

**Standards for the Preparation of
Michigan Health Education Teachers**

**Adopted by the Michigan State Board of Education
June 22, 2000**

INTRODUCTION

The following standards and competencies were developed by a team of Michigan educators, based on the accreditation standards used by NCATE and developed by the American Association of Health Education (AAHE). These standards are directly aligned with the responsibility areas, competencies and subcompetencies of the accreditation standards currently in use. There are three important differences, however.

The Michigan standards are specific to school health education. The NCATE accreditation standards were developed by AAHE, a professional organization for health educators working in a variety of contexts, including community health agencies. The standards were, therefore, not always clearly applicable to the preparation experience of an entry level health teacher. The Michigan standards clarify how these competencies apply in a school setting.

The Michigan standards are performance-based. The standards describe competencies that entry-level school health education teachers need in order to teach. To demonstrate competent performance, a teacher must be fluent in both the concepts that underlie the competencies, and the behaviors that demonstrate them. In order to avoid redundancy, conceptual knowledge is dealt with in the first standard only, just as it is in the K-12 Health Education Content Standards. The remaining standards address the behaviors that competent health teachers should demonstrate.

The Michigan standards are aligned with the Michigan Curriculum Framework, including the Michigan Health Education Content Standards and Benchmarks. All Michigan teachers, including health education teachers, are being expected to use specific content standards and process standards to facilitate student learning. These standards will ensure that teachers themselves will have developed the competencies, before leaving their teacher preparation program, that will be expected of their students in the K-12 classroom. It will also ensure that beginning health education teachers will become competent in the same Teaching and Learning Standards as teachers in other curriculum areas.

For your convenience, a Glossary of Terms for the Content Areas in K-12 Health Education is available as Appendix A. A comparison of the Michigan standards with the AAHE standards is attached as Appendix B. Resources identified in the standards may be found on various Internet web sites, identified in Appendix C. Appendix D illustrates the “continuous learning cycle” referred to in the standards. Appendix E provides a list of the educators who comprised the work group that developed the Michigan standards.

Standards for the Preparation of Michigan Health Education Teachers

The competent school health teacher:

1. Comprehends and applies health concepts and skills, theories and models of behavior change and principles of health promotion.
2. Assesses individual and group needs for school-based health education.
3. Plans effective school-based health education programs based on a continuous learning cycle.
4. Implements health education programs based on a continuous learning cycle.
5. Evaluates the effectiveness of school-based health education.
6. Collaborates with others to implement a coordinated school health program.
7. Acts as a resource person to others regarding healthy development.
8. Advocates and communicates for child health and health education needs, concerns and resources.
9. Practices reflectively, seeking opportunities to grow professionally.

STANDARD 1: The competent school health teacher comprehends and applies health concepts and skills, theories and models of behavior change and principles of health promotion.

Competency A: Understand basic health content as it relates to school health education.

Benchmark 1: Understand the basic structures, functions and interactions of human body systems, and how health behaviors impact them.

Benchmark 2: Understand the health education content areas as they apply to social, mental, physical, and environmental health. The content areas should include the prevention of injury and violence; alcohol and drug use prevention; tobacco use prevention; sexual health; nutrition; physical activity; emotional health; personal and consumer health; and community and environmental health. (Appendix A)

Competency B: Demonstrate skills related to individual health.

Benchmark 1: Demonstrate effective interpersonal communication skills.

Benchmark 2: Demonstrate strategies used to recognize, avoid and manage health and safety risks.

Benchmark 3: Demonstrate the ability to solve problems, make decisions, and set goals related to personal health.

Benchmark 4: Demonstrate strategies used to peacefully resolve conflict and prevent violence.

Competency C: Analyze and predict the impact of health behaviors that support or place child health at risk, as identified in the health research, e.g., the six priority areas identified by Centers for Disease Prevention and Control. (Appendix C)

Benchmark 1: Identify developmentally appropriate health needs, health risks, and protective factors for young people.

Benchmark 2: Investigate social and personal factors influencing health behaviors of young people, e.g., family, peers, media, culture, environment, technology, and community norms.

Benchmark 3: Investigate the roles of knowledge, skills, self-efficacy, perception of risk, motivation and environmental support in changing behavior, as defined in the research.

Benchmark 4: Analyze the interrelationships of physical, intellectual, emotional and social health during childhood.

Benchmark 5: Analyze the impact of disease, other health problems, medical advances and research on contemporary health practices and the prevention of disease.

STANDARD 2: The competent school health teacher assesses individual and group needs for school-based health education.

Competency A: Obtain health-related data about the social and cultural environments, growth and development factors, needs and interests of young people.

Benchmark 1: Select valid and current sources of information and data, e.g., the Youth Risk Behavior Survey, the National Longitudinal Study of Adolescent Health. (Appendix C)

Benchmark 2: Effectively use computerized sources of information and data

Benchmark 3: Select and use appropriate data-gathering instruments.

Benchmark 4: Apply appropriate techniques for gathering needs assessment data, e.g., surveys, focus groups, interviews.

Competency B: Analyze and apply state laws and local policies pertaining to school health education.

Benchmark 1: Identify and be able to apply Michigan law regarding school health education.

Benchmark 2: Analyze the role of the local district in setting policies and procedures regarding school health education, especially in human sexuality education.

Benchmark 3: Be able to access resources related to federal, state, and local district laws, policies, and regulations. (Appendix C)

Competency C: Use the obtained data to guide health education planning and instruction.

Benchmark 1: Analyze and interpret needs assessment data.

Benchmark 2: Determine priority areas of need for health education.

STANDARD 3: The competent school health teacher plans effective school-based health education programs based on a continuous learning cycle.

Competency A: Recruit support in program planning for school-based health education

Benchmark 1: Effectively advocate for the program with students, school personnel, school board, community members, and parents, e.g., through newsletters, board presentations, parent presentations.

Benchmark 2: Employ the services of the regional school health coordinator for information and resources related to school health programs, e.g., program planning, professional development, curriculum implementation, and advocacy issues.

Benchmark 3: Obtain commitments from stakeholders (students, parents, school personnel, school board, community members, school health advisory board).

Benchmark 4: Seek ideas and opinions of stakeholders by utilizing the school health advisory board or other representative groups within the district, e.g., School Board, Sex Education Advisory Council, Safe and Drug Free Schools Advisory Council, School Improvement Team, PTA.

Benchmark 5: Analyze recommendations and incorporate those that support best practice into the planning process.

Benchmark 6: Analyze existing procedures for compatibility with school policy and state law, e.g. parental notification and waivers.

Competency B: Develop a logical and developmentally appropriate scope and sequence plan that is based on the Michigan Content Standards and Benchmarks for Health Education. (Appendix C)

Benchmark 1: Determine the range of essential health concepts, information, and skills that are developmentally and culturally appropriate to the student population, and related to the content areas.

Benchmark 2: Organize and prioritize the content areas comprising the scope of a program in a logical and developmentally appropriate sequence that includes the following components: the prevention of injury and violence; alcohol and drug use prevention; tobacco use prevention; sexual health; nutrition; physical activity; emotional health; personal and consumer health; and community and environmental health. (Appendix A)

Competency C: Formulate developmentally appropriate performance indicators that are based on the Michigan Content Standards and Benchmarks in Health Education. (Appendix C)

Benchmark 1: Use the scope and sequence plan and the state standards to develop performance indicators that describe essential student skills and concepts.

Benchmark 2: Periodically review and revise performance indicators based on the state standards and current needs assessment information.

Competency D: Design developmentally appropriate modules of study consistent with the identified performance indicators and the Michigan Teaching/Learning Standards. (Appendix C)

Benchmark 1: Access and review curricular models and programs for consistency with specific performance indicators and teaching strategies, such as the State-developed Michigan Model for Comprehensive School Health Education. (Appendix C)

Benchmark 2: Align proposed learning activities with the identified performance indicators.

Benchmark 3: Develop learning activities that use research-based educational strategies, including those identified in the Michigan Teaching and Learning Standards.

Benchmark 4: Formulate and modify a variety of teaching and learning strategies to meet diverse learning styles and needs.

Benchmark 5: Select and adapt strategies best suited to instruction in a given setting, e.g., elementary, middle or high school; general, special or alternative education.

Benchmark 6: Plan a continuous cycle of learning opportunities that build upon and reinforce mastery of performance indicators.

STANDARD 4: The competent school health teacher implements health education programs based on a continuous learning cycle. (Appendix D).

Competency A: Exhibit competence in implementing planned programs, using best practice that is aligned with the Michigan Teaching and Learning Standards. (Appendix C)

- Benchmark 1: Employ a wide range of developmentally appropriate educational strategies matched to diverse learning styles and needs and aligned with the Michigan Teaching and Learning Standards, such as those found in the State-developed Michigan Model for Comprehensive School Health Education. (Appendix C)
- Benchmark 2: Apply individual and cooperative group learning strategies to given learning situations in the classroom, at home, and in the community.
- Benchmark 3: Select appropriate technology and media, using it in effective ways to enhance student learning.
- Benchmark 4: Use teaching strategies that are matched to student performance indicators, develop conceptual knowledge, and build skills.

Competency B: Connect instruction to prior student learning in specified settings, e.g., elementary, middle or high school; general, special or alternative education.

- Benchmark 1: Pretest learners to determine current skills and conceptual understanding related to student performance indicators.
- Benchmark 2: Develop subordinate performance indicators as needed for instruction.
- Benchmark 3: Assist students in making learning connections between health instruction and other curricular areas.

Competency C: Select curricula, strategies and materials best suited to implement instruction for specific learners.

- Benchmark 1: Analyze factors that influence choices of curricula, strategies and materials, including student characteristics such as level of development, multiple intelligences, cultural influences, and special learning needs, and other considerations such as legal aspects and feasibility.
- Benchmark 2: Evaluate the efficacy of alternative strategies to help students meet the performance indicators.
- Benchmark 3: Determine the availability of information, personnel, time, and equipment needed to implement the program for a given student population.

Competency D: Monitor the program by using the continuous learning model to adjust educational strategies and activities as needed to help students achieve mastery. (Appendix D)

- Benchmark 1: Compare actual program activities with stated performance indicators.
- Benchmark 2: Assess the relevance of existing performance indicators to current student needs.
- Benchmark 3: Revise instructional activities and performance indicators to meet changes in student needs.
- Benchmark 4: Periodically revise performance indicators to meet changing student needs, in accordance with district and state policies.
- Benchmark 5: Analyze how well the resources and materials used align with the given performance indicators.

STANDARD 5: The competent school health teacher evaluates the effectiveness of school-based health education.

Competency A: Develop plans to continually evaluate the health literacy of students using performance-

based assessments that are aligned with the implemented curriculum and with the Michigan Assessment Standards (Appendix C).

- Benchmark 1: Determine performance-based criteria for scoring student work.
- Benchmark 2: Develop tools for scoring concepts and skills, e.g. scoring rubrics.
- Benchmark 3: Determine the criteria for group performance by which the effectiveness of the health education program will be evaluated.
- Benchmark 4: Develop a realistic plan for performance-based assessment.
- Benchmark 5: Develop a bank of valid and reliable assessment items that demonstrate skills and conceptual understanding, including items that can be embedded in the curriculum..
- Benchmark 6: Select appropriate items for assessing student achievement of competencies.

Competency B: Carry out evaluation plans.

- Benchmark 1: Administer assessment items and other evaluation activities in plan.
- Benchmark 2: Use data collecting methods appropriate to the performance indicators, such as curriculum-embedded activities, tests, and the collection of naturally occurring data such as absenteeism, incidents of school violence, and incidents of tobacco use.
- Benchmark 3: Analyze resulting data.

Competency C: Interpret results of student assessment.

- Benchmark 1: Apply performance criteria to individual student work, using the tools designed.
- Benchmark 2: Assist students and families with interpreting student performance.
- Benchmark 3: Apply criteria of group performance to evaluate the effectiveness of the health education program.
- Benchmark 4: Report effectiveness of the health education program, using aggregated data on student performance, and disaggregated data based on gender, race, language, socio-economic status, and/or other factors.

Competency D: Analyze findings for future program planning.

- Benchmark 1: Explore possible explanations for important findings.
- Benchmark 2: Identify, recommend and implement strategies for improving program effectiveness and student performance.

STANDARD 6: The competent school health teacher collaborates with others to implement a coordinated school health program.

Competency A: Participate in school-wide cross-curricular program planning that focuses on the healthy development of young people.

- Benchmark 1: Determine the extent of instruction across the curriculum that addresses health issues.
- Benchmark 2: Identify available school services that can be used to enhance healthy development.
- Benchmark 3: Advocate for the coordination of school health programs and services.
- Benchmark 4: Identify gaps and overlaps in the provision of coordinated school health programs.

Competency B: Promote and contribute to a nurturing and health-promoting school climate that supports students' capacity to learn.

- Benchmark 1: Promote cooperation with, and feedback from, all staff, parents, and students.
- Benchmark 2: Model the conflict resolution strategies that are taught to students.
- Benchmark 3: Function as a liaison between school staff, the school health advisory council, and community resource groups.
- Benchmark 4: Analyze the role of the health education teacher in modeling positive health behaviors, and serve as a role model for students and staff.
- Benchmark 5: Advocate for and implement school policies that foster the health, wellness and safety of young people.

Competency C: Collaborate with school district personnel and community agencies responsible for child health.

- Benchmark 1: Collaborate with school district and community personnel to provide school health education programs and activities.
- Benchmark 2: Suggest approaches for integrating health education within existing school district programs.
- Benchmark 3: Participate as a team member in collaborative planning among school district personnel and/or community agencies with mutual interests.

Competency D: Present school health information to adult learners such as parents, school personnel, school board members, and/or community members.

- Benchmark 1: Plan a presentation with a specific school health message for adult learners.
- Benchmark 2: Use instructional resources that meet a variety of adult learning needs.
- Benchmark 3: Demonstrate a wide range of strategies for conducting presentations for adult learners.

STANDARD 7: The competent school health teacher acts as a resource person to others regarding healthy development.

Competency A: Use technology effectively to access valid health information.

Benchmark 1: Match a health need with valid information sources.

Benchmark 2: Access valid information sources.

Competency B: Consult effectively with others requesting assistance with health concerns.

Benchmark 1: Observe appropriate limits of consulting regarding health concerns, knowing when and how to refer for specialized services.

Benchmark 2: Demonstrate special skills and abilities needed by health educators in order to consult, such as listening, problem solving, communicating respectfully, and being approachable.

Benchmark 3: Demonstrate appropriate handling of student disclosure by supporting the student; maintaining confidentiality; observing district policy and state law; and reporting, when required by state law, to the appropriate agency.

Competency C: Interpret and respond to requests for health information and services.

Benchmark 1: Identify valid available resources and the process for accessing those resources.

Benchmark 2: Provide guidance to students for selecting valid health information and services.

Benchmark 3: Employ a wide range of approaches in referring students, parents, and staff to valid information sources and services.

Competency D: Select effective educational resource materials for dissemination.

Benchmark 1: Assemble educational material of value to the health of children, youth and families.

Benchmark 2: Evaluate the worth, applicability and source of resource materials for given audiences.

Benchmark 3: Know where and how to access resources for specific health needs.

Benchmark 4: Compare and utilize appropriate ~~different~~ methods for distributing educational materials.

STANDARD 8: The competent school health teacher advocates and communicates for child health and health education needs, concerns and resources.

Competency A: Interpret concepts, purposes and theories of school health education.

Benchmark 1: Evaluate the state of the art of school health education

Benchmark 2: Analyze the foundations of the discipline of school health education.

Benchmark 3: Analyze the interdependence of school health education and the other components of a coordinated school health program.

Benchmark 4: Formulate a rationale for K-12 school health education and clarify its role in the core curriculum.

Benchmark 5: Analyze the major responsibilities of the health education teacher within a coordinated school health program.

Competency B: Predict the impact of societal value systems on school health education programs.

Benchmark 1: Investigate social forces causing opposing viewpoints regarding health education needs and concerns regarding young people.

Benchmark 2: Employ a wide range of strategies for dealing with controversial health issues.

Competency C: Communicate effectively with students, family members, school personnel, and community health professionals within a team approach.

Benchmark 1: Function as a liaison between the school (students and staff) and health service organizations, including consumer groups.

STANDARD 9: The competent school health teacher practices reflectively, seeking opportunities to grow professionally.

Competency A: Reflect on and revise teaching practice based on self-assessment and assessment of students.

Benchmark 1: Participate in professional organizations for health and general education.

Benchmark 2: Seek ongoing professional development opportunities.

Benchmark 3: Consult professional literature, colleagues, and other resources for professional growth.

APPENDIX A

Content Areas for K-12 Health Education *A Glossary of Terms*

Injury and Violence Prevention

Includes the prevention of intentional and unintentional injury. Important injury prevention concepts consist of the prevention of violence, including suicide; fire and water safety, first aid prevention, and care for injuries; pedestrian, bicycle and vehicle safety; and the use of protective equipment during work and sports and other leisure activities.

Alcohol and Drug Use Prevention

Refers to the prevention of all types of alcohol use, including beer and wine, and other drugs, including marijuana, steroids and inhalants.

Tobacco Use Prevention

Refers to the prevention of all types of tobacco use, including cigarettes, cigars, and spit tobacco; harmful effects for smokers and nonsmokers; influences that affect attitudes and decisions about tobacco use; and the positive benefits of being tobacco-free.

Sexual Health

Includes the physical, mental, emotional and social aspects of growth and development; influences on attitudes and decisions about sexual behavior; and effective methods of avoiding unintended pregnancy and sexually transmitted diseases, including abstinence.

Nutrition

Refers to healthful eating that is balanced with physical activity, contributes to growth and energy and helps prevent chronic diseases such as cancer and heart disease.

Physical Activity

Refers to planning for and engaging in regular, lifelong physical activities that promote cardiovascular health. Not to be confused with physical fitness or physical education.

Emotional Health

Includes concepts and skills that allow students to engage in effective communication; handle emotions in positive ways; manage anger and stress; resolve conflict peacefully; and build and maintain healthy relationships.

Personal and Consumer Health

Refers to personal hygiene, including dental health, and selecting and using effective health care products and services that contribute to health.

Community and Environmental Health

Refers to the resources that communities provide to promote health, including hospitals, health departments, and voluntary agencies. Also refers to threats to community health such as alcohol and tobacco use, lead, asbestos, and unclean water.

APPENDIX B

Correlation Map of

**American Association of Health Education (AAHE) Program Standards
for Initial Programs in Health Education**

and

**Michigan Standards for the
Preparation of Health Education Teachers**

AAHE Responsibilities	Michigan Standards
<i>AAHE has no parallel Responsibility for this Standard.</i>	Standard I
	Competency A
	Benchmark 1
	Benchmark 2
	Competency B
	Benchmark 1
	Benchmark 2
	Benchmark 3
	Benchmark 4
	Competency C
	Benchmark 1
	Benchmark 2
	Benchmark 3
	Benchmark 4
	Benchmark 5
Responsibility I	Standard II
Competency A	Competency A
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Sub-competency 3	Benchmark 3
	Benchmark 4

AAHE Responsibilities	Michigan Standards
Competency B	Standard I, Competency C
Sub-competency 1	<i>Benchmark 2</i>
Sub-competency 2	<i>Benchmark 1</i>
Sub-competency 3	<i>Benchmark 3</i>
	Competency B
	Benchmark 1
	Benchmark 2
	Benchmark 3
Competency C	Competency C
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Responsibility II	Standard III
Competency A	Competency A
Sub-competency 1	Benchmark 1
	Benchmark 2
Sub-competency 2	Benchmark 3
Sub-competency 3	Benchmark 4
Sub-competency 4	Benchmark 5
	Benchmark 6
Competency B	Competency B
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Competency C	Competency C
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Competency D	Competency D
	Benchmark 1
Sub-competency 1	Benchmark 2
	Benchmark 3

AAHE Responsibilities	Michigan Standards
Sub-competency 2	Benchmark 4
Sub-competency 3	Benchmark 5
Sub-competency 4	Benchmark 6
Responsibility III	Standard 4
Competency A	Competency A
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Sub-competency 3	Benchmark 3
Sub-competency 4	Benchmark 4
Competency B	Competency B
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
	Benchmark 3
Competency C	Competency C
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Sub-competency 3	Benchmark 3
Competency D	Competency D
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Sub-competency 3	Benchmark 3
	Benchmark 4
Sub-competency 4	Benchmark 5
Responsibility IV	Standard 5
Competency A	Competency A
Sub-competency 1	Benchmark 1
	Benchmark 2
	Benchmark 3
Sub-competency 2	Benchmark 4
Sub-competency 3	Benchmark 5

AAHE Responsibilities	Michigan Standards
Sub-competency 4	Benchmark 6
Competency B	Competency B
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Sub-competency 3	Benchmark 3
Competency C	Competency C
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
	Benchmark 3
Sub-competency 3	Benchmark 4
Competency D	Competency D
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Responsibility V	Standard 6
Competency A.	Competency A
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
	Benchmark 3
Sub-competency 3	Benchmark 4
Competency B	Competency B
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Sub-competency 3	Benchmark 3
	Benchmark 4
	Benchmark 5
Competency C	Competency C
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Sub-competency 3	Benchmark 3
Competency D	Competency D

AAHE Responsibilities	Michigan Standards
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Sub-competency 3	Benchmark 3
Responsibility VI	Standard 7
Competency A	Competency A
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Competency B	Competency B
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
	Benchmark 3
Sub-competency 3	
Sub-competency 4	
Competency C	Competency C
Sub-competency 1	Benchmark 1
	Benchmark 2
Sub-competency 2	Benchmark 3
Competency D	Competency D
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Sub-competency 3	Benchmark 3
Sub-competency 4	Benchmark 4
Responsibility VII	Standard 8
Competency A.	Competency A
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
	Benchmark 3
	Benchmark 4
Sub-competency 3	Benchmark 5
Competency B	Competency B

AAHE Responsibilities	Michigan Standards
Sub-competency 1	Benchmark 1
Sub-competency 2	Benchmark 2
Competency C	<i>Standard 4, Competency A</i>
Sub-competency 1	<i>Benchmark 1</i>
Sub-competency 2	<i>See all competencies under Standard 4</i>
Competency D	Competency C
Sub-competency 1	
Sub-competency 2	Benchmark 1
<i>NCATE has no parallel Responsibility for this Standard.</i>	Standard 9
	Competency A
	Benchmark 1
	Benchmark 2
	Benchmark 3

APPENDIX C

Resources

Six Risk Behavior Areas and the Youth Risk Behavior Survey

See the web site for the Centers for Disease Control, Division of Adolescent and School Health (CDC/DASH) at <http://www.cdc.gov/HealthyYouth/index.htm>. There are many other valuable resources at this site, as well.

National Longitudinal Study on Adolescent Health

<http://www.cpc.unc.edu/projects/addhealth/>

Michigan Department of Education Resources

www.michigan.gov/mde. Click on K-12 Programs, click on Health Education. At this site you will find:

- K-12 Health Education Content Standards
- Michigan Model for Comprehensive School Health Education
- Teaching and Learning Standards
- Assessment Standards

Health Education Assessment Project

A project of the Council for Chief State School Officers, State Collaborative on the Assessment of Student Standards. See

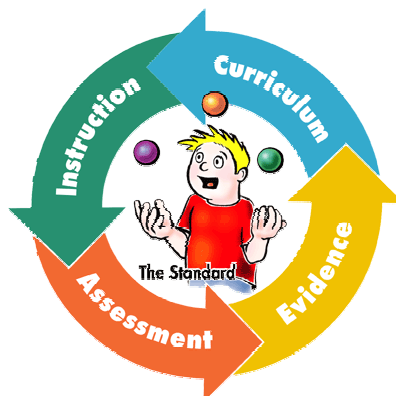
http://www.ccsso.org/projects/SCASS/Projects/Health_Education_Assessment_Project/. Several assessment resources are available through the state collaborative, including a K-12 Assessment Framework, professional development Power Point presentations on student assessment, Assessment Tools for Elementary, Middle School and High School Health Teachers. These resources are available through Toucan Ed at www.toucaned.com. Assessment items are also available through the Michigan Department of Education to Michigan educators. Contact Merry Stanford at Stanfordm@michigan.gov, or (517) 241-1500 for more information.

Health Is Academic

A collection of essays on the eight components of coordinated school health programs, including school health education, that is used as a text by various institutions of higher education to prepare school health professionals. Includes Michigan authors. 1998, Teachers College Press. <http://www.tcpress.com/>

APPENDIX D

The Continuous Learning Cycle



This graphic represents the cyclical nature of curriculum, instruction, assessment and evidence. It is upon this cycle of continuous learning that classroom teaching and learning is based.

APPENDIX E

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