Office of the
State Superintendent of Education

Healthy Schools Act of 2010 (D.C. Law 18-209) Report
As Required by Section 405: Mandatory Reporting
September 30, 2011

Table of Contents

Section 1……p. 1
Compliance of public schools and public charter schools with the physical and health education requirements in this title.

Section 2……p. 3
Student achievement with respect to health and physical education standards.

Section 3……p. 7
Continued Implementation of HSA and Next Steps

Appendix A……Appendix p. 1
2011 School Health Profile Form

Appendix B……Appendix p. 6
All Schools that Completed the SHP

Appendix C……Appendix p. 11
HSA School Health Profiles – SY 2010-2011 Results; All DC Schools

Appendix D……Appendix p. 14
HSA School Health Profiles – SY 2010-2011 Results; DC Public Schools

Appendix E……Appendix p. 17
HSA School Health Profiles – SY 2010-2011 Results; DC Public Charter Schools

Appendix F……Appendix p. 20
Health Education Assessment Blueprint and Standards Outline

Appendix G……Appendix p. 27
FitnessGram Test Measures

Office of the
State Superintendent of Education

Healthy Schools Act of 2010 (D.C. Law 18-209) Report
As Required by Section 405: Mandatory Reporting
September 30, 2011

As required by Section 405 of the Healthy Schools Act of 2010 (HSA), the Office of the State Superintendent of Education (OSSE) is pleased to report to the Mayor, the Council and the Healthy Schools and Youth Commission on:

(1) Compliance of public schools and public charter schools with the physical and health education requirements in the title; and
(2) Student achievement with respect to the health and physical education standards.

SECTION 1: Compliance of public schools and public charter schools with the physical and health education requirements in this title.

HSA Requirements – Health Education

Under section 402 of the HSA, all public schools and public charter schools are currently required to provide health education for students in Kindergarten through grade 8. During the 2010-2011 school year, students in Kindergarten through grade 8 were to be provided with an average of at least 15 minutes per week of health education, or the same level as was provided in the 2009-2010 school year, whichever was greater.

The health education requirement will increase to an average of at least 75 minutes per week of health education beginning with the 2014-2015 school year.

HSA Requirements – Physical Education

Under section 402 of the HSA, all public schools and public charter schools are currently required to provide physical education for students in Kindergarten through grade 8. During the 2010-2011 school year, students in Kindergarten through grade 5 were to be provided with an average of at least 30 minutes per week of physical education, or the same level as was provided in the 2009-2010 school year, whichever was greater. During the 2010-2011 school year, students in grades 6 through 8 were to be provided with an average of at least 45 minutes per week of physical education, or the same level as was provided in the 2009-2010 school year, whichever was greater. Furthermore, 50% of physical education class time is to be spent "devoted to actual physical activity."

The physical education requirement will increase to an average of at least 150 minutes per week for students in grades Kindergarten through grade 5 and an average of at least 225 minutes per week for students in grades 6 through 8, beginning with the 2014-2015 school year.

Monitoring and Evaluation – School Health Profiles

The HSA in section 602 requires OSSE to collect information annually through the School Health Profiles (SHP). See Appendix A. To determine compliance with the HSA's health education and physical education provisions, the 2011 SHP included the following questions:

- For each grade in your school, please indicate the average number of minutes per week during school hours students receive health education instruction.
- For each grade in your school, please indicate the average number of minutes per week during school hours students receive physical education instruction.
- For each of the above grades, please indicate the number of minutes devoted to actual physical activity within the physical education course.

Additionally, the SHP asked schools to answer the questions, "Is the health education instruction based on the District's health standards that specify what each student should know and be able to do to improve and maintain their health by the end of each grade level?" and "Is the physical education instruction based on the District's physical education standards that identify what each student should know and be able to do at the end of each grade level?"

Results – Compliance with the HSA

More than 95% of all DC schools completed the SHP*, including 93.4% of public and 97.7% of public charter schools. See Appendix B for a complete list of schools that completed the SHP. The data collected indicate that in grades K to 5, students average 65 minutes of physical education and 35 minutes of health education per week. In grades 6 to 8, students average 107 minutes of physical education and 53 minutes of health education per week. A further break-down of this information, by grade, can be found below in Tables 1 and 2.

Table 1. Average Amount of Health Education Provided Per Week

Grade	K	1	2	3	4	5	6	7	8
Average min. of health/week	33	33.8	34	35.5	35.9	36	49.6	52.1	57.7

Table 2. Average Amount of Physical Education Provided Per Week

Grade	K	1	2	3	4	5	6	7	8
Average min. of PE/week	63.6	65.4	64.2	66	65.3	66.2	103.8	107.5	110.3

* The following schools did not complete the School Health Profile: Wheatley Education Campus, Whittier Education Campus, Miner Elementary School, Savoy Elementary School, Columbia Heights Education Campus, Ballou High School, Roosevelt High School, H.D. Woodson High School, Two Rivers Elementary PCS, and Two Rivers Middle PCS.

DRAFT

All data collected were self-reported by each school. When outliers were evident, they were removed from the calculations of the above averages in an effort to present a more accurate picture. Data that indicated students received more than 125 minutes per week of health education in any grade, more than 225 minutes per week of physical education in grades Kindergarten through 5, or more than 300 minutes per week of physical education in grades 6 through 8 were eliminated from the analysis pool. Physical education data from four schools were eliminated prior to data analysis and health education data were eliminated from 19 schools prior to data analysis.

A complete analysis of the SHP data, in the form of fact sheets, is included in the appendices of this report. See Appendix C for both public school and public charter school data, Appendix D for public school data, and Appendix E for public charter school data.

According to the above data, on average, DC schools are meeting the HSA health and physical education requirements. It also appears that some schools or grades within certain schools are even exceeding the more stringent 2014-2015 requirements. However, much work will have to be done to ensure that all students in every school receive the prescribed amount of health education and physical education in the coming years. As the data above is not inclusive of every student's experience, future SHPs will help determine the growth schools are instituting and which schools and populations may need more assistance to meet the current and future HSA requirements.

SECTION 2: Student achievement with respect to health and physical education standards.

HSA Requirements – Health and Physical Education Achievement

In addition to mandating time requirements, section 402 of the HSA states that "the physical education and health education required by this section shall meet the curricular standards adopted by the State Board of Education." The State Board of Education approved DC state learning standards for physical education and health education on December 13, 2007. These standards indicate the concepts and skills that students should know and be able to do at the end of each grade pre-kindergarten through grade 8 and by the end of high school.

Monitoring and Evaluation – Health Education Assessment

To determine the best way to measure student achievement with respect to these standards, the OSSE convened a task force in late summer of 2010. This task force includes representatives from the Office of the State Superintendent of Education, District of Columbia Public Schools, Public Charter School Board, Friends of Choice in Urban Schools (FOCUS), Student Support Center, State Board of Education, DC Department of Health, DC Council Committee on Health, Friendship PCS, Metro Teen AIDS, George Washington University and American University. The task force recommended the development of a new standard-based Comprehensive Assessment System (DC CAS) for health and physical education.

Health and physical education knowledge will be assessed in grades 5 and 8 and for high school students currently enrolled in a health education class. These grades were chosen as they are typically the last year for health education in elementary, middle, and high schools. Each assessment will contain 50

items and the first year of this test, during the 2012 DC CAS, will serve as the baseline measure for comparison with future assessments.

The items on the assessment are derived from the Health Education Assessment Project (HEAP) of the Council of Chief State School Officers (CCSSO). The items have been aligned to the OSSE health education learning standards and edited to be unique to the standards and the District of Columbia. The assessment will cover various topics that are important to the health and wellness of our students. Some of these topics are nutrition, communication and emotional health, disease prevention, safety skills and sexual health.

Unlike the DC CAS for reading, math and science, individual students and teachers will not receive scores. Instead, the scores will be reported at the school level only to compare improvement from one year to the next. There will not be a "passing" cut score or performance level descriptors; only a percent of correct answers for comparison from year to year will be reported. See Appendix F for more information about the outline of the health and physical education assessment.

In September, the health education assessment received a lot of local and national media coverage. The following is a brief list of some of the media coverage.

- *DC schools prepare for nation's first sex-education standardized testing*. The Washington Post. September 14, 2011.http://www.washingtonpost.com/local/education/dc-students-to-be-tested-on-sex-education/2011/09/12/gIQAnhyCTK_story.html
- *D.C. sex education test the first of its kind in America.* ABC7 WJLA.com. September 15, 2011.http://www.wjla.com/articles/2011/09/d-c-sex-education-test-the-first-of-its-kind-in-america-66570.html
- *DCPS launches sex ed. standardized tests.* WAMU 88.5. September 15, 2011.http://wamu.org/news/11/09/15/dcps_launches_sex_ed_standardized_tests
- *DC schools to rollout standardized sex education tests.* Education News. September 16, 2011. http://www.educationnews.org/education-policy-and-politics/dc-schools-to-rollout-standardized-sex-education-tests/
- *Give D.C.'s new sex-ed test a chance.* The Washington Post. September 19, 2011.http://www.washingtonpost.com/opinions/give-dcs-new-sex-ed-test-a-chance/2011/09/16/gIQA3OLagK_story.html
- *Pop Quiz: D.C. public schools put sex education to the test.* Time NewsFeed. September 19, 2011. http://newsfeed.time.com/2011/09/19/pop-quiz-d-c-public-schools-put-sex-education-to-the-test/
- *A (sex-ed) test D.C. students can pass*? The Washington Times. September 20, 2011.http://www.washingtontimes.com/news/2011/sep/20/bhicks-a-sex-ed-test-dc-students-can-passb/?page=all

The health education assessment has frequently been called a "sex ed test" or just the "sex test" but this assessment is a tool that will measure much more than just sexual health knowledge. As it is aligned with the OSSE health education learning standards, which are based on the comprehensive National Health Education Standards, the assessment will be one among many tools that will direct health education and health programming in DC schools in the coming years. Also, DC is the first state in the

DRAFT

nation to use a comprehensive, standards-based health education assessment in its schools and it will no doubt serve as a model for other states.

Monitoring and Evaluation – Physical Education Assessment

Although a number of physical education standards will be assessed on the health education section of the DC CAS, the nature of physical education standards means that many standards cannot be assessed by traditional testing strategies. While there is not one physical education or fitness assessment used in all DC schools to determine student achievement with respect to the physical education standards, DC Public Schools (DCPS) has been using the same tool in all of their schools.

With the help of Carol M. White Physical Education Program (PEP) grant funding, DCPS has now implemented the FitnessGram physical fitness assessment tool in all of its schools. FitnessGram data is collected in grades 4 and above, at least once per school year. The FitnessGram tool includes the following measures used in DCPS:

- Aerobic Capacity, as measured by a progressive aerobic cardiovascular endurance run (PACER)
- Body Composition, as measured by either a skin fold test or body mass index (BMI)
- Muscular Strength and Endurance, as measured by curl-ups and push-ups
- Flexibility, as measured by a back-saver sit and reach

See Appendix G for more information on these tests.

Results – Compliance with the HSA

According to the SHP data, 82.5% of all respondent schools reported that their health education is based on the OSSE health education learning standards (public = 84.5%, public charters = 80%). Also according to SHP data, 93.2% of all respondent schools reported that their physical education is based on the OSSE physical education learning standards (public = 98.3%, public charters = 86.7%). Health Education Assessment data will be available in the summer of 2012 and a complete analysis of the findings, completed by the contractor CTB/McGraw Hill, will be shared in the 2012 version of this report.

Analysis of the FitnessGram data is ongoing, but school year 2010-2011 data is presented below in Tables 3, 4 and 5.

DRAFT

Table 3. FitnessGram Measures – All Grades, Both Sexes

	Abdominal	Upper Body	Aerobic Capacity	Body Composition	Flexibility
Number of students measured	6477	6585	6715	4437	4969
Number in the Healthy Fitness Zone	4297	4272	2410	2505	2944
Percent in the Healthy Fitness Zone	66%	65%	36%	56%	59%

Table 4. FitnessGram Measures - Girls

	Abdominal	Upper Body	Aerobic Capacity	Body Composition	Flexibility
Number of students measured	3193	3228	3316	2150	2449
Number in the Healthy Fitness Zone	1991	1855	972	1224	1402
Percent in the Healthy Fitness Zone	62%	57%	29%	57%	57%

Table 5. FitnessGram Measures - Boys

	Abdominal	Upper Body	Aerobic Capacity	Body Composition	Flexibility
Number of students measured	3284	3357	3399	2287	2520
Number in the Healthy Fitness Zone	2306	2417	1438	1281	1542
Percent in the Healthy Fitness Zone	70%	72%	42%	56%	61%

DRAFT

As fewer than 100% of schools are basing their health and physical education courses on the OSSE learning standards, it cannot be said that this provision is being met. However, with such a high percentage of schools following this requirement, it appears likely that all DC schools can and will, in the near future, meet this HSA requirement. OSSE will continue to work with LEAS and schools in an effort to ensure that 100% of instruction is based on the OSSE health education and physical education learning standards so that all DC schools are in compliance with the HSA. With the implementation of a standards-based health education assessment and the expanded use of physical education assessments, in future years the OSSE will have a more comprehensive set of tools to determine the actual implementation of applicable learning standards.

SECTION 3: Continued Implementation of HSA and Next Steps

To continue with past efforts and to improve future implementation and measurement of Healthy Schools Act requirements, the OSSE is working on the following initiatives:

- Adding new questions and editing 2011 questions for the 2012 SHP. This will include questions as required in the HSA Amendment as well as clarifying information regarding schools' efforts to meet the health and physical education provisions of the law.
- Implementing the Health Education Assessment as part of the 2012 DC CAS.
- Researching and evaluating the health and physical education curricula schools are using to determine alignment with the OSSE learning standards.
- Providing training and technical assistance for school staff members so they are able to better provide health and physical education as per the requirements in the HSA of 2010.

In conclusion, the OSSE will continue to implement and analyze the data collected from the Healthy Schools Act. With the many partners invested in improving the health and wellness of our students, we will no doubt make DC a healthier city.

DRAFT

Office of the
State Superintendent of Education

Appendix A

SCHOOL HEALTH PROFILE FORM

Healthy Schools Act of 2010
Under Section 602 of the Healthy Schools Act of 2010 (B18-0564), each public school and public charter school within the District of Columbia is required to complete and submit the School Health Profile form to the Office of the State Superintendent of Education (OSSE) on or before January 15th of each year. Schools are also required to post the information requested in this School Health Profile form online if the school has a website and make the information available to parents for pick up at the main office. ***Any public school or public charter school that fails to complete and submit its School Health Profile form to OSSE on or before January 15th of each year will be out of compliance with Section 602 of the Healthy Schools Act of 2010.***
Instructions
This School Health Profile form must be completed by each school. For example, if your school includes five campuses each campus must have a completed School Health Profile. Please complete all sections of the form. Once submitted, please post your School Health Profile form online if your school has a website and make it available to parents at your school's main office. **Submission Deadlines** Forms must be received on or before January 15th of each year. No exceptions will be made. It is highly recommended to submit your School Health Profile form as soon as possible and before the deadline. OSSE will post the information from each School Health Profile form on the OSSE website within 14 days of receipt. Schools that participate will be identified publicly and a report will be sent to the Mayor, City Council and Healthy Youth and Schools Commission. The School Health Profile form can be completed and submitted on-line at www.osse.dc.gov or mailed in paper format to: Office of the State Superintendent of Education Wellness and Nutrition Services 810 First Street NE 4th Floor Washington, DC20002 **For assistance, please call 202-741-6484 or email** OSSE.HSAhealthform@dc.gov.

SCHOOL HEALTH PROFILE FORM

Section 1: School Profile	
School Name	
Street Address	
Does your school currently have a Website? Yes ☐ No ☐	If yes, what is your school's website address?

Section 2: Health Services		
How many school nurses are available at your school? ☐ None ☐ One ☐ Two ☐ Three or more*	Does your school currently have a school-based health center? Yes ☐ No ☐	
School Nurse 1 Coverage ☐ Full- time ☐ Part- time ☐ None	School Nurse 2 Coverage ☐ Full- time ☐ Part- time ☐ None	
Name of School Nurse 1	Nurse 1 Phone	E-mail Address
Suite/Room Location		
Name of School Nurse 2	Nurse 2 Phone	E-mail Address
Suite/Room Location		
How many Department of Mental Health (DMH) Clinicians are available at your school? ☐ None ☐ One ☐ Two ☐ Three or more*		
DMH Clinician 1Coverage ☐ Full- time ☐ Part- time ☐ None	DMH Clinician 2 Coverage ☐ Full- time ☐ Part- time ☐ None	
Does your school currently have a DMH/ School Mental Health Program or similar services on site for students? Yes ☐ No ☐		
**If the school has three or more school nurses and/or DMH Clinicians please attach additional information on each personnel requested in section 2.*		

Section 3: Health Education Instruction
Does your school currently have a certified health teacher on staff? Yes ☐ No ☐ Did that teacher have a concentration in health and physical education in college? Yes ☐ No ☐

DRAFT

SCHOOL HEALTH PROFILE FORM

For each grade in your school, please indicate the average number of minutes per week during school hours students receive health education instruction.

Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____

Is the health education instruction based on the District's health standards that specify what each student should know and be able to do to improve and maintain their health by the end of each grade level?
Yes ☐ No ☐

Section 4: Physical Education Instruction

For each grade in your school, please indicate the average number of minutes per week during school hours students receive in physical education instruction.

Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____

Is the physical education instruction based on the District's physical education standards that identify what each student should know and be able to do at the end of each grade levels?
Yes ☐ No ☐

For each of the above grades, please indicate the number of minutes devoted to actual physical activity within the physical education course.

Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____
Grade: _____ Minutes/Week: _____ Grade: _____ Minutes/Week: _____

How does your school promote physical activity?*(Check all that apply)*
☐ Active Recess ☐ Movement in the Classroom ☐ Walk or Bike to School
☐ After-School Activities ☐ Athletic Programs ☐ Other*(please specify)*: _____

Section 5: Nutrition Programs

Company name of food service vendor

Your Local Education Agency currently has a local wellness policy. Does your local wellness policy include the following:

The goals for nutrition education, physical activity, and other school-based activities that are designed to promote student wellness Yes ☐ No ☐

Nutrition guidelines for all foods available on each school campus during the school day with objectives of promoting student health and reducing childhood obesity. Yes ☐ No ☐

DRAFT

A plan for measuring implementation for the local wellness policy, including designation of 1 or more persons within the local education agency or each school, as appropriate, charged with operational responsibility for ensuring that each school fulfills the local wellness policy
Yes ☐ No ☐Community involvement in the development of the school wellness policy Yes ☐ No ☐

Goals for improving the environmental sustainability of schools Yes ☐ No ☐

Goals for increasing the use of locally-grown, locally processed, and unprocessed foods growers engaged in sustainable agriculture practices Yes ☐ No ☐

Increasing physical activity Yes ☐ No ☐

Is your school currently in compliance of its local wellness policy? Yes ☐ No ☐

Where can a copy of the policy be found?
☐School Website ☐School Main Office
☐School Cafeteria or Eating Area☐ Other*(please specify)*: _____

SCHOOL HEALTH PROFILE FORM

Where are the following items located at your school?

School Menu
☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas
☐ Other *(please specify)*: _____

Nutritional Content of each Menu Item
☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas
☐ Other *(please specify)*: _____

Ingredients of each Menu Item
☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas
☐ Other *(please specify)*: _____

Information on where fruits served in schools are grown and processed?
☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas
☐ Other *(please specify)*: _____

Information on where vegetables served in schools are grown and processed?
☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas
☐ Other *(please specify)*: _____

Does your school offer lunch components that meet the Healthy Schools Act of 2010 lunch menu criteria, if so please specify if you serve the following:

A different vegetable at lunch each day of the week? Yes ☐ No ☐

- Dark green vegetables at least twice a week? Yes ☐ No ☐
- An orange vegetable at least once a week? Yes ☐ No ☐
- Cooked dry beans or peas at least once a week? Yes ☐ No ☐

A different fruit at lunch every day of the week? Yes ☐ No ☐

- Fresh fruit at lunch twice a week? Yes ☐ No ☐

Whole grains at lunch at least once a day? Yes ☐ No ☐
Milk each day? Low-fat(1%)/flavored or unflavored ☐ Fat-free(skim)/flavored or unflavored ☐

DRAFT

SCHOOL HEALTH PROFILE FORM

Farm-to-School Program

Does your school serve locally grown, processed, and unprocessed foods from growers engaged in sustainable agricultural practices? Yes ☐ No ☐

If yes, how often?
☐ Once or twice per day ☐ Once or twice per week ☐ Three or four times per week
☐ Once or twice per month ☐ Other *(please specify)*:_____

*(**Locally-grown** means grown in Washington, DC, Maryland, Virginia, Delaware, West Virginia, Pennsylvania, North Carolina, and New Jersey. Preference given to foods grown in Washington, DC, Maryland or Virginia).*

Does your grower engage in sustainable agriculture practices? Yes ☐ No ☐

*(**Sustainable Agriculture** means an integrated system of plant and animal production practices having a site-specific application that will, over the long-term: (a) Satisfy human food and fiber needs; (b) Enhance environmental quality and the natural resources base upon which the agriculture economy depends; (c) Make the most efficient use of non-renewable resources and on-farm resources and integrate, where appropriate, natural biological cycles and controls; (d) Sustain the economic viability of farm operations and (e) Enhance the quality of life for farmers and society as a whole.)*

Are students and parents informed about the availability of vegetarian food options at your school?
Yes ☐ No ☐

If yes, where can they find these options?
☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas
☐ Other *(please specify)*: _____

Are students and parents informed about the availability of milk alternatives, such as soy milk, lactose free milk, etc., at your school?
Yes ☐ No ☐

If yes, where can they find these options?
☐ School Website ☐ School Main Office ☐ School Cafeteria or Eating Areas
☐ Other *(please specify)*: _____

School Gardens Program
Does your school currently have a School Garden? Yes ☐ No ☐

If no, is your school going to start a garden this school year? Yes ☐ No ☐

Section 6: Posting and Form Availability to Parents

According to section 602(c) of the Healthy School Act of 2010, "each public school and public charter school shall post the information required by subsection (a) online if the school has a website and make the form available to parents in its office".

How will you make this information available to parents?
☐ Online (*posting date)*:_____ ☐ Copies Available at Main Office
☐ Other *(please specify)*: _____

DRAFT

Appendix B

All Schools that Completed the SHP

<u>DC Public Schools</u>

Pre School-Pre Kindergarten Schools

- School-Within-School at Peabody

Pre School-Grade 8 Schools

- Brightwood Education Campus
- Brookland Education Campus at Bunker Hill
- Browne Education Campus
- Burroughs Education Campus
- Emery Education Campus
- Francis-Stevens Education Campus
- Hamilton Center (Academy)
- Langdon Education Campus
- LaSalle-Backus Education Campus
- Noyes Education Campus
- Oyster-Adams Bilingual School
- Prospect Learning Center
- Raymond Education Campus
- Shaed Education Campus
- Takoma Education Campus at Meyer
- Truesdell Education Campus
- Walker-Jones Education Campus
- West Education Campus
- Winston Education Campus

Pre School-Grade 12 Schools

- Mamie D. Lee School
- Sharpe Health School

DRAFT

Elementary Schools

- Aiton Elementary School
- Amidon-Bowen Elementary School
- Bancroft Elementary School
- Barnard Elementary School
- Beers Elementary School
- Brent Elementary School
- Bruce-Monroe Elementary School at Park View
- Burrville Elementary School
- C.W. Harris Elementary School
- Cleveland Elementary School
- Davis Elementary School
- Drew Elementary School
- Eaton Elementary School
- Ferebee-Hope Elementary School
- Garfield Elementary School
- Garrison Elementary School
- H.D. Cooke Elementary School
- Hearst Elementary School
- Hendley Elementary School
- Houston Elementary School
- Hyde-Addison Elementary School
- J.O. Wilson Elementary School
- Janney Elementary School
- Kenilworth Elementary School
- Ketcham Elementary School
- Key Elementary School
- Kimball Elementary School
- King Elementary School
- Lafayette Elementary School
- Leckie Elementary School
- Ludlow-Taylor Elementary School
- M.C. Terrell/McGogney Elementary School
- Malcolm X Elementary School
- Mann Elementary School
- Marie Reed Elementary School
- Marshall Elementary School
- Maury Elementary School
- Moten Elementary School at Wilkinson
- Murch Elementary School
- Nalle Elementary School
- Orr Elementary School
- Patterson Elementary School
- Payne Elementary School
- Peabody Elementary School
- Plummer Elementary School
- Powell Elementary School
- Randle Highlands Elementary School
- River Terrace Elementary School
- Ross Elementary School
- Seaton Elementary School
- Shepherd Elementary School
- Simon Elementary School
- Smothers Elementary School
- Stanton Elementary School
- Stoddert Elementary School
- Thomas Elementary School
- Thomson Elementary School
- Tubman Elementary School
- Turner Elementary School at Green
- Tyler Elementary School
- Watkins Elementary School

Middle Schools

- Deal Middle School
- Eliot-Hine Middle School
- Hardy Middle School
- Hart Middle School
- Jefferson Middle School
- Johnson, John Hayden Middle School
- Kramer Middle School
- Kelly Miller Middle School
- MacFarland Middle School
- Ron Brown Middle School
- Shaw Middle School at Garnet-Patterson
- Sousa Middle School
- Stuart-Hobson Middle School

Grade 6-Grade 12 Schools

- C.H.O.I.C.E. Academy Middle/High School
- Youth Services Center

High Schools

- Anacostia High School
- Benjamin Banneker High School
- Cardozo High School
- Coolidge High School
- Dunbar High School
- Eastern High School
- Ellington School of the Arts
- Luke C. Moore High School
- McKinley Technology High School
- Phelps Architecture, Construction, and Engineering High School
- School Without Walls High School
- Spingarn High School
- Transition Academy at Shadd
- Washington Metropolitan High School
- Wilson High School at UDC
- Woodson Academy at Ron Brown

Adult Schools

- Ballou STAY High School
- Roosevelt STAY High School

DRAFT

DC Public Charter Schools

Pre School-Pre Kindergarten & Early Schools

- Apple Tree Early Learning Center PCS - Amidon
- Apple Tree Early Learning Center PCS - Columbia Heights
- Apple Tree Early Learning Center PCS - Riverside
- Apple Tree Early Learning Center PCS - East Capitol
- Bridges PCS
- Community Academy - Amos II
- DC Preparatory Academy - Benning Elementary Campus
- Eagle Academy - M Street
- Early Childhood Academy - Walter Washington
- KIPP-DC LEAP Academy
- KIPP-DC GROW Academy
- KIPP-DC Discover Academy

Grades K-8 Schools

- Capital City - Lower
- Center City - Brightwood
- Center City - Capitol Hill
- Center City - Congress Heights
- Center City - Petworth
- Center City - Shaw Campus
- Center City PCS - Trinidad
- Community Academy - Amos III
- E.L. Haynes - Georgia Avenue
- Friendship - Chamberlin
- Friendship- Woodridge
- Hope Community - Lamond
- Hope Community - Tolson
- Ideal Academy - North Capitol Campus
- Mary McLeod Bethune
- Meridian
- Potomac Lighthouse
- Roots-Kennedy Street
- The School for Arts in Learning (SAIL)
- Tree of Life

Grades K-12 Schools

- Hyde Leadership Academy
- St. Coletta Special Education
- William E. Doar, Jr.

Elementary Schools

- Achievement Preparatory Academy
- Arts & Technology Academy
- Community Academy - Amos I
- Community Academy - Butler
- Community Academy - Rand
- DC Bilingual
- DC Preparatory Academy - Edgewood Campus
- Eagle Academy - NJ Ave
- Early Childhood Academy - Johenning Campus
- E.L. Haynes - Kansas Avenue
- Elsie Whitlow Stokes
- Excel Academy
- Friendship - Southeast
- Howard Road Academy - Main Campus
- Howard Road Academy - Pennsylvania Avenue Campus
- Imagine Southeast
- KIPP-DC Promise Academy
- Latin American Montessori Bilingual (LAMB)
- Nia Community
- Septima Clark
- Washington Yu Ying
- William E. Doar, Jr. - Northwest

Middle Schools

- Cesar Chavez - Bruce Prep
- DC Preparatory - Edgewood
- Friendship - Junior Academy - Blow-Pierce Campus
- Friendship - Tech Prep
- Howard Road Academy - Martin Luther King Avenue Campus
- Howard University Middle
- KIPP-DC KEY Academy
- KIPP-DC AIM Academy
- KIPP-DC WILL Academy
- Paul Junior High PCS
- Thea Bowman Preparatory
- Washington Latin - Middle

Grades 6-12 Schools

- Capital Center PCS - Upper
- Cesar Chavez - Parkside
- Integrated Design & Electronic Academy (IDEA)
- Maya Angelou - Evans
- Maya Angelou - Middle
- Maya Angelou - Shaw
- Options
- SEED

High Schools

- Booker T. Washington
- Cesar Chavez - Capitol Hill
- Friendship - Collegiate
- Hospitality
- Ideal Academy - Peabody
- KIPP-DC College
- National Collegiate
- Thurgood Marshall Academy
- Washington Latin - High
- Washington Math Science Technology PCS

Adult Schools

- Carlos Rosario International
- Carlos Rosario International
- Next Step - El Proximo Paso
- Youth Build

Other Schools

- Community Academy Online
- Education Strengthens Families

DRAFT

Appendix C

HSA School Health Profiles – SY 2010-2011 Results

Under Section 602 of the *Healthy Schools Act of 2010*(D.C. Law 18-0209), each public school and public charter school within the District of Columbia is required to complete and submit the School Health Profile (SHP) form to the Office of the State Superintendent of Education (OSSE) each year.

The completion rate for the SHP was high, at 95.3% (97.7% of public charters and 93.4% of DCPS). All data below include only the final submission from each school. Please note that all statistics are based on self-report.

Section 1: School Profile

- 77.7% of respondents have a school website.

Section 2: Health Services

- 84.5% of schools have one or more school nurses on at least part-time basis.

No. of Nurses	None	One	Two	Three or More
Percent of Schools	15.5%	58.7%	23.8%	1.9%

- 41.2% of schools say they have a school-based health center.
- 32% of schools have at least one Department of Mental Health (DMH) Mental Health Counselor available.
- 47.1% of schools have a DMH/School Mental Health or similar program.

Section 3: Health Education Instruction

- 58.3% of schools have a certified health teacher on staff.
- 82.5% of schools indicated health education is based on OSSE health education standards.
- Of schools that responded, students in grades K-5 received an average of 35* minutes per week of health education.

Grade	K	1	2	3	4	5
Average min. of health/week	33.0	33.8	34.0	35.5	35.9	36.0

- Of schools that responded, students in grades 6-8 received an average of 53* minutes per week of health education.

Grade	6	7	8
Average min. of health/week	49.6	52.1	57.7

HIGHLIGHTS:

- 95.3% of all DC schools completed the SHP

- Almost 85% of schools have a nurse

- K-5 students are averaging 35 minutes of health education per week

- 6-8 students are averaging 53 minutes of health education per week

- K-5 students are averaging 65 minutes of PE per week

- 6-8 students are averaging 107 minutes of PE per week

- 65.1% of schools serve locally grown, processed, and unprocessed food at least once a month

- 52.5% of schools already have or plan on starting a school garden

*Data of more than 125 min/week of health education in any grade, more than 225 min/week of PE in K-5, or more than 300 min/week of PE in grades 6-12 were eliminated as outliers.

DRAFT

Section 4: Physical Education Instruction

- 93.2% of schools indicated physical education is based on OSSE physical education standards.
- Of schools that responded, students in grades K-5 received an average of 65* minutes per week of physical education.

Grade	K	1	2	3	4	5
Average min of PE/week	63.6	65.4	64.2	66.0	65.3	66.2

- Of schools that responded, students in grades 6-8 receive an average of 107* minutes per week of physical education.

Grade	6	7	8
Average min of PE/week	103.8	107.5	110.3

- Schools report that, in grades K-8, over 90% of physical education course time is devoted to physical activity.
- 99.5% of schools identified at least one way in which they promote physical activity.

Type of PA Promotion	Percent of Schools
Active Recess	79.6%
After-School Activities	84.0%
Athletic Programs	69.4%
Movement in the Classroom	67.0%
Walk or Bike to School	44.7%

Section 5: Nutrition Programs

Local Wellness Policy Components

- 88.8% of schools report that they are in compliance with their Local Wellness Policy (LWP). Below, schools report which policy components their LWP contains:

Local Wellness Policy Components	Percent of Schools
Goals for nutrition ed, physical activity, and other school-based activity	91.7%
Nutrition guidelines for all food	90.3%
Plan for measuring implementation of LWP	81.6%
Community involvement	76.2%
Goals for improving environmental sustainability	67.0%
Goals for increasing locally-grown, locally processed food	63.6%
Increasing physical activity	93.2%

- The LWP can be found in the main office at 63.1% of schools, in the cafeteria at 35.0% of schools and on the school website at 17.5% of schools.

DRAFT

Nutrition Components

- 92.7% of schools share the nutritional content of their menu items, 90.3% of schools share the ingredients of their menu items, 86.9% of schools share vegetarian options, and 65% of schools share milk alternative options. Schools share this information in the following places:

Where to Find Food Information	Percent of Schools
Nutritional Content of Menu Items	
School Cafeteria	67.0%
School Main Office	32.0%
School Website	14.1%
Not Provided	7.3%
Ingredients of Menu Items	
School Cafeteria	65.0%
School Main Office	24.3%
School Website	9.2%
Not Provided	9.7%
Vegetarian Options	
School Cafeteria	55.8%
School Main Office	35.4%
School Website	16.0%
Not Provided	13.1%
Milk Alternative Options	
School Cafeteria	43.2%
School Main Office	26.2%
School Website	7.8%
Not Provided	35.0%

- Chartwells is the food vendor at approximately 45% of schools and Revolution Foods is the food vendor at approximately 20% of schools.
- Over 90% of schools serve lunch components that meet the Healthy Schools Act lunch menu criteria.
- 65.1% of schools report that they serve locally grown, processed and unprocessed food from growers engaged in sustainable agriculture practices at least once per month.
- 31.6% of schools already have a garden and 20.9% of schools report that they plan on starting a garden.

Section 6: Posting and Form Availability to Parents

- 78.6% of schools said they make the School Health Profile information available in their main office and 43.2% of schools said they make the School Health Profile information available on their website.

DRAFT

Appendix D

HSA School Health Profiles –SY 2010-2011 Results
D.C. Public Schools

Under Section 602 of the *Healthy Schools Act of 2010* (D.C. Law 18-0209), each public school and public charter school within the District of Columbia is required to complete and submit the School Health Profile (SHP) form to the Office of the State Superintendent of Education (OSSE) each year.

The completion rate for the SHP among DCPS schools was high, at 93.4%. All data below include only the final submission from each school. Please note that all statistics are based on self-report.

Section 1: School Profile

- 62.1% of respondents have a school website.

Section 2: Health Services

- 97.4% of schools have one or more school nurses on at least part-time basis.

No. of Nurses	None	One	Two	Three or More
Percent of Schools	2.6%	67.2%	27.6%	2.6%

- 50% of schools say they have a school-based health center.
- 41.4% of schools have at least one Department of Mental Health (DMH) Mental Health Counselor available.
- 42.2% of schools have a DMH/School Mental Health or similar program.

Section 3: Health Education Instruction

- 74.1% of schools have a certified health teacher on staff.
- 84.5% of schools indicated health education is based on OSSE health education standards.
- Of schools that responded, students in grades K-5 received an average of 36* minutes per week of health education.

Grade	K	1	2	3	4	5
Average min. of health/week	34.7	35.0	35.2	37.7	37.7	37.1

- Of schools that responded, students in grades 6-8 received an average of 57* minutes per week of health education.

Grade	6	7	8
Average min. of health/week	52.6	58.1	59.0

Section 4: Physical Education Instruction

HIGHLIGHTS:

- 93.4% of DCPS schools completed the SHP

- Approximately 98% of schools have a nurse

- K-5 students are averaging 36 minutes of health education per week

- 6-8 students are averaging 57 minutes of health education per week

- K-5 students are averaging 54 minutes of PE per week

- 6-8 students are averaging 104 minutes of PE per week

- 54.3% of schools serve locally grown, processed, and unprocessed food at least once a month

- 62.1% of schools already have or plan on starting a school garden

*Data of more than 125 min/week of health education in any grade, more than 225 min/week of PE in K-5, or more than 300 min/week of PE in grades 6-12 were eliminated as outliers.

DRAFT

- 98.3% of schools indicated physical education is based on OSSE physical education standards.
- Of schools that responded, students in grades K-5 received an average of 54* minutes per week of physical education.

Grade	K	1	2	3	4	5
Average min of PE/week	54.2	52.9	52.6	54.5	54.0	53.3

- Of schools that responded, students in grades 6-8 receive an average of 104* minutes per week of physical education.

Grade	6	7	8
Average min of PE/week	91.7	108.1	110.9

- Schools report that, in grades K-8, over 90% of physical education course time is devoted to physical activity.
- 99.1% of schools identified at least one way in which they promote physical activity.

Type of PA Promotion	Percent of Schools
Active Recess	83.6%
After-School Activities	87.9%
Athletic Programs	75.9%
Movement in the Classroom	58.6%
Walk or Bike to School	48.3%

Section 5: Nutrition Programs

Local Wellness Policy Components

- 88.8% of schools report that they are in compliance with their Local Wellness Policy (LWP). Below, schools report which policy components their LWP contains:

Local Wellness Policy Components	Percent of Schools
Goals for nutrition ed, physical activity, and other school-based activity	94.0%
Nutrition guidelines for all food	93.1%
Plan for measuring implementation of LWP	78.4%
Community involvement	81.9%
Goals for improving environmental sustainability	62.9%
Goals for increasing locally-grown, locally processed food	55.2%
Increasing physical activity	94.0%

- The LWP can be found in the main office at 65.6% of schools, in the cafeteria at 49.1% of schools and on the school website at 21.6% of schools.

DRAFT

Nutrition Components

- 91.4% of schools share the nutritional content of their menu items, 88.8% of schools share the ingredients of their menu items, 81.0% of schools share vegetarian options, and 56.0% of schools share milk alternative options. Schools share this information in the following places:

Where to Find Food Information	Percent of Schools
Nutritional Content of Menu Items	
School Cafeteria	77.6%
School Main Office	24.1%
School Website	7.8%
Not Provided	7.8%
Ingredients of Menu Items	
School Cafeteria	75.0%
School Main Office	19.0%
School Website	2.6%
Not Provided	10.3%
Vegetarian Options	
School Cafeteria	65.5%
School Main Office	25.9%
School Website	9.5%
Not Provided	1.7%
Milk Alternative Options	
School Cafeteria	49.1%
School Main Office	19.0%
School Website	5.2%
Not Provided	2.6%

- Chartwells is the food vendor at approximately 70% of schools.
- Over 90% of schools serve lunch components that meet the Healthy Schools Act lunch menu criteria.

Meal Component	Percent of Schools
Different vegetable each day of the week	95.7%
Dark green vegetables at least twice a week	97.4%
An orange vegetable at least once a week	96.6%
Cooked dry beans or peas at least once a week	95.7%
Different fruit every day of the week	90.5%
Fresh fruit at least twice a week	98.3%
Whole grains at least once a day	96.6%

- 54.3% of schools report that they serve locally grown, processed and unprocessed food from growers engaged in sustainable agriculture practices at least once per month.
- 38.8% of schools already have a garden and 23.3% of schools report that they plan on starting a garden.

Section 6: Posting and Form Availability to Parents

- 87.1% of schools said they make the School Health Profile information available in their main office and 28.4% of schools said they make the School Health Profile information available on their website.

DRAFT

Appendix E

HSA School Health Profiles –SY 2010-2011 Results
D.C. Public Charter Schools

Under Section 602 of the *Healthy Schools Act of 2010*(D.C. Law 18-0209), each public school and public charter school within the District of Columbia is required to complete and submit the School Health Profile (SHP) form to the Office of the State Superintendent of Education (OSSE) each year.

The completion rate for the SHP among public charter schools was high, at 97.7%. All data below include only the final submission from each school. Please note that all statistics are based on self-report.

Section 1: School Profile

- 97.8% of respondents have a school website.

Section 2: Health Services

- 67.8% of schools have one or more school nurses on at least part-time basis.

No. of Nurses	None	One	Two	Three or More
Percent of Schools	32.2%	47.8 %	18.9%	1.1%

- 30% of schools say they have a school-based health center.
- 20% of schools have at least one Department of Mental Health (DMH) Mental Health Counselor available.
- 53.3% of schools have a DMH/School Mental Health or similar program.

Section 3: Health Education Instruction

- 37.8% of schools have a certified health teacher on staff.
- 80% of schools indicated health education is based on OSSE health education standards.
- Of schools that responded, students in grades K-5 received an average of 31* minutes per week of health education.

Grade	K	1	2	3	4	5
Average min. of health/week	29.4	31.4	31.4	30.2	31.9	33.8

- Of schools that responded, students in grades 6-8 received an average of 41* minutes per week of health education.

Grade	6	7	8
Average min. of health/week	37.7	37.3	47.3

HIGHLIGHTS:

- 97.7% of DC public charter schools completed the SHP

- Almost 70% of schools have a nurse

- K-5 students are averaging 31* minutes of health education per week

- 6-8 students are averaging 41* minutes of health education per week

- K-5 students are averaging 89* minutes of PE per week

- 6-8 students are averaging 111* minutes of PE per week

- 78.9% of schools serve locally grown, processed, and unprocessed food at least once a month

- 40.0% of schools already have or plan on starting a school garden

*Data of more than 125 min/week of health education in any grade, more than 225 min/week of PE in K-5, or more than 300 min/week of PE in grades 6-12 were eliminated as outliers.

DRAFT

Section 4: Physical Education Instruction

- 86.7% of schools indicated physical education is based on OSSE physical education standards.
- Of schools that responded, students in grades K-5 received an average of 89* minutes per week of physical education.

Grade	K	1	2	3	4	5
Average min of PE/week	81.8	89.2	87.6	92.7	91.4	93.3

- Of schools that responded, students in grades 6-8 receive an average of 111* minutes per week of physical education.

Grade	6	7	8
Average min of PE/week	115.5	107.0	109.7

- Schools report that, in grades K-8, over 90% of physical education course time is devoted to physical activity.
- All schools identified at least one way in which they promote physical activity.

Type of PA Promotion	Percent of Schools
Active Recess	74.4%
After-School Activities	78.9%
Athletic Programs	61.1%
Movement in the Classroom	77.8%
Walk or Bike to School	40.0%

Section 5: Nutrition Programs

Local Wellness Policy Components

- 88.9% of schools report that they are in compliance with their Local Wellness Policy (LWP). Below, schools report which policy components their LWP contains:

Local Wellness Policy Components	Percent of Schools
Goals for nutrition ed, physical activity, and other school-based activity	88.9%
Nutrition guidelines for all food	86.7%
Plan for measuring implementation of LWP	85.6%
Community involvement	68.9%
Goals for improving environmental sustainability	72.2%
Goals for increasing locally-grown, locally processed food	74.4%
Increasing physical activity	92.2%

- The LWP can be found in the main office at 60.0% of schools, in the cafeteria at 33.3% of schools and on the school website at 12.2% of schools.

DRAFT

Nutrition Components

- 92.2% of schools share the nutritional content of their menu items, 90.0% of schools share the ingredients of their menu items, 94.4% of schools share vegetarian options, and 76.7% of schools share milk alternative options. Schools share this information in the following places:

Where to Find Food Information	Percent of Schools
Nutritional Content of Menu Items	
School Cafeteria	53.3%
School Main Office	42.2%
School Website	23.3%
Not Provided	2.2%
Ingredients of Menu Items	
School Cafeteria	52.2%
School Main Office	31.1%
School Website	16.7%
Not Provided	3.3%
Vegetarian Options	
School Cafeteria	43.3%
School Main Office	47.8%
School Website	18.9%
Not Provided	---%
Milk Alternative Options	
School Cafeteria	35.6%
School Main Office	35.6%
School Website	11.1%
Not Provided	---%

- Revolution Foods is the food vendor at 40% of schools and Preferred Meals serves 9% of schools.
- Over 90% of schools serve lunch components that meet the Healthy Schools Act lunch menu criteria.

Meal Component	Percent of Schools
Different vegetable each day of the week	97.8%
Dark green vegetables at least twice a week	97.8%
An orange vegetable at least once a week	96.7%
Cooked dry beans or peas at least once a week	96.7%
Different fruit every day of the week	91.1%
Fresh fruit at least twice a week	97.8%
Whole grains at least once a day	96.7%

- 78.9% of schools report that they serve locally grown, processed and unprocessed food from growers engaged in sustainable agriculture practices at least once per month.
- 22.2% of schools already have a garden and 17.8% of schools report that they plan on starting a garden.

Section 6: Posting and Form Availability to Parents

- 67.8% of schools said they make the School Health Profile information available in their main office and 62.2% of schools said they make the School Health Profile information available on their website.

DRAFT

Appendix F

Health Education Assessment Blueprint and Standards Outline

Grade 5 Health - Operational Core (Target Blueprint)			
Reporting Category	No. of Standards	No. of Questions	% Points
Communication & Emotional Health	4	7	14%
Safety Skills	3	6	12%
Human Body & Personal Health	3	6	12%
Disease Prevention	3	7	14%
Nutrition	1	5	10%
Alcohol, Tobacco & Other Drugs	2	5	10%
Health Decision Making	5	7	14%
Physical Education	6	7	14%
TOTALS	**27**	**50**	**100%**

Grade 8 Health - Operational Core (Target Blueprint)			
Reporting Category	No. of Standards	No. of Questions	% Points
Communication & Emotional health	3	6	12%
Safety Skills & Community Health	4	6	12%
Human Development & Sexuality	5	10	20%
Disease Prevention	3	6	12%
Nutrition	2	5	10%
Alcohol, Tobacco & Other Drugs	3	5	10%
Health Information	2	5	10%
Physical Education	6	7	14%
TOTALS	**28**	**50**	**100%**

HS Health - Operational Core (Target Blueprint)			
Reporting Category	No. of Standards	No. of Questions	% Points
Human Growth & Development	3	5	10%
Sexuality, Reproduction and Health	2	5	10%
Safety Skills	3	7	14%
Health Information, Influences and Decisions	5	5	10%
Disease Prevention	3	7	14%
Nutrition	2	8	16%
Alcohol, Tobacco & Other Drugs	2	6	12%
Physical Education	4	7	14%
TOTALS	**24**	**50**	**100%**

DRAFT

5th Grade Health and Physical Education Assessment

Communication and Emotional Health

- 5.1.2: Describe the causes and symptoms of, and myths about, common mental and emotional illnesses.
- 5.1.3: Understand that unkind words and gossip are a form of verbal violence, and work to stop unkind words and bullying.
- 5.5.1: Apply attentive listening, feedback, and assertiveness skills (rather than passive or aggressive forms of communication) to enhance positive interpersonal communication.
- 5.5.2: Demonstrate how to initiate and sustain conversation with another person by identifying oneself and discussing experiences, interests, and shared values.

Safety Skills

- 5.1.4: Describe ways to prevent injuries in school and in the community.
- 5.3.2: Describe and demonstrate simple first-aid procedures.
- 5.3.3: Explain how to stay safe around weapons, including telling a trusted adult about the existence of a weapon at school.

Human Body and Personal Health

- 5.1.5: Describe the basic structure and functions of the following human body systems: - the excretory system - the reproductive system - endocrine system
- 5.1.6: Describe how muscles and bones are interrelated.
- 5.3.1: Describe and demonstrate strategies to improve or maintain personal health, including strategies for protecting eyes (e.g., sunglasses), ears (e.g., volume reduction), and skin (e.g., sun protection).

Disease Prevention

- 5.1.10: Describe how sanitation and waste disposal, and environmental controls help to prevent diseases and health conditions.
- 5.1.7: Define STIs and HIV/AIDS; describe behaviors that put one at risk for HIV/AIDS, STIs, or unintended pregnancy; explain why abstinence is the most effective way to prevent disease or pregnancy.
- 5.1.9: Explain that bacteria and viruses cause infectious diseases that lead to common illnesses, including sexually transmitted diseases.

Nutrition

- 5.1.11: Explain how nutrition affects personal health, academic achievement, fitness and performance, including the effects of malnutrition on brain functioning.

Alcohol, Tobacco and Other Drugs

- 5.1.12: Define addiction to alcohol, tobacco, and other drugs; and explain that those who are addicted require assistance to stop addiction.
- 5.1.13: Describe various methods for addiction prevention, intervention, treatment and recovery.

Health Decision Making

- 5.2.1: Identify characteristics of valid health products that are approved by trusted sources, such as the Food and Drug Administration, the Consumer Product Safety Commission, and Internet sites that often end in .gov or .org.
- 5.2.2: Compare generic and brand name products for cost and validity.
- 5.4.2: Identify ways children can model healthful behaviors for family members.
- 5.4.3: Analyze how the media send mixed messages about alcohol, tobacco use, and violence.
- 5.6.1: Use health data to set achievable and purposeful short-term and long-term health goals that address strengths, needs, and health risks; and track progress toward their achievement.

DRAFT

Physical Education

- PE 5.4.1: Explain why some people have more body fat than others.
- PE 5.4.2: Name and locate major muscles of the body.
- PE 5.4.4: Explain why dehydration impairs temperature regulation and physical and mental performance.
- PE 5.4.5: Explain why body weight is maintained when calorie intake is equal to the calories expended.
- PE 5.4.7: Describe and demonstrate how to relieve a muscle cramp.
- PE 5.4.8: Explain the benefits of stretching after warm-up activities, and why it is safer to stretch a warm muscle than a cold muscle.

DRAFT

8th Grade Health and Physical Education Assessment

Communication and Emotional Health

- 8.1.1: Identify warning signs of depression.
- 8.1.2: Recommend ways for a friend or family member to deal with emotional conflicts or problems.
- 8.5.1: Demonstrate how to provide constructive criticism, including selecting the right time/place; focusing on things that can be changed; and providing advice that is positive, specific, and helpful.

Safety Skills and Community Health

- 8.1.3: Define healthcare disparities that exist in the community and analyze how poverty, race, class and gender have contributed to those disparities.
- 8.3.1: Describe and demonstrate basic first-aid procedures.
- 8.3.2: Demonstrate safety strategies for the care of babies and young children.
- 8.3.3: Define common risk factors associated with teen dating violence (e.g., alcohol, drugs, lack of parental supervision).

Human Development and Sexuality

- 8.1.5: Define sexual orientation, using correct terminology; and explain that as people grow and develop they may begin to feel romantically and/or sexually attracted to people of a different gender and/or to people of the same gender.
- 8.1.6: Explain the importance of testing both partners for HIV and STIs before sexual behavior and the risks and precautions of birth delivery when HIV and STIs are present.
- 8.1.8: Describe why abstinence and contraception are important.
- 8.1.9: Describe fertilization, embryonic development, and fetal development; and discuss prenatal practices that support a healthy pregnancy.
- 8.1.10: Describe the physical and emotional changes that occur during each stage of pregnancy and the importance of regular prenatal care.

Disease Prevention

- 8.1.11: Illustrate how pathogens, family history, and other risk factors are related to the cause or prevention of disease and other health problems, such as high blood pressure.
- 8.1.12: Describe how exposure to allergens and other environmental triggers can cause allergic reactions and asthma attacks.
- 8.1.13: Recognize that proper diet, exercise, rest and avoidance of risk behaviors, such as smoking, drinking, and other substance use, contribute to the health of a pregnant woman and positively impact the development of the fetus.

Nutrition

- 8.1.14: Discuss the short-term and long-term benefits and risks associated with nutritional choices, such as heart disease, high cholesterol, cancer and osteoporosis.
- 8.1.15: Differentiate between being overweight and being obese; and research and recommend healthy ways to lose, gain or maintain weight.

Alcohol, Tobacco & Other Drugs

- 8.1.16: Explain the relationship between injected drug use and diseases such as HIV/AIDS and hepatitis.
- 8.1.17: Explain the consequences of driving under the influence of alcohol and other drugs; and develop strategies to prevent drinking and driving in order to maintain personal, family and community health.
- 8.1.18: Discuss how the use of alcohol and other drugs impairs decision-making; increases the risk of violence; and places one at risk for sexual assault, pregnancy, and STIs.

DRAFT

Health Information

- 8.4.3: Specify ways adolescents can advocate for personal, family and community health.
- 8.4.4: Describe the ways technology can affect personal health and health behaviors for better and for worse, such as through new, effective medicines; improved exercise equipment; and the availability and nutrient quality of food.

Physical Education

- PE 8.4.3: Describe the relationship between the heart, lung, muscles, blood and oxygen during physical activity.
- PE 8.4.5: Identify the body's normal reactions to moderate to vigorous physical activity; recognize that the body will adapt to increased workloads.
- PE 8.4.6: Explain progression, overload, and specificity as they relate to principles of conditioning.
- PE 8.4.10: Identify muscles being strengthened during the performance of particular physical activities.

DRAFT

HS Health and Physical Education Assessment

Human Growth & Development

- L1.1.1: Compare the rate of physical, social, and emotional change during various life stages, and discuss ways to foster healthy growth.
- L1.1.3: Identify and recommend behaviors that enhance and support the optimal functioning of bodily systems, including the functions of the body's immune system.
- L1.1.4: Describe each human life stage and the significant developmental issues or concerns that affect each.

Sexuality and Reproduction

- L1.1.5: Describe the benefits of abstinence as the most effective means of contraception; then describe short-term and long-term consequences of adolescent sexual activity.
- L1.1.7: Explain the importance of testing both partners for HIV and STIs before sexual behavior and the risks and precautions of birth delivery when HIV and STIs are present.

Disease Prevention & Treatment

- L1.1.8: Compare and contrast disease and health conditions occurring in adolescence and young adulthood with those occurring later in life, such as cancer, cardiovascular diseases, respiratory diseases, arthritis, osteoporosis, and Alzheimer's diseases; and explain how health decisions today might increase or reduce the risk of developing such ailments.
- L1.1.9: Describe the pathogenic, genetic, age, cultural, environmental, and behavioral factors that influence the degree of risk for contracting specific diseases.
- L1.1.10: Describe how to delay the onset of and reduce risks related to potential health problems throughout the life span (e.g., osteoporosis).

Nutrition

- L1.1.11: Analyze and evaluate current dietary recommendations, resources, and trends from a variety of sources.
- L1.1.12: Analyze how healthy and unhealthy eating patterns impact the functioning of the human body, including bone development and the healthy functioning of the immune system.

Alcohol, Tobacco & Other Drugs

- L1.1.13: Explain theories about dependency, such as genetic predisposition, gender-related predisposition, and multiple risk factors.
- L1.1.14: Research and analyze how public health policies and government regulations related to the sale, distribution and use of tobacco influence health promotion and disease prevention.
- L1.1.15: Research and analyze how public health policies and government regulations related to the sale, distribution and use of tobacco influence health promotion and disease prevention.

Locate Health Information & Assistance

- L1.2.1: Identify trends in the health care delivery system (e.g., health insurance coverage among Americans).
- L1.2.3: Describe the basic criteria for eligibility in public health programs including School Lunch, Food Stamps, WIC (Women, Infants and Children), the Children's Health Insurance Program (CHIP), Medicaid, and Medicare.
- L1.4.2: Describe the role of government agencies in regulating advertising claims related to health that appears in the media and on the Internet.

Safety Skills

- L1.3.1: Evaluate home-safety conditions (e.g., proper use of smoke detectors and fire extinguishers) and workplace conditions (e.g., eye protection, gloves, and hard hats) for perceived and actual risk of intentional and unintentional injuries; and apply injury prevention and management strategies.
- L1.3.2: Demonstrate the ability to understand and follow the rules of the road, obey traffic laws, and select a safe route of travel, by bike or walking.
- L1.3.3: Identify the signs of emotional and physical abuse and the available resources for help and support in the schools, the local community, law enforcement agencies, and faith-based groups.

DRAFT

Physical Education

- PE L1.2.1: Participate in moderate to vigorous physical activity at least four days each week that develops and maintains the five components of physical fitness.
- PE L1.2.2: Engage a variety of sustained, moderate to vigorous physical activities that enhance each component of health related fitness.
- PE L1.2.4: Explain the role of physical activity in the prevention of disease and the reduction of health care costs.
- PE L1.2.5: Develop a four-week personal fitness plan specifying the proper warm-up and cool-down activities and the principles of exercise for each of the five components of health related physical fitness.
- PE L1.2.7: Explain the inherent risks associated with physical activity in extreme environments.

DRAFT

Appendix G

The Cooper Institute
Healthy Living...Down to a Science

HUMAN KINETICS
The Information Leader in Physical Activity

FITNESSGRAM® Tests

Six Recommended Tests Are Bolded

2

AEROBIC CAPACITY

1) **PACER** (Progressive Aerobic Cardiovascular Endurance Run) – Set to music, a paced, 20-meter shuttle run increasing in intensity as time progresses

Or:
- One-Mile Run – Students run (or walk if needed) one mile as fast as they can
- Walk Test – Students walk one mile as fast as they can (for ages 13 or above since the test has only been validated for this age group)

3

BODY COMPOSITION

2) **Skin Fold Test** – Measuring percent body fat by testing the tricep and calf areas

Or:
- Body Mass Index – Calculated from height and weight

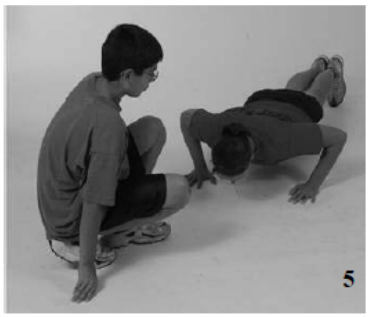
4

MUSCULAR STRENGTH AND ENDURANCE

3) **Curl Up** – Measuring abdominal strength and endurance, students lie down with knees bent and feet unanchored. Set to a specified pace, students complete as many repetitions as possible to a maximum of 75

4) **Trunk Lift** – Measuring trunk extensor strength, students lie face down and slowly raise their upper body long enough for the tester to measure the distance between the floor and the student's chin

5) **Push-Up** – Measuring upper body strength and endurance, students lower body to a 90-degree elbow angle and push up. Set to a specified pace, students complete as many repetitions as possible


5

Or:
- Modified Pull-Up (proper equipment required) – With hands on a low bar, legs straight and feet touching the ground, students pull up as many repetitions as possible
- Flexed Arm Hang – Students hang their chin above a bar as long as possible

6

FLEXIBILITY

6) **Back-Saver Sit and Reach** – Testing one leg at a time, students sit with one knee bent and one leg straight against a box and reach forward

Or:
- Shoulder Stretch – With one arm over the shoulder and one arm tucked under behind the back, students try to touch their fingers and then alternate arms