

HEALTH EDUCATION FRAMEWORK

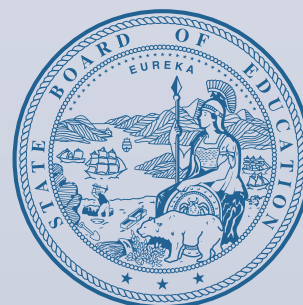


FOR CALIFORNIA PUBLIC SCHOOLS
Kindergarten Through Grade Twelve

Chapter 9 **Instructional Materials for Health Education**

Adopted by the California State
Board of Education
May 2019

*Published by the California
Department of Education
Sacramento, 2021*



Instructional Materials for Health Education

CHAPTER 9

High-quality instructional materials are an essential component of effective health education.¹ They are tools designed to help teachers with classroom instruction and to ensure all students can access standards-aligned content both in the classroom and at home. Instructional materials should be selected with great care, with the needs of all students in mind. They should also provide support for educators who teach health education to California’s diverse student population and guide implementation of the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve* (health education standards).

This chapter provides guidance on the selection of instructional materials. It includes the evaluation criteria for the State Board of Education adoption of instructional materials for students in kindergarten through grade level eight, guidance for local districts on the adoption of instructional materials for students in grade levels nine through twelve, and information regarding the social content review process, supplemental instructional materials, and accessible instructional materials.

¹ Instructional materials are broadly defined to include textbooks, technology-based materials, other educational materials, and tests.

State Adoption of Instructional Materials

The State Board of Education adopts instructional materials for use by students in kindergarten through grade level eight. Because there is no state-level adoption of instructional materials for use by students in transitional kindergarten and grades nine through twelve, local educational agencies (LEAs) have the sole responsibility and authority to adopt instructional materials for those students. LEAs are encouraged to utilize this chapter as a tool when adopting instructional materials for students in transitional kindergarten and grade levels nine through twelve.

LEAs, which include school districts, charter schools, and county offices of education, are not required to implement state-adopted instructional materials. If an LEA chooses to use instructional materials that are not adopted by the SBE, it has the responsibility to adopt resources that are aligned to the health education standards, meet the requirements of the applicable California *Education Code (EC)* sections and social content standards, best meet the needs of its students, and have demonstrated evidence of effectiveness.

The selection of instructional materials at any grade level is an important process guided by both local and state policies and procedures. As part of the process for selecting instructional materials, *EC* Section 60002 requires the LEA to promote the involvement of parents and other members of the community in the selection of instructional resources, in addition to substantial teacher involvement.

The primary resource to be used when selecting instructional resources is the *Criteria for Evaluating Instructional Resources for Health Education Instruction in Kindergarten Through Eighth Grade (the Criteria)* found in the next section. The *Criteria* include comprehensive descriptions of elements required for effective instructional programs that are aligned to the health education standards and will be the basis for the next state adoption of health education instructional resources.

Criteria for Evaluating Instructional Materials for Health Education in Kindergarten Through Eighth Grade

The state adoption of new health instructional materials will be guided by the Criteria described below. To be adopted, instructional materials must meet Category 1, Alignment with the health education standards, in full. Instructional materials will be evaluated holistically for strengths in the other categories of Program Organization, Assessment, Access and Equity, and Instructional Planning and Support. This means that while a program may not meet every criterion listed in those categories, it must meet the intent stated in the introductory paragraph of each category to be eligible for state adoption. Programs that do not meet Category 1 in full and do not show strengths in each one of the other four categories will not be adopted.

These criteria are designed to be a guide for publishers in developing their instructional resources and for local educational agencies when selecting instructional materials. To assist in the evaluation of instructional materials, publishers must use the State Board of Education-approved standards maps and evaluation criteria map templates, developed and supplied by the California Department of Education, to provide evidence that the program provides students a path to meet the appropriate grade-level or grade-span standards of the health education standards by the end of the grade level or grade span.

It is the intent of the State Board of Education that these criteria be neutral on the format of instructional materials. Print-based, digital, interactive online, and other types of programs may all be submitted for adoption as long as they are aligned to the evaluation criteria. Any gross inaccuracies or deliberate falsification revealed during the review process may result in disqualification, and any found during the adoption cycle may subject the program to removal from the list of state-adopted instructional materials. Gross inaccuracies and deliberate falsifications are defined as those requiring changes in instructional content. All authors listed in the instructional program are held responsible for the content. Beyond the title and publishing company's name, the only name(s) to appear on a cover and title page shall be the actual author or authors.

Criteria for the Evaluation of Instructional Materials Aligned to the Health Education Standards and Health Education Framework

CATEGORY 1: ALIGNMENT WITH THE HEALTH EDUCATION STANDARDS

Instructional materials include content as specified in the health education standards. Programs must include a well-defined sequence of instructional opportunities that provides a path for all students to become proficient in all grade-level or grade-span standards to be eligible for adoption.

All programs must include the following features:

1. Instructional materials, as defined in *EC* Section 60010(h), must align to the health education standards, adopted by the State Board of Education in March 2008
2. Instructional materials are consistent with the content of the health education framework
3. Instructional materials must include instructional strategies and student activities that incorporate skill development and health-enhancing behaviors with essential concepts
4. Instructional materials must be consistent with current state statutes and support statutorily mandated instruction
5. Instructional materials shall be accurate and use proper grammar and spelling (*EC* Section 60045)
6. Instructional materials must be medically accurate pursuant to the definition in *EC* Section 51931(f)
7. Medical and health vocabulary must be used appropriately and defined accurately
8. Include instructional content based on the California Environmental Principles and Concepts developed by the California Environmental Protection Agency and adopted by the State Board of Education (*Public Resources Code* Section 71301) where appropriate and aligned to the health education standards (2019)

CATEGORY 2: PROGRAM ORGANIZATION

Instructional resources support instruction and learning of the health education standards and include such features as the organization, coherence, and design of the program; chapter, unit, and lesson overviews; and glossaries. Sequential organization and a coherent instructional design of the health education program provide structure for what students should learn at each grade level or grade span, and allow teachers to facilitate student learning of the content efficiently and effectively. Instructional resources must have strengths in these areas to be considered for adoption:

1. An organization that provides a logical and coherent structure to facilitate efficient and effective teaching and learning within the lesson, unit, and grade level or grade span as described in the health education framework
2. An overview of the content in each chapter or unit that describes how it supports instruction and learning of the health education standards
3. A pacing guide or scope and sequence for planning instruction
4. Support materials that are an integral part of the instructional program and are clearly aligned with the health education standards
5. A well-organized structure that provides students with opportunities to achieve the grade-level or grade-span standards
6. A structure that builds on knowledge and skills acquired at earlier grade levels and makes explicit the connections between the health education essential concepts and the other overarching skills-based standards across the grade levels and grade spans
7. A list of the grade-level or grade-span standards in the teacher's guide together with page number citations or other references that demonstrate alignment with the content standards

CATEGORY 3: ASSESSMENT

Instructional resources include multiple models of diagnostic, formative, and summative assessment tasks for measuring what students know and are able to do, and provide guidance for teachers on how to interpret assessment results to guide instruction. The program provides teachers with assessment practices at each grade level or grade span necessary to prepare all students for success in later grade-level or grade-span health education. Instructional resources must have strengths in these areas to be considered suitable for adoption:

1. Strategies or instruments that teachers can use to determine students' prior knowledge
2. Diagnostic, formative, and summative assessments
3. Multiple measures of individual student progress at regular intervals to evaluate students' attainment of grade-level or grade-span knowledge and skills
4. Multiple measures of students' ability to independently apply health concepts, principles, and health-enhancing behaviors
5. Multiple means to evaluate students' abilities to evaluate the accuracy of health-related information and to seek reputable resources and information
6. A broad array of assessment strategies that allow students to demonstrate what they know, understand, and are able to do
7. Guidance for teachers on how to adapt instruction on the basis of evidence from assessment and make adjustments that yield immediate benefits to student learning
8. Assessments that provide students evidence of their current progress to actively manage and adjust their own learning to improve the quality of their work

CATEGORY 4: ACCESS AND EQUITY

The goal of health education programs in California is to ensure universal and equitable access to high-quality curriculum and instruction for all students so they can meet or exceed the knowledge and skills as described in the health education standards. Resources should incorporate recognized principles, concepts, and research-based strategies to meet the needs of all students and provide equal access to learning. Instructional resources should include

suggestions for teachers on how to differentiate instruction to meet the needs of all students. In particular, instructional resources should provide guidance to support students who are English learners; at-risk students; lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) students; advanced learners; and students with disabilities. Instructional resources must have strengths in these areas to be considered for adoption:

1. Appropriate for use with all students regardless of their disability, gender, gender identity, gender expression, nationality, race or ethnicity, culture, religion, sexual orientation, or living situation
2. Suggestions based on current and confirmed research for adapting the curriculum and the instruction to meet students' assessed instructional needs
3. Comprehensive teacher guidance and differentiation strategies, based on current and confirmed research, to adapt the curriculum to meet students' identified special needs and to provide effective, efficient instruction for all students, including students who are English learners, at-risk students, LGBTQ+ students, and students with disabilities
4. Strategies for students who are English learners that are consistent with the *California English Language Development Standards: Kindergarten Through Grade 12* adopted under EC Section 60811 (California Department of Education 2014)
5. Strategies for English learners in lessons and teacher's editions, as appropriate, at every grade level and grade span
6. Strategies to help students who are below grade level in reading, writing, speaking, and listening in academic English to understand the health content
7. Suggestions for advanced learners that are tied to the health education framework and that allow students to study content in greater depth
8. Images that are age-appropriate and depict students at the grade level or grade span of instruction, reflect the diversity of California's students, and are affirmatively inclusive

CATEGORY 5: INSTRUCTIONAL PLANNING AND SUPPORT

The information and resources should present explicit, coherent guidelines for teachers to follow when planning instruction and are designed to help teachers provide effective standards-based instruction. The resources should be designed to help teachers provide instruction that ensures opportunities for all students to learn the health-enhancing skills and behaviors and essential concepts specified in the health education standards. The resources must have strengths in these areas of instructional planning and teacher support to be considered suitable for adoption:

1. Lesson plans, suggestions for organizing resources in the classroom, and ideas for pacing lessons
2. A variety of pedagogical strategies
3. Suggestions for connecting health education concepts with other areas of the curriculum and examples of interdisciplinary instruction within the appropriate grade level or grade span
4. Technical support and suggestions for appropriate use of electronic resources, audiovisual, multimedia, and information technology resources associated with a unit
5. User-friendly components and platform-neutral electronic materials
6. Homework assignments, if included in the program, that support classroom learning, give clear directions, and provide practice and reinforcement for the skills taught in the classroom
7. Homework assignments, if included in the program, that support parent, guardian, and caretaker engagement
8. Clearly written and accurate explanations of health education content
9. Background information for teachers on the health education topics presented and references and resources to guide teachers' further study of health education topics and effective health education pedagogy
10. Suggestions for teachers to locate, interpret, and convey medically accurate content and current, confirmed research and resources for teachers to remain current on health information and statistics
11. Suggestions for linking the classroom with reputable community resources in a manner consistent with state laws

12. Suggestions for activities and strategies for informing parents, guardians, and other caretakers about the health education program and creating connections among students, parents, guardians, caretakers, and the community
13. Student writing assignments are aligned with the appropriate grade-level expectations in the *California Common Core State Standards for English Language Arts* (adopted by the State Board of Education in 2013), including the Writing Standards for K–5 and 6–12 (as applicable) and the Writing Standards for Literacy in History–Social Studies, Science, and Technical Subjects for 6–12

Guidance for LEAs on the Adoption of Instructional Materials for Students in Grade Levels Nine Through Twelve

The Criteria (above) are intended to guide publishers in the development of instructional materials for students in kindergarten through eighth grade. They also provide guidance for selection of instructional materials for students in grade levels nine through twelve. The five categories in the Criteria are an appropriate lens through which to view any instructional materials an LEA is considering.

The process of selecting and implementing new instructional materials should be thoroughly planned, publicly conducted, and well documented. LEAs must adhere to *EC* Section 60002, which states the following: “Each district board shall provide for substantial teacher involvement in the selection of instructional materials and shall promote the involvement of parents and other members of the community in the selection of instructional materials.”

It is the LEA’s responsibility to ensure that instructional materials comply with state laws and regulations. This responsibility includes addressing content and skills mandated by such laws as the California Healthy Youth Act (*EC* sections 51930–51939) and the regulations regarding social content. Instructional materials must meet *EC* sections 60040–60045 as well as the State Board of Education guidelines in the *Standards for Evaluating Instructional Materials for Social Content* (2013). State laws and the State Board of Education guidelines require that instructional materials used in California public schools reflect California’s multicultural society, avoid stereotyping, and contribute to a positive, safe, and inclusive learning environment.

Social Content Review

To ensure that instructional materials reflect California’s multicultural society, avoid stereotyping, and contribute to a positive, safe, and inclusive learning environment, instructional materials used in California public schools must comply with the state laws and regulations that involve social content. As noted above, instructional materials must conform to *EC* sections 60040–60045, as well as the State Board of Education’s *Standards for Evaluating Instructional Materials for Social Content* (available on the California Department of Education Social Content Review web page). Instructional materials that are adopted by the State Board of Education meet the social content requirements. The California Department of Education conducts social content reviews of a range of instructional materials and maintains a searchable database of the materials that meet these social content requirements. To access the database, go the Approved Social Content Review Search on the California Department of Education Social Content Review web page.

If an LEA intends to purchase instructional materials that have not been adopted by the state or are not included on the list of instructional materials that meet the social content requirements maintained by the California Department of Education, then the LEA must complete its own social content review. Information about the review process is posted on the California Department of Education Social Content Review web page.

Supplemental Instructional Materials

The State Board of Education traditionally adopts only basic instructional materials programs, which are programs designed for use by students and their teachers as a principal learning resource and meet, in organization and content, the basic requirements of a full course of study (generally one school year in length). LEAs adopt supplemental materials for local use more frequently. Supplemental instructional materials are defined in *EC* Section 60010(l) and are generally designed to serve a specific purpose, such as providing more complete coverage of a topic or subject, addressing the instructional needs of groups of students, and providing current, relevant technology to support interactive learning.

Because health education is a dynamic subject with continually emerging issues and new discoveries, LEAs will likely need to utilize supplemental instructional materials to reflect new findings, maintain medical accuracy, and address current health concerns and health-related social issues. In addition, changes in state laws may require LEAs to purchase supplemental materials to meet new requirements for instructional content. LEAs may choose to adopt supplemental instructional materials to study the effectiveness, or to pilot new materials or curricula. Supplemental instruction materials must also comply with the state laws and regulations on social content. LEAs are encouraged to develop and implement a process for the thorough review of supplemental instructional materials.

Accessible Instructional Materials

The California Department of Education Clearinghouse for Specialized Media and Technology (also known as CSMT) provides access to state-adopted instructional materials in meaningful formats for students who have vision impairments, including blindness, or other print disabilities. The Clearinghouse for Specialized Media and Technology produces and distributes accessible versions of textbooks, workbooks, literature books, and other student instructional resources to help students overcome challenges, connect with others, and become independent. Specialized formats of instructional materials include braille, large print, audio recordings, digital talking books, and electronic files that are free for teachers and other educators to order and/or download online through the CSMT Instructional Materials Ordering and Distribution System (also known as IMODS). To become an IMODS registered user and access instructional materials and other resources, visit the California Department of Education Clearinghouse for Specialized Media and Technology web page.

Student Privacy

LEAs and publishers of instructional materials must carefully observe all laws regarding student privacy. State law is very restrictive in the collection, storage, management, and use of student data. LEAs and publishers must work closely to ensure compliance with all associated laws. See *EC* sections 49073–49079.7 and Business and Professions Code Sections 22584–22585.

References

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