in maintaining a relationship • volunteerism <p>Decision-Making</p> <ul style="list-style-type: none"> • values • the decision-making process • group decisions <p>Coping</p> <ul style="list-style-type: none"> • time management <p>Lifestyle</p> <ul style="list-style-type: none"> • assessing/improving personal characteristics
Growth & Development	<p>Body Systems</p> <ul style="list-style-type: none"> • digestive system <p>Disease Prevention</p> <ul style="list-style-type: none"> • communicable/non-communicable diseases <p>Environmental Health</p> <ul style="list-style-type: none"> • safe drinking water <p>Health Care System</p> <ul style="list-style-type: none"> • health care supports 	<p>Body Systems</p> <ul style="list-style-type: none"> • respiratory system/circulatory system • lifestyle behaviours for a healthy cardiovascular system 	<p>Body Systems</p> <ul style="list-style-type: none"> • excretory system/nervous system <p>Disease Prevention</p> <ul style="list-style-type: none"> • germ entry into the body • the three lines of defence • AIDS prevention
Family Life	<p>Families</p> <ul style="list-style-type: none"> • families provide for the needs of their members • family traditions <p>Human Development and Reproduction</p> <ul style="list-style-type: none"> • characteristic changes of puberty • reproductive system • menstruation (optional lesson for girls only) <p>Abuse Prevention</p> <ul style="list-style-type: none"> • touches that produce negative or confused feelings • family/community support people 	<p>Families</p> <ul style="list-style-type: none"> • male/female roles • family activities <p>Human Development and Reproduction</p> <ul style="list-style-type: none"> • characteristic changes of puberty • reproductive system • menstruation • reproductive process/sex cell development/journey of sperm/intercourse/fertilization 	<p>Families</p> <ul style="list-style-type: none"> • responsibilities and relationships change with time • importance of elders <p>Human Development and Reproduction</p> <ul style="list-style-type: none"> • endocrine system • relationship between puberty and the endocrine system • relationship between reproduction and menstruation • reproductive process/stages of fetal development <p>Abuse Prevention</p> <ul style="list-style-type: none"> • sexual abuse/behaviours which prevent abuse • family/community, support people

SCOPE AND SEQUENCE

UNIT	GRADE 4	GRADE 5	GRADE 6
	<p>Food Classification</p> <ul style="list-style-type: none"> • six major nutrients • sources of major nutrients • nutritious and non-nutritious snacks <p>Food Selection</p> <ul style="list-style-type: none"> • factors that affect food choices <p>Food Appreciation</p> <ul style="list-style-type: none"> • nutritious snacks 	<p>Food Classification</p> <ul style="list-style-type: none"> • leader nutrients and their functions • sources of leader nutrients <p>Food Selection</p> <ul style="list-style-type: none"> • recommended daily servings • food availability, • food processing <p>Food Appreciation</p> <ul style="list-style-type: none"> • a nutritious northern meal 	<p>Food Classification</p> <ul style="list-style-type: none"> • leader nutrients and their functions • sources of leader nutrients <p>Food Selection</p> <ul style="list-style-type: none"> • serving sizes • balanced food intake • reading food labels <p>Lifestyle</p> <ul style="list-style-type: none"> • personal nutrition program
Dental	<p>Structure and Function</p> <ul style="list-style-type: none"> • structure and functions of teeth <p>Oral Hygiene</p> <ul style="list-style-type: none"> • oral hygiene skills • healthy dental behaviours <p>Dental Health</p> <ul style="list-style-type: none"> • dental hazards • preventing dental injuries <p>Dental Disease</p> <ul style="list-style-type: none"> • tooth decay • fluoride <p>Dental Services and Products</p> <ul style="list-style-type: none"> • dental health care 	<p>Oral Hygiene</p> <ul style="list-style-type: none"> • toothbrushing and flossing skills <p>Dental Health</p> <ul style="list-style-type: none"> • effects of tobacco products <p>Dental Services and Products</p> <ul style="list-style-type: none"> • benefits and disadvantages of dental health products • homemade toothpaste • role of dental health workers 	<p>Structure and Function</p> <ul style="list-style-type: none"> • structure and functions of teeth <p>Oral Hygiene</p> <ul style="list-style-type: none"> • oral hygiene skills • healthy dental behaviours <p>Dental Disease</p> <ul style="list-style-type: none"> • common dental health problems • signs of dental health problems • treatment for dental health problems • preventing dental health problems <p>Lifestyle</p> <ul style="list-style-type: none"> • personal dental health program
Safety & First Aid	<p>Burn Prevention</p> <ul style="list-style-type: none"> • scalds <p>Bicycle Safety</p> <ul style="list-style-type: none"> • bike maintenance • bike skills and safety rules <p>Fire Safety</p> <ul style="list-style-type: none"> • common causes of fire • fire exit plans • individual responsibility <p>First Aid</p> <ul style="list-style-type: none"> • frostbite and hypothermia <p>Motor Vehicle Safety</p> <ul style="list-style-type: none"> • all terrain vehicles • snowmobiles 	<p>Burn Prevention</p> <ul style="list-style-type: none"> • burns from flames • burns from electricity <p>Fire Safety</p> <ul style="list-style-type: none"> • home/campfire safety <p>Outdoor Safety</p> <ul style="list-style-type: none"> • safe camping • water and ice safety <p>First Aid</p> <ul style="list-style-type: none"> • burns • external bleeding 	<p>Motor Vehicle Safety</p> <ul style="list-style-type: none"> • all terrain vehicles • snowmobiles <p>Babysitting Safety</p> <ul style="list-style-type: none"> • responsibilities • common rules • safety rules • emergencies <p>Outdoor Safety</p> <ul style="list-style-type: none"> • survival <p>First Aid</p> <ul style="list-style-type: none"> • artificial respiration • choking • external bleeding • poisoning • unconsciousness <p>Lifestyle</p> <ul style="list-style-type: none"> • importance of first aid • safety organizations and professionals • personal safety and first aid program
Alcohol & Other Drugs	<p>Drugs</p> <ul style="list-style-type: none"> • specific drugs in commonly used substances • medical and non-medical drugs • effect of drugs on the brain • reasons for using/not using drugs • personal responsibility for decisions about use of drugs • use and misuse of drugs <p>Caffeine</p> <ul style="list-style-type: none"> • caffeine affects the body <p>Alcohol</p> <ul style="list-style-type: none"> • alcohol affects the body • factors which determine the effects of alcohol • reasons for using/not using alcohol • misuse of alcohol • community resources for alcohol problems <p>Well-Being</p> <ul style="list-style-type: none"> • feeling good without drugs 	<p>Drugs</p> <ul style="list-style-type: none"> • specific drugs in commonly used substances • tobacco affects the body • drug myths • community resources for drug information • peer pressure/advertising influence decisions about drug use <p>Alcohol</p> <ul style="list-style-type: none"> • short/long term effects of alcohol • use and misuse of alcohol • community resources for alcohol problems <p>Well-Being</p> <ul style="list-style-type: none"> • feeling good without drugs 	<p>Drugs</p> <ul style="list-style-type: none"> • personal responsibility for decisions about drug use • values related to drug use • drug myths • peer pressure/advertising influence decisions about drug use <p>Alcohol</p> <ul style="list-style-type: none"> • factors which determine the effects of alcohol • social effects of alcohol misuse • effects of alcohol on young people <p>Well-Being</p> <ul style="list-style-type: none"> • individual activities which promote well-being • leisure time activities in the community

SCOPE AND SEQUENCE

UNIT	GRADE 7	GRADE 8	GRADE 9
Mental & Emotional Well-Being	<ul style="list-style-type: none"> • self-esteem • conversations • criticism • personal plan to enhance self-esteem 	<ul style="list-style-type: none"> • characteristics of effective working groups • reasons for forming group • depression • suicide • stress <ul style="list-style-type: none"> - causes - methods of dealing with stress 	<ul style="list-style-type: none"> • future career choices • job seeking • assessment of personal lifestyles • personal plan to improve lifestyle
Growth & Development	<ul style="list-style-type: none"> • integumentary system/immune system • common health problems of adolescence • health behaviours which help prevent adult health problems • physical fitness <ul style="list-style-type: none"> - components - personal plan 	<ul style="list-style-type: none"> • skeletal system/muscular system • personal exercise plan for the muscular system 	<ul style="list-style-type: none"> • inter-relationship of the body system • NWT Health Care system function <ul style="list-style-type: none"> - responsible use • economics of health care • health careers
Family Life	<ul style="list-style-type: none"> • family decisions • family communication • reproductive system function • relationship between endocrine system and the menstrual cycle • stages of the reproductive process • abstinence • risks and consequences of early pregnancy • sexually transmitted diseases <ul style="list-style-type: none"> - AIDS - chlamydia - gonorrhoea - preventive behaviours • sexual assault <ul style="list-style-type: none"> - common myths - consequences for victim and offender • potentially dangerous situations • behaviours which help prevent sexual assault 	<ul style="list-style-type: none"> • family structures change • menstruation <ul style="list-style-type: none"> - the implications • stages of the reproductive process • abstinence and assertiveness • positive health behaviours related to pregnancy • sexually transmitted diseases <ul style="list-style-type: none"> - AIDS - syphilis - trichomonas - pubic lice - preventive behaviours • birth control <ul style="list-style-type: none"> - methods - attitudes • family violence <ul style="list-style-type: none"> - causal factors - coping 	<ul style="list-style-type: none"> • sex-role stereotyping • effective parenting • support systems for families • reproductive system <ul style="list-style-type: none"> - its role in the formation of new life • heredity • fetal development stages <ul style="list-style-type: none"> - risk factors • birth control risks and consequences • unplanned pregnancy <ul style="list-style-type: none"> - alternatives attitudes - prevention • positive lifestyle practices related to family life • constructive relationships

SCOPE AND SEQUENCE

UNIT	GRADE 7	GRADE 8	GRADE 9
Nutrition	<p>Food Classification</p> <ul style="list-style-type: none"> • NWT Food Guide <p>Food Selection</p> <ul style="list-style-type: none"> • menu planning for different age groups <p>Food Consumerism</p> <ul style="list-style-type: none"> • advertising affects food choices • food additives <p>Food Appreciation</p> <ul style="list-style-type: none"> • food items with few additives 	<p>Energy Balance</p> <ul style="list-style-type: none"> • energy needs • stored energy • energy intake and output <p>Food Consumerism</p> <ul style="list-style-type: none"> • analyzing diets <p>Lifestyle</p> <ul style="list-style-type: none"> • weight control 	<p>Food Selection</p> <ul style="list-style-type: none"> • factors that influence food choices • food customs in the NWT • community feast menu <p>Lifestyle</p> <ul style="list-style-type: none"> • nutrition concerns in the NWT • preventive behaviours • Canadian nutrition and dietary recommendations • personal nutrition program
Dental	<p>Dental Health</p> <ul style="list-style-type: none"> • dental emergencies <p>Dental Disease</p> <ul style="list-style-type: none"> • common dental health problems of children and youth • nursing bottle mouth 	<p>Dental Health</p> <ul style="list-style-type: none"> • safe, unsafe foods <p>Dental Services and Products</p> <ul style="list-style-type: none"> • professional preventive procedures • fluoride • common dental health products <p>Lifestyle</p> <ul style="list-style-type: none"> • personal action plan for dental health 	<p>Dental Health</p> <ul style="list-style-type: none"> • behaviours/factors that promote dental health <p>Dental Careers</p> <ul style="list-style-type: none"> • requirements for dental careers <p>Lifestyle</p> <ul style="list-style-type: none"> • positive lifestyle practices related to dental health
Safety & First Aid	<p>Babysitting Safety</p> <ul style="list-style-type: none"> • responsibilities • common injuries • childcare routines and play • safety rules <p>Outdoor Safety</p> <ul style="list-style-type: none"> • firearm safety <p>First Aid</p> <ul style="list-style-type: none"> • burns • poisoning <p>Lifestyle</p> <ul style="list-style-type: none"> • safety organizations and professionals • personal safety and first aid program 	<p>Outdoor Safety</p> <ul style="list-style-type: none"> • survival safety boating safety • sports safety <p>First Aid</p> <ul style="list-style-type: none"> • frostbite/hypothermia • head/eye injuries diabetic emergencies • epileptic seizures/convulsions • fainting <p>Lifestyle</p> <ul style="list-style-type: none"> • importance of first aid • personal safety and first aid program 	<p>First Aid</p> <ul style="list-style-type: none"> • artificial respiration • choking • external/internal bleeding • shock • unconsciousness • fractures, sprains, dislocations • heart attacks, strokes • poisoning <p>Lifestyle</p> <ul style="list-style-type: none"> • leading causes of injuries/accidental death • personal safety and first aid program
Alcohol & Other Drugs	<p>Drugs</p> <ul style="list-style-type: none"> • methods of taking drugs • different categories of drugs • traditional medicine <p>Alcohol</p> <ul style="list-style-type: none"> • different types of alcohol • metabolism of alcohol • effects of alcohol • reasons for using/not using alcohol <p>Cannabis</p> <ul style="list-style-type: none"> • cannabis and the body <p>Well-Being</p> <ul style="list-style-type: none"> • peer pressure and drug use • positive role models 	<p>Drugs</p> <ul style="list-style-type: none"> • dangers of combining drugs • advertising influences decisions about drug use <p>Alcohol</p> <ul style="list-style-type: none"> • historical use of alcohol • use, misuse, abuse of alcohol community resources for alcohol problems • teenage alcohol problems • fetal alcohol syndrome • advertising influences decisions about alcohol use <p>Cannabis</p> <ul style="list-style-type: none"> • physical and psychological effects of cannabis • cannabis and the reproductive system 	<p>Drugs</p> <ul style="list-style-type: none"> • drug groups • side effects of drugs • drugs and the law <p>Alcohol</p> <ul style="list-style-type: none"> • alcohol and the law • The Young Offenders' Act • local control of alcohol <p>Well-Being</p> <ul style="list-style-type: none"> • personal attitudes towards drug use

TIME ALLOCATION

Effective September 1987, Health Education will become a required part of the school curriculum.

During the first year of implementation, teachers will implement 40 hours of the program. Thereafter, the recommended minimum time allocation for health education will be 60 hours per year for Grade 1 to Grade 9 students. (Since many Kindergarten students attend school for only half a day, it is not possible to recommend 60 hours for that Grade. However, health education should be taught in Kindergarten.)

This means approximately 90 minutes per week for a school with a 190 day school year,

- or 3 x 30 minute lessons per week at the elementary level
- and 2 x 45 minute lessons per week at the junior high level.

The following recommended hourly time allocations apply to each unit: Teachers should note that time requirements for Nutrition, Dental Health and Safety and First Aid have been calculated; however, these units will not be available until September 1988.

Differences in age, experience, language proficiency and developmental level will influence each student's learning. Some students may require enrichment activities or additional assistance. Some lessons will take more than one class period, but allowance has been made in the time allocations for this to happen.

Since Mental and Emotional Well-Being is the basic skill-building unit, and since Growth and Development contains much of the information about the body systems, the Department of Education recommends teaching these two units prior to introducing any other unit.

UNIT	GRADE								
	1	2	3	4	5	6	7	8	9
Mental & Emotional	10	10	10	10	10	10	10	10	10
Growth & Development	10	10	10	10	10	10	8	8	8
Family Life	10	10	10	10	10	10	12	12	12
Alcohol & Other Drugs	6	6	6	8	8	10	10	10	10
Nutrition	8	8	8	8	8	6	6	6	6
Dental	8	8	8	6	6	6	4	4	4
Safety & First Aid	8	8	8	8	8	8	10	10	10

THE LESSON FORMAT

The program is laid out in an easy-to-follow, easy-to-use format. Each lesson indicates the **unit name, the grade level, lesson number and theme**:

e.g., Growth and Development
Grade 1 Lesson: 3 Theme: Body Systems

The **concept** for each lesson is clearly articulated at the start of the lesson. Concepts may be repeated within a single grade or between grades. The different objectives, however, ensure that students move from a basic understanding to a more advanced understanding of the same concept.

The **preparation** outlines all the tasks which a teacher will have to complete prior to teaching the lesson and all the materials or resources which are required for that particular lesson.

The **vocabulary** is not an all-inclusive list of words with which students should be familiar. Rather, it is a basic list of the terms which students will have to understand and be able to use in order to learn about the concept. Individual teachers are in the best position to determine the language needs of their students for each lesson.

The lessons, themselves, are divided into three columns:

- the **objectives**, which are behavioural objectives students should achieve, once they have participated in the lesson;
- **student activities**, which are suggested activities that teachers may use with their students to help them achieve the objectives. Teachers should select those activities which are most suitable for their class. They may have to adapt some for the particular students in their class. For younger grades, activities have been made as "hands on" and concrete as possible;
- the **teacher notes**, which provide some basic information, as well as more detail for teachers on how to carry out activities.

At the end of each unit, on coloured pages, **teacher background information** provides more detail on specific topics.

The pages are numbered so that teachers who are looking for a particular lesson will be able to locate it easily.

Each unit has reference letters:

- ME - Mental and Emotional Well-Being
- GD - Growth and Development
- FL - Family Life

Following the reference letter is a number which indicates the lesson number in a particular unit e.g., ME 3 means the third lesson of the Mental and Emotional Well-Being Unit for that particular grade.

The next number indicates the overall page of that unit, e.g., ME 3.12 means the third lesson of the Mental and Emotional Well-Being Unit, the twelfth page of the whole unit. So in other words, teachers can look up the regular page number of each unit, or the lesson number.

Teachers should note that one lesson in the program may take more than one class period, depending on student's previous knowledge, experience and language proficiency. Allowance has been made in the time allocation for this.

APPROACHES TO THE TEACHING OF HEALTH

The methods which an individual teacher uses with this program are as important as the content. Since the program is designed to influence beliefs and attitudes, it is important for students to examine their own and other people's beliefs and attitudes. It is also important for students to practise, in simulated situations, the skills which they are developing, so that using these skills will become second nature to them in the real world. This involves students sharing opinions, feelings, beliefs and information. Both classroom atmosphere and methods will contribute to the success of the program.

BUILDING A POSITIVE CLASSROOM ATMOSPHERE

The success of this program will depend on the establishment of a positive classroom atmosphere, where students and teachers feel comfortable with each other when discussing personal or sensitive issues.

A number of factors will contribute to this positive classroom atmosphere:

- an attitude of mutual respect, where "put-downs" are not acceptable;
- a non-judgemental atmosphere, where each person's opinion is valued;
- openness, honesty and trust by teacher and students;
- confidentiality, where students are not afraid that opinions or information are discussed openly outside the class.

Prior to starting the lessons, teachers should discuss with students the importance of each of these factors. Teachers should remind students of them regularly throughout the lessons.

In the Family Life Unit, students may demonstrate initial embarrassment with the topic by giggling or laughing. This is often because they feel uncomfortable with discussing the topic of sexuality. These feelings will diminish.

- as they become more familiar with the subject;
- if other factors outlined above are contributing to a positive classroom atmosphere;
- if the teacher is comfortable with the subject.

THE TEACHING OF VALUES

Health Education, and especially the Family Life component, cannot be taught without discussing values. The School Health Program uses universal values as the basis for decision-making on any health-related matter, including sexuality.

The program focuses on these values:

- a sense of caring
- respect for self, family and others
- kindness
- honesty and justice
- compassion
- non-exploitation

All units of the program encourage respect for family and cultural values, religious beliefs and the law.

Teachers are encouraged to ask groups of resource people with different points of view to present their views on controversial issues to older students. For example, a discussion on birth control may take the form of a panel discussion, where the members include people with differing opinions. This provides students with the opportunity to listen to other people's opinions, to question them and to think about the expressed opinions in a respectful atmosphere.

Teachers must be alert to the dangers of imposing their values on students. Being non-judgemental will encourage students to be more open.

APPROPRIATE TECHNIQUES FOR TEACHING HEALTH

A number of teaching techniques are particularly appropriate for this program.

1. *Small Group Discussion*

Dividing students up into small groups encourages free discussion. It encourages students who are reluctant to speak out in a large group to feel more comfortable, and also gives students an opportunity to learn from each other.

Successful small group discussion depends upon:

- encouraging students to take a risk in sharing information
- establishing rules at the beginning of the sessions e.g.,
 - no insults or put downs
 - only one person talks at a time
 - show respect for each other's opinion
 - everyone gets a turn, but may choose to pass
- thinking about the composition of the groups e.g.,
 - is there a competent leader?
 - is there an even mix of the sexes?
 - is there a mix of extroverted and introverted children?
- starting to use small group discussions at a young age, so that students become used to this method of sharing
- always concluding the activity by asking one person from each group to report its discussion to the rest of the class.

2. *Brainstorming*

Use brainstorming to solicit ideas or opinions from the students. Gather as many opinions as possible, without making any value judgements on them. This allows for the free flow of ideas. Write the suggestions on the chalkboard or flip chart paper. After brainstorming, categorize and discuss the ideas. This is often effective in small groups.

Five rules of brainstorming to remember are:

- do not evaluate the ideas until after the brainstorming session;
- quantity is more important than quality
- list as many ideas as possible in a given length of time;
- expand on the ideas of others
- if someone else's idea prompts another idea, share it;
- encourage creativity; and,
- record all ideas.

3. *Roleplaying*

Roleplaying is an essential element of any program which influences attitudes and behaviours. Not all teachers, or all students, feel comfortable using roleplay. However, there are some steps to follow which will increase the success of this method: - decide on the topic of the roleplay; - start by using volunteers; - discuss the scenario to be acted out. Help the students to understand what to look for; - discuss each person's part, using a hypothetical situation. Ask students how the person would feel, and what the person would say or do in that situation; - have the students act out the scene; - always finish the roleplay with a discussion about the different people in the scenario, their feelings and possible alternatives; - the more frequently you use roleplay as a teaching method, the more proficient the students will become and the more successful it will be; and, - if role play is not successful the first time, do not give up. Try again!

4. *The Question Box*

When dealing with topics of a sensitive nature, such as those in the Family Life Unit or the Alcohol and Other Drugs Unit, students may be reluctant to ask questions publicly. Use of a question box allows students to ask questions anonymously, and facilitates discussion of a difficult topic which students wish to bring up.

At the end of each class, or at the end of a particular session, let students know that they will be able to write down any question which they wish to ask and to put it into the question box anonymously. At the beginning of the next class, the teacher will respond to the questions in the box.

Another effective use of the question box is to ask students at the beginning of the sessions to write down questions which they wish to have answered during the classes. This allows the teacher to structure the program around the needs of the students.

THE LANGUAGE DEVELOPMENT APPROACH AND THE N.W.T. SCHOOL HEALTH PROGRAM

Who Should Use the Language Development Approach

Students in the Northwest Territories come to school understanding and speaking a number of different languages. Where appropriate, where possible and where mandated by parents and/or L.E.A.'s, teachers should instruct students in Health Education classes in the language in which they are most proficient.

In some communities, students are not proficient in their first language, parents do not want instruction in the first language, or staff, programs and materials are not available to teach in the first language. In those situations, schools instruct Health Education classes in English. Because students in these communities may not be proficient in the English used to teach the curriculum, teachers of Health must take the time and make the effort to teach students the language required to talk, read and write about Health concepts. Success in the Health Education program is not otherwise possible.

The Department of Education directs the use of the Language Development Approach for students who are not proficient in English when it is the language of instruction and for students who are learning English as a Second Language. It is the responsibility of teachers at all levels to use the Language Development framework when preparing their own lessons or presenting lessons provided in the Health units.

What is the Purpose of the Language Development Approach?

The primary purpose of the Language Development Approach is to provide students with the vocabulary and sentence patterns necessary to succeed in school and, in this program, to learn about health concepts. A related aim is to help students develop thinking skills and to use the language of instruction for a variety of purposes: to imagine, to investigate, to explain, to describe, to question, etc.

A second purpose of the approach is to help students learn the vocabulary and sentence patterns required to communicate in various social situations. It provides them with opportunities to learn to use additional language to satisfy needs, to regulate personal behaviour, and to establish and define social behaviour. This purpose is secondary because many students have a first language to use to fulfill these purposes.

The Principles of the Language Development Approach

The Language Development Approach draws on elements of many traditional and contemporary practices in first and second language teaching to form the following set of principles on which to build classroom practice:

1. ***Students need to have their experiences, skills, knowledge, and, particularly, the language they bring to school identified and used as the basis for the school language program.***

This means the Health Education Program should identify and relate new concepts to the students' past experiences, previous knowledge, and immediate environment. Studies indicate that when teaching does not relate to students' everyday lives or existing ideas, little learning takes place.

In the cross cultural classroom of the N.W.T. and with sensitive issues such as family life, it is particularly important to determine students' ideas, family values and relevant experiences, before teaching the lessons.

2. ***Students need to learn to articulate for themselves and to communicate their thoughts, feelings, needs, opinions, and intentions for a variety of purposes in many different communication contexts. They need to be able to understand, learn from and respond to the communication of others.***

This involves being able to: - express/inquire about personal needs, desires, feelings, attitudes etc. - socialize - direct the actions of the self and the actions of others - impart and seek factual information on past and present experiences - reason logically - make and express predictions - project into the experiences, feelings, and reaction of others - determine and express intellectual attitudes - evaluate

The Health program should involve students in a variety of activities which require them to use language in all these ways. Traditional paper and pencil exercises must be extended to include graphing, interviewing, reporting, researching, investigating, problem solving, etc,

3. ***Students need to learn language to communicate, but they also use language to learn. Therefore, language should be taught across the curriculum.***

The Health Education program should teach second language students the language they require to learn about new concepts. Success in Health is not possible otherwise. This may mean teachers cannot cover all concepts for all topics. It is preferable to cover some concepts for all topics rather than omitting some topics altogether.

4. ***Second language students need to spend more time learning to communicate in the language of instruction than they do learning about the language of instruction.***

The time spent in Health Education teaching students language should be devoted to introducing, practising, and applying the vocabulary and sentence patterns students require to talk, read, and write about a concept.

5. ***Students need to learn language that is meaningful. It is easiest to accomplish this when teaching language in a context. Without adequate concept development, the language students learn is either vague or devoid of meaning.***

The Health Education program should take the time to ensure that students learning new concepts have enough first hand or indirect experiences with the concepts to understand them clearly. There is no point in students studying material they don't understand. If teachers do not make the material understandable, students will supply their own meanings. These may or may not be appropriate!

6. ***Students need to learn to develop their thinking skills and to engage in more abstract levels of thoughts as they mature. They must learn the language that allows them to express their thinking about concepts. Initially, they need to learn the concrete vocabulary and functional sentence patterns which enable them to recall, match, sequence, classify, etc. Eventually they need to learn more complex sentence patterns so that they can generalize, analyze, hypothesize, imagine, predict and evaluate.***

The Health Education program for primary students should concentrate on teaching and using concrete thinking skills. The Health Education program for older students should introduce more abstract thinking skills as students can handle them.

7. ***Students need to participate in language activities that integrate the language strands of listening, speaking, reading and writing. Specific skills taught will vary with the proficiency level of the students. Reading and writing activities should use language which students have internalized aurally/orally.***

The language activities in the Health Education program should include all four language strands. Students who cannot talk about a concept will have difficulty reading and writing about it.

8. ***Students need to learn "real" language and how to use it in the natural situations in which it is required.***

The language included in the Health Education program should be as close as possible to the everyday vocabulary and sentence patterns people actually use to talk or write about a concept. Students need to get into the community to use the language they are learning with people outside the classroom.

Program content, classroom organization and teaching techniques used to develop concepts and skills should:

- a) reflect all the above principles
- b) vary according to
 - the language proficiency of the students in the first and second language
 - cultural background (experiences, interests)
 - age/grade levels
 - type of topic
 - learning style of students
 - materials and equipment available
 - teaching style of teacher

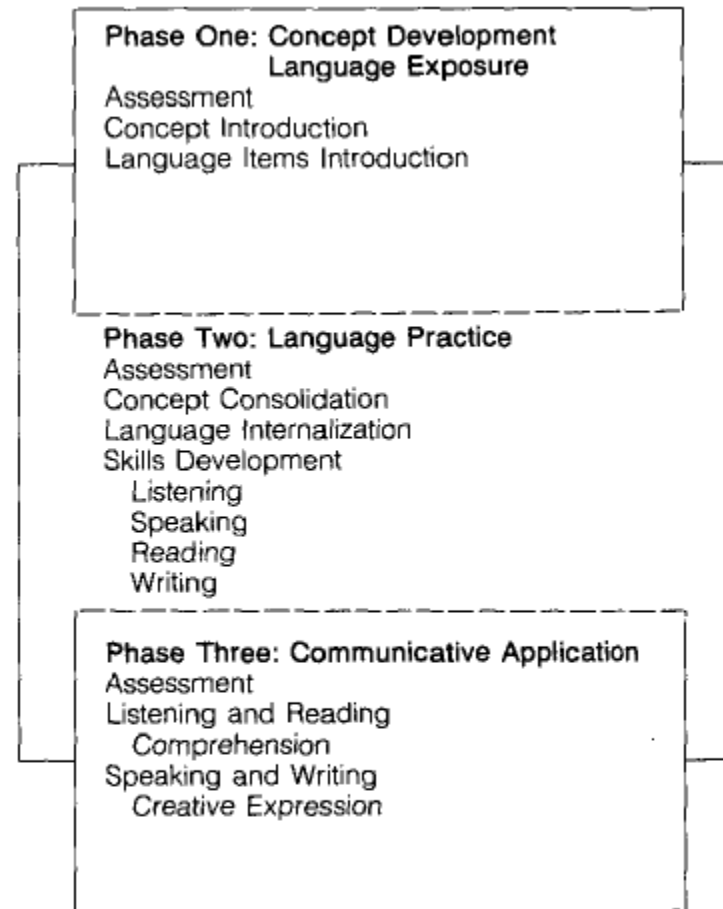
These principles are also valid for students who speak English as a first language. The difference lies in the methods and techniques used. Although designed for second language students, the Language Development Approach allows flexibility in choosing specific classroom practices and techniques to meet the varied language needs of students.

LANGUAGE DEVELOPMENT FRAMEWORK

The Language Development Approach uses the following framework to structure lessons involving conceptual development and language learning for any subject area or for topics of personal interest or cultural relevance.

Intellectual Skills

- Perceiving
- Retrieving
- Recalling
- Matching
- Sequencing
- Classifying
- Comparing/Contrasting
- Generalizing
- Inferring
- Predicting
- Interpreting
- Hypothesizing
- Imagining
- Applying
- Analyzing
- Synthesizing
- Evaluating



*Based on the work of Jim MacDiarmid
Adapted by B. Pugh and C. McGregor*

How to Develop a Language Development Unit

1. Identify the topic of study from the Health Education program.
2. Determine the key concepts and sub-concepts for the topic. Use brainstorming, semantic mapping, or content diagramming to outline these concepts for your own reference.
3. Assess and predict what experiences, knowledge, interests and attitudes students already possess which you can relate to the concept and subconcepts of the topic through:
 - observing the activities in the community in which students engage;
 - determining previous school experiences students have had with respect to the topic;
 - talking with classroom assistants, parents, L.E.A. members, older students, etc.;
 - observing students in the classroom.
4. Determine what materials and resources are available in the school and community to teach the key concepts and sub-concepts.
5. Brainstorm techniques and activities that you can use to teach the concepts and sub-concepts of the unit. Keep in mind the cognitive maturity, proficiency level, and background experiences of the students in the class.
6. Brainstorm the language items (vocabulary and sentence patterns) that students need to know in order to understand and discuss the concepts and subconcepts of the topic.
7. Determine other language items students may need to know in order to carry out the activities.
8. Predict which language items students already know. Predict language items students have in their linguistic storehouses that you can use to introduce the concept specific language.
9. Plan an initial assessment activity that identifies which experiences, concepts and language items students already have for the topic.
10. Plan specific lessons to teach key concepts, subconcepts and associated language.

11. Plan culminating activities which provide students with opportunities to consolidate and use knowledge and language learned throughout the unit. These can be sharing sessions with other classes, parents or community members.
12. Plan activities that evaluate student progress; these should determine what they have learned from the unit in terms of concepts, attitudes, skills and language items.

How to Plan Language Development Lessons

Plan specific lessons to teach key concepts and subconcepts using the Language Development Framework.

Concept Development/Language Exposure Activities

Choose concept development activities that help students relate previous knowledge to the topic of study or fill gaps in that knowledge. These activities should involve direct, first-hand, active learning with concrete materials as much as possible. Where necessary, use indirect experiences (films, filmstrips, pictures, etc.) to allow students to move beyond the confines of the immediate classroom to explore concepts associated with other times and places. Plan several activities which introduce and reinforce the concepts in different ways.

While students learn about the concepts, activities should also introduce them to new language items which express the concepts. The activities should help students to associate new vocabulary with relevant objects or actions and to express the relationships among concepts with appropriate sentence patterns.

Language Practice Activities

In this part of the lesson, students use the new language items introduced in concept development activities in a variety of activities that develop listening, speaking, reading, and writing skills. Through intensive practice of items in a variety of ways, students come to "own" the new language, i.e., commit it to memory so that it becomes part of their permanent storehouse of language items. These activities should also strengthen the bond developed between the new concepts and the language items that represent those concepts. While the whole class may participate in most of the concept development activities, it is important to group students for language practice according to their language needs and skills. During these group activities you can assess how well students are mastering new language items.

Communicative Application

The final phase of the lesson sequence includes opportunities for students to use their acquired knowledge and language to communicate in a variety of situations. Students will demonstrate that they have understood the new concepts and can use the new language items by interacting with others. Activities should involve students in listening, speaking, reading, and writing to solve problems, bridge an information gap, share information, complete a task, develop an arts and crafts project, or share a finished product. These activities will provide students with an opportunity to explore related concepts and language, eventually coming full circle to new concept development and language exposure. While students complete these activities, the teacher can meet individually with students to assess the extent to which they have mastered the concepts and language from the lesson.

Intellectual Skills

An essential component of the framework is the development of intellectual skills. Learning new concepts and language involves thinking skills. On the other hand, the ability to think abstractly involves conceptual and linguistic knowledge.

In the Concept Development/Language Exposure phase, plan assessment activities that establish whether or not students have basic building block concepts and language to engage in more abstract thinking about a topic. Subsequent activities can fill gaps and/or extend the students' background. The structured nature of Language Practice activities demands less high level intellectual activity. Answers are more convergent in nature; the information readily provided or available. However, Communicative Application activities should involve more divergent thinking. Students can draw on what they already have learned during the previous two phases to bridge an information gap or solve a problem.

INITIAL ASSESSMENT ACTIVITIES

In order to help teachers assess where to start with the program, the following activities should be done before teaching each lesson. They will assist in determining:

- what students already know about the concepts and therefore where instruction should begin;
- what interests students have in the topic and therefore the direction the unit should take; and,
- what language students already have to discuss the topic and what language they require.

One of the basic principles of all good teaching is that teachers should start with the student when planning and carrying out a unit. Before beginning the unit, it is important to assess students' knowledge of and interest in the topic. Teachers should determine what students already know about the topic/concepts they intend to cover. What ideas do students already have? What misconceptions do they have which must be addressed? What gaps are there in their knowledge which require teaching certain lessons? What concepts do students know well enough so that teachers can skip the lessons which teach those concepts? What questions do they have? What relationships do they see between different aspects of the topic?

It is also important to identify what experiences students have which relate to the topic/concepts. By identifying these and building upon them in the lessons, teachers can help students relate the new ideas and information to their own lives. It is important for them to do this because it assists students to internalize new concepts.

It helps students make the concepts part of the conceptual framework which they use to understand and describe their world. If they do not have concrete, firsthand experiences to relate to each concept they will have to be provided with them wherever possible.

Another use for these activities is to help teachers identify particular interests of individuals, groups of students, or the whole class. They can then include activities in the lessons which involve student interests, thereby increasing motivation for them to participate and learn. Teachers may decide to add, substitute or omit some lessons because of students' interests.

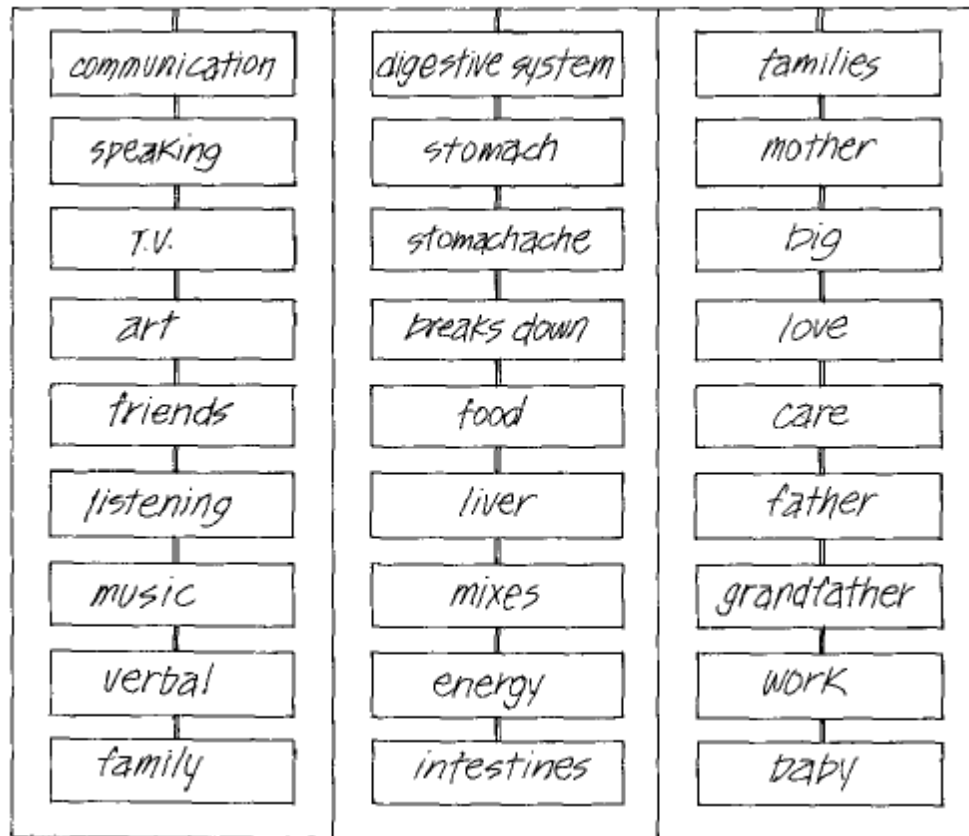
These activities will also help determine what language students have to discuss the topic, i.e., what vocabulary items students already know and what associations they have for each word. It is important to ascertain the meanings students attach to words; sometimes their interpretations may be surprising! If they do not clearly understand terms or if they use them incorrectly, it will prevent them from understanding and incorporating the concept into their mental framework.

Each unit in the School Health Program has a number of different themes. Teachers should select assessment activities suitable for that particular theme. The examples are for themes from each unit: Mental and Emotional Well-Being, Growth and Development and Family Life.

1. Brainstorming

Mental and Emotional Well-Being	Growth and Development	Family Life
Communication	The Digestive System	Families
Ask students: "What do you know about communication?"	Ask students: "What do you know about the digestive system?"	Ask students: "What do you know about families?"

Answers can be recorded on cards and hung on masking tape strips (sticky surface up) which can then be fastened to the wall or the chalkboard.



If students have difficulty with this activity you may wish to direct their thinking or prompt ideas by asking more specific questions:

Why do we communicate?	What body parts are part of the digestive system?	What kinds of families are there?
How do we communicate?	What do they do?	How are families alike?
With whom do we communicate?	Where are they found?	How are families different?
	How do we take care of them?	Who are in families?
		What do families do?

Encourage students to predict answers to these questions even if they are not sure of the exact responses. It might be interesting to record their predictions separately and compare them to the actual answers as they study the unit. Students may think of their own questions as well. Teachers can keep a list of all the questions the class cannot answer to focus the lessons they teach during the unit.

After recording their responses on the cards, *teachers should* have students chant the words with them and talk about the words:

- Which word is the most interesting?
- the least interesting?
- the most puzzling?
- What other word can you think of that means almost the same thing?
- What comes to your mind when I say _____?
- What do you think this word means? Etc.

2. Categorizing

Teachers can distribute the word cards from the brainstorming sessions ensuring that they tell students the words they give them. Younger students should receive only one card at a time so they will not get confused. One student places his/her word card at the top of one of the masking tape strips and tells the word to the class. Teachers ask if there is anyone else who has a word that belongs with the first word and have another student place his/her word card under the first, read the word and explain why it belongs with the first word. The class can give a title to these two cards which now form a category. Teachers can then ask if anyone can start a new category. When students have placed all of the brainstormed words in categories, the class can discuss the titles and change them if necessary. Students can then chant the words in each category. Teachers can transfer the words to a flowchart to provide a permanent reference.

As teachers progress through the unit they may wish to add new information to the chart. They may also identify new questions and hopefully, the answers. At the end of the unit they can review the chart with students and keep it as a reference for future use.

Communication	The Digestive System	Families
Different ways of communicating	Body parts	Who is in them?
verbal non-verbal speaking listening music art	stomach intestines liver mouth esophagus	mother father baby grandmother
With whom	What they do	What do they do?
friends family teacher people at work	squeeze mix break down move	play work love care
Kinds of communication	Problems	What size are they?
aggressive assertive passive	stomach ache nausea diarrhea	big small

SAMPLE QUESTIONS:

Teachers can use these questions during the initial assessment activity to determine what experiences, interests, language, and knowledge students have about the topic. They can also use the questions during discussions in the lessons for evaluation.

Questions for Assessing Experience:

1. Have you been in a situation where _____?
2. What do you know about _____?
3. Have you ever seen _____?
4. Have you ever experienced _____?
5. Have you ever been _____?
6. Have you ever done _____?
7. Has something like this ever happened to you _____?
8. When was the last time you _____?

Questions for Assessing Language:

1. What do you think these words mean _____?
2. Can you give me another word that means _____?
3. What comes to your mind when I say _____?
4. Have you heard of the word(s) _____?
5. What words can you think of when I say the word _____?

Questions for Assessing Thinking Processes:

Cognitive Memory (details, information)

1. Who _____?
2. What are the facts _____?
3. What are the most important details _____?
4. What is the _____?
5. What do you mean by _____?
6. What is your interpretation of what happened? (What do you think happened?)
7. When?
8. Where?

ConvergenUGeneralization (getting the main idea)

1. What are the chief points?
2. Given that information, what is the main idea?
3. What is the single most important idea?
4. State the idea in one sentence.
5. Explain _____

Structuring/Relating (arranging relationships)

1. Categories:
Which group does that belong to?
How would you classify _____?
What type would you _____?
2. Comparisons: How are they alike? same? similar? identical?
3. Contrasts: How is it different? in opposition to? unlike?
4. Cause and Effect: What will happen if? Why?
What will happen as a result of?

Divergent/Using/Applying

1. What might happen if _____?
2. If you use that idea, what would it mean for _____?
3. Apply that idea to our (this) situation.
4. What would result if _____?
5. If you were given these facts, what would you do to _____?
6. How would it be different if we used this idea?
7. What could the advantages/benefits be if we applied this idea/process?

EvaluationIdudgingNaluing

1. How do you feel about this idea?
2. What is your opinion?
3. What is the best _____?
4. Are you satisfied with that answer/plan?
5. Can this statement be made? Why?
6. Out of all the information, what can be used to prove your point?
7. How would you judge?
8. What is your opinion or conclusion about the product/plan/idea?
9. Why did you think it worked/didn't work?
10. What is fact? What is opinion?

EVALUATION

Educators often use the word "evaluation" to mean "testing". Evaluation, however, is an integral part of all educational programs or processes. It includes any form of obtaining information about what students are learning and how effective the program is in achieving its goals.

We learn a great deal from effective evaluation, including:

- what concepts, skills and attitudes a student has learned;
- if a student has achieved the objectives;
- in which areas of the program a student is proficient,
- a student's grade level;
- if the program needs to be reviewed, revised or modified;
- if teaching methods are effective;
- if a student needs additional assistance;
- if a student considers the lessons relevant i.e., do the lessons relate to the world of the student outside the classroom?

EFFECTIVE EVALUATION

For effective evaluation, it is important:

- to link the evaluation to the stated objectives of the program;
- to include as many forms of evaluation as possible;
- to assess students in the cognitive, affective and psycho-motor domains; (in the Health Program, the affective domain is particularly important);
- to ensure that the forms of evaluation are appropriate to the student's developmental level and language proficiency and that they are culturally suitable;
- to ensure that the method of evaluation supports and reinforces goals of the program i.e., if one of the goals of the program is to enhance self-esteem, then the evaluation must include successful experiences which will contribute to that;
- to encourage students to take some responsibility for evaluation.

DIFFERENT APPROACHES TO EVALUATION

It is not possible in this document to include all the possible approaches to evaluation or the detailed information necessary for teachers to use each approach effectively. A more comprehensive effort will be made to address evaluation for this program at a later date.

The approaches included will give teachers some general guidelines on evaluation.

1. *Pre-tests and Post-tests*

In order for teachers to assess what students already know about a topic, and to determine the starting point for the lessons, it may be necessary to administer a pre-test. This pre-test should include items which assess skills, attitudes and behaviours, as well as specific knowledge.

By using the same test or a parallel test after teaching the lessons, teachers will be able to assess what knowledge students have acquired and any possible changes in individual attitudes and behaviours, e.g.,

- | | True | False |
|--------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| i) Knowledge
Tobacco contains a drug. | () | () |
| ii) Skills
John's friends want him to skip school. Use the decision-making process to show how he decides what he will do. | | |
| iii) Attitude/Beliefs
Daily exercise is important to me. | | |
| Agree | () | |
| Not Sure | () | |
| Disagree | | () |
| iv) Behaviours
I would eat candy or chips for a snack. | | |
| Most of the time | () | |
| Some of the time | () | |
| Never | | () |

2. *Projects*

Projects are assignments given to individual students or to a small group of students. Usually they involve research on a specific topic within the program.

Projects allow students some freedom to express individuality and to demonstrate particular strengths.

A variety of activities can be incorporated into a project, e.g.,

- written report
- diagrams
- audio-visual material
- photographs
- models
- drama
- drawings
- graphs

It is important to structure the project carefully, and define the requirements clearly to ensure that it is manageable. Requirements should indicate:

- the objectives of the project; completion date;
- how the teacher will evaluate it;
- where to find information.

For example, a project on the "Health Care Worker in the Community" may include:

- a description of what the health care worker does;
- a photograph of the health care worker;
- a recorded interview with the health care worker and/or with community people who have regular contact with the health care worker;
- a video of the health care worker at work;
- a graph to show how much time the health care worker allocates to different tasks;
- telephone numbers;
- a map to show how to go to the health care worker's place of work; and,
- drawings of any special tools/instruments which the health care worker uses.

3. *Simulations*

The Health Education program provides for the acquisition of specific skills and knowledge, and gives the students opportunities to practise appropriate attitudes and behaviours. As a result, simulations are an appropriate way to determine student progress. Discussions of alternative solutions after roleplaying also provides an indication of student attitudes.

If students have learned different ways to resist peer pressure, they can demonstrate how to resist peer pressure in a given situation, e.g.,

Bill wants Mary to go to a party with him on Saturday. Mary's mother says she is too young to go to parties. Bill has told Mary he won't be her friend if she doesn't come.

Demonstrate how Mary resists the pressure from Bill.

4. *Observation*

We expect students' behaviour to reflect what they have learned so direct observation of students is an important method of evaluation. Students may not demonstrate some of the practices in the classroom, however, and so this observation must also occur in the community. Where and when appropriate, observation should include aspects of mental, physical, social activity, as well as intellectual practices of the student, e.g.,

If students have been discussing practices which promote safety in the playground, the teacher can observe students at play at recess to determine if they demonstrate use of safe practices outside the classroom.

5. Checklist

These are a simple method of recording observations usually made in the classroom. Checklists will not necessarily give a teacher information on a student's behaviour. Teachers can develop checklists for evaluating simulations, observations, discussions, etc.

E.g.,

Checklist for Group Discussions

	All of the time	Some of the time	Never
- listens without interrupting	()	()	()
- shows respect for other people's opinions	()	()	()
- participates readily	()	()	()
- responds positively when questioned	()	()	()
- questions others	()	()	()
- etc.			

6. Anecdotal Record

Anecdotal records are brief comments on the teacher's observations. The information recorded is factual and non-judgemental - the evaluation of what was seen is noted after the observation is complete. The comments should be specific and related to the objectives of the program. Record both positive and negative examples, e.g.,

At recess, Sarah helped Margaret to come down from the climbing bars. She pushed James when he tried to help too.

7. Self-Evaluation

Students should also participate in the evaluation process by identifying what they learned from the lessons, what they are interested in, what they think is important for them to know more about, etc. One way of doing this is through a rating scale, e.g., I learned:

a lot	some things	nothing
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I was most interested in: _____

I would like to learn more about _____

8. Student Notebooks

By asking students to keep a health notebook, teachers can assess how well students understand concepts. It is important, however, to treat the notebooks with confidentiality. Students should be aware before they write in the notebook that the teacher will look at them. In particularly sensitive areas, such as Family Life, students may be reluctant to share notebooks with teachers, if not advised in advance.