



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



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GOVERNOR

MICHAEL P. FLANAGAN  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

January 29, 2007

**MEMORANDUM**

TO: State Board of Education

FROM: Michael P. Flanagan, Chairman 

SUBJECT: Approval of High School Health and Physical Education Guidelines

At the November 2006 State Board of Education meeting, the State Board of Education accepted a draft version of the High School Health and Physical Education Guidelines. This document was reviewed by health and physical education educators, professional organizations, higher education faculty, and community members via a public, on-line review in November and December.

Comments and suggestions from the reviews were incorporated into the document, if appropriate, by the original health and physical education work groups. Attached are the revised High School Health (Appendix A) and Physical Education (Appendix B) Guidelines. There were no changes made to the Physical Education document.

It is recommended that the State Board of Education approve the High School Health and Physical Education Guidelines, as attached to the Superintendent's memorandum dated January 29, 2007.

Attachments

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**High School Health Guidelines Changes  
January 2007**

**STRAND 1: NUTRITION AND PHYSICAL ACTIVITY**

\* "Healthy eating" replaces "eating healthfully."

**Standard 2: Access Information**

**1.2** Locate resources in one's community and on the Internet for nutrition information, nutrition services, and help with weight management or unhealthy eating patterns; **and assess the validity of the resources.**

**Standard 3: Health Behaviors**

**1.3** Demonstrate the ability to use information on food labels to choose nutrient-dense foods **and beverages**, and to avoid or limit foods **and beverages** that are low in nutrients or may impact health conditions.

**1.4** Prepare meal plans according to the federal dietary guidelines. (*Two objectives were combined.*)

**Standard 5: Goal Setting**

**1.5** Assess one's personal nutrition needs and level of physical activity **according to the federal dietary guidelines.**

**1.6** Assess one's personal preferences regarding **healthy eating\*** and **physical activity.**

**1.7** Assess personal barriers to **healthy eating\*** and physical activity, and develop practical solutions to remove these barriers.

**1.8** Develop a personal plan for improving one's nutrition, incorporating physical activity into daily routines, and **maintaining a healthy weight.** (*Changed from "managing weight."*)

**Standard 6: Decision Making**

**1.9** Predict the health benefits of **eating healthy\*** and being physically active; and the potential health consequences of not doing so.

**Standard 8: Advocacy**

**1.10** Advocate for nutritional food choices and physical activity at school. (*Moved up from the "Recommended" section.*)

**STRAND 2: ALCOHOL, TOBACCO, AND OTHER DRUGS**

\* The asterisk indicates that "alcohol" was placed before "tobacco."

**Standard 1: Core Concepts**

**2.1** Describe the short-term and long-term health consequences of **alcohol, tobacco\***, and other drug use.

**2.2** **Clarify myths regarding** the scope of alcohol, **tobacco**, and other drug use among adolescents. (*"Clarify myths regarding" replaces "describe."* "Tobacco" was added.)

**Standard 2: Access Information**

- 2.3** Locate resources in one's community and on the Internet for information and services regarding **alcohol and tobacco\*** use prevention and cessation; **and assess the validity of these resources.**

**Standard 3: Health Behaviors**

- 2.5** Demonstrate skills to avoid tobacco exposure and avoid or resist using **alcohol, tobacco,\*** and other drugs.

**Standard 4: Influences**

- 2.6** Describe financial, political, social, and legal influences regarding **alcohol, tobacco,\* and other drug use.**
- 2.7** Analyze internal and external pressures to use **alcohol, tobacco,\*** and other drugs.

**Standard 6: Decision Making**

- 2.8** Apply decision-making and problem-solving steps to hypothetical problems related to alcohol, **tobacco,** and other drug use.

**Standard 7: Social Skills**

- 2.9** Demonstrate ways to support others who want to stop using **alcohol or tobacco.\***

**Standard 8: Advocacy**

- 2.11** Present a persuasive solution to the problem of **alcohol, tobacco,\*** and other drug use among youth.

**STRAND 3: SAFETY**

**Standard 1: Core Concepts**

- 3.3** Define and describe **bullying, sexual violence, and** sexual harassment, and their effects on individuals and communities.
- 3.4** Describe the Michigan laws regarding **bullying, sexual violence,** and sexual harassment. (*One objective divided into two.*)

**Standard 2: Access Information**

- 3.5** Locate resources in one's community and on the Internet for information and services regarding harassment, violence, and abusive relationships; **and assess the validity of these resources.**

**Standard 3: Health Behaviors**

- 3.8** Demonstrate strategies to stay safe in a violent situation. (*"To use" removed after "strategies."*)
- 3.10 Assess characteristics of hypothetical relationships for warning signs of harm or abuse.** (*Changed from the following: "Describe the warning signs of an abusive relationship."*)

## **STRAND 4: SOCIAL AND EMOTIONAL HEALTH**

### ***Standard 2: Access Information***

- 4.3** Locate resources in one's community and on the Internet for information and services regarding depression and suicide prevention; **and analyze the validity of these resources.**

## **STRAND 5: PERSONAL HEALTH AND WELLNESS**

### ***Standard 1: Core Concepts***

- 5.1** **Describe** how common infectious diseases are transmitted. (*"Describe" replaces "explain."*)

### ***Standard 2: Access Information***

- 5.4** Demonstrate the ability to access valid information and resources in one's community **and on the Internet** related to personal health issues and concerns.

## **RECOMMENDED**

### ***Standard 3: Health Behaviors***

- 5.12** **Demonstrate basic first aid skills (i.e., controlling bleeding, Heimlich maneuver).** (*Added objective.*)

## **STRAND 6: HIV AND OTHER STIs PREVENTION**

*("And Other STIs Prevention" is added in the Strand Title, above. More detail is added to the note, below.)*

*(Note: Course content should be reviewed to determine whether it is consistent with the district's board policies and approved curriculum. State law requires that, before adopting any revisions to the approved HIV curriculum, the local school board shall hold public hearings on the revision. For the specific language of the law, see Section 380.1169 of the Michigan Compiled Laws at [www.michiganlegislature.org](http://www.michiganlegislature.org).)*

### ***Standard 1: Core Concepts***

- 6.1** Analyze the rates of sexually transmitted infections (**STIs**) among teens.
- 6.2** Summarize the symptoms, modes of transmission, consequences, and methods to prevent HIV and other STIs, and conclude that abstinence is the most effective way to avoid HIV or other STIs. (*Two objectives were combined into one.*)

### ***Standard 2: Access Information***

- 6.4** Identify services and trustworthy adults that provide health information and testing regarding HIV and other STIs, **analyze the validity of such resources**, and describe how to access **valid** services.

### ***Standard 3: Health Behaviors***

- 6.5** Analyze common behaviors and situations **to eliminate or reduce risks** related to HIV and other STIs. (*"To eliminate or reduce risks" replaces "for risk."*)

**Standard 7: Social Skills**

- 6.7 Demonstrate communication, negotiation, and refusal skills to protect oneself from situations that could transmit HIV or other STIs.**  
*(Added objective.)*

**STRAND 7: SEXUALITY EDUCATION**

*(More detail is added to the note, below.)*

*(Note: State law makes whether to offer sexuality education a local district decision. Course content must be reviewed by the district's Sex Education Advisory Board to determine whether it is consistent with the district's board policies and approved sexuality education curriculum. If the district chooses to offer sexuality education, certain content must be included in an age-appropriate fashion in the K-12 instructional program. This content is integrated into these guidelines. For the specific language of the law, see Sections 380.1507, 1507a, and 1507b of the Michigan Compiled Laws at [www.michiganlegislature.org](http://www.michiganlegislature.org).)*

**Standard 2: Access Information**

- 7.4** Identify resources that provide information, counseling, and testing related to relationships, sexual violence, pregnancy, and contraception, including options for teens that are unable to care for a baby; **analyze the validity of these resources**; and describe how to access valid resources.

**Standard 3: Health Behaviors**

- 7.5** Apply strategies, including refusal **and assertiveness** skills, to **avoid**, manage, and escape situations that are high risk for pregnancy, HIV, and other STIs.

**Standard 4: Influences**

- 7.6** Explain how stereotypes, norms, peer influence, alcohol and other drug use, **media**, and personal responsibility can impact sexual decision making and the consequences of such decisions.

**Standard 7: Social Skills**

- 7.10** Demonstrate the ability to establish positive relationships, **communicate** caring and love without sexual intercourse, and communicate personal, sexual limits and values to a girlfriend or boyfriend. (*"Communicate" replaces "describe different ways of communicating."*)

# Michigan Merit Curriculum

## Credit Guidelines



# HEALTH EDUCATION

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## **Welcome**

This guide was developed to assist teachers in successfully implementing the Michigan Merit Curriculum. The identified content expectations and guidelines provide a useful framework for designing curriculum, assessments, and relevant learning experiences for students. Through the collaborative efforts of Governor Jennifer M. Granholm, the State Board of Education, and the State Legislature, these landmark state graduation requirements are being implemented to give Michigan students the knowledge and skills to succeed in the 21st Century and drive Michigan's economic success in the global economy. Working together, teachers can explore varied pathways to help students demonstrate proficiency in meeting the guidelines. This guide may be used in conjunction with the *Michigan Model for Health*,<sup>®</sup> the model curriculum developed by the State of Michigan.

### ***How must schools organize courses to provide “one credit in health and physical education”?***

Schools have flexibility in how they meet the requirement to provide “one credit in health and physical education.” The following guidelines will assist districts in determining how to be flexible while remaining within the law. Districts must ensure that:

The guidelines for both health education and physical education are addressed in the required content; and

Those teaching health education have a teaching endorsement that qualifies them to teach health (MA, MX, or KH); and those teaching physical education have a teaching endorsement that qualifies them to teach physical education (MB, MX, or SP).

Many districts will find that the simplest solution is to offer a semester of health and a semester of physical education to meet the requirement. Districts may, of course, exceed the requirement.

## **Critical Health Content Areas**

The Centers for Disease Control and Prevention (CDC) has identified the risk behavior areas that have the greatest effect on the short-term and long-term health of young people. Patterns of unhealthy eating, physical inactivity, and tobacco use are often established in childhood and adolescence, and are by far the leading causes of death among adults. Injury and violence, including suicide and alcohol-related traffic crashes, are the leading causes of death among youth. Each year approximately three million cases of sexually transmitted infections (STIs) occur among teenagers, and one in four Michigan high school students report having consumed five or more drinks in a row during the previous month. The CDC recommends that the following critical behavioral areas be emphasized in an effective health education program for high school: healthy eating, physical activity, tobacco prevention, alcohol and other drug prevention, injury and violence prevention, and the prevention of sexual behaviors leading to HIV, STIs, and pregnancy.

***In its Policy on Comprehensive School Health Education, the State Board addresses these risks by recommending that Michigan schools do the following:***

- Provide at least 50 hours of health at each grade, Prekindergarten through Grade Twelve, to give students adequate time to learn and practice health habits and skills for a lifetime.
- Focus on helping young people develop and practice personal and social skills, such as communication and decision making, in order to deal effectively with health-risk situations.
- Address social and media influences on student behaviors and help students identify healthy alternatives to specific high-risk behaviors.
- Emphasize critical knowledge and skills that students need in order to obtain, understand, and use basic health information and services in ways that enhance healthy living.
- Focus on behaviors that have the greatest effect on health, especially those related to nutrition; physical activity; violence and injury; alcohol and other drug use; tobacco use; and sexual behaviors that lead to HIV, STIs, or unintended pregnancy, as developmentally appropriate.
- Build functional knowledge and skills, from year to year, that are developmentally appropriate.
- Include accurate and up-to-date information, and be appropriate to students' developmental levels, personal behaviors, and cultural backgrounds.

The Credit Guidelines for Health Education are intended to help schools address these recommendations. Critical health content areas are organized in the Guidelines by strand, as follows:

**Strand 1: Nutrition and Physical Activity**

**Strand 2: Alcohol, Tobacco, and Other Drugs**

**Strand 3: Safety**

**Strand 4: Social and Emotional Health**

**Strand 5: Personal Health and Wellness**

**Strand 6: HIV Prevention**

**Strand 7: Sexuality Education**

## **Content Standards**

Through health education, students learn to obtain, interpret, and apply health information and services in ways that protect and promote personal, family, and community health. All students will show competence in the following eight health education content standards:

### **Standard 1: Core Concepts**

Apply health promotion and disease prevention concepts and principles to personal, family, and community health issues.

### **Standard 2: Access Information**

Access valid health information and appropriate health promoting products and services.

### **Standard 3: Health Behaviors**

Practice health enhancing behaviors and reduce health risks.

### **Standard 4: Influences**

Analyze the influence of cultural beliefs, media, and technology on health.

### **Standard 5: Goal Setting**

Use goal setting skills to enhance health.

### **Standard 6: Decision Making**

Use decision-making skills to enhance health.

### **Standard 7: Social Skills**

Demonstrate effective interpersonal communication and other social skills which enhance health.

### **Standard 8: Advocacy**

Demonstrate advocacy skills for enhanced personal, family, and community health.

Please note that, while all the Content Standards are addressed in the Credit Guidelines for Health Education as a whole, not all standards will be addressed in each strand.

## **Curriculum Unit Design**

One of the ultimate goals of teaching health education is for students to acquire health knowledge and skills that can be transferred to personal health behavior. To accomplish this, learning needs to result in a deep understanding of content and mastery level of skills that can lead to health behavior change. As educational designers, teachers must use both the art and the science of teaching. In planning coherent, rigorous instructional units of study, it is best to *begin with the end in mind*.

### ***Engaging and effective units include:***

- appropriate content expectations.
- students setting goals and monitoring own progress.
- a focus on big ideas that have great transfer value.
- focus on essential questions that stimulate inquiry and connections.
- identified valid and relevant skills and processes.
- purposeful real-world applications.
- relevant and worthy learning experiences.
- varied flexible instruction for diverse learners.
- research-based instructional strategies.
- explicit and systematic instruction.
- adequate teacher modeling and guided practice.
- substantial time to review or apply new knowledge.
- opportunities for revision of work based on feedback.
- student evaluation of the unit.

## **Relevance**

Instruction that is clearly relevant to today's rapidly changing world is essential to student learning. Content knowledge alone cannot change the health behaviors that support or interfere with academic achievement. Classes and projects that spark student interest and provide a rationale for why the content is worth learning, enable students to make connections between what they learn in school, their lives, and their futures. Asking students to analyze data about the prevalence of youth risk behavior, using problem-solving scenarios that are relevant to real life situations, and engaging students in developing personal goals and plans for improved health are examples of developing relevance in a health education curriculum.

## **Student Assessment**

The assessment process can be a powerful tool for learning when students are actively involved in the process. Both assessment of learning and assessment for learning are essential. Reliable formative and summative assessments provide teachers with information they need to make informed instructional decisions that are more responsive to students' needs. Engagement empowers students to take ownership of their learning and builds confidence over time.

### **Sound assessments:**

- align with learning goals.
- vary in type and format.
- use authentic performance tasks.
- use criteria scoring tools such as rubrics, checklists, or exemplars.
- allow teachers and students to track growth over time.
- validate the acquisition of transferable knowledge.
- give insight into students' thinking processes.
- cause students to use higher level thinking skills.
- address guiding questions and identified skills and processes.
- provide informative feedback for teachers and students.
- ask students to reflect on their learning.

Several tools to assist teachers and districts with assessment in health education have been made available by the Michigan Department of Education. *The Michigan Model for Health*<sup>®</sup> includes curriculum-embedded assessments in revised lessons.

Assessment resources have also been developed by Michigan and other member states of the Health Education Assessment Project (HEAP) of the State Collaborative on Assessment and Student Standards (SCASS), a project of the Council of Chief State School Officers (CCSSO). These resources have been distributed in assessment trainings statewide to help districts meet the requirements of the Revised School Code (Section 380.1507) to assess student knowledge and skills in sexuality education. These tools include assessment items that address all of the critical health content areas and health education standards. To learn more about tools for health education assessment, contact your regional Comprehensive School Health Coordinator.

## CREDIT GUIDELINES FOR HEALTH EDUCATION

### **STRAND 1: NUTRITION AND PHYSICAL ACTIVITY**

#### **Standard 1: Core Concepts**

- 1.1 Distinguish between unhealthy and healthy ways to manage weight.

#### **Standard 2: Access Information**

- 1.2 Locate resources in one's community and on the Internet for nutrition information, nutrition services, and help with weight management or unhealthy eating patterns; and assess the validity of the resources.

#### **Standard 3: Health Behaviors**

- 1.3 Demonstrate the ability to use information on food labels to choose nutrient-dense foods and beverages, and to avoid or limit foods and beverages that are low in nutrients or may impact health conditions.
- .4 Prepare meal plans according to the federal dietary guidelines.

#### **Standard 5: Goal Setting**

- 1.5 Assess one's personal nutrition needs and level of physical activity according to the federal dietary guidelines.
- .6 Assess one's personal preferences regarding healthy eating and physical activity.
- .7 Assess personal barriers to healthy eating and physical activity, and develop practical solutions to remove these barriers.
- .8 Develop a personal plan for improving one's nutrition, incorporating physical activity into daily routines, and maintaining a healthy weight.

#### **Standard 6: Decision Making**

- 1.9 Predict the health benefits of eating healthy and being physically active; and the potential health consequences of not doing so.

#### **Standard 8: Advocacy**

- 1.10 Advocate for nutritional food choices and physical activity at school.

## **RECOMMENDED:**

### **Standard 1: Core Concepts**

- 1.11 Distinguish between facts and myths regarding nutrition practices, products, and physical performance.
- 1.12 Describe nutrition practices that are important for the health of a pregnant woman and her baby.

### **Standard 3: Health Behaviors**

- 1.13 Demonstrate proper use of safety gear during physical activity.
- 1.14 Demonstrate strategies for protection from cold, heat, and sun during physical activity.

## **STRAND 2: ALCOHOL, TOBACCO, AND OTHER DRUGS**

### **Standard 1: Core Concepts**

- 2.1 Describe the short-term and long-term health consequences of alcohol, tobacco, and other drug use.
- 2.2 Clarify myths regarding the scope of alcohol, tobacco, and other drug use among adolescents.

### **Standard 2: Access Information**

- 2.3 Locate resources in one's community and on the Internet for information and services regarding alcohol and tobacco use prevention and cessation; and assess the validity of these resources.
- 2.4 Apply strategies to access and get help for self or others.

### **Standard 3: Health Behaviors**

- 2.5 Demonstrate skills to avoid tobacco exposure and avoid or resist using alcohol, tobacco, and other drugs.

### **Standard 4: Influences**

- 2.6 Describe financial, political, social, and legal influences regarding alcohol, tobacco, and other drugs.
- 2.7 Analyze internal and external pressures to use alcohol, tobacco, and other drugs.

## **GUIDELINES FOR HEALTH EDUCATION (CONT.)**

### **Standard 6: Decision Making**

- 2.8 Apply decision-making and problem-solving steps to hypothetical problems related to alcohol, tobacco, and other drug use.

### **Standard 7: Social Skills**

- 2.9 Demonstrate ways to support others who want to stop using alcohol or tobacco.

### **Standard 8: Advocacy**

- 2.10 Advocate for ways schools and communities can promote a tobacco-free environment.
2. Present a persuasive solution to the problem of alcohol, tobacco, and other drug use among youth.

## **STRAND 3: SAFETY**

### **Standard 1: Core Concepts**

- 3.1 Explain the effects of violence on individuals, families, communities, and our nation.
- 3.2 Describe the characteristics of situations which are dangerous, and those that must be reported to the authorities.
- 3.3 Define and describe bullying, sexual violence, and sexual harassment, and their effects on individuals and communities.
- 3.4 Describe the Michigan laws regarding bullying, sexual violence, and sexual harassment.

### **Standard 2: Access Information**

- 3.5 Locate resources in one's community and on the Internet for information and services regarding harassment, violence, and abusive relationships; and assess the validity of these resources.
- 3.6 Apply strategies to access and get help for self or others.

### **Standard 3: Health Behaviors**

Apply strategies to avoid and report dangerous situations, including conflicts involving weapons and gangs.

3.8 Demonstrate strategies to stay safe in a violent situation.

Apply skills and strategies for avoiding and dealing with sexual harassment and exploitation, including when using the Internet.

3.10 Assess characteristics of hypothetical relationships for warning signs of harm or abuse.

### **Standard 4: Influences**

3.11 Analyze social pressures to refrain from telling on others or reporting dangerous situations.

3.12 Analyze the role of friends and peers in the escalation of conflicts and the promotion of violence.

### **Standard 7: Social Skills**

3.13 Demonstrate the ability to use conflict resolution skills.

## **RECOMMENDED**

### **Standard 1: Core Concepts**

3.14 Evaluate the characteristics of a conflict which must be managed rather than resolved.

### **Standard 4: Influences**

3.15 Evaluate the impact of media on the prevalence of violence.

### **Standard 7: Social Skills**

3.16 Apply strategies to stop or de-escalate a conflict.

3.17 Apply strategies to hypothetical situations involving abusive relationships.

## **GUIDELINES FOR HEALTH EDUCATION (CONT.)**

### **STRAND 4: SOCIAL AND EMOTIONAL HEALTH**

#### **Standard 1: Core Concepts**

- 4.1 Identify the characteristics of positive relationships, and analyze their impact on personal, family, and community health.
- 4.2 Describe the warning signs, risk factors, and protective factors for depression and suicide.

#### **Standard 2: Access Information**

- 4.3 Locate resources in one's community and on the Internet for information and services regarding depression and suicide prevention; and analyze the validity of these resources.
- 4.4 Demonstrate how to seek help for self or others when suicide may be a risk.

#### **Standard 3: Health Behaviors**

- 4.5 Demonstrate the ability to express emotions constructively, including use of anger management skills.

#### **Standard 5: Goal Setting**

- 4.6 Develop short-term and long-term personal goals and aspirations.

#### **Standard 6: Decision Making**

- 4.7 Apply decision-making and problem-solving steps to generate alternative solutions regarding social situations that could place one's health or safety at risk.
- 4.8 Predict the potential short- and long-term effects of each alternative on self and others, and defend the healthy choice(s).

#### **Standard 7: Social Skills**

- 4.9 Demonstrate the ability to apply listening and assertive communication skills in situations that may involve parents, family members, other trusted adults, peers, boyfriends/ girlfriends, and health professionals.
- 4.10 Demonstrate how to respond constructively to the anger of others.

## **RECOMMENDED**

### **Standard 1: Core Concepts**

- 4.11 Describe the impact of showing empathy for another person's emotions and point of view.

### **Standard 3: Health Behaviors**

- 4.12 Assess one's personal behavior and how one demonstrates character traits.

### **Standard 5: Goal Setting**

- 4.13 Develop a personal plan for maintaining or improving one's demonstration of character traits.

### **Standard 6: Decision Making**

- 4.14 Evaluate the effectiveness of health-related decisions.

## **STRAND 5: PERSONAL HEALTH AND WELLNESS**

### **Standard 1: Core Concepts**

- 5.1 Describe how common infectious diseases are transmitted.
- 5.2 Explain the importance of regular health screenings or exams.
- 5.3 Analyze the importance of rest and sleep for personal health.

### **Standard 2: Access Information**

- 5.4 Demonstrate the ability to access valid information and resources in one's community and on the Internet related to personal health issues and concerns.
- 5.5 Demonstrate the ability to access accurate information about personal health products.

### **Standard 3: Health Behaviors**

- 5.6 Describe health practices that can prevent the spread of illness.
- 5.7 Apply knowledge about symptoms of illness to determine whether medical care is required.
- 5.8 Describe personal strategies for minimizing potential harm from exposure to the sun.

## **GUIDELINES FOR HEALTH EDUCATION (CONT.)**

### **Standard 4: Influences**

- 5.9 Analyze the social influences that encourage or discourage a person to practice sun safety.

### **Standard 5: Goal Setting**

- 5.10 Assess personal rest and sleep practices and create a personal plan to incorporate rest and sleep in daily routines.

## **RECOMMENDED**

### **Standard 1: Core Concepts**

- 5.11 Describe the dangers of exposure to UV light, lead, asbestos, pesticides, and unclean air and water, and strategies for avoiding exposure.

### **Standard 3: Health Behaviors**

- 5.12 Demonstrate basic first aid skills (i.e., controlling bleeding, Heimlich maneuver).

### **Standard 4: Influences**

- 5.13 Analyze the influence of media on selection of personal health care products.

## **STRAND 6: HIV AND OTHER STIs PREVENTION**

*Note: Course content should be reviewed to determine whether it is consistent with the district's board policies and approved curriculum. State law requires that, before adopting any revisions to the approved HIV curriculum, the local school board shall hold public hearings on the revision. For the specific language of the law, see Section 380.1169 of the Michigan Compiled Laws at [www.michiganlegislature.org](http://www.michiganlegislature.org).*

### **Standard 1: Core Concepts**

- 6.1 Analyze the rates of sexually transmitted infections (STIs) among teens.
- 6.2 Summarize the symptoms, modes of transmission, consequences, and methods to prevent HIV and other STIs, and conclude that abstinence is the most effective way to avoid HIV or other STIs.
- 6.3 Summarize the criteria for who should be tested and the advantages of early diagnosis and treatment of HIV and other STIs.

## **Standard 2: Access Information**

- 6.4 Identify services and trustworthy adults that provide health information and testing regarding HIV and other STIs, analyze the validity of such resources, and describe how to access valid services.

## **Standard 3: Health Behaviors**

- 6.5 Analyze common behaviors and situations to eliminate or reduce risks related to HIV and other STIs.
- 6.6 Evaluate one's personal perception of risk for HIV and other STIs.

## **Standard 7: Social Skills**

- 6.7 Demonstrate communication, negotiation, and refusal skills to protect oneself from situations that could transmit HIV or other STIs.

## **RECOMMENDED**

### **Standard 7: Social Skills**

- 6.8 Demonstrate acceptance for individuals living with HIV.

## **STRAND 7: SEXUALITY EDUCATION**

*Note: State law makes whether to offer sexuality education a local district decision. Course content must be reviewed by the district's Sex Education Advisory Board to determine whether it is consistent with the district's board policies and approved sexuality education curriculum. If the district chooses to offer sexuality education, certain content must be included in an age-appropriate fashion in the K-12 instructional program. This content is integrated into these guidelines. For the specific language of the law, see Sections 380.1507, 380.1507a, and 380.1507b of the Michigan Compiled Laws at [www.michiganlegislature.org](http://www.michiganlegislature.org).*

### **Standard 1: Core Concepts**

- 7.1 Summarize and explain laws related to the sexual behavior of young people.
- 7.2 Compare and contrast the pros and cons of methods used for pregnancy and disease prevention, including abstinence and use of contraception.
- 7.3 Describe routine medical screening and examinations for maintaining reproductive health, and medical tests for pregnancy, HIV, and other STIs: who should be tested, the procedures used, and the importance of early detection and care.

## **GUIDELINES FOR HEALTH EDUCATION (CONT.)**

### **Standard 2: Access Information**

- 7.4 Identify resources that provide information, counseling, and testing related to relationships, sexual violence, pregnancy, and contraception, including options for teens who are unable to care for a baby; analyze the validity of these resources; and describe how to access valid resources.

### **Standard 3: Health Behaviors**

- 7.5 Apply strategies, including refusal and assertiveness skills to avoid, manage, and escape situations that are high risk for pregnancy, HIV, and other STIs.

### **Standard 4: Influences**

- 7.6 Explain how stereotypes, norms, peer influence, alcohol and other drug use, media, and personal responsibility can impact sexual decision making and the consequences of such decisions.
- 7.7 Evaluate the physical, social, emotional, legal, and economic impacts of teen pregnancy, teen parenting, HIV infection, or other STIs on personal lifestyle, goal achievement, friends, and family members.

### **Standard 5: Goal Setting**

- 7.8 Develop personal goals and a specific plan for using the best contraceptive or disease-prevention method, including abstinence, for individual circumstances.

### **Standard 6: Decision Making**

- 7.9 Apply decision-making skills to avoid situations that are high risk for pregnancy, HIV, and other STIs.

### **Standard 7: Social Skills**

- 7.10 Demonstrate the ability to establish positive relationships, communicate caring and love without sexual intercourse, and communicate personal, sexual limits and values to a girlfriend or boyfriend.

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# Michigan Merit Curriculum

## Credit Guidelines



# PHYSICAL EDUCATION

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1 Credit Physical Education/Health



NOTE: Physical Education Credit Guidelines are currently under development



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## **Income**

This guide was developed to assist teachers in successfully implementing the Michigan Merit Curriculum. The identified content expectations and guidelines provide a useful framework for designing curriculum, assessments, and relevant learning experiences for students. Through the collaborative efforts of Governor Jennifer M. Granholm, the State Board of Education, and the State Legislature, these landmark state graduation requirements are being implemented to give Michigan students the knowledge and skills to succeed in the 21st Century and drive Michigan's economic success in the global economy. Working together, teachers can explore varied pathways to help students demonstrate proficiency in meeting the guidelines.

### ***How must schools organize courses to provide “one credit in physical education and health”?***

Schools have flexibility in how they meet the requirements to provide “one credit in physical education and health.” The following guidelines will assist districts in determining how to be flexible while remaining within the law. Districts must ensure that:

The guidelines for both physical education and health are addressed in the required content; and

Those teaching physical education have a teaching endorsement that qualifies them to teach physical education (MB, MX, or SP); and those teaching health education have a teaching endorsement that qualifies them to teach health (MA, MX, or KH).

Many districts will find that the simplest solution is to offer a semester of physical education and a semester of health to meet the requirement. Districts may, of course, exceed the requirement.

## **Curriculum Unit Design**

Physical education is a sequential educational program that provides students with the knowledge, skills, fitness, and attitudes needed to lead a healthy lifestyle.

***A physically educated person who participates in health-enhancing physical activity:***

- Demonstrates competence in selected motor skills.
- Assesses, achieves, and maintains physical fitness.
- Applies cognitive concepts in making wise lifestyle choices.
- Exhibits appropriate personal-social character traits while participating in physical activity.

A comprehensive physical education curriculum should be based on the state's Content Standards and Benchmarks.\* It should be sequential and developmentally appropriate. Outcomes for each grade level should be identified and assessed.

Based on the State Board Policy on Quality Physical Education, adopted September 25, 2003, a quality physical education program should address three critical areas; curriculum, instruction, and assessment.

### ***Curriculum:***

- Has a curriculum aligned with the Michigan K-12 Physical Education Content Standards and Benchmarks.
- Equips students with the knowledge, skills, and attitudes necessary for lifelong physical activity.
- Influences personal and social skill development.

### ***Instruction and Assessment:***

- Is taught by a certified physical education teacher trained in best practice physical education methods (MB, MX, SP endorsement).
- Aligns curriculum, instruction, and assessment.
- Engages students in curriculum choices that prepare them for a wide variety of lifetime activities.
- Keeps all students involved in purposeful activity for a majority of the class period.
- Builds students' confidence and competence in physical abilities.
- Includes students of all abilities and skill levels.

\* Physical education classes are not to be and should not be used as an arena for interscholastic practices. This is not only unethical, but does not give credibility to the purposes and goals of the physical education curriculum.

**Opportunity to Learn:**

- Offers instructional periods totaling 150 minutes per week (elementary) and 225 minutes per week (middle and high schools).
- Has a teacher-to-student ratio consistent with those of other subject areas and/or classrooms.
- Provides facilities to implement the curriculum for the number of students served.
- Maintains and has enough functional equipment for each student to actively participate.
- Builds students' confidence and competence in physical abilities.
- Includes students of all abilities and skill levels.

**Relevance**

In 1996, the Surgeon General of the United States identified physical activity as “Public Health Problem #1.” This “problem” has produced several health issues among children, adolescents and adults. Cases of obesity and diabetes are increasing at alarming rates. Clearly, the importance of effective physical education courses is critical to the total development of the students in Michigan.

Quality physical education programs provide the foundation for healthy, active lifestyles that support all learning and help ensure success in future pursuits. Statistics related to chronic disease, disability and death, health care costs, and quality of life issues clearly illustrate that there are severe problems associated with attending to the intellectual, but not the physical being.

**Student Assessment**

The assessment process can be a powerful tool for learning when students are actively involved in the process. Both assessment of learning and assessment for learning are essential. Classroom assessments provide teachers with information they need to make informed instructional decisions and be more responsive to students. Engagement empowers students to take ownership of their learning and builds confidence in their learning ability over time.

**Sound assessments:**

- Align with learning goals.
- Vary in type and format.
- Use authentic performance tasks.
- Use criteria scoring tools such as rubrics or exemplars.
- Validate the acquisition of transferable knowledge.
- Give insight into students' thinking processes.
- Cause students to use higher level thinking skills.
- Address guiding questions and identified skills and processes.
- Provide informative feedback for teachers and students.
- Ask students to reflect on their learning.

## Content Standards

The Michigan content standards and benchmarks are currently being revised and will also include grade level content expectations.

The physical education standards and benchmarks are comprehensive, sequential, and developmentally appropriate for K-12 grades. The high

school content standards and benchmarks need to follow and align with the K-8 portion of the standards and benchmarks.

Below are the 14 standards for physical education followed by the benchmarks related specifically to high school:

1. Demonstrate selected fundamental locomotor skills;
2. Demonstrate selected fundamental object control skills;
3. Demonstrate selected postural, non-locomotor and body control (movement) skills;
4. Demonstrate selected fundamental rhythmical skills;
5. Participate successfully in selected health-enhancing, lifelong physical activities;
6. Develop and maintain healthy levels of cardiorespiratory endurance;
7. Develop and maintain healthy levels of muscular strength and endurance;
8. Develop and maintain healthy levels of flexibility of selected joints of the body;
9. Develop and maintain healthy levels of body composition;
10. Apply the concepts of body awareness, time, space, direction, and force to movement;



- 11. Explain and apply the essential steps in learning motor skills**
- 12. Describe the effects of activity and inactivity and formulate examples of lifestyle choices that result in the development and maintenance of health-related fitness;**
- 13. Demonstrate appropriate behavior related to selected personal/social character traits that commonly emerge in a physical activity context; and**
- 14. Value physical activity and its contribution to lifelong health and well-being.**

## Physical Education Credit Guidelines

The following credit guidelines, from the content standards and benchmarks, are specific to high school. The credit guidelines specified in this document should be used to meet the physical education portion of the one credit in physical education/health graduation requirement.

**Standard 5: All students will participate successfully in selected health-enhancing, lifelong physical activities.**

- 5.1** Demonstrate competencies in three activities from the following categories:
- Swimming
  - Personal conditioning
  - Individual, dual, or team sports
  - Dance
  - Recreational games
  - Outdoor pursuits

**Standard 6: All students will develop and maintain healthy levels of cardiorespiratory endurance.**

- 6.1** Assess personal status of cardiorespiratory endurance.
- 6.2** Develop and maintain health-related levels of cardiorespiratory endurance.

**Standard 7: All students will develop and maintain healthy levels of muscular strength and endurance.**

- 7.1** Assess personal status of muscular strength and endurance of the:
- arms
  - shoulders
  - abdomen
  - back
  - legs

- 7.2 Develop and maintain health-related levels of muscular strength and endurance of the:
- abdomen
  - lower back
  - upper body
  - thigh
  - lower leg
  - neck

**Standard 8: All students will develop and maintain healthy levels of flexibility of selected joints of the body.**

- 8.1 Assess personal status of flexibility of the joints of the arms, legs, and trunk.
- 8.2 Develop and maintain health-related levels of flexibility of the joints of the:
- hip/low back
  - shoulder
  - neck
  - ankle
  - trunk

**Standard 9: All students will develop and maintain healthy levels of body composition.**

- 9.1 Assess personal status of body composition.
- 9.2 Develop and maintain health-related levels of body composition.

**Standard 11: All students will explain and apply the essential steps in learning motor skills.**

- 11.1 Apply knowledge of the skill acquisition process to teach/learn novel motor skill.

## **GUIDELINES FOR PHYSICAL EDUCATION (CONT.)**

**Standard 12: All students will describe the effects of activity and inactivity and formulate examples of lifestyle choices that result in the development and maintenance of health-related fitness.**

Describe the long-term, social-cultural effects of right kinds and regular amounts of physical activity (e.g., advantages of diverse talent to team membership, contributions of diverse cultures to viewing the worth and qualities of selected physical activities, opportunities to develop sportsmanship, leadership, and cooperation).

Analyze potential risks associated with selected recreational and competitive, lifelong physical activities.

Describe the effects of activity and inactivity and formulate examples of lifestyle choices that result in the development and maintenance of health-related fitness.

Assess personal, health-related fitness and design an activity program that will result in achieving and maintaining health-related standards of cardiorespiratory endurance: strength and endurance of selected muscle groups; flexibility of selected joints and lean/fat tissue rations (implies using knowledge of effects of activity and principles of conditioning to establish what must be done, when, and how long).

Design a physical activity program that would be achievable by a person with a physical disability and that would meet the health-related standard for daily physical activity levels.

Name three lifelong, physical leisure activities for which one would like to be most competent and identify the skills, levels of fitness, rules, and strategies that must be acquired to gain proficiency in each activity.

Recognize the effects of substance abuse on personal health and performance in physical activity.

- 12.8 Evaluate critically the claims and advertisements made about commercial products and programs marketed to develop aerobic fitness, muscular strength, muscular endurance, muscular power, flexibility, and weight control.

**Standard 13: All students will demonstrate appropriate behavior related to selected personal/social character traits that commonly emerge in a physical activity context.**

Demonstrate appropriate behaviors which exemplify each of the following personal/social character traits at least 95% of the time:

- compassion
- confidence
- cooperation
- fairness
- honesty
- loyalty
- perseverance
- respect
- responsibility
- self-discipline and work

Evaluate self on each of the following personal/social character traits and devise a plan for acquisition of those traits not mastered:

- compassion
- confidence
- cooperation
- fairness
- honesty
- loyalty
- perseverance
- respect
- responsibility
- self-discipline and work

## **GL            NES FOR PHYSICAL EDUCATION (CONT**

**Standard 14: All students will value physical activity and its contribution to lifelong health and well-being.**

Make a commitment to include physical activity as an important part of a healthy lifestyle.

Accept the differences between personal characteristics and skills and the idealized body images and elite performance levels portrayed by the media.

Formulate a definition of "sportsmanship" and analyze self according to this definition.

## HIGH SCHOOL PHYSICAL EDUCATION MODEL

This is a visual example of how a course could be organized to meet the physical education portion of the Michigan Merit Curriculum. This model demonstrates how the standards and benchmarks can be organized to provide students with the opportunity to learn each of the required benchmarks.

High School physical education classes should include principles of physical fitness, as well as the skills, knowledge, and attitudes in selected physical activities. Sample activities such as weight lifting, tennis, paddleball, aerobics, golf, Frisbee golf, jogging, orienteering, and wall climbing are just a few of the courses that can be created to include the required standards and benchmarks.

### *Sample Model: Weight Lifting*

**Standard 7: All students will develop and maintain healthy levels of muscular strength and endurance.**

- 7.1 Assess personal status of muscular strength and endurance of the:
  - arms
  - shoulders
  - abdomen
  - back
  - legs
  
- 7.2 Develop and maintain health-related levels of muscular strength and endurance of the:
  - abdomen
  - lower back
  - upper body
  - thigh
  - lower leg
  - neck

**Standard 12: All students will describe the effects of activity and inactivity and formulate examples of lifestyle choices that result in the development and maintenance of health-related fitness.**

Assess personal, health-related fitness and design an activity program that will result in achieving and maintaining health-related standards of cardiorespiratory endurance: strength and endurance of selected muscle groups; flexibility of selected joints and lean/fat tissue rations (implies using knowledge of effects of activity and principles of conditioning to establish what must be done, when, and how long).

Design a physical activity program that would be achievable by a person with a physical disability and that would meet the health-related standard for daily physical activity levels.

Recognize the effects of substance abuse on personal health and performance in physical activity.

Evaluate critically the claims and advertisements made about commercial products and programs marketed to develop aerobic fitness, muscular strength, muscular endurance, muscular power, flexibility, and weight control.

**Standard 13: All students will demonstrate appropriate behavior related to selected personal/social character traits that commonly emerge in a physical activity context.**

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