



# Curriculum Proposal

Please type or select the requested information. Print completed forms, add appropriate paper attachments, and route through MSU's curricular process for recommendations and decisions.

College: <u>Allied Health and Nursing</u>		(Check all that apply):		Proposal # <u>375</u>
Department: <u>Health Science</u>		<input checked="" type="checkbox"/> Undergraduate		Effective Date of Change:
Program: <u>School Health Teaching</u>		<input type="checkbox"/> Graduate		Academic Year <u>06-07</u>
Type of Change: <u>COURSE PROPOSALS</u>		CIP # _____		(For Office Use Only)
Proposed: <u>Change in Credits and Title / desc / Pre req.</u>				
Title Current: <u>Health Teaching Methods</u>				
Title Proposed: <u>Health Teaching Methods II</u>				
24-Char. Abbrev: _____				

Course Designator and Number	Number of Credits
HLTH 420	5
HLTH 420	3

(if applicable)

*Include a course or program description for the Bulletin (30-40 words maximum for courses, 100 for programs):*

This course provides School Health teaching majors the knowledge and skills they will need to be a part of a coordinated school health program team and teach comprehensive school health education in middle/ junior/ and senior high schools.

Prerequisite: HLTH 320

*Rationale or Justification for change:*

Raising the achievement level for all programmatic courses required of Health Science majors will result in a more capable and prepared student and professional. School Health majors are aligned with the teaching license requirement.

**\*\*\*For General Education or Cultural Diversity Courses Only\*\*\***

GE Category #	GE Category Name (Maximum of 3 Categories)	Cultural Diversity Course:
<u>N/A</u>		(Please check one.) <input type="checkbox"/> <b>Core</b> (At least 75% devoted to topics of race, gender, sexual orientation, age, class, and disabilities as they occur in United States Society.) <input type="checkbox"/> <b>Related</b> (At least 25% devoted to the above topics or to a global perspective on topics related to African American, Asian, Hispanic, and Native American inhabitants of the United States.)
<u>N/A</u>		
<u>N/A</u>		

For Writing Intensive Courses, attach a description of the kind and quantity of writing.  
 For Upper Division Courses, include a description of the respects in which it is broad and general rather than narrow and specific, and so suitable as GE.

Attach paper copies of the following:

- Syllabus or course outline.
- Course's student learning outcomes associated with each GE competency or CD designation.
- List of strategies to be used to assess students' achievement of each GE competency or CD designation.

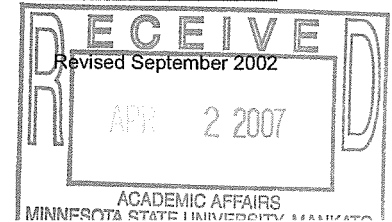
**\*\*\*For New Courses\*\*\***

(Check all that apply):	Instructional Type: <u>Lecture</u>	Course will be offered:
<input type="checkbox"/> Course is an elective.	Grading Format: <input type="checkbox"/> Grade <input type="checkbox"/> P/N	<input type="checkbox"/> Fall Semester
<input type="checkbox"/> Course is required for program		<input type="checkbox"/> Spring Semester
<input type="checkbox"/> Pre- or Co-requisites:		<input type="checkbox"/> Summer Session
<input type="checkbox"/> Other courses are being changed or eliminated. (Explain.) _____		

Course content or title is similar to courses in other departments. (Attach copy of letter of agreement with other program(s) contacted. Indicate the nature of the discussions and/or resolution of differences or potential conflicts.)

Attach paper copies of the following:

- Syllabus or course outline.
- Course's student learning outcomes.
- A list of resources required to offer and support this course.
- A description of how teaching this course will affect department staffing.
- If 400/500 level course, an explanation of added expectations of graduate students.





## Minnesota State University, Mankato Curriculum Proposal

### \*\*\*For Program Proposals\*\*\*

Attach paper copies of the following:

- a. Student learning outcomes for the program.
- b. Minutes from department and college curriculum meetings in which action was taken on this proposal.
- c. Program Assessment Plan. Forms are available on the Academic Affairs Web site:  
<http://www.mnsu.edu/acadaf/pra/forms/>
- d. List of program requirements for **New** programs, or a list of **Current** and **Proposed** program requirements for **Redesigned** programs.
- e. A list of resources required to offer and support this program.
- f. A description of how offering this program will affect department staffing.
- g. A list of additional library holdings required for this program.

Please include rationale for any proposed changes in number of program credits:

### \*\*\*For Programs Requiring MnSCU Approval\*\*\*

If any of the following changes are proposed, please fill out and attach MnSCU Program Approval Forms, which are available on the Academic Affairs Web site:



<http://www.mnsu.edu/acadaf/Curriculum/currformsprocess.html>

1. **Creation** of an entirely new program.
2. **Redesign** of existing programs, which takes any of the following forms:
  - Addition or deletion of a program option. Options are part of program design in which 30-50% of the courses are required as part of a common core for all students, and which offers curriculum alternatives greater than 30% of the total number of credits in the major. Options are appropriate to baccalaureate or masters programs.
  - Addition or deletion of a program emphasis. Emphases are part of program design in which more than 50% of the courses are required as part of a common core for all students, and which offers curriculum alternatives with a minimum of nine credits. Emphases are appropriate to associate and baccalaureate programs.
  - Change in program name.
  - Change in program CIP #.
  - Change in TOTAL program credits.
  - Change in degree award. For example, changing a B.A. to B.S.
  - Creation of a new degree award in a related academic area. Examples include creation of a certificate program from an existing degree program, or a new degree program from an existing degree program (e.g., Art History BA from Art BA.)
3. **Relocation** of an existing program. This is a proposal to move an existing program from one site to be exclusively offered at another site, and requires closing the program offered at the original site. For example, a program offered both on-campus and through extended campus is to be offered only at the extended campus site.
4. **Replication** of an existing program. This is a proposal to offer an existing program at a new site, which may be an existing MnSCU-approved site, or another campus of the same institution. Replicated programs are offered at both the original site and the new location.
5. **Suspension or reinstatement** of a program. This proposal suspends admission of students into an existing program, and is good for three years. Reinstatement proposals request the reopening of student admissions into a given program.
6. **Closure** of a program. This proposal requests closure of an existing program and its removal from an institution's official inventory of academic programs. Unless a department seeks to re-open a suspended program, it should be closed within three years of suspension.



**Minnesota State University, Mankato  
Curriculum Proposal**

\*\*\*Signature Page\*\*\*

<b>Department</b>		
<input checked="" type="checkbox"/> Recommended (Category/ies _____)		10/30/06
<input type="checkbox"/> Not Recommended (Category/ies _____)	Department Chair	Date
Comments:		
<b>College Curriculum Committee</b>		
<input checked="" type="checkbox"/> Recommended (Category/ies _____)		3-30-07
<input type="checkbox"/> Not Recommended (Category/ies _____)	Committee Chair	Date
Comments:		
<b>College Dean</b>		
<input type="checkbox"/> Recommended (Category/ies _____)	_____	Date
<input type="checkbox"/> Not Recommended (Category/ies _____)	Dean	Date
Comments:		
<b>General Education Subcommittee</b>		
<input type="checkbox"/> Recommended (Category/ies _____)	_____	Date
<input type="checkbox"/> Not Recommended (Category/ies _____)	General Education Subcommittee Chair	Date
Comments:		
<b>Undergraduate Curriculum and Academic Policy Committee</b>		
<input type="checkbox"/> Recommended (Category/ies _____)	_____	Date
<input type="checkbox"/> Not Recommended (Category/ies _____)	UCAP Faculty Chair	Date
Comments:		
<b>Faculty Association Graduate Committee</b>		
<input type="checkbox"/> Recommended	_____	Date
<input type="checkbox"/> Not Recommended	Faculty Association Graduate Chair	Date
Comments:		
<b>Graduate Dean</b>		
<input type="checkbox"/> Recommended	_____	Date
<input type="checkbox"/> Not Recommended	Graduate Dean	Date
Comments:		
<b>Academic Affairs Council</b>		
<input type="checkbox"/> Recommended (Category/ies _____)	_____	Date
<input type="checkbox"/> Not Recommended (Category/ies _____)	Assistant Vice President	Date
Comments:		
<b>Senior Vice President and Vice President for Academic Affairs</b>		
<input type="checkbox"/> Approved (Category/ies _____)	_____	Date
<input type="checkbox"/> Not Approved (Category/ies _____)	Sr. Vice President / Vice Pres. Academic Affairs	Date
Comments:		

**Department of Health Science  
College of Allied Health and Nursing  
HLTH 420: Health Teaching Methods 2**

**Prerequisite:** HLTH 320

**Course Description:** This course is designed to provide School Health teaching majors the knowledge and skills they will need to be a part of a coordinated school health program (CSHP) team and teach comprehensive school health education (CSHE) in middle, junior, and senior high schools.

**Course Objectives:** See HLTH 420 Assessment Plan.

**Clinical and Training Experiences:** HLTH 420 students are required to complete a minimum of 25 hours (class periods) of on-site school clinical experiences and university or professional organization training experiences. **Failure to complete 25 hours of clinical and training experiences will result in an F in HLTH 420.** Students are expected to make progress toward the completion of these hours on a progressive basis throughout the semester. **Students will not be allowed to “bank” or “makeup” hours beyond the opportunities arranged by the instructor. All clinical and training experiences must be approved by the Dr. Tappe prior to their completion.** Students will be required to secure the signature of the university supervisor, or when a university supervisor is not present, the cooperating teacher. **Students will not receive credit for attending lesson than one half of the class period. Students are expected to bring the Clinical and Training Experience Log to every lecture and lab session.** The instructor will make unannounced checks of the Field and Training Experience Log.

**Lesson Plans and Clinical Teaching Experiences:** HLTH 420 students are required to submit polished drafts of lesson plans for field teaching experiences a minimum of 72 hours prior to the field teaching experience and a revised final draft of the lesson plan a minimum of 36 hours prior to the experience. **Students who fail to submit the polished draft and final draft within this time frame will result in no credit for the lesson plan and will not be allowed to teach. One half letter grade will be deducted from the final course grade of students not allowed to teach or who miss an assigned field teaching experience.**

**Reflective Summaries of Field and Training Experiences:** HLTH 420 students are required to complete reflective summaries of **each** hour (class period) field and training experience recorded in the Clinical and Training Experience Log. These reflective summaries are to be completed within **one** week of the experience. **Students are expected to bring the Reflective Summaries of Clinical and Training Experiences to every lecture and lab session.** Dr. Tappe will make unannounced checks of the Reflective Summaries of Clinical and Training Experiences.

**Dress Code for Clinical Experiences:** HLTH 420 students are required to wear “dress” or “dress casual” clothing when observing and teaching in the schools. Clothing that is considered unacceptable for field experiences includes, but is not limited to, hats, tennis shoes, flip flops, jeans, shorts, overalls, T-shirts, clothing that is torn or ripped, sleeveless shirts (tank tops, tube tops, halter tops, tops with spaghetti straps), spandex and other form fitting clothing, shirts or blouses with low necklines, and clothing revealing the abdomen or lower back. All tattoos must be covered and piercings other than the ears must be covered or removed. Additionally, students will not be allowed to have gum, candy, food, and beverages other than water in the schools. **Students who fail to comply with this dress code will not be allowed to observe or teach in the school.**

### Required Readings:

- American Cancer Society. (1999a). *Improving school health: A guide to school health councils*. Atlanta, GA: Author. [ACS, 1999a]
- American Cancer Society. (1999b). *Improving school health: A guide to the role of the school health coordinator*. Atlanta, GA: Author. [ACS, 1999b]
- Association for Supervision and Curriculum Development. (n.d.a). *Education topics: Classroom management*. Retrieved August 24, 2003 from <http://www.ascd.org/cms/index.cfm?TheViewID=913&flag=913>. [ASCD, n.d.a]
- Association for Supervision and Curriculum Development. (n.d.b). *Education topics: Curriculum integration*. Retrieved August 24, 2003 from <http://www.ascd.org/cms/index.cfm?TheViewID=995>. [ASCD, n.d.b]
- Association for Supervision and Curriculum Development. (n.d.c). *Education topics: Inclusion*. Retrieved August 24, 2003 from <http://www.ascd.org/cms/index.cfm?TheViewID=1982>. [ASCD, n.d.c]
- Association for Supervision and Curriculum Development. (n.d.d). *Education topics: Multicultural education*. Retrieved August 24, 2003 from <http://www.ascd.org/cms/index.cfm?TheViewID=1445>. [ASCD, n.d.d]
- Carlyon, P., Carlyon, W., & McCarthy, A. R. (1998). Family and community involvement in school health. In E. Marx, S. F. Wooley & D. Northrup (Eds.). *Health is academic: A guide to coordinated school health programs* (pp. 67-95). New York, NY: Teachers College Press. [Carlyon]
- Centers for Disease Control. (1988). Guidelines for effective school health education to prevent the spread of AIDS. *MMWR*, 37(S-2), 1-9. [CDC, 1988]
- Centers for Disease Control and Prevention. (1994). Guidelines for school health programs to prevent tobacco use and addiction. *MMWR*, 43(RR-2), 1-41. [CDC, 1994]
- Centers for Disease Control and Prevention. (1996). Guidelines for school health programs to promote lifelong healthy eating. *MMWR*, 45(RR-9), 1-17. [CDC, 1996]
- Centers for Disease Control and Prevention. (1997). Guidelines for school and community programs to promote lifelong physical activity among young people. *MMWR*, 46(RR-6), 1-36. [CDC, 1997]
- Centers for Disease Control and Prevention. (2001). School health guidelines to prevent unintentional injuries and violence. *MMWR*, 50(RR-22), 1-76. [CDC, 2001]
- Centers for Disease Control and Prevention. (2002a). Guidelines for school community programs to prevent skin cancer. *MMWR*, 51(RR-04), 1-16. [CDC, 2002a]
- Centers for Disease Control and Prevention. (2004a). SHI: *School health index: A self-assessment and planning guide*. Middle school/high school version. Atlanta, GA: Centers for Disease Control and Prevention. [CDC, 2002a]
- Centers for Disease Control and Prevention. (2004b). Youth risk behavior surveillance-United States, 2003. *MMWR*, 53(SS-2), 1-66. [CDC, 2004b]
- Centers for Disease Control and Prevention. (n.d.a). *Ten strategies for establishing a school health program framework to support physical activity, nutrition, and tobacco use prevention*. Retrieved August 24, 2003 from [http://www.cdc.gov/nccdphp/dash/publications/pdf/ten\\_strategies.pdf](http://www.cdc.gov/nccdphp/dash/publications/pdf/ten_strategies.pdf). [CDC, n.d.a]
- Centers for Disease Control and Prevention. (n.d.b). *Using program evaluation to improve programs: Recommended strategies*. Retrieved August 24, 2003 from [http://www.cdc.gov/nccdphp/dash/publications/pdf/evaluation\\_guidelines.pdf](http://www.cdc.gov/nccdphp/dash/publications/pdf/evaluation_guidelines.pdf). [CDC, n.d.b]
- Council of Chief State School Officers. (2004a). *Assessment tools for middle school teachers* (2<sup>nd</sup> ed.). Alexandria, VA: Council of Chief State School Officers. [CCSSO, 2004a]
- Council of Chief State School Officers. (2004b). *Assessment tools for high school teachers* (2<sup>nd</sup> ed.). Alexandria, VA: Council of Chief State School Officers. [CCSSO, 2004b]
- Epstein, J. L. (2003). Creating school, family, and community partnerships. In A. C. Ornstein, L. S. Behar-Horenstein & E. F. Pajak (Eds.). *Contemporary issues in curriculum* (3<sup>rd</sup> ed.) (pp. 359-363). New York: Allyn and Bacon.
- Institute of Medicine. (1997). Executive summary. *Schools and health: Our nation's investment* (pp. 1-15). Washington, DC: National Academy Press. [IOM]
- Joint Committee on National Health Education Standards. (1995). *National health education standards: Achieving health literacy*. Atlanta, GA: American Cancer Society. [JCNHES]

- Kolbe, L. J. (2002). Education reform & the goals of modern school health programs. *The State Education Standard*, 3(4), 4-11. [Kolbe]
- McKenzie, F. D., & Richmond, J. B. (1998). Linking health and learning: An overview of coordinated school health programs. In E. Marx & S. F. Wooley (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 1-14). Newton, MA: Educational Development Center, Inc. [McKenzie]
- Minnesota Department of Education. (2006). National Standards, QTN Minnesota Benchmarks, and Sample Activities in Health Education: Kindergarten through Grade 10 Organized by Grade Level. Roseville, MN: Author. [MNDOE]
- National School Boards Association. (n.d.). *State level school health policies*. Retrieved August 22, 2004 from [http://www.nasbe.org/HealthySchools/State\\_Policy.html](http://www.nasbe.org/HealthySchools/State_Policy.html).
- National Task Force on Ethics in Health Education. (2000). Code of ethics for health education profession. *Journal of Health Education*, 31, 216-217. [NTFEHE]
- Perry, C. L. (1999). *Developmental clinical psychology and psychiatry series: Vol. 43. Creating health behavior change: How to develop community-wide programs for youth*. Thousand Oaks, CA: Sage. (pp. 62-64) [Perry]
- Tyson, H. (1999). A load off the teachers' backs: Coordinated school health programs. *Phi Delta Kappan: Kappan Special Report*, K1-K8. [Tyson]

\*The instructor reserves the right to add materials to this list.

**TENTATIVE COURSE OUTLINE: HLTH 420**

<b>Date</b>	<b>Topic</b>	<b>Task</b>
Week 1	Introduction and Overview An Introduction to Assessment in CSHE Ethics in Health Education Planning Instruction for CSHE	Performance Event(s); NTFEHE
Week 2	Effective Pedagogy in CSHE Classroom Management: Standards, Rules, and Procedures Handling Students' Questions Differentiated Instruction	Performance Event(s); MNDOE; <b>Quiz #1</b> ; ASCD (n.d.c, n.d.d); Performance Event(s); <b>Reflective Summary</b>
Week 3	CSHE Curricula: Part I Lab/Clinical Experience	<b>Quiz #2</b> ; ASCD (n.d.b); MNDOE; Performance Event(s); <b>Reflective Summary</b>
Week 4	CSHE Curricula: Part II Lab/Clinical Experience	<b>Quiz #3</b> ; ASCD (n.d.b); MNDOE; Performance Event(s); <b>Reflective Summary</b>
Week 5	Assessment in CSHE Lab/Clinical Experience	<b>Quiz #4</b> ; ASCD (n.d.b); MNDOE; Performance Event(s); <b>Project Assignment</b> ; <b>Reflective Summary</b>
Week 6	Classroom Management The Health Educators' Role in CSHP Teaching CSHE: Introducing CSHE Content & Skills to Students Lab/Clinical Experience	<b>Quiz #5</b> ; ACS (1999a, 1999b); Institute of Medicine; Kolbe; McKenzie; Tyson; <b>CSHP/CSHE Rationale</b> ; ASCD (n.d.a); Performance Event(s); <b>Reflective Summary</b>
Week 7	Advocacy for CSHE and CSHP: Part I Teaching Skills & Content Related to Emotional Health & Stress Management Lab/Clinical Experience	<b>Quiz #6</b> ; Performance Event(s); <b>Polished Draft of Advocacy Assignment</b> ; <b>Emotional Health &amp; Stress Management Materials</b> ; <b>Reflective Summary</b>
Week 8	Advocacy for CSHE and CSHP: Part II Teaching Skills & Content Related to Personal & Consumer Health Lab/Clinical Experience	<b>Quiz #7</b> ; CDC (2002a); <b>Final Draft of Advocacy Assignment</b> ; Performance Event(s); <b>Personal &amp; Consumer Health Materials</b> ; <b>Reflective Summary</b>
Week 9	Curriculum Integration Teaching Skills & Content Related to Physical Activity Lab/Clinical Experience	<b>Quiz #8</b> ; <b>Cross-Curriculum Assignment</b> ; <b>Scope and Sequence</b> ; Performance Event(s); <b>Physical Activity Materials</b> ; <b>Reflective Summary</b>
Week 10	Family and Community Involvement in CSHE and CSHP Teaching Skills & Content Related to Healthy Eating Lab/Clinical Experience	<b>Quiz #9</b> ; <b>Family Involvement Assignment</b> ; Carlyon; CDC (1988, 1994, 1996, 1997, 2001, 2002a, 2002b, n.d.a); Epstein; CDC (1997, 2002b; n.d.a); Performance Event(s); <b>Nutrition Materials</b> ; <b>Reflective Summary</b>
Week 11	Adolescent Health Issues Teaching Skills & Content Related to Tobacco Prevention Lab/Clinical Experience	<b>Quiz #10</b> ; CDC (1994, n.d.a); Performance Event(s); <b>Tobacco Materials</b> ; <b>Reflective Summary</b>
Week 12	Peer Programs Teaching Skills & Content Related to Alcohol & Other Drug Prevention Lab/Clinical Experience	<b>Quiz #11</b> ; Perry; Performance Event(s); <b>Performance Task</b> ; <b>Alcohol &amp; Other Drug Materials</b> ; <b>Reflective Summary</b>
Week 13	Handling Controversy in CSHE and CSHP Teaching Skills & Content Related to Family & Sexual Health Lab/Clinical Experience	<b>Quiz #12</b> ; <b>Unit Plan</b> ; Performance Event(s); <b>Family &amp; Sexual Health Materials</b> ; <b>Reflective Summary</b>

Week 14	Planning for CSHP: School Health Index Teaching Skills & Content Related to Injury Prevention & Management Lab/Clinical Experience	<b>Quiz #13</b> ; Performance Event(s); CDC (2004b); CDC (2001), <b>Injury Prevention &amp; Management Materials</b> ; <b>Reflective Summary</b>
Week 15	Evaluation in CSHP and CSHE Professional Development in CSHP and CSHE Teaching Skills & Content Related to Community & Environmental Health Lab/Clinical Experience	<b>Quiz #14</b> ; CDC (n.d.b); Performance Event(s); <b>Community &amp; Environmental Health Materials</b> ; <b>Resources for CSHP and CSHE</b> ; <b>Reflective Summary</b>

**HLTH 420: Health Teaching Methods II**  
**Course Assessment Chart**

<b>Behavioral Objective</b> The student will be able to:	<b>Assessment Methods</b>				<b>Performance Task</b>
	<b>Selected Response</b>	<b>Constructed Response</b>	<b>Performance Event</b>	<b>Performance Task</b>	
1. Identify major concepts related to the definition of health.			X		
2. Identify the dimensions of health.			X		
3. Identify the three phases of the administrative cycle of health education.			X		
4. Identify the definition of school health coordinator.			X		
5. Identify the definition of school health advisory council.			X		
6. Identify individuals who should be included on a school health advisory council.			X		
7. Identify the definition of needs and assets assessment.			X		
8. Identify examples of sources of data used to identify health education needs and assets.			X		
9. Identify the leading cause of death among adolescents.			X		
10. Identify the name of the survey used to monitor youth risk behaviors.			X		
11. Identify the name of the national government agency responsible for conducting the Youth Risk Behavior Surveillance System.			X		
12. Provide the web address of the Division of Adolescent and School Health at the Centers for Disease Control and Prevention.			X		
13. Identify the three CDC risk behaviors related to morbidity and mortality among adolescents.			X		
14. Identify the three CDC risk behaviors related to morbidity and mortality among adults.			X		
15. Identify the definition of coordinated school health programs.			X		
16. Identify each of the eight components of a coordinated school health program.			X		
17. List rationale for coordinated school health programs.			X		X
18. Use specific examples related to the six CDC risk behaviors to describe how collaborative activities between a health education teacher and personnel responsible for, or involved in, the other components of coordinated school health programs can be directed to prevent or deal with the consequences of the risk behaviors.			X		
19. Provide rationale for comprehensive school health education.			X		X
20. Identify governmental organizations and nongovernmental organizations that have resources related to coordinated school health programs and comprehensive school health education.			X		
21. Identify the six health education content areas linked to the six CDC risk behaviors.			X		
22. Identify the nine content areas of comprehensive school health education.			X		

Behavioral Objective	Selected Response	Constructed Response	Performance Event	Performance Task
The student will be able to:				
23. Identify skills included in comprehensive school health education.			X	
24. Identify the definition of content bites.			X	
25. Identify the definition of skill cues.			X	
26. Match skill cues to health education skills.			X	
27. Develop goals and objectives for teaching health education content and skills.		X	X	X
28. Match objectives to national and/or state standards and performance indicators for health education.		X	X	X
29. Provide content bites related to content objectives.		X	X	X
30. Provide skill cues related to skill objectives.		X	X	X
31. Identify instructional strategies that work.			X	
32. Identify principles of learning.			X	
33. Secure, describe, and demonstrate materials and strategies for teaching health education content and skills.			X	X
34. Plan, implement, and evaluate lesson plans for teaching health education content and skills.			X	X
35. Demonstrate active learning strategies for teaching health education content and skills.			X	X
36. Evaluate lesson plans available on the internet and in commercially developed curricula (e.g., Michigan Model).			X	
37. Develop a unit plan for teaching health education content and skills.				X
38. Secure materials from governmental agencies, nongovernmental organizations, and other valid sources of health and education-related information, products, and services related to coordinated school health programs, comprehensive school health education, and child and adolescent health.			X	X
39. Identify the three elements of effective pedagogy.		X		
40. Distinguish between standards, rules, and procedures for behavior management.	X			
41. Identify guidelines for effective standards, rules and procedures.		X		
42. Identify situations when the rule of absolute silence should be in place.		X		
43. Identify categories of procedures for classroom management.		X		
44. Use a health education example to explain the relationship between standards, assessment, and curriculum and instruction.		X		
45. Compare types of assessment in terms of the continuum of assessment (informal to formal).		X		
46. Match assessment terminology and definitions.	X			
47. Match assessment terminology and examples of assessment items.	X			
48. Identify and describe strategies for conducting checks for understanding.		X		X

Behavioral Objective	Selected Response	Constructed Response	Performance Event	Performance Task
The student will be able to:				
49. Identify the definition of portfolio.		X		
50. Identify the definition of reflective summary.		X		
51. Identify the type of assessment included in student portfolios.		X		
52. Complete an assessment chart to plan for the assessment of lesson plan objectives.			X	
53. Identify examples of projects that could be included in a students' portfolio and are related to specific health-education skills.		X		
54. Develop an example of a project that may be included in students' health education portfolios.				X
55. Develop a performance task for assessing students' health education knowledge and skill(s).				X
56. Complete an assessment chart to plan for the assessment of lesson and unit plan objectives.			X	
57. Provide an example to explain how students' questions may have underlying meanings.		X		
58. Identify things that should be considered when assessing the situation before responding to students' questions.		X		
59. Identify and provide rationale for techniques to respond to sensitive questions.		X		
60. Demonstrate techniques for responding to sensitive questions.			X	
61. Identify individuals and groups responsible for curriculum development in health education.		X		
62. Identify characteristics of effective health education curricula.		X		
63. Identify the definition of evidence-based public health.		X		
64. Identify the paradigm shift in health education curriculum reflected in the National Health Education Standards.		X		
65. Identify CDC initiatives and describe how they relate to curriculum, instruction, and assessment in health education.		X		
66. Define, and provide health education examples related to, scope and sequence.		X	X	
67. Develop a scope and sequence for health education.				X
68. Identify considerations related to curriculum selection.		X		
69. Identify sources of health education curricula.		X		
70. Evaluate health education curricula.			X	
71. Secure, describe, and demonstrate materials for integrating health education with at least one other academic area (e.g., mathematics).			X	X
72. Define curriculum integration.		X		
73. Provide rationale for curriculum integration.		X		

**EDCI 432: Teaching Health and Safety in Senior High Schools**  
**Course Assessment Chart: Part 2**

Behavioral Objective	Assessment Methods				
	Selected Response	Constructed Response	Performance Event	Performance Task	Performance Task
The student will be able to:					
74. Discuss strategies for the development of classroom standards, rules, and procedures.			X		
75. Discuss implications of the Code of Ethics for the Profession of Health Education for the development of classroom standards, rules, and procedures.			X		
76. Identify steps for teaching a health education skill.		X			
77. Identify tips for teaching health education skills.		X			
78. Identify the definition of inclusion.		X			
79. Identify and describe promising practices that foster inclusive education.		X			
80. Identify principles for fostering equity and excellence in academically diverse learners.		X			
81. Identify grading adaptations for students with disabilities.		X			
82. Identify roadblocks to good item-writing.		X			
83. Develop selected and constructed-response items for quizzes and tests.			X		X
84. Identify guidelines for assessing affect.		X			
85. Identify strategies for building relationships with students.		X			
86. Identify ways to connect to students.					
87. Distinguish between positive reinforcement, negative reinforcement, and extinction.	X				
88. Distinguish between good, better, and the best approaches to using positive reinforcement.	X				
89. Identify criteria related to the use of negative reinforcement.		X			
90. Identify both nonverbal and verbal responses for negative reinforcement.		X			
91. Identify guidelines for intervention for classroom management.		X			
92. Discuss guidelines related to, and strategies for, classroom management.			X		
93. Apply concepts related to classroom management to field experiences in health education.					X
94. Distinguish between health advocacy, lobbying, grassroots lobbying, and electioneering.	X				
95. Identify ways to prevent employment-related repercussions related to advocacy activities.		X			
96. Identify advocacy strategies.		X		X	
97. Describe the rule of three for communicating a message.		X			
98. Identify advocacy messages for CSHP and CSHE.		X			
99. Identify and use sources of data to use to advocate for CSHP and CSHE.		X		X	X
100. Describe coordinated school health programs.				X	X

Behavioral Objective	Selected Response	Constructed Response	Performance Event	Performance Task
The student will be able to:				
101. Describe comprehensive school health education.			X	X
102. Identify governmental agencies and nongovernmental organizations that support CSHP and CSHE.		X	X	X
103. Develop and present or distribute a Power Point presentation, video, brochure, or opinion editorial to advocate for Coordinated School Health Programs or Comprehensive School Health Education.			X	X
104. Provide rationale for involving families in health education..		X		
105. Identify barriers to family involvement.		X		
106. Identify Epstein's six types of family involvement .		X		
107. Identify sample practices related to each of Epstein's six types of family involvement		X		X
108. Identify challenges related to each of Epstein's six types of family involvement.		X		
109. Identify guidelines for using at-home learning activities.		X		
110. Secure, describe, and demonstrate materials for involving families in health education.			X	X
111. Match materials for involving families in health education to the types of at-home student/family learning activities.			X	
112. Identify ways to ensure that families hear about health education.		X		
113. Identify strategies an individual can take in developing a supportive school community for gay, lesbian, and bisexual youth.		X		
114. Identify strategies teachers can use to create an inclusive, respectful, and safe environment for themselves and students.		X		
115. Identify strategies for responding to a student who tells one that he or she is gay, lesbian, bisexual.		X		
116. Describe three ways in which peers influence the health behavior of young people.		X		
117. Provide rationale for peer involvement programs.		X		
118. Identify three types of peer involvement programs.		X		
119. Identify commonalities of effective peer programs.		X		
120. Identify strategies for preventing and managing conflict related to CSHP and CSHE.		X		
121. Identify questions to ask family and community members who have concerns about health education curricula and materials.		X		
122. Describe the purpose of the School Health Index.		X		
123. Describe each of the modules of the School Health Index.			X	
124. Develop environmental objectives related coordinated school health programs.			X	
125. Distinguish between educational and environmental objectives	X			

<b>Behavioral Objective</b>	<b>Selected Response</b>	<b>Constructed Response</b>	<b>Performance Event</b>	<b>Performance Task</b>
The student will be able to:				
126. Define evaluation.		X		
127. Identify the phase of the administrative cycle in which planning for evaluation begins.		X		
128. Identify CDC's six steps to program evaluation.		X		
129. Describe the purposes of evaluation.		X		
130. Distinguish between process and outcome evaluation.	X			
131. Match the examples of the objects of interest with the types of evaluation (process and outcome).	X			
132. Distinguish between formative and summative evaluation.	X			
133. Identify process and outcome objects of interest that could be included in an evaluation plan for CSHE and CSHP			X	
134. Develop a plan for professional development.			X	

### Multicultural Diversity

88: Identify ways in which students, families, and communities are diverse.				X	
78: Identify general ways to address diversity in health education.				X	
79: Identify strategies for minimizing communication barriers.				X	
80: Define multicultural education.				X	
81: Explain why multicultural education is important.				X	
82: Identify the goals and outcomes of multicultural education.				X	
83: Identify the knowledge, skills, and personal attributes related to developing multicultural competence as a health educator.				X	
84: Identify questions one can seek answers to learn more about students and to enhance students understanding of each other.				X	X
85: Identify strategies to make classroom instruction more responsive to diversity.				X	X
86: Identify questions to consider when reviewing a curriculum's sensitivity to diversity.				X	X

### Readability

90: Identify the two basic variables of readability				X	
91: Assess the readability of instructional materials for health education.					X

## Minutes C&HN Curriculum Meeting 10/26/06

Present: Ron Nickerson, Lisa Fleck, Marlene Tappe (for Murray-Davis), Bonnie Lund, Norma Krumwiede, Sue Ellen Bell, Heidi Henschel Pellett

Note taker: Ron Nickerson

- New Program: Post Baccalaureate School Health Program (Certificate)
  - Lisa moved (with changes)
  - Bonnie seconded
  - Passed
- Hlth 632 Alcohol and Drug Education Course. Change of name
  - Sue Ellen moved
  - Heidi seconded
  - Passed
- Redesign Program: School Health Program.
  - New Course HLTH 320 Teaching Health Methods I
  - Change in Credits and Name: HLTH 420 Health Teaching Methods II
    - Lisa moved w/changes
    - Heidi seconded
    - Passed
- Prerequisites HLTH 260, 454, 456, 469 and 497
  - Bonnie moved w/changes
  - Lisa seconded
  - Passed
- Health Science Policy: C of better
  - Sue moved
  - Heidi seconded
  - Passed

Health Science Department  
October 2, 2006  
Curriculum Meeting Notes

Present: Murray-Davis, Afolayan, Benner, Bohnenblust, Kammer, Larsen, Luebke,  
Nandy, Romas, Tappe, Windschitl

Absent: Hedman

Note Taker: Winans

1. Motion: Approval of the Pre-requisites for:
  - 260 (HLTH 101)
  - 454/554 (BIOL 220)**Motion relates to School Health Program. Benner moved; Larsen 2<sup>nd</sup>; motion approved.**
  
2. Motion: Approval of New Course
  - 320 (3) (refer to syllabus)
  - 420 (3) changes: title: credit hours: pre-req HLTH 320 (refer to syllabus)**Motion relates to School Health Program. Kammer moved; Larsen 2<sup>nd</sup>; motion approved.**
  
3. Motion: Approval of the School Health Teaching Program
  - Document (33 to 389-39 semester hours)
  - Rational PEPER**Bohnenblust moved; Benner 2<sup>nd</sup>; motion approved.**
  
4. Motion: Approval of the School Health Certification Program
  - Document (39-40 semester hours)
  - Rationale: Need for in the teaching profession**Benner moved; Kammer 2<sup>nd</sup>; motion approved.**
  
5. Reminder: Approval of C or better programmatic required course except Biology.
  - Faculty approved at March 23, 2006 meeting
  
6. Reminder: 2.5 GPA for all programs is through UCAP.
  
7. Requests for Fall teaching 07 (Oct. 16<sup>th</sup>)

Meeting adjourned.