



## **Health Revision Curriculum Meeting**

**April 22, 2014**

**Kenai Peninsula Borough Meeting room**

**9:00 -3:00**

**Members present:** Amanda Adams, Anna Meredith, Betty Miller, Dawn Musgrove, Dr. Brandi Heath, Janette Latimer, Jason Daniels, Morgan Sicillia, Liz Downing, Regina Theisen, Stacia Rustad, Merci Jusmable, Christine Fontaine, Melody Niichel, Melissa Linton

### **Minutes:**

The committee reviewed the District Wellness Survey Results and surfaced the following needs that will influence the direction of the KPBSD Curriculum Revision.

### **Professional Development:**

- Training for teachers is essential. Teachers delivering the health curriculum have a wide variety of back ground and training (or lack thereof). It was noted the delivery of the health curriculum is inconsistent especially if delivered by teachers who are not comfortable and confident teaching sensitive content.
- There are best practices for teaching health content and we need to provide training on those instructional strategies.
- Utilize Community Resources Systemically so all schools/teachers can have access to expertise.

## **Delivery of the Content**

- There is not enough time to present the content as it stands.
- Delivery is inconsistent across schools (time, content depth, strategies)
- Time allotments for health (especially in elementary) varies greatly. There is not a recommended time allocation for health education in the K-6 schools.
- Budget for a coach or help from a staff of experts (community or within our schools)

## **Philosophy**

- There is no shared philosophy of what health education should incorporate at the district level. There is no consistency of the program across the district. The emphasis is school and teacher dependent.

## **Choice and Personalization**

- Board Policy is not enforced or understood by the community (in regards to food)
- Rewards with food (especially for high academic achievers) is still a practice in our schools

- 1) Keep the curriculum user friendly
- 2) Where does Ifafe fit in and should it be included in the time allotment for health?
- 3) Develop a comprehensive curriculum
- 4) Develop a curriculum that can be consistent across the district (assessments?)
- 5) Increase comfort level of teachers who are teaching health (with training and strategies)
- 6) Provide Critical Information so kids can make healthy choices – enduring concepts and skills
- 7) Integrate skills within other content areas
- 8) Ensure training for teachers
- 9) Update health issues as they arise
- 10) Define clearly where the health curriculum should be taught (while at the same time allowing flexibility for schools with scheduling challenges)
- 11) Utilize resources – community, online

**Priority Health Standards CDC Standards**

<b>Center for Disease Control National Standards</b>		<b>Alaska Healthy Life Standards</b>
<b>Standard 1</b>	Students will comprehend concepts related to health promotion and disease prevention to enhance health.	<b>Standard A</b> Student should be able to acquire a core knowledge related to well-being
<b>Standard 3</b>	Students will demonstrate the ability to access valid information, products, and services to enhance health.	
<b>Standard 5</b>	Students will demonstrate the ability to use decision-making skills to enhance health.	
<b>Standard 6</b>	Students will demonstrate the ability to use goal-setting skills to enhance health.	<b>Standard B</b> A student should be able to demonstrate responsibility for the student's well-being.
<b>Standard 7</b>	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	
<b>Standard 4</b>	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<b>Standard C</b> A student should understand how well-being is affected by relationships with others.
<b>Standard 2</b>	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.	
<b>Standard 8</b>	Students will demonstrate the ability to advocate for personal, family, and community health.	<b>Standard D</b> A student should be able to contribute to the well-being of families and communities

Yellow = indicates priority standards

Orange = indicates supporting standards

**Priority Alaska ELA Standards:**

<b>Grade Cluster</b>	<b>Reading</b>	<b>Writing</b>	<b>Speaking and Listening</b>
<b>K-2</b>	K-2.RL.3,6,10 K-2.RIT.1,4,5	K-2.W.1,2,3	K-2.SL.1,3,5
<b>3-5</b>	3-5.RL.3,6,10 3-5.RIT.1,3,6	3-5.W.2,3,7	3-5.SL.1,3,5
<b>6-8</b>	6-8.RIT.1 and 4	6-8.W 4 and 9	6-8.SL.1 and 4
<b>9-12</b>	9-12.RIT. 6 and 9	9-12.W.4 and 9	9-12.SL.1 and 4

**Meeting Scheduled for Tuesday, September 9<sup>th</sup>, 2014**

**Next Steps:**

Review current curriculum with new standards and performance indicators.

Develop essential Questions, Big Ideas and performance indicators for Grade Level Clusters K-2, 3-5, 6-8, 9-12.

Refine recommendations for sequence of units, and time allocations for each unit of study

Discuss Isafe and incorporate into Curriculum Pacing

Select time and date for a material review