# Curriculum Framework and Evaluation Criteria Committee Guidelines for the 2019 Revision of the *Health Education Framework for California Public Schools, Kindergarten through Grade Twelve*

Approved by the State Board of Education March 9, 2017.

1. **In general, the revised *Health Education Framework* *for California Public Schools, Kindergarten through Grade Twelve (Health Education Framework)* shall**
2. be aligned to the *Health Education Content Standards for California Public Schools* adopted by the SBE in March 2008;
3. explain how the standards are organized, including the numbering system for identifying standards, and the essential connection between content knowledge and skills. The explanation should clarify the eight overarching standards and note their connections to skills in standards in other content areas;
4. support implementation of standards-based health education with an emphasis on the behavioral and health-enhancing skills of the state-adopted health education standards;
5. include accurate and current information and assist teachers with finding and utilizing accurate and current information, including but not limited to current research on electronic smoking devices, sleep research, dating violence, and developing healthy relationships;
6. offer guidance on instruction that is consistent with statutes on non-discrimination and affords all students an education free from discrimination and harassment regardless of their disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes;
7. reflect current health education statutes;
8. be limited to 500 pages in order to be a useful resource to teachers and other educators;
9. provide guidance for teachers without backgrounds in health education and teachers who have a health education background who may need support to implement standards-based health education consistent with current state statutes;
10. incorporate California’s approved Environmental Principles and Concepts (EP&Cs) pursuant to *Education Code* (*EC)* Section 71301, *Public Resources Code;*
11. discuss the connection between mental health and academics using current research;
12. discuss human tissue and organ donation as appropriate pursuant to *EC* Section 33542:
13. provide examples that are teacher-friendly, practical, jargon-free, and easy to read. Some of the examples should support interdisciplinary instruction through connections to state-adopted standards in other subject areas and the EP&Cs;
14. describe the components of an effective health education program, including the support of district and site administrators and the involvement of parents and the community;
15. emphasize the importance of standards-based health education and the desired outcomes of health literacy and improved health and health-related behaviors for all students;
16. discuss the role of health education in improving overall school climate and student achievement and attendance;
17. provide information about careers in health and the relevance of health education for future careers, and also mention the connection to the career technical education standards.
18. **The CFCC shall develop a chapter on access and equity using recent frameworks as models, with adaptations for those elements that are unique to health instruction. The chapter on access and equity should**
19. reinforce that instruction must be free of bias and affirmatively support all students regardless of their disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or living situation;
20. address the instructional needs of English learners, students with disabilities, and students who are marginalized;
21. support teachers in meeting the needs of students with diverse backgrounds and experiences and creating a safe and bias-free environment for instruction and discussion on health topics for all students;
22. provide suggestions for making academic vocabulary accessible to all students;
23. provide a variety of examples for differentiating instruction and explanations of Multi-Tiered Systems of Support as it relates to mental health;
24. examples of effective instructional strategies at various grade levels that include pre-teaching, a focus on good first instruction, rigor, and high expectations for all students and how the sharing of effective instructional strategies facilitates collaboration among educators across the curriculum and grades.
25. **The CFCC shall develop a chapter on assessment. The chapter on assessment should**
26. describe multiple measures, assessment tools, and techniques for assessing student learning;
27. include suggestions for moving beyond paper-and-pencil assessment of students’ content knowledge to assessing students’ acquisition and application of skills;
28. include research and suggestions for assessments for English learners, at-risk students, and students with disabilities;
29. guidance to teachers on how to develop student self-assessments and how to develop students’ abilities and metacognition in order to take responsibility for their own assessments, growth, and goals, and to organize ongoing information for students’ self-assessments;
30. provide guidance on how to use assessment data from formative and summative assessments to improve instruction;
31. include the latest scholarly research on effective assessment strategies;
32. describe effective assessment strategies and tools, such as the assessment tools provided by the Health Education Assessment Project (HEAP).
33. **The CFCC shall develop new chapters by grade level and grade span to describe the course curriculum. The new material should**
34. provide a brief overview of the standards at each grade level or grade span;
35. emphasize instruction that combines instruction in content with student opportunities to learn and practice the skills in the health education standards;
36. show links between the health education standards and standards in other subjects, such as mathematics, science, physical education, and English language arts/literacy, when there are authentic content links within the grade level or grade span and provide examples that support interdisciplinary instruction;
37. provide examples that are teacher-friendly, practical, jargon-free, and easy to read and offer suggestions for differentiation;
38. provide suggestions for engaging students and connecting health education to real-world situations;
39. connect learning from one grade level to another grade level and show the progression of skills and knowledge;
40. support teachers in creating a bias-free and safe learning environment;
41. include suggestions for the use of technology in health education.
42. **The CFCC shall develop a new chapter on supporting health education. The chapter on supporting health education should**
43. include suggestions on making the school and the classroom a safe environment for all students to learn;
44. discuss strategies for administrators and teachers on how to make school and classroom environments safe for students with food allergies;
45. serve as a resource for administrators at the school and district levels and school board members;
46. provide examples of how administrators and school board members can support and improve health education and the benefits of supporting health education;
47. support for a collaborative teaching model that encourages teachers to work with colleagues across subject areas and grade levels;
48. offer suggestions on how to communicate with families regarding potentially controversial topics and support the teachers who teach those topics;
49. discuss the role of parents/families in health education as well as the role of the community and how to engage with community-based organizations to support health education;
50. include information on resources for medically accurate health education content;
51. provide guidance and resources on professional development;
52. provide information about how teachers and administrators can use the data from the California Healthy Kids Survey and local indicators to improve instruction.
53. **The CFCC shall develop a chapter on instructional resources with evaluation criteria for the next health education instructional materials adoption. The criteria shall include the following:**
54. Instructional materials must be aligned to the state-adopted health education content standards at each grade level or grade span.
55. Require instructional materials to be consistent with the revised health education framework.
56. Instructional materials must be appropriate for use with all students regardless of their disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or living situation.
57. Instructional materials must provide suggestions for instructional support for English learners, at-risk students, and students with disabilities.
58. Request that publishers of instructional materials provide assessment practices (e.g., entry-level, diagnostic, formative, interim, skill-based, and summative) at each grade level necessary to prepare all students for success in higher health education instruction.
59. Images must be age-appropriate and depict students at the grade level of instruction, reflect the diversity of California’s students, and be affirmatively inclusive.
60. The standard(s) being taught must be clearly displayed in the teacher materials.
61. Instructional materials must provide teachers and other educators suggestions and resources for keeping current on health information and statistics.
62. Instructional materials must provide background information for teachers on the health education topics being taught.
63. Instructional materials must provide pacing guides or a scope and sequence.
64. Instructional materials must note the connections between topics and skills across the grade levels.
65. Instructional materials must provide suggestions for differentiated instruction in the teacher materials.
66. Instructional materials must show connections to state-adopted standards in other subjects in the teacher materials and provide examples of interdisciplinary instruction.
67. **The CFCC must revise the *Health Education Framework* to reflect continuing statutes as well as changes in statute affecting the health curriculum and instructional materials that have been enacted since the last revision of the *Health Education Framework*. These statutes include, but are not limited to, the following California *EC* sections:**
68. *EC* sections 200–221–the state’s policy of equal rights and opportunities and non-discrimination in the state’s educational institutions
69. *EC* Section 234.1–health and other curriculum materials that are inclusive of, and relevant to, lesbian, gay, bisexual, transgender, and questioning (LGBTQ) pupils
70. *EC* Section 33542–organ procurement and tissue donation
71. *EC* Section 33544–comprehensive information for grades 9 to 12 on sexual harassment and violence
72. *EC* Section 33545–sexual abuse and sex trafficking prevention education
73. *EC* Section 33546–comprehensive information for kindergarten and grades 1 to 8 on the development of healthy relationships, which shall be age and developmentally appropriate and consistent with the health education standards adopted by the state board
74. *EC* Section 51202–in personal and public safety and accident prevention
75. *EC* Section 51203–the nature of alcohol, narcotics, and dangerous substances and their effects on the human system and prenatal development
76. *EC* Section 51210(f)–which requires health education in grades 1 through 6, including instruction in the principles and practices of individual, family, and community health
77. *EC* Section 51210.4–nutrition education that focuses on pupils’ eating behaviors and based on theories and methods proven effective by published research
78. *EC* Section 51225.36–sexual harassment and violence and the affirmative consent standard
79. *EC* Section 51240–parental right to excuse students from instruction that conflicts with religious training and beliefs
80. *EC* Section 51284–the financial benefits of healthful living and disease prevention, human growth, human development, and human contribution to society, as well as financial preparedness
81. *EC* Section 51900.5–mental health instruction to educate pupils about all aspects of mental health
82. *EC* Section 51900.6–age-appropriate instruction for kindergarten and grades 1 to 12 in sexual abuse and sexual assault awareness and prevention
83. *EC* section 51930-51939–comprehensive sexual health education requirement for middle school and high school pupils (California Healthy Youth Act)

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