

# **WYOMING HEALTH EDUCATION CONTENT AND PERFORMANCE STANDARDS**

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**Adopted November 19, 2008**

## **ACKNOWLEDGMENT**

The Wyoming State Board of Education would like to thank the Wyoming Department of Education, as well as educators, parents, students, business and industry representatives, community college representatives, and the University of Wyoming for all their help with the development of these standards.

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# **Pathway to 2014**

## **Preamble to the Standards**

**Wyoming State Board of Education**  
**February 20, 2008**

At no time in human history has change been as rapid as we see today. Young people in Wyoming who are students in our schools will live in a world we may not be able to imagine at this point in our history. As stewards of our public education system, the State Board of Education believes it is important to provoke our institutions to think deeply about the knowledge, skills, abilities and habits of the mind that will prepare students for a world in which rapid change will be the norm and where people will have to be highly adaptable.

Our institutions, leaders, and communities must have the courage to develop and implement processes and programs through which schools deliver effective learning. Children must not only be prepared to enter the work force. They must be prepared to contribute as participants and members of the social and political democracies in which they live. To this end, we must more effectively define the components and rigor necessary for their success.

The Wyoming State Board of Education believes that as stewards it is our responsibility to frame the political dialogue in a way that challenges policy makers, educational institutions and the public in general to examine the educational goals, practices, and results in the neighborhoods, communities, and the state. This must be an ongoing political dialogue that begins with our review of the Wyoming State Standards but must not end there.

In accordance with Wyoming State Statute 21-2-304 (a) (iii) the State Board of Education (Board) in consultation and coordination with local school districts (LEA) will “prescribe uniform student content and performance standards for the common core of knowledge and the common core of skills specified under W.S. 21-9-101(b). . . .” Under W.S. 21-2-304(c) the Board is directed to evaluate and review the uniformity and quality of the educational program standards at least every five (5) years. This was last done in 2003 and will be undertaken in November 2008.

The Board directs the Wyoming Department of Education (WDE) working in consultation and coordination with local school districts to formulate and implement a process to evaluate and review the uniformity and quality of both the standards and the implementation of those standards developed in 2008.

Specifically, the Board directs this review to develop answers through analysis to the following questions and to make recommendations in consultation and coordination with LEA’s for improvement of the standards and/or the implementation of the standards over time. This review should include recommendations for what should and can be accomplished this year, what needs to be accomplished in two to three years and what Wyoming should set as a goal to accomplish prior to 2014.

1. The Board believes that content standards should be written to facilitate each student's success in life.
  - What evidence exists that the standards as written are driving improvement of learning and preparation of children to successfully participate in life?
  - What improvements are needed in each content area and why/how will the recommendations improve the status and growth in learning?
2. The Board believes that standards and supporting documents should be written in ways that are accessible and so that students, parents, teachers and citizen leaders will have a common understanding and measurement of success.
  - What recommendation(s) should be considered by the SBE to accomplish this goal?
3. The Board believes that the standards and supporting documents should be written so that there is uniformity and consistency across content areas.
  - What improvements are needed?
  - How best do we accomplish these improvements?
4. The Board believes that each district must incorporate the common core of skills into its Body of Evidence.
  - What evidence is there that the standards and supporting documents facilitate the learning of knowledge, skills, and behaviors that are necessary for the success of our students in life?
  - What improvements are needed?
5. The Board is not convinced that the current common core of knowledge and the common core of skills are sufficient for the future success of our students.
  - What else should we be doing to facilitate student success?
  - How best can we accomplish these successes?
6. The Board believes that the standards should be implemented with fidelity and that Body of Evidence should be an important component of this fidelity.
  - What evidence is there that the standards of each content area are assessed and proficiencies determined with uniformity in the district?
  - What improvements are needed?

7. The Board believes that the standards and supporting documents should align with current knowledge about the development of the brain and learning.
  - What evidence is there that the standards and supporting documents are written so that there is alignment with current knowledge around the cognitive development and learning in the standards and the implementation of the standards?
  - What improvements are needed?
8. The Board believes that more meaningful and robust learning happens when young people are appropriately challenged to think in more cognitively complex ways.
  - What evidence is there that the more cognitively complex components of the standards are being taught and assessed?
  - What improvements are needed? Is teaching structured to facilitate interdisciplinary and multidisciplinary use of the knowledge, skills and abilities learned in our schools?
9. The Board believes that motivation and engagement are critical to learning.
  - What evidence is there that the aspects of self-system thinking and metacognition as defined by Robert Marzano and John Kendall or other higher order thinking and self-governing of learning skills are being implemented and accessed?
  - What improvements are needed?

While the immediate task might be focused upon a periodic review of the standard, the Wyoming State Board of Education believes that such a review capitalizes on the resources that will be necessary for the work best when the longer view of our standards and for our children are used to guide the work. We believe that the focus must be on what is learned, rather than what is taught. We believe that what is learned today must improve the lives our children will have in the future. We believe that current needs must be addressed in ways that lays a foundation that supports and frames the future.

# WYOMING HEALTH EDUCATION CONTENT AND PERFORMANCE STANDARDS

## RATIONALE

“HEALTHY KIDS MAKE BETTER STUDENTS, AND BETTER STUDENTS MAKE HEALTHY COMMUNITIES.” (Council of Chief State School Officers, 2000)

The Wyoming Health Education Standards Committee recognizes that good health is sought for all and necessary for students to live a healthy life and to learn effectively. Health education has specific content and concepts that are crucial for students to understand and communicate about in order to maximize good health and minimize negative health behaviors. Health education skills are used in real-world interactions both inside and outside the school setting and throughout life. Included in the standards are essential processes, content, and skills that students should master to succeed in school and in life.

Health education is unique in that it typically occurs in multiple arenas throughout the school setting. Students learn about health concepts in other classes like science, social studies, and physical education, as well as from other school service areas, such as the school food service, school counselor, and school nurse. These learning experiences often occur in structured class settings or through simple observation and learning from adult examples.

Essential skills that students require to become health literate are embedded in Benchmarks at all levels. These basic skills closely reflect the Common Core of Skills outlined in the Wyoming Graduation Requirements. The Wyoming Common Core of Skills components utilized in the Health Education Standards are: problem solving, interpersonal communications, critical thinking, creativity, and life skills. Additionally, the most important skills with regard to health education are highlighted by six separate standards (Standards 2-6). The overall goal of these standards is for students to be able to master the discipline of health education and apply the constructs of the discipline to a variety of different tasks and in a variety of different settings. Realistic uses of these skills require their application with the high-level thinking skills of reasoning and problem solving. Further proficiency in health education requires fluency or literacy in health education content and skills.

According to the Centers for Disease Control, 71% of all deaths among young people between the ages of 10 and 24 years occur from only four causes: motor vehicle crashes (32%), other unintentional injuries (12%), homicide (15%), and suicide (12%). Some of the most serious health problems from which young people suffer result from just three types of behavior: behaviors that result in unintentional and intentional injuries, alcohol and other drug use, and sexual risk behaviors (Kolbe, 2002). Wyoming youth are not immune to these health problems. In fact, the percentage of Wyoming youth who report engaging in many of these health risk behaviors is higher than most, if not all, of the states in this country, especially when looking at a 10-year longitudinal analysis of these behaviors (See Table 1).

<b>Rank</b>	<b>Health Risk Behavior</b>
1 <sup>st</sup>	Fighting on school property
1 <sup>st</sup>	Current smokeless tobacco user
1 <sup>st</sup>	Smokeless tobacco use on school property
1 <sup>st</sup>	Carried a weapon
1 <sup>st</sup>	Carried a gun
2 <sup>nd</sup>	Threatened or injured with weapon on school property
2 <sup>nd</sup>	Drank alcohol before age 13 years
2 <sup>nd</sup>	Lifetime alcohol use
2 <sup>nd</sup>	Lifetime inhalant use
3 <sup>rd</sup>	Current tobacco use
3 <sup>rd</sup>	Episodic heavy drinking
4 <sup>th</sup>	Drove after drinking alcohol

**Table 1. Health Risk Behaviors in Which Wyoming Youth (grades 9-12) Rank in the Top Four States.** (Data source: 2001 Youth Risk Behavior Survey)

The percentage of students who report engaging in some of these health risk behaviors is increasing at an alarming rate. Since 1997 there has been a 43.6% increase in the percentage of Wyoming students who did not go to school because they felt unsafe at school or on their way to school. Since 1991 there has been a 37.9% increase in the percentage of Wyoming students who report using steroids, a 35.8% increase in the percentage of Wyoming students who report currently using marijuana, and a 24.2% increase in the percentage of Wyoming students who report using cocaine. (2001 Youth Risk Behavior Survey)

In order for there to be a downturn in this increasing trend toward risky behavior, students must become health literate and be equipped with the necessary skills that ensure they have the capacity to engage in health enhancing behaviors.

Because health education focuses so heavily on personal behavior, knowledge acquisition, problem solving, decision-making, goal setting, advocacy, resistance skills, and understanding consequences have all been integrated throughout the content standards. Student development in these areas should be a major goal of any health education program and classroom teachers at all levels. Instruction in health education knowledge and skill building and demonstration of understanding have been integrated throughout the standards at all grade levels starting very early. Students need assistance in developing a wide range of skills and strategies for solving problems and making healthy decisions. For this reason, current and accurate knowledge and critical skills are a focus of the Health Education standards.

## DEVELOPMENTAL BASIS FOR STANDARDS

Sound knowledge of the developmental aspects of human behavior is critical to the success of the educational process. Educators who are developmentally based provide learning experiences and administer assessments that are appropriate not only for the chronological age, but also for the developmental levels of the students being taught. As an example, concepts and skills associated with the content of family life and sexuality will be very different for 4<sup>th</sup> graders than for 11<sup>th</sup> graders. In grade four, students can demonstrate a developmentally appropriate understanding of the relationship between health and family life and sexuality in the following ways: (a) by differentiating between “good touch-bad touch,” (b) by recognizing the various roles family members play in their lives and how behaviors associated with those roles can affect their health, and (c) by recognizing the different family structures and how healthy lifestyles can be affected by that structure. Each year nearly one million teens will get pregnant and four million teens will get a sexually transmitted disease (STD). As such, developmentally appropriate family life and sexuality concepts for 11<sup>th</sup> graders are likely to extend beyond the family and may include factors associated with reproduction and health risks associated with sexual activity.

A developmental progression can be seen in the health concepts that are embedded in the grade level BENCHMARKS. In Standard one, six health concepts (alcohol and other drug use, abuse, and addiction; family life and sexuality; injury prevention and safety; tobacco use and addiction; nutrition; and prevention and control of disease) are identified at the fourth grade level. The concepts are included in 4<sup>th</sup> grade Benchmarks because behaviors associated with them are usually established during childhood; persist into adulthood; are inter-related; and are preventable (Centers for Disease Control). These concepts and related skills continue to be important and are included in the 8<sup>th</sup> grade Benchmarks. The concepts of personal, community, mental, and emotional health are also added because this developmental period is often reflected by increased pressures associated with pubescence, a growing independence, and increased exposure to social influences outside the family. As high school students approach graduation, they are faced with additional health related issues that are inherent to becoming healthy, productive citizens. Thus, environmental and consumer health completes the comprehensive list of concepts in which 11<sup>th</sup> graders should demonstrate proficient understanding.

A developmental progression can also be seen with the health skills. To be health literate, students must demonstrate their understanding and ability to apply these skills to applicable health concepts. For instance, 4<sup>th</sup> grade students may tell you they should avoid cigarette smoke (Standard 3) because it causes cancer and it can make their lungs sick if they breathe the second-hand smoke (Standard 1). As middle and high school students develop, the depth of their knowledge (Standard 1) should become more complex and their ability to analyze internal and external influences that may lead to tobacco use (Standard 4) should become more advanced.

Grade level descriptors are provided to help schools determine how well students should perform the Benchmarks. These indicators vary in cognitive complexity, ranging from low cognitive demand (e.g., identifying and describing relationships associated with health



promotion and disease prevention) to greater cognitive demand (e.g., explaining, analyzing, and synthesizing those relationships). The degree and consistency with which students understand health concepts and can apply the core health skills to the appropriate concepts are also reflected in the grade level descriptors.

## **ORGANIZATION OF STANDARDS**

Standards provide a K-12 framework to assist schools and communities in developing and strengthening curriculum rather than prescribing courses, materials, or instructional methodology. Standards specify what students must master. Teachers ensure that students achieve standards by using a range of instructional strategies that they select based on their students' needs. Content and performance standards are identified for grade spans K-4, 5-8, and 9-12 with Benchmarks at grades of four, eight, and eleven. Terms used in this document as defined below:

**Content Standards:** These statements define what students are expected to know or be able to do by the time they graduate. They do not dictate what methodology or instructional materials should be used, nor how the material is delivered.

**Benchmarks:** These statements specify what students are expected to know and be able to do at the end of each of the BENCHMARKS grade levels, in this document, grades 4, 8, and 11. These Benchmarks specify the skills and content students must obtain in order to master the content standard by the time they graduate.

**Performance Level Descriptors:** These statements describe how well students must perform relative to the Benchmarks. The "proficient" level is required in order demonstrate mastery of the standards. Performance standard descriptors help teachers judge where students are performing in relation to the Benchmarks, and ultimately, the content standards. A general definition of each level is provided below.

**Advanced:** Students at the advanced level demonstrate a comprehensive (in-depth) understanding of developmentally appropriate health concepts within most health content areas and health skills that are necessary to lead a healthy lifestyle and avoid preventable disease, including the relationships within and among all the health concepts and health skills. They can apply all health skills to multiple health concepts. Students usually explain complex relationships between multiple health concepts within and among health content areas and make connections with most of the health skills.

**Proficient:** Students at the proficient level demonstrate some depth in their understanding of developmentally appropriate health concepts and health skills that are necessary to lead a healthy lifestyle and avoid preventable disease, including the relationships within and among most the health concepts and health skills. They can apply most health skills to multiple health concepts. Students consistently explain relationships between multiple health concepts within and among health content areas and make connections with most of the health skills.

**Basic:** Students at the basic level demonstrate limited depth in their understanding of developmentally appropriate health concepts and health skills that are necessary to lead a healthy lifestyle and avoid preventable disease, including the relationships within and among some of the health concepts and health skills. They can apply some health skills to multiple health concepts. Students inconsistently explain relationships between multiple health concepts within and among health content areas and make connections with some of the health skills.

**Below Basic:** Students at the below basic level demonstrate limited or no depth in their understanding of developmentally appropriate health concepts and health skills that are necessary to lead a healthy lifestyle and avoid preventable disease. They have difficulty understanding the relationships within and among some of the health concepts and health skills. They rarely can apply some health skills to multiple health concepts. Students at the below basic level require extensive support or provide little or no evidence in meeting the standard.

The committee recognizes that course sequences tend to vary widely after the eighth grade. However, the knowledge and skills identified at the eleventh grade are intended for all students regardless of the sequence of health courses or combination of other courses with health content. Therefore, districts will need to ensure that their course sequences will enable students to demonstrate mastery of the designated knowledge and skills no later than the end of the eleventh grade. For advanced students, such mastery should occur much sooner than eleventh grade. For a few students, such mastery will constitute a significant challenge. District, University, business, and high school student standards writing team participants agree the standards reflect necessary skills for success in study and work that need to be accomplished not later than the end of eleventh grade, as do district, regional, and national health education standards.

Although performance levels are specified for grades 4, 8, and 11, all grades prior to those designated are regarded as responsible to the BENCHMARKS level above them. For example, Kindergarten through fourth grade teachers, parents, and students work toward the achievement of the fourth grade Benchmarks. Fifth grade through eighth grade students, teachers, and parents work toward the achievement of the eighth grade Benchmarks. Ninth grade through eleventh grade students, teachers, and parents work toward the achievement of eleventh grade Benchmarks. Success at each BENCHMARKS level requires the effort and commitment of all who prepare for that level.

Teachers, parents, and students should be aware of the BENCHMARKS requirements at the next grade level, even as they prepare for the current grade level, so that prerequisite skills are introduced and experienced over time. They must also be aware of the requirements at the previous level so they continue to practice and apply the knowledge and skills that have already been mastered.

## INTRODUCTION TO THE STANDARDS

Good health has long been seen as a pivotal factor in student learning. No doubt this knowledge prompted the following critical reflections from some of our nation's leading education groups:

“Students who are hungry, sick, troubled or depressed cannot function well in the classroom, no matter how good the school.” *Carnegie Council on Adolescent Development, 1989*

“In the larger context, schools are society's vehicle for providing young people with the tools for successful adulthood. Perhaps no tool is more essential than good health.” *Council of Chief State School Officers*

“No knowledge is more crucial than knowledge about health. Without it, no other life goal can be successfully achieved.” *The Carnegie Foundation Report on Secondary Education in America*

For this reason and many more, the Wyoming Health Education Standards were created. The Wyoming Health Education Content and Performance Standards represent a cooperative effort. In 1997-1998, representatives from each of the districts participated in regional groups along with community college, University, students, and business representatives. The process began with regional meetings where the participants compiled drafts using local district standards. The state committee, consisting of regional representatives, utilized the regional documents to draft the state standards. Education professionals, commissioned by the Wyoming Legislature, dedicated many hundreds of hours to the crafting and adapting of these standards in the hope of improving the health and well being of Wyoming youth and future generations. With much guidance and direction from the *National Health Education Standards: Achieving Health Literacy* (1995), these Wyoming Health Education Standards have taken shape.

In 2002-2003, writing committees were convened to review and revise these standards.

In 2008, consistent with its responsibility to evaluate and review the uniformity and quality of the standards at least every five years, the Wyoming State Board of Education Board directed the Wyoming Department of Education (WDE), working in consultation and coordination with local school districts, to formulate and implement a process to evaluate and review the uniformity and quality of the standards by November, 2008.

In order to accomplish the goal of reviewing the standards, a steering committee was convened to guide the review process. It met in early 2008 to develop the process to be used by Content Review Committees in each content area with representation from as many Wyoming school districts as possible. Members of the Standards Review Steering Committee nominated 8-12 expert educators in each of the 10 content areas represented in the Standards. These committees were balanced geographically and represented pre-school, elementary, secondary, special education, and higher education teachers.

The reviewers who agreed to serve on a committee met in spring, 2008 to participate in a systematic evaluation of the uniformity and quality of the standards in their content area. Among the aspects of the Standards reviewed were:

- The cognitive complexity of the standards.
- The degree of integration of the Common Core of Skills, 21st Century Skills, and Technology in the standards.
- How Wyoming Standards compare to national curriculum standards and other state standards.
- How the format of standards documents might be improved to make them more uniform, more understandable, and more useful.
- How urgent the need for substantive revision of the standards is in each content area.

The 2008 standards reflect formatting rather than substantive changes. Substantive revisions to standards in all content areas will be recommended based on conclusions from the 2008 standards review and continuing work by content review committees and other stakeholder groups between 2008 and 2013.

Based on proven principles of education, self-directed learning, student constructed learning and discovery, application of learned knowledge and skills, goal setting, and decision making, these new standards are intended to positively impact not only the health and well being of Wyoming youth, but also its overall learning. Ultimately, for health and well being to be impacted in the greatest manner, health education and health promotion efforts need to be integrated and coordinated throughout the school, community, and home environments. This document however, will focus on Health Education Standards, one piece in the coordinated pie.

There are seven health education standards. Standard 1 contains the health content that students should know, while Standards 2 through 7 are the health skills that students should apply to the content knowledge from Standard 1. A description and rationale for each standard is provided below:

**Health Promotion and Disease Prevention:** Basic to health education is a foundation of knowledge about the interrelationship of behavior and health, interactions within the human body, and the prevention of disease and other health problems. Experiencing physical, mental, emotional, and social changes as one grows and develops, provides a self-contained learning laboratory. Comprehension of health-promotion strategies and disease prevention concepts enables students to become health-literate, self-directed learners which establish a foundation for leading a healthy and productive life.

**Accessing Health Information, Products, and Services:** Accessing valid health information and health-promoting products and services is important in the prevention, early detection, and treatment of most health problems. Critical thinking involves the ability to identify valid health information and to analyze, select, and access health-promoting services and products. Applying the skills of information

analysis, organization, comparison, synthesis, and evaluation to health issues provides a foundation for individuals to move toward becoming health literate and responsible, productive citizens.

**Self Management:** Research confirms that many diseases and injuries can be prevented by reducing harmful and risk-taking behaviors. More importantly, recognizing and practicing health-enhancing behaviors can contribute to a positive quality of life. Strategies used to maintain and improve positive health behaviors will utilize knowledge and skills that help students become critical thinkers and problem solvers. By accepting responsibility for personal health, students will have a foundation for living a healthy, productive life.

**Influence of Culture, Media, and Technology:** Health is influenced by a variety of factors that co-exist within society. These include cultural context as well as media and technology. A critical thinker and problem solver is able to analyze, evaluate, and interpret the influence of these factors on health. The health-literate, responsible and productive citizen draws upon the contributions of culture, media, technology, and other factors to strengthen individual, family, and community health.

**Interpersonal Communication:** Personal, family, and community health are enhanced through effective communication. A responsible individual will use verbal and non-verbal skills in developing and maintaining healthy personal relationships. Ability to organize and convey information, beliefs, opinions, and feelings are skills that strengthen interactions and can reduce or avoid conflict. When communicating, individuals who are health literate demonstrate care, consideration, and respect for self and others.

**Goal-Setting and Decision-Making Skills:** Decision-making and goal-setting are essential lifelong skills needed in order to implement and sustain health-enhancing behaviors. These skills make it possible for individuals to transfer health knowledge into healthy lifestyles. When applied to health issues, decision-making and goal-setting skills will enable individuals to collaborate with others to improve the quality of life in their families, schools, and communities.

**Advocating for Health:** Quality of life is dependent on an environment that protects and promotes the health of individuals, families, and communities. Responsible citizens, who are health literate, are characterized by advocating and communicating for positive health in their communities. A variety of health advocacy skills are critical to these activities.

## **What is Health Literacy?**

Health literacy is the capacity of individuals to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that enhance health. This defines the desired outcome of the Wyoming Health Education standards and of quality health education programs. The standards were developed by applying the characteristics of a well-educated, literate person within the context of health.

Four characteristics were identified as being essential to health literacy. The health literate person is a critical thinker and problem solver; a responsible, productive citizen; a self-directed learner; and an effective communicator.

## **HEALTH EDUCATION PERFORMANCE LEVEL DESCRIPTORS FOR THE BODY OF EVIDENCE**

The health education performance descriptors for the Body of Evidence are consistent across the grade levels. The depth of understanding and the consistency with which the skills apply are the criteria for determining performance levels (advanced, proficient, basic, and below basic). The determining factor which differentiates among grade levels is the developmental appropriateness of the knowledge and skills. For example, in grade four students can demonstrate a developmentally appropriate understanding of the relationship between health and family life and sexuality in the following ways: (a) by differentiating between “good touch-bad touch,” (b) by recognizing the various roles family members play in their lives and how behaviors associated with those roles can affect their health, and (c) by recognizing the different family structures and how healthy lifestyles can be affected by that structure. Each year nearly one million teens will get pregnant and four million teens will get a sexually transmitted disease (STD). As such, developmentally appropriate family life and sexuality concepts for 11<sup>th</sup> graders are likely to extend beyond the family and may include factors associated with reproduction and health risks associated with sexual activity.

### **Grades 4, 8, and 11**

**Advanced:** Students at the advanced level demonstrate comprehensive (in-depth) understanding of developmentally appropriate health concepts and health skills that are necessary to lead a healthy lifestyle and avoid preventable disease, including the relationships within and among most of the health concepts and health skills. They can apply all health skills to multiple health concepts.

**Proficient:** Students at the proficient level demonstrate some depth in their understanding of developmentally appropriate health concepts and health skills that are necessary to lead a healthy lifestyle and avoid preventable disease, including the relationships within and among many of the health concepts and health skills. They can apply most health skills to multiple health concepts.

**Basic:** Students at the basic level demonstrate limited depth in their understanding of developmentally appropriate health concepts and health skills that are necessary to lead a healthy lifestyle and avoid preventable disease, including the relationships within and among some of the health concepts and health skills. They can apply some health skills to multiple health concepts.

**Below Basic:** Students at the below basic level fail to demonstrate some depth in their understanding of developmentally appropriate health concepts and health skills that are necessary to lead a healthy lifestyle and avoid preventable disease. They have difficulty understanding the relationships within and among some of the health

concepts and health skills. They rarely can apply some health skills to multiple health concepts.

# WYOMING HEALTH CONTENT AND PERFORMANCE STANDARDS

## GRADE SPAN K-4

CONTENT STANDARD	
<b>1. <u>HEALTH PROMOTION AND DISEASE PREVENTION</u></b> Students will comprehend concepts related to health promotion and disease prevention.	
CODE	GRADE 4 BENCHMARKS
HE4.1.1	Students demonstrate an understanding of developmentally appropriate relationships between alcohol and other drug use, misuse, abuse and addiction and healthy lifestyles, health behaviors, and health risks.
HE4.1.2	Students demonstrate an understanding of developmentally appropriate relationships between family life and sexuality and healthy lifestyles, health behaviors, and health risks.
HE4.1.3	Students demonstrate an understanding of developmentally appropriate relationships between injury prevention and safety and healthy lifestyles, health behaviors, and health risks.
HE4.1.4	Students demonstrate an understanding of developmentally appropriate relationships between tobacco use and addiction and healthy lifestyles, health behaviors, and health risks.
HE4.1.5	Students demonstrate an understanding of developmentally appropriate relationships between nutrition and healthy lifestyles, health behaviors, and health risks.
HE4.1.6	Students demonstrate an understanding of developmentally appropriate relationships between prevention and control of disease and healthy lifestyles, health behaviors, and health risks.



## GRADE 4 PERFORMANCE LEVEL DESCRIPTORS

### 1. HEALTH PROMOTION AND DISEASE PREVENTION

#### ADVANCED PERFORMANCE

4th grade students at the advanced performance level demonstrate comprehensive (in-depth) understanding of health promotion and disease prevention, including all concepts identified in the Benchmarks. They can consistently explain the relationships among all of the concepts in the Benchmarks.

#### PROFICIENT PERFORMANCE

4th grade students at the proficient level consistently demonstrate some depth of understanding of health promotion and disease prevention, including most concepts identified in the Benchmarks. They can consistently describe relationships among most of the concepts in the Benchmarks.

#### BASIC PERFORMANCE

4th grade students at the basic level demonstrate limited depth of understanding of health promotion and disease prevention, including some concepts identified in the Benchmarks. They can consistently identify relationships among most of the concepts in the Benchmarks and can describe relationships among a few of the concepts in the Benchmarks.

#### BELOW BASIC PERFORMANCE

4th grade students at the below basic level demonstrate limited depth of understanding of the health promotion and disease prevention in a few of the concepts identified in the Benchmarks. They fail to consistently identify relationships among most of the concepts in the Benchmarks.

**CONTENT STANDARD**

**2. ACCESSING HEALTH INFORMATION, PRODUCTS, AND SERVICES**

Students demonstrate the health skill of accessing valid health information and health-promoting products and services.

**CODE**

**GRADE 4 BENCHMARKS**

HE4.2.1

Students locate information on products and services and recognize the validity of that information.

**GRADE 4 PERFORMANCE LEVEL DESCRIPTORS**

**2. ACCESSING HEALTH INFORMATION, PRODUCTS, AND SERVICES**

**ADVANCED PERFORMANCE**

4th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**PROFICIENT PERFORMANCE**

4th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**BASIC PERFORMANCE**

4th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**BELOW BASIC PERFORMANCE**

4th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**CONTENT STANDARD**

**3. SELF MANAGEMENT**

Students demonstrate the health skill of practicing health-enhancing behaviors and reduce health risks.

**CODE**

**GRADE 4 BENCHMARKS**

HE4.3.1

Students demonstrate the ability to identify and practice developmentally appropriate health-enhancing behaviors to reduce health risks.

**GRADE 4 PERFORMANCE LEVEL DESCRIPTORS**

**3. SELF MANAGEMENT**

**ADVANCED PERFORMANCE**

4th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**PROFICIENT PERFORMANCE**

4th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**BASIC PERFORMANCE**

4th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**BELOW BASIC PERFORMANCE**

4th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

## CONTENT STANDARD

### 4. INFLUENCE OF CULTURE, MEDIA, AND TECHNOLOGY

Students use the health skill of analyzing the influence of culture, media, technology, and other factors on health.

CODE

GRADE 4 BENCHMARKS

HE4.4.1

Students describe how culture, technology, messages from the media, peers, role models, and family influence health enhancing behaviors and health risks.

## GRADE 4 PERFORMANCE LEVEL DESCRIPTORS

### 4. INFLUENCE OF CULTURE, MEDIA, AND TECHNOLOGY

#### ADVANCED PERFORMANCE

4th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### PROFICIENT PERFORMANCE

4th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BASIC PERFORMANCE

4th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BELOW BASIC PERFORMANCE

4th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

## CONTENT STANDARD

### 5. INTERPERSONAL COMMUNICATION

Students demonstrate the health skill of using interpersonal communication skills to enhance health.

CODE	GRADE 4 BENCHMARKS
HE4.5.1	Students demonstrate an understanding of verbal and nonverbal refusal and conflict resolution strategies to enhance health and reduce risks.
HE4.5.2	Students demonstrate healthy ways to express needs, wants, and feelings.

## GRADE 4 PERFORMANCE LEVEL DESCRIPTORS

### 5. INTERPERSONAL COMMUNICATION

#### ADVANCED PERFORMANCE

4th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### PROFICIENT PERFORMANCE

4th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BASIC PERFORMANCE

4th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BELOW BASIC PERFORMANCE

4th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

## CONTENT STANDARD

### 6. GOAL-SETTING AND DECISION-MAKING SKILLS

Students demonstrate the health skill of goal setting and decision-making skills to enhance health.

CODE	GRADE 4 BENCHMARKS
HE4.6.1	Students describe goal-setting strategies to set personal goals to enhance health.
HE4.6.2	Students describe decision-making strategies to make decisions to enhance health.

### GRADE 4 PERFORMANCE LEVEL DESCRIPTORS

#### 6. GOAL-SETTING AND DECISION-MAKING SKILLS

##### ADVANCED PERFORMANCE

4th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

##### PROFICIENT PERFORMANCE

4th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

##### BASIC PERFORMANCE

4th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

##### BELOW BASIC PERFORMANCE

4th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**CONTENT STANDARD**  
**7. ADVOCATING FOR HEALTH**  
 Students demonstrate the health skill of advocating for personal, family, and community health.

CODE	GRADE 4 BENCHMARKS
HE4.7.1	Students identify a variety of methods to advocate for personal, family, and community health.

**GRADE 4 PERFORMANCE LEVEL DESCRIPTORS**  
**7. ADVOCATING FOR HEALTH**

ADVANCED PERFORMANCE

4th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

PROFICIENT PERFORMANCE

4th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

BASIC PERFORMANCE

4th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

BELOW BASIC PERFORMANCE

4th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

## GRADE SPAN 5-8

CONTENT STANDARD	
1. <u>HEALTH PROMOTION AND DISEASE PREVENTION</u>	
Students will comprehend concepts related to health promotion and disease prevention.	
CODE	GRADE 8 BENCHMARKS
HE8.1.1	Students demonstrate an understanding of developmentally appropriate relationships between alcohol and other drug use, misuse, abuse and addiction and healthy lifestyles, health behaviors, and health risks.
HE8.1.2	Students demonstrate an understanding of developmentally appropriate relationships between family life and sexuality and healthy lifestyles, health behaviors, and health risks.
HE8.1.3	Students demonstrate an understanding of developmentally appropriate relationships between injury prevention and safety and healthy lifestyles, health behaviors, and health risks.
HE8.1.4	Students demonstrate an understanding of developmentally appropriate relationships between tobacco use and addiction and healthy lifestyles, health behaviors, and health risks.
HE8.1.5	Students demonstrate an understanding of developmentally appropriate relationships between nutrition and healthy lifestyles, health behaviors, and health risks.
HE8.1.6	Students demonstrate an understanding of developmentally appropriate relationships between prevention and control of disease and healthy lifestyles, health behaviors, and health risks.
HE8.1.7	Students demonstrate an understanding of developmentally appropriate relationships between mental and emotional health and healthy lifestyles, health behaviors, and health risks.
HE8.1.8	Students demonstrate an understanding of developmentally appropriate relationships between personal and community health and healthy lifestyles, health behaviors, and health risks.



## GRADE 8 PERFORMANCE LEVEL DESCRIPTORS

### 1. HEALTH PROMOTION AND DISEASE PREVENTION

#### ADVANCED PERFORMANCE

8th grade students at the advanced performance level demonstrate comprehensive (in-depth) understanding of health promotion and disease prevention, including most concepts identified in the Benchmarks. They can consistently explain the relationships among most of the concepts in the Benchmarks and inconsistently analyze relationships among some of the concepts in the Benchmarks. Conclusions about the relationships can be made independently.

#### PROFICIENT PERFORMANCE

8th grade students at the proficient level demonstrate some depth of understanding of health promotion and disease prevention, including many of the concepts identified in the Benchmarks. They can consistently explain relationships among many of the concepts in the Benchmarks, and conclusions about the relationships require minimal assistance.

#### BASIC PERFORMANCE

8th grade students at the basic level demonstrate limited depth of understanding of health promotion and disease prevention, including some of the concepts identified in the Benchmarks. They inconsistently explain relationships among some of the concepts in the Benchmarks, and conclusions about the relationships require assistance.

#### BELOW BASIC PERFORMANCE

8th grade students at the below basic level demonstrate limited depth of understanding of the health promotion and disease prevention in a few of the concepts identified in the Benchmarks. They can describe, but fail to explain the relationships among most of the concepts in the Benchmarks, and conclusions about the relationships require assistance.

**CONTENT STANDARD**

**2. ACCESSING HEALTH INFORMATION, PRODUCTS, AND SERVICES**

Students demonstrate the health skill of accessing valid health information and health-promoting products and services.

**CODE**

**GRADE 8 BENCHMARKS**

HE8.2.1

Students demonstrate the ability to utilize various sources of health information, products, and services.

**GRADE 8 PERFORMANCE LEVEL DESCRIPTORS**  
**2. ACCESSING HEALTH INFORMATION, PRODUCTS, AND SERVICES**

**ADVANCED PERFORMANCE**

8th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**PROFICIENT PERFORMANCE**

8th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**BASIC PERFORMANCE**

8th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**BELOW BASIC PERFORMANCE**

8th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

## CONTENT STANDARD

### 3. SELF MANAGEMENT

Students demonstrate the health skill of practicing health-enhancing behaviors and reduce health risks.

CODE	GRADE 8 BENCHMARKS
HE8.3.1	Students describe healthy adolescent behaviors and appropriate strategies to improve or maintain health.
HE8.3.2	Students explain the short-term consequences of safe, risky, and harmful behaviors for adolescents.
HE8.3.3	Students explain the importance of assuming responsibility for health behaviors.

## GRADE 8 PERFORMANCE LEVEL DESCRIPTORS

### 3. SELF MANAGEMENT

#### ADVANCED PERFORMANCE

8th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### PROFICIENT PERFORMANCE

8th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BASIC PERFORMANCE

8th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BELOW BASIC PERFORMANCE

8th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

## CONTENT STANDARD

### 4. INFLUENCE OF CULTURE, MEDIA, AND TECHNOLOGY

Students use the health skill of analyzing the influence of culture, media, technology, and other factors on health.

CODE	GRADE 8 BENCHMARKS
HE8.4.1	Students describe how culture, technology, and medical advances influence health enhancing behaviors, health risks, and the use of health products and services.
HE8.4.2	Students analyze how various forms of media influence health enhancing behaviors, health risks, and the use of health products and services.
HE8.4.3	Students analyze how peers, role models, family, and the community influence health enhancing behaviors, health risks, and the use of health products and services.
HE8.4.4	Students explain the difference between internal and external influences.

## GRADE 8 PERFORMANCE LEVEL DESCRIPTORS

### 4. INFLUENCE OF CULTURE, MEDIA, AND TECHNOLOGY

#### ADVANCED PERFORMANCE

8th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### PROFICIENT PERFORMANCE

8th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BASIC PERFORMANCE

8th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BELOW BASIC PERFORMANCE

8th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

## CONTENT STANDARD

### 5. INTERPERSONAL COMMUNICATION

Students demonstrate the health skill of using interpersonal communication skills to enhance health.

CODE	GRADE 8 BENCHMARKS
HE8.5.1	Students demonstrate and apply an understanding of verbal and nonverbal refusal, conflict resolution, and negotiation strategies to enhance health and reduce health risks.
HE8.5.2	Students demonstrate and apply an understanding of effective verbal and non-verbal communication strategies in order to respectfully express needs, wants, and feelings.

## GRADE 8 PERFORMANCE LEVEL DESCRIPTORS

### 5. INTERPERSONAL COMMUNICATION

#### ADVANCED PERFORMANCE

8th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### PROFICIENT PERFORMANCE

8th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BASIC PERFORMANCE

8th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BELOW BASIC PERFORMANCE

8th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

## CONTENT STANDARD

### 6. GOAL-SETTING AND DECISION-MAKING SKILLS

Students demonstrate the health skill of goal setting and decision-making skills to enhance health.

CODE	GRADE 8 BENCHMARKS
HE8.6.1	Students apply strategies to set personal goals to enhance health.
HE8.6.2	Students apply strategies to make decisions to enhance health.
HE8.6.3	Students demonstrate the ability to apply collaborative goal setting or decision-making strategies to health issues and problems.

### GRADE 8 PERFORMANCE LEVEL DESCRIPTORS 6. GOAL-SETTING AND DECISION-MAKING SKILLS

#### ADVANCED PERFORMANCE

8th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### PROFICIENT PERFORMANCE

8th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BASIC PERFORMANCE

8th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BELOW BASIC PERFORMANCE

8th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**CONTENT STANDARD**  
**7. ADVOCATING FOR HEALTH**

Students demonstrate the health skill of advocating for personal, family, and community health.

CODE	GRADE 8 BENCHMARKS
HE8.7.1	Students demonstrate an understanding of effective methods for advocating for personal, family, and community health.
HE8.7.2	Students demonstrate the ability to work cooperatively when advocating for health.
HE8.7.3	Students describe barriers to effective advocacy strategies.

**GRADE 8 PERFORMANCE LEVEL DESCRIPTORS**  
**7. ADVOCATING FOR HEALTH**

ADVANCED PERFORMANCE

8th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

PROFICIENT PERFORMANCE

8th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

BASIC PERFORMANCE

8th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

BELOW BASIC PERFORMANCE

8th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

## GRADE SPAN 9-12

CONTENT STANDARD	
1. <u>HEALTH PROMOTION AND DISEASE PREVENTION</u>	
Students will comprehend concepts related to health promotion and disease prevention.	
CODE	GRADE 11 BENCHMARKS
HE11.1.1	Students demonstrate an understanding of developmentally appropriate relationships between alcohol and other drug use, misuse, abuse, and addiction and healthy lifestyles, health behaviors, and health risks.
HE11.1.2	Students demonstrate an understanding of developmentally appropriate relationships between family life and sexuality and healthy lifestyles, health behaviors, and health risks.
HE11.1.3	Students demonstrate an understanding of developmentally appropriate relationships between injury prevention and safety and healthy lifestyles, health behaviors, and health risks.
HE11.1.4	Students demonstrate an understanding of developmentally appropriate relationships between tobacco use and addiction and healthy lifestyles, health behaviors, and health risks.
HE11.1.5	Students demonstrate an understanding of developmentally appropriate relationships between nutrition and healthy lifestyles, health behaviors, and health risks.
HE11.1.6	Students demonstrate an understanding of developmentally appropriate relationships between prevention and control of disease and healthy lifestyles, health behaviors, and health risks.
HE11.1.7	Students demonstrate an understanding of developmentally appropriate relationships between mental and emotional health and healthy lifestyles, health behaviors, and health risks.
HE11.1.8	Students demonstrate an understanding of developmentally appropriate relationships between community health and environmental health and healthy lifestyles, health behaviors, and health risks.
HE11.1.9	Students demonstrate an understanding of developmentally appropriate relationships between personal health and consumer health and healthy lifestyles, health behaviors, and health risks.



## GRADE 11 PERFORMANCE LEVEL DESCRIPTORS

### 1. HEALTH PROMOTION AND DISEASE PREVENTION

#### ADVANCED PERFORMANCE

11th grade students at the advanced performance level demonstrate a comprehensive understanding of health promotion and disease, including most of the concepts identified in the Benchmarks. They can consistently synthesize the relationships among most of the concepts in the Benchmarks, and conclusions about the relationships can be made independently.

#### PROFICIENT PERFORMANCE

11th grade students at the proficient level consistently demonstrate some depth of understanding of health promotion and disease prevention, including many of the concepts identified in the Benchmarks. They can consistently analyze the relationships among many of the concepts in the Benchmarks, and conclusions about the relationships require minimal assistance.

#### BASIC PERFORMANCE

11th grade students at the basic level demonstrate limited depth of understanding of health promotion and disease prevention, including some of the concepts identified in the Benchmarks. They inconsistently analyze the relationships among some of the concepts in the Benchmarks, and conclusions about the relationships require assistance.

#### BELOW BASIC PERFORMANCE

11th grade students at the below basic level demonstrate limited depth of understanding of the health promotion and disease prevention in a few of the concepts identified in the Benchmarks. They can explain, but fail to analyze the relationships among most of the concepts in the Benchmarks, and conclusions about the relationships require assistance.

**CONTENT STANDARD**

**2. ACCESSING HEALTH INFORMATION, PRODUCTS, AND SERVICES**

Students demonstrate the health skill of accessing valid health information and health-promoting products and services.

**CODE**

**GRADE 11 BENCHMARKS**

HE11.2.1

Students demonstrate the ability to locate and utilize various sources of health information, products, and services.

**GRADE 11 PERFORMANCE LEVEL DESCRIPTORS**  
**2. ACCESSING HEALTH INFORMATION, PRODUCTS, AND SERVICES**

**ADVANCED PERFORMANCE**

11th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

**PROFICIENT PERFORMANCE**

11th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the BENCHMARKS to the applicable Benchmarks outlined in Standard 1.

**BASIC PERFORMANCE**

11th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the bench-mark to the applicable health concepts outlined in Standard 1.

**BELOW BASIC PERFORMANCE**

11th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

## CONTENT STANDARD

### 3. SELF MANAGEMENT

Students demonstrate the health skill of practicing health-enhancing behaviors and reduce health risks.

CODE	GRADE 11 BENCHMARKS
HE11.3.1	Students demonstrate an understanding of appropriate strategies for improving or maintaining personal health.
HE11.3.2	Students analyze the short-term and long-term consequences of safe, risky, and harmful behaviors for adolescents and adults.
HE11.3.3	Students analyze the importance of assuming responsibility for health behaviors.

## GRADE 11 PERFORMANCE LEVEL DESCRIPTORS

### 3. SELF MANAGEMENT

#### ADVANCED PERFORMANCE

11th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

#### PROFICIENT PERFORMANCE

11th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

#### BASIC PERFORMANCE

11th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BELOW BASIC PERFORMANCE

11th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

## CONTENT STANDARD

### 4. INFLUENCE OF CULTURE, MEDIA, AND TECHNOLOGY

Students use the health skill of analyzing the influence of culture, media, technology, and other factors on health.

CODE	GRADE 11 BENCHMARKS
HE11.4.1	Students analyze how internal and external influences of culture, technology, and medical advances affect health enhancing behaviors, health risks, and the selection of health products and services.
HE11.4.2	Students evaluate how internal and external influences of messages from various forms of media affect health enhancing behaviors, health risks, and the selection of health products and services.
HE11.4.3	Students evaluate how internal and external influences of peers, role models, family, and the community affect health enhancing behaviors, health risks, and the selection of health products and services.

## GRADE 11 PERFORMANCE LEVEL DESCRIPTORS

### 4. INFLUENCE OF CULTURE, MEDIA, AND TECHNOLOGY

#### ADVANCED PERFORMANCE

11th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

#### PROFICIENT PERFORMANCE

11th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

#### BASIC PERFORMANCE

11th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BELOW BASIC PERFORMANCE

11th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

## CONTENT STANDARD

### 5. INTERPERSONAL COMMUNICATION

Students demonstrate the health skill of using interpersonal communication skills to enhance health.

CODE	GRADE 11 BENCHMARKS
HE11.5.1	Students demonstrate an understanding of verbal and nonverbal: refusal, conflict resolution, collaboration, and negotiation strategies to enhance health and reduce health risks.
HE11.5.2	Students demonstrate and apply an understanding of effective verbal and non-verbal communication strategies in order to respectfully express needs, wants, and feelings.
HE11.5.3	Students analyze how interpersonal communication affects relationships.

## GRADE 11 PERFORMANCE LEVEL DESCRIPTORS

### 5. INTERPERSONAL COMMUNICATION

#### ADVANCED PERFORMANCE

11th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

#### PROFICIENT PERFORMANCE

11th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

#### BASIC PERFORMANCE

11th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BELOW BASIC PERFORMANCE

11th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

## CONTENT STANDARD

### 6. GOAL-SETTING AND DECISION-MAKING SKILLS

Students demonstrate the health skill of goal setting and decision-making skills to enhance health.

CODE	GRADE 11 BENCHMARKS
HE11.6.1	Students apply an understanding of personal goal setting strategies to enhance health.
HE11.6.2	Students apply an understanding of decision-making strategies to enhance health.
HE11.6.3	Students collaboratively apply goal setting or decision-making strategies to health issues and problems.

### GRADE 11 PERFORMANCE LEVEL DESCRIPTORS 6. GOAL-SETTING AND DECISION-MAKING SKILLS

#### ADVANCED PERFORMANCE

11th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

#### PROFICIENT PERFORMANCE

11th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

#### BASIC PERFORMANCE

11th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

#### BELOW BASIC PERFORMANCE

11th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

**CONTENT STANDARD**  
**7. ADVOCATING FOR HEALTH**

Students demonstrate the health skill of advocating for personal, family, and community health.

CODE	GRADE 11 BENCHMARKS
HE11.7.1	Students apply and evaluate a variety of methods to advocate for personal, family and community health to various audiences.
HE11.7.2	Students demonstrate how to influence and support others in making positive health choices.
HE11.7.3	Students demonstrate the ability to work cooperatively when advocating for health.
HE11.7.4	Students describe barriers to effective advocacy.

**GRADE 11 PERFORMANCE LEVEL DESCRIPTORS**  
**7. ADVOCATING FOR HEALTH**

**ADVANCED PERFORMANCE**

11th grade students at the advanced performance level almost always demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

**PROFICIENT PERFORMANCE**

11th grade students at the proficient performance level consistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

**BASIC PERFORMANCE**

11th grade students at the basic performance level inconsistently demonstrate their ability to apply the skills identified in the Benchmarks to the applicable health concepts outlined in Standard 1.

**BELOW BASIC PERFORMANCE**

11th grade students at the below basic performance level do not demonstrate their ability to apply the skills identified in the Benchmarks to the applicable Benchmarks outlined in Standard 1.

# GLOSSARY

## Wyoming Health Content and Performance Standards

**Alcohol and other Drug Use, Misuse, Abuse, and Addiction:** Refers to the use, misuse, abuse, and addiction of and to alcohol, and other drugs, often includes topics such as positive decision making, individual responsibility, substances beneficial to mankind, the classification of substances and their effects on the body, and the formation of habits and their influence on health.

**Community Health:** Includes topics such as individual responsibility; healthful school, home, and community environments; community health resources and facilities; official and nonofficial health agencies; health service careers; pollution control; community involvement; current issues; and trends in medical care.

**Consumer Health:** Addresses health care resources -- knowing what is available and how to be an educated consumer.

**Environmental Health:** Addresses individual and community responsibility, pollution, effects of environment on health, environmental protection agencies, population density, world health, waste disposal, sanitation laws, and career choices.

**Family Life and Sexuality:** Generally covers information about family dynamics, building relationships, child abuse, choices about relationships, family planning, parenting skills, sexuality education, and sexually transmitted infections such as HIV infection and AIDS.

**Health:** The combination of physical, emotional, social, and mental dimensions of well-being, not merely the absence of disease.

**Health Advocacy:** Participation as an individual or as a cooperating member of a group to support healthful living actively.

**Health Concepts:** The overlying ideas that students should know about health. For example, how does alcohol use affect healthy lifestyles and behaviors?

**Health Education Standards:** Descriptors that specify what students need to know and be able to do in order to become healthy, literate individuals.

**Health literate citizen:** An individual who uses critical-thinking and problem-solving skills, participates responsibly in the community, is a self-directed learner, and communicates effectively to maintain a healthful life.

**Health Promotion and Disease Prevention and Control:** Addresses heart disease, stroke, diabetes, cancer, HIV/AIDS, and other diseases, as well as strategies to maintain and improve the existing health state.



**Injury Prevention and Safety:** Includes learning about first aid and emergency health care and addresses the prevention of unintentional injuries. (Many schools include violence prevention and suicide as health issues in this content area).

**Mental and Emotional Health:** Includes building self-esteem, effectively coping with stress, and communication skills, among others.

**Nutrition:** Addresses balanced diets, food preparation, reading and understanding food labels, and differences in nutritional needs for pregnant women and more.

**Personal Health:** Can include physical fitness and lifetime activities, cardiovascular health, sleep, rest, relaxation, recreation, growth and development, oral health, vision and hearing, body systems and their functions, aging, personal wellness plans, and positive health habits and choices.

**Skill:** An applicable ability. Health education content standards (2-7) emphasize personal and social skills.

**Strategy:** The use of a process to achieve a specific outcome or skill.

**Tobacco Use and Addiction:** Refers to use and addiction of and to tobacco, often includes topics such as positive decision making, individual responsibility, substances beneficial to mankind, the classification of substances and their effects on the body, and the formation of habits and their influence on health.

Note: Definitions of the ten health content areas were adapted from: American Cancer Society, Inc. (1995). *The American Cancer Society's Approach to Youth Education*.

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**WYOMING HEALTH CONTENT AND PERFORMANCE  
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**WYOMING HEALTH CONTENT AND PERFORMANCE STANDARDS  
STATE REVISION WRITING COMMITTEE FOR REVISED STANDARDS  
(2002 – 2003)**

Carol Boal, Natrona #1  
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Larry Deal, Albany #1  
Kathleen Engle, Weston #1  
Dr. Ward Gates, UW, Common Core  
Shawna Gibbs, UW Student Representative  
and Parent  
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Debra Idler, Laramie #2  
Beth Nolan, Natrona #1

Emily King, Natrona #1  
Mark Mathern, Natrona #1  
Marsha Neubert, Park #1  
Pauline Parker, Big Horn #1  
Jacqueline Pike, Washakie #1  
Michael Rulon, Laramie #1  
Sandy Goheen Smith, Laramie #1  
Walt Smith, Goshen #1  
Ed Weber, Campbell #1  
Betty Carmen, Parent

**WYOMING HEALTH CONTENT AND PERFORMANCE  
STANDARDS STATE WRITING COMMITTEE  
(1999 – 2000)**

Bronwen Anderson, Health Education  
Contractor  
Dr. Mark Byra, UW  
Carol Boal, Natrona #1  
Andrea Cabre, Student Representative  
Katie Carmen, Platte #1  
Pam Cushman, Albany #1  
Kelly Darling, Washakie #2  
Connie Day, Lincoln #2  
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Kathleen Engle, Weston #1  
Cathy Fessler, Sheridan #2  
Robyn Fink-Hail, Natrona #1  
Dr. Ward Gates, UW, Common Core

Karen Milmont, WDEJarlath Mortenson,  
Sublette #1  
Cornell Nate, Sweetwater #1  
Carol Peterson, WDE  
Joe Phelan, LCCC  
Vince Picard, Public Representative  
Steve Pollock, Platte #1  
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Nancy Raso-Eklund, Sweetwater #1  
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Michael Rulon, Laramie #1  
Mike Saxton, Sheridan #2  
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Greg Gray, Lincoln #1  
Carolyn Helling, Albany #1  
Gay Hughes, Fremont #25  
Todd Kennedy, Uinta #1  
Cindy Lindmier, Natrona #1  
Chad Lybeck, Laramie #1  
Carol McMillan, Big Horn #1  
Peggy Miller, Fremont #2

Walt Smith, Goshen #1  
Mike Smith, WDE  
Roberta Wakefield, Sheridan #1  
Tamara Walsh, Teton #1  
Dr. Scott Winnail, UW  
Dan Williams, Student Representative  
Floyd Young, Northwest College  
Jo Zunker, Laramie #1

## **Wyoming Health Content and Performance Standards Regional Meetings Participants (1999 – 2000)**

Joe Aimone, Lincoln #1  
Dolores Albers, Sweetwater #2  
Deb Alworth, Albany #1  
Alleta Baltes, Fremont #25  
Dave Beemer, Big Horn #1  
Wendy Bider, Teton #1  
Carol Boal, Natrona #1  
Don Bremer, Goshen #1  
Katie Carmin, Platte #1  
Gerry Christianson, Big Horn #2  
Jannan Clabaugh, Sheridan #3  
Melody Clark, UW Extension Education  
Kathy Coon, Niobrara #1  
Jeri Cooper, Big Horn #3  
Pam Cushman, Albany #1  
Carolyn Daily, Sweetwater #1  
Kelly Darling, Washakie #2  
Connie Day, Lincoln #2  
Ken Demester, Uinta #1  
Wayne Dennis, Uinta #1  
Deb Dillinger, Johnson #1  
Todd Dulaney, Sweetwater #1  
Kerry Eblen, Sheridan #1  
Jennifer Eller, Platte #1  
Kathleen Engle, Weston #1  
Dora Erickson, Lincoln #2  
Cathy Fessler, Sheridan #2  
Robyn Fink, Natrona #1  
Jim Gibbs, Big Horn #4  
Terry Gibson, Niobrara #1  
Greg Gray, Lincoln #1  
Joyce Harkness, Park #1

Jeannie Julian, Fremont #25  
Todd Kennedy, Uinta #1  
Pam Kerr, Hot Springs #1  
Nada Larsen, Park #16  
Cindy Lindmier, Natrona #1  
Chad Lybeck, Laramie #1  
Rich Macht, Sheridan #1  
Carol McMillan, Big Horn #1  
Peggy Miller, Fremont #2  
Becky Milobar, Sweetwater #2  
Jarlath Mortenson, Sublette #1  
Pat Moore, Laramie #1  
Cornell Nate, Sweetwater #1  
Janie Nirider, Fremont #24  
Nancy Nordmeyer, Sheridan #1  
Rick Paxton, Big Horn #2  
Phyllis Penzien, Fremont #6  
Ned Pinkerton, Teton #1  
Nancy Raso Eklund, Sweetwater #2  
Dora Reins, Platte #2  
Dwight Reins, Platte #2  
Mike Rulon, Laramie #1  
Mike Saxton, Sheridan #2  
Susan Simon, Weston #1  
Patrice Sisneros, Albany #1  
Walt Smith, Goshen #1  
Candace Stoll, Converse #2  
Kathy Taylor, Hot Springs #1  
Donna Toly, Sweetwater #1  
Jinx Tucker, Goshen #1  
Tamara Walsh, Teton #1  
Jo Zunker, Laramie #1

