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Physical education health related topics in the middle grades

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PHYSICAL EDUCATION HEALTH RELATED TOPICS
IN THE MIDDLE GRADES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Education: Middle Grades Option

by
Cheryl Ann Johnson
Paul Gregory Rossi
September 1998
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Approved by:

Irvin Howard, First Reader

Ellen Kromowitz, Second Reader
ABSTRACT

As Physical Educators in the Capistrano Unified School District working in the middle grades, the most common and frustrating question we are asked on a regular basis is, "Why do we have to run?". Our seventh grade students this year were even surprised that we ever had to go to college. They don't understand the importance of stretching before exercise, keeping fit, and making healthy decisions.

It seems that no matter how many times we explain the benefits of cardiovascular fitness and exercise, the question still arises. The seventh grade is a difficult time period for adolescents to see how subjects are integrated due to the developmental stages they are experiencing. Because every child develops at different paces, not all students have reached the formal operational cognitive process where extensive logical thinking is developed. Also in this time period, early adolescents experience pubertal changes that affect hormones, decision-making, and consequences.

It is our goal to create a curriculum where students have the opportunity to learn and promote competency in the area of health and fitness. Additionally, to be able to reason critically and integrate the information learned through healthy choices and understand the importance of physical fitness and exercise.

If students could understand how their body works and what keeps it functioning at it’s optimum level, they might become more interested in taking responsibility at what they
choose to put in their bodies, how they view and treat themselves, and how to respect others. They might also participate in their own cardiovascular fitness in a way that is not competitive with others, but an accomplishment.

This project is designed to combine the information being presented in a Health classroom setting with the experiences that face adolescents on a daily basis in their Physical Education class. Exposure of this knowledge will hopefully give students the awareness that they need in order to lead a healthy lifestyle.
ACKNOWLEDGMENTS

I would like to acknowledge and thank my partner, Paul Rossi for introducing me to the idea of this project with the help of Kelli Roman. Kelli got us started, then Paul and I brainstormed to make it a workable and worthwhile project. I thank Paul for putting up with my slow typing and constant brain fades. His friendship, organization and sense of humor are so much a part of the importance of this project. I would also like to thank my family for understanding why I couldn’t visit them during this Master’s Program and to my best friend, Karen Fazio, for her unconditional friendship.

In truth, none of this Master’s Program would have been possible if it had not been for the faith, encouragement, and continued support I received from my friend and mentor, Denise Davis. Her belief in me has given me a new outlook on what I can achieve. I thank you for all the time you spent teaching me how to use a computer and especially for giving me a safe and nonjudgmental place to vent.

Cheryl

I’d like to thank my partner, Cheri Johnson, for accepting this challenge to complete this Health Project and for all the unselfish time she has devoted to make this project a reality.

Also, I would like to thank my mother, Carmelita Rossi, who gave me the incentive and inspiration to continue to move forward in this program when I was at a point of exhaustion.

Paul
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CHAPTER ONE: Front Matter

General Introductory Remarks

This projected nine-week unit will be introduced as a Health curriculum in conjunction with the Physical Education curriculum for the seventh grade; ages eleven through thirteen. During these nine weeks, students will be exposed to thorough instruction and assignments to personal health responsibilities, nutrition, substance abuse awareness, personal safety issues, respect and promotion of individual health and that of others, conducting interpersonal relationships in a productive way, disease prevention, community health resources and services offered including location, hours of operation, advertisement functions, and potential health careers for interested prospective students. Many of the above health subject categories will aid in coordinating the importance of not only fitness for life, but in providing information for the total understanding of overall health, sound decision-making, and integration between school, home, and community.

For purposes of reader clarification, the process for this project started with the Capistrano Unified School District's acceptance of a one-year mentorship project that requested teachers to develop new curricula for the District. An application was submitted with the premise of creating a seventh grade Health curriculum which would be aligned with the existing Health curriculum at the high school level (which begins in the
ninth grade in this district).

The application was reviewed and accepted by Pat W. Levens, Executive Director, Secondary Instructional Services. Subsequently, John Gipe, Curriculum Leader/Mentor Teacher, 6-12 Health/Physical Education at Capistrano Valley High School, reviewed the semester Health curriculum and course outline used at the ninth grade level and compared it to the proposed Health curriculum and course outline. The conclusion was to reduce the content of the curriculum from an eighteen-week semester unit to a nine-week quarter unit that would be more beneficial and maintain the interest of the middle school adolescent.

It is our goal to implement much of the Health information in this unit in a way that channels cognitive processing, which can then be put to use through kinesthetic experience in their Physical Education classes.

In the Capistrano Unified School District, Health Education has been traditionally introduced at the middle school level through the Science curriculum entitled a “Family Life Unit.” It is a three-week introductory course which explains Health Family Life issues and Sexually Transmitted Diseases. Although this Science course is at least an introduction to the make-up of the body and what it needs to survive, it would be more useful and applicable to implement more hands-on, experiential learning.
The goal would be to have the student in charge of the choices that will be facing them throughout their lifetimes through having had exposure to the course content noted above.

Significance of the Project

A significant contribution of this particular project will be to address important information that adolescents should be exposed to at ages eleven to thirteen instead of the later ages of fourteen to fifteen. It is well documented that many middle school aged children have already been faced with the consequences of life-changing decisions. Additionally, according to John W. Santrock (1998, p.90), the adolescent growth spurt occurs approximately two years earlier for girls than for boys due to environmental changes and genetic make-up.

According to Glencoe, author of TeenHealth, Course Two, the greatest causes of death among young people today are social, mental, and emotional ill health. With approximately eighty percent of all deaths among teenagers being accidents (frequently related to substance abuse), or suicides and homicides, health education must provide information in such a way that it influences students to take positive actions regarding their own health. Because individual behavior and health choices are contributing factors affecting the mortality rate, we feel the need to act on these issues now.
Statement of Needs

The images of violence are all around us from music lyrics to the daily news reports. Grim stories of beatings, stabbings, gang wars, and family abuse are reported in the news and glorified in the movies. Violence is a major public health problem in the United States.

In the past, an argument might lead to a shouting match or a fistfight. Today, the results may be more tragic. Simple arguments or disagreements might end in gunfire, stabbings, and possible death. The fact is that violence today is more serious and more random than in the past. Random violence is committed for no particular reason and against anyone who happens to be around at the time. As a result, innocent people may be the victim of violence. Long after the violence has occurred, the victims and their families experience prolonged emotional trauma.

An article from the “National Crime Victimization Survey” from the Bureau of Justice Statistics, (Juvenile Justice Bulletin, June 1997, pp.1-11), indicated that a total of 2.6 million violent crimes were committed against juveniles ages twelve to seventeen, representing a forty-four percent increase since 1984. Among adolescents, ages twelve to seventeen, boys were one and one-half times more likely to be victims of violent crimes. Younger adolescents ages twelve to fourteen were equally at risk for violent victimization as older adolescents ages fifteen to seventeen. Nearly twelve
percent of all adolescents were victims of crime in 1994. The number of juveniles murdered increased eighty two percent between 1984 and 1994. A daily average of seven juveniles were homicide victims in 1994. This means about fifty families lost a child to violence.

In spite of these staggering statistics, the majority of adolescents are not violent and they do not commit crimes. However, teens are twice as likely as other age groups to be the victims of violence. In fact, the second leading cause of death between the ages of fifteen and twenty-four is homicide.

Teens are also more likely than any other age group to commit violent crimes. In fact, more than half of all crimes in the United States are committed by young people between the ages of ten and twenty. People who commit violent acts usually have not learned to deal with their feelings in an appropriate manner nor have they learned how to resolve conflicts in a healthy way.

Physical Education is the perfect environment for assisting in the proper management of anger and resolving conflicts in a non-violent way. The seventh grade Physical Education State Framework emphasizes meeting challenges and making decisions. The Health Education State Framework addresses dealing with conflict in a healthy manner. Our goal is to integrate the Health information learned in the classroom and to apply it to a Physical Education setting.

In the Personal Health section of our curriculum, many
areas are covered; one of them addressing the importance of nutrition along with physical exercise. An article published in the September 17 and 24, 1996 Asbury Park Press and the Home News and Tribune by Sharon Batista stated that health clubs and special programs to encourage teen exercise are finally being added in response to the growing demand.

As a society, technology has taken the place of participation in outside activity by replacing physical action with sedentary movement in front of a computer screen. With the rise of this highly technological adolescent generation, there seems to be a lack of concern for the importance of a healthy body, despite the grassroots movement noted above in the increase of requests for teen exercise programs.

The percentage of young people who are overweight has more than doubled in the last thirty years. Almost half of young people ages twelve to twenty-one and more than one-third of high school students do not participate in vigorous physical activity on a regular basis. (California Association for Health, Physical Education, Recreation and Dance, Journal, 1997, p.7.) The President’s Council on Physical Fitness and Sports reports three out of four school aged children have three or more risk factors for heart disease. Video games, snacking, fast foods, television and the lack of personal fitness are contributors to this sad trend.

By developing a more effective and comprehensive Health Curriculum, students become cognizant of the importance of
how a balanced diet and proper nutrition affect physical performance, moods, self-esteem, brain chemistry and the ability to make quality decisions. With this knowledge, students will have a foundation for the purpose of daily exercise and reaching cardiovascular fitness levels. The ultimate goal is to bring awareness to the adolescent that health and fitness is a lifelong commitment to themselves, rather than just a fulfillment of a school requirement.

Program Plan

Our program plan is designed to involve students through active participation in decision-making toward healthy lifestyle habits. Lessons will correlate with the physical activity taking place in the Physical Education class so that students assimilate learning through all three channels of processing information: visually, auditory, and kinesthetically.

Program Plan Components

Goal 1: To provide the Capistrano Unified School District with a health related curriculum that aligns with the seventh grade Physical Education curriculum in the middle school.

Objective 1: To create a middle school Health curriculum that will be implemented through Physical Education.

Title: Physical Education Health Related Topics
in the Middle School

Strategy: (1) Present this curriculum to the Director of Secondary Education, Pat Levens, of the Capistrano Unified School District.

Measure: To be implemented in the middle schools by the year 1999/2000 school year.

Goal 2: To invite parents to share their input or concerns regarding the curriculum.

Objective 1: To establish parent support.

Title: Parent Information


Measure: Parent permission slip returned

Goal 4: To in-service middle school Physical Education teachers in the Capistrano Unified School District.

Objective 1: To introduce and explain the Health curriculum to participating faculty members.

Title: Staff Development

Strategy: (1): To develop qualified teachers

Measure: Teachers will be in-serviced and trained by the end of the 1999 academic school year.

Objective 2: To assign a mentor from each of the six middle schools to implement the curriculum.

Title: Mentor Teacher

Strategy: (1): To have a Health curriculum specialist at each school.

Measure: To have a placement in this position at
each school at the beginning of the 1999 school year.

Goal 5: To provide students with skills knowledge, and lifelong healthy attitudes.

Objective 1: To establish personal health fundamentals

Title: Personal Health

Strategy: (1): To generate personal health awareness. (2): To apply this knowledge to gain an understanding of the importance of Physical Education.

Measure: Define personal health and the advantages of a healthy lifestyle.

Objective 2: To encourage respect for; and promotion of health of others

Title: Healthy Fundamentals With Others

Strategy: (1): Take an active role in promoting health with their families.

Measure: Demonstrate acceptable ways to communicate in a positive and healthy manner.

Objective 3: To understand growth and development.

Title: The Four Components of Health

Strategy: (1): To define growth and development as it relates to physical, mental, emotional, and social changes

Measure: Demonstrate personal characteristics that contribute to self confidence and self-esteem.

Objective 4: To discuss the issues dealing with family life.

Title: Family Life

Strategy: (1): To establish the ground rules for
the class to provide a serious and safe environment in which to discuss human anatomy.

Measure: Define muscle groups

Objective 5: To develop awareness for health-related resources.

Title: Health Services

Strategy: (1): To connect to the communities’ health related agencies.

Measure: To equip the home with personal emergency and safety information.

As previously stated, the purpose of this project is to implement this information as a way to channel intellectual information and have it be put to use through kinesthetic experience in a Physical Education class.

Limitations and Delimitations

Some of the design flaws or limitations that we may be confronted with will be the acceptance of many people for a new curriculum that is directed towards younger students which involve controversial issues. The first thing that must happen is for the School Board of Trustees to approve the subject matter. There is much parent involvement in the Capistrano Unified School District. They are very interested and protective of what their children are being taught. Health subject matter can cover issues that parents may not want their children exposed to in the seventh grade.

Once the curriculum has been accepted by the School
Board, then it is reviewed and approved by the School Site Principal for evaluation of possible issues that may arise, how to meet any particular unforeseen challenges, and whether or not it should even be implemented. Once it has been approved and the importance of this curriculum is supported, there are other limitations to be aware of.

One of the major problems that we envision will be the lack of enthusiasm by qualified Physical Education teachers to participate in this nine week course. Then it would be offered to any teacher credentialed in the area of Sciences. This would facilitate the information we are trying to introduce to the seventh grade student, but the correlation between Physical Education and health related topics would not necessarily be interrelated, therefore defeating the purpose for this project.

After establishing an enthusiastic teaching staff that is willing to instruct and participate in this Health and Fitness curriculum, another limitation that may occur is the lack of time for in-servicing these instructors. This would involve district approval for at least two full paid professional growth days. If the district does not approve of this paid instructional time, then the time spent conducting and participating in these in-services would be dependent on a voluntary basis.

As we progress, now our challenge is to find classroom availability. Where Physical Education is scheduled to meet outside, all other classrooms are occupied. This would take
some very creative scheduling by the administration.

Our final challenge that will be difficult to meet will be staying in line with the scope and sequence of this curriculum. Because this is a condensed unit, staying with the daily lesson plan could be a limitation. At the middle school, there are so many activities that involve creating flexible planning that all the information that needs to be covered in a short amount of time may not be addressed.

The delimitation that we foresee is not being able to condense the material into a nine week unit. We understand that to really become knowledgeable of the correlation between health and fitness, this course should be offered for a full year. However, for purposes of our project, we will delimit the subject matter to fit within the proposed time frame.

Assumptions

Considering that all is worked out and the curriculum has been accepted, the next possible delimitation would be the assumption that our students will be able to assimilate, apply, and make the healthy choices that will be confronting them on a regular basis.

It would be wonderful to believe that teaching a core of common knowledge, such as integration of Health and Physical Education, would mean that every middle grade student would learn to think critically through mastery of an appropriate body of knowledge, lead a healthy life, behave ethically and
lawfully, and assume the responsibilities in society. It would be ideal if the instruction in Health would become an integral part of Health and Physical Education for every student and that the middle schools focused primarily on the characteristics and needs of young adolescents. Unfortunately, many middle schools today fall far short of meeting the critical educational, health, and social needs of young adolescents. A fundamental transformation of education of young adolescents is urgently required. (Turning Points, 1996, p.10.)

The fact is that during early adolescence, youth enter a period of trial and error during which many first experiment with drugs and alcohol and risk permanent addiction. Surrounded by only their equally confused peers, too many make decisions with harmful consequences. Of course, our assumption is that a quality program that equips adolescents with the knowledge and skills necessary to resist pressures to experiment with sex, drugs, cigarettes, and alcohol, will provide an excellent opportunity to develop the values and sense of social responsibility for citizenship to exist for young adolescents. Through Physical Education and Health topics being addressed, it is our hope to create a climate for student’s personal growth and intellectual development to take place with close, trusting relationships with adults and peers.

Through mutual trust and respect, the students will learn and participate actively in discovering and creating
their own solutions to problems. By learning how to communicate better, problem solve in a non-violent way and have respect for others through some of the units covered in the Health Curriculum, our assumption is that these students will be able to integrate these themes to help them see systems, rather than disconnected facts.

Definition of Terms

For this project, the following definitions apply:

1. **Seventh grade** students represent the targeted middle school age children between the ages of eleven and thirteen. This time period is also called early adolescence.

2. **Early adolescence** describes the initial phase of the transition in which humans experience between childhood and maturity.

3. The **Physical Education State Framework** calls for an effective program that balances and contributes to children’s academic learning and overall well-being.

4. The **Health Framework for California Public Schools** provides leadership for developing the student-centered Health Education curriculum and promoting collaboration between the school, the home, and the community to influence and enhance the health of children and youths.
5. Health Education is designed to influence positively the knowledge, attitudes, skills, and behaviors of individuals related to health.

6. The definition of Health is a state of complete physical, mental, emotional, and social well-being, not merely the absence of disease.

7. Physical Health includes total care of the body. This involves keeping your body fit, practicing cleanliness, good grooming habits, and eating a well-balanced diet.

8. Mental and Emotional Health includes liking who you are and accepting yourself. This involves expressing emotions, in a healthy way, facing life's problems, and dealing with it's pressures or stresses in a positive way.

9. Social Health involves getting along with others. This includes working or playing well in a group, making friends, and giving and getting support when needed.

10. The correlation or integration of Health and Physical Education expresses how these two subject areas will be brought together to have mutual meaning to the student.

11. The Philosophy of Physical Education is that every student can develop appropriate skills, feel good about their
bodies, and relate to others in positive ways.

12. **Cardiovascular Fitness and Exercise** includes movements that involve the heart and lungs.

13. Physical fitness involves movements, when sustained vigorously over a period of several minutes, will increase the efficiency of the lungs, heart, and blood circulation, which are collectively known as **aerobic exercise**.

14. The **Formal Operational** period for an adolescent is the fourth and final Piagetian developmental stage, which appears between the ages of eleven and fifteen.

15. The **Cognitive** process is when individuals think in abstract and more logical terms.

16. **Puberty** is a period of physical maturation involving hormonal and bodily changes that occur primarily in early adolescence.

17. **Hormones** are powerful chemical substances secreted by the endocrine glands and carried through the body by the blood stream.

18. **Menarche** is a girl's first menstruation.
19. A **Mentorship** is when an expert in a certain field designs a program to advise others in their same subject area.

20. A **Curriculum** is a fixed series of studies which provides students with access to knowledge and skills.

21. **Kinesthetic Learning** is a way to process information through the sense of feeling of the physical experience. It is a way of perceiving information through nerve end organs in muscles, tendons, and joints.

22. **Auditory Learning** is a way to process information through the sense of hearing.

23. **Visual Learning** is a way to process information through the sense of seeing.

24. **Sedentary Movement** is remaining in one location with very little movement involved.

25. **Sexually Transmitted Diseases (STDs)** are introduced to the students through permission from parents for information to be shared with students in a safe environment.
CHAPTER TWO: Review of Related Literature

This is a unique project because it includes two subject areas. Currently, in the Capistrano Unified School District, Health Education is not addressed until the student reaches the ninth grade. Complying with the California Education Code, the only health related area that is covered at the middle school level is a three week introductory unit on Family Life and Sexually Transmitted Diseases.

The Family Life Curriculum relates to the physical changes humans experience from conception to old age. Instruction includes the biological function and anatomical structure of the male and female reproductive organs, contraception, embryo development, and growth stages throughout life. This curriculum is presented coeducationally.

The Sexually Transmitted Diseases Curriculum relates to the alarming increase of sexually transmitted diseases. This instruction provides information to students about the Human Immunodeficiency Virus, (HIV), and Acquired Immunodeficiency Syndrome, (AIDS), and other sexually transmitted diseases. In compliance with the School Board policy, the classes are taught coeducationally except for one day of instruction when curriculum dealing with sensitive issues are taught in classes segregated by gender.

This information is sent home to each seventh grade student through their Science classes in the form of a permission slip so that parents have the opportunity to
withdraw their child during this unit. The rest of the permission slip reads as follows:

Dear Newhart Parents,

So that you may have the opportunity to preview the films to be used in both teaching units, a presentation by classroom teachers will be provided to parents as shown below. We strongly encourage you to attend this parent information night so that you will be more aware of the objectives of the curriculum and you may be better able to discuss these important topics with your child.

Family Life and Sexually Transmitted Diseases
Multipurpose Room at Newhart Middle School
Wednesday, February 18, 1998  6:30-7:30 p.m.

California Education Code provides parents the opportunity to exclude their children from this instruction. Please complete the attached section of this notice indicating your decision. Return it to your child’s Science teacher by_________________________. Instruction will take place at the conclusion of the Life Science unit in your child’s class. An alternate assignment will be given to those students whose parents do not wish them to participate.

Sincerely,
Principal......Assistant Principal......Assistant Principal

From the review of this literature, it is quite clear that the information is limited and does not cover topics leading to a healthy lifestyle. The expanded Health
curriculum is not addressed until the students reach the high school level. This makes our project unique because it is designed to educate the young adolescent at their most vulnerable stage of development. For many youths ten to fifteen years old, early adolescence offers opportunities to choose a path towards a positive life. For many others, it represents their last best chance to avoid a diminished future. (Turning Points, 1996, p.6.) According to the Abridged Version of Turning Points, in preparing American Youth for the twenty-first century, a mismatch exists between the organization and curriculum of middle grade schools and the intellectual and emotional needs of young adolescents.

With this information, we feel our project is different because it is adopted from the ninth grade Health curriculum from the Capistrano Unified School District and condensed to a nine week unit to meet the needs of the young adolescents. It also is unique because it is our vision to see this program implemented in conjunction with the Physical Education Curriculum. According to the California State Physical Education Framework, the seventh grade goals emphasize "meeting challenges and making decisions." (Physical Education Framework for California Public Schools, 1994, p.39.) Our goal is to bring many health issues to the forefront of the Physical Education program in order to assist in meeting these challenges and making healthy decisions. The health related topics of Physical Education that we have chosen to introduce, will be discussed and supported by the latest literature on these issues. We have
divided our curriculum into five sections.

Our first section is Personal Health Fundamentals; section two: Sharing Health Fundamentals with Others; section three: The Four Components of Health; section four: Health of Family Life; and section five: Health and Resources. In each section, we will review some of the related literature that supports the importance of Physical Education Health Related Topics.

In section one, Personal Health Fundamentals, we cover several areas that could face adolescents at an early age. Violence is on the rise and problem-solving is a necessary tool for making healthy choices. Alcohol, drugs and tobacco will also be present in the life of adolescents where knowledge and healthy decisions will be important. There is much literature that supports the number of young adolescents being faced with these potential life threatening choices.

Teens are more likely than any other age group to commit violent crimes. In fact, more than half of all crimes in the United States are committed by young people between the ages of ten and twenty. The National Center for Health Statistics reported that nearly nine thousand young people are killed each year as a result of violent crime. Many were not involved in the violence, but happened to be nearby when the violence occurred. (Glencoe, TeenHealth, Course Two, 1996, p.145.) While it is important to have intervention efforts earlier in the lives of adolescents, it cannot be assumed that those early efforts will necessarily have long-term
impacts. It may be necessary to provide developmentally appropriate social support over a number of years to shorten the length of violent delinquent careers. (Barbara Tatem Kelley, June, 1997, p.1.) For these statistics stated, earlier education and knowledge is appropriate to address as students enter pubertal changes in the seventh grade, rather than waiting until the ninth grade to offer solutions and deal with conflict resolution. Physical Education classes offer an excellent opportunity to practice these skills.

The other major area we address in the first section is introducing an awareness of the use and misuse of substances, such as alcohol, drugs, and tobacco. Current statistics claim that among adolescents ages twelve to seventeen years, fifteen point nine percent report illicit drug use and forty one percent report use of alcohol. One out of five teenagers will be smoking regularly by the time they finish high school. (A World of Risk, 1996, p.30.) More than seventy-five thousand children in the sixth grade have tried marijuana. Nearly one in every ten eighth graders and one out of every four high school students use marijuana. (1996, p.1.) This information along with how these substances affect physical performance can give students information and awareness for making healthy decisions.

In section two, Sharing Healthy Fundamentals With Others, communication, healthy problem-solving, and anger management are very much a part of a Physical Education
class. Physical Education can reinforce respect for and promotion of health of others by promoting and understanding of individual differences, effective teamwork, and cooperation. An important outgrowth of an effective Physical Education program is the development of positive, healthy relationships in children. (Health Framework for California Public Schools, 1994, p.162.)

Section three contains the Four Components of Health. These components are physical, mental, emotional, and social changes. A combination of these four changes all happening at once in the body of an early adolescent is likely to present confusion and conflict. It is important for students to understand the changes that are happening in their bodies, for this is a critical time in their lives when suicidal thoughts and tendencies are common.

Suicide is a timeless phenomenon, but it is becoming pandemic in our time. People are killing themselves more often and at a younger age. From 1952 through 1992, the incidence of suicide among adolescents and young adults (those younger than twenty-five) nearly tripled, making suicide the third leading cause of death for that age group, according to the Centers for Disease Control and Prevention. A 1994 Gallup Organization Survey found that twelve percent of young people between the ages of thirteen and nineteen had come close to committing suicide, while five percent had actually attempted suicide; another fifty-nine percent said
they personally knew a teenager who had attempted it. (Common Boundaries, 1996, p.31.)

In Physical Education, the positive aspects of friendships continue to be of great importance. In addition, students should continue to explore the connections between physical, mental, emotional, and social health and should be encouraged to pursue leisure-time activities that promote that health. (Health Framework for California Public Schools, 1994, p.96.)

Section four discusses Health of Family Life. This includes learning the functions of parts of the human body and understanding puberty and its characteristics. Sex education, including Sexually Transmitted Diseases (STDs) are also addressed in this section.

In the middle grades, sex education takes a more technical turn. At eleven and twelve many young people are approaching the threshold of puberty while others are already in full pubertal flower. (Today, the average age of menarche is twelve and a half.) Now, as hormones kick in, children are ready to express themselves sexually. Thus, the focus of sex education shifts from sex literacy to building sexual skills. This is when students must acquire the knowledge and technical skills to manage their emerging sexuality.

Although Physical Education is not the place to discuss emerging sexuality, it is the perfect environment to review human anatomy pertaining to skeletal and muscular functions.
Section five discusses Health Resources. This section deals with how to connect to the community health related agencies, along with exhibiting basic knowledge of first aid. The more critical areas covered in this section address the importance of students to recognize the different types of abuse and the warning signs of abuse. The rate of reporting child abuse in 1993 was twenty times greater than it was in the mid 1970's. (TeenHealth, Course Two, Glencoe, 1996, p.139.) There are several types of abuse that adolescents and adults should be aware of.

Verbal Abuse is the spoken word(s) that is intended to demoralize, embarrass or shame a person. Emotional Abuse is considered to be one of the most damaging forms of abuse. It continues over time, is usually subtle, it doesn’t leave a bruise on the body and is much more difficult to pin down. Physical Abuse involves physical contact by one who pushes, shoves, or hits. (Andrews and Davis, Kaleidoscope, 1997, p.113.)

Through Physical Education, we are able to identify the physical signs of abuse by having the opportunity to observe their bodies in less clothing. By creating a safe environment through combining Health and Physical Education, students can feel comfortable sharing any concerns they are having or have the appropriate information to seek out the proper community agencies.
Young adolescents are also faced with the pressure to be perfect. In this section, and throughout the entire curriculum, we discuss the importance of proper nutrition and regular exercise. Students need to be aware of the psychological and physiological effects of nutrition and exercise. They can learn how to decrease feelings of depression, tension, and stress, and increase self-esteem. One vital part to the reduction of stress is to accept that no one is perfect and there must be some release. Otherwise, these pressures and emotional weaknesses will begin to overwhelm the adolescent.

Weaknesses range from simple peer pressures to more intense eating disorders and personality disorders. These more intense problems can stem from different areas. Bulimia and Anorexia Nervosa can be the result of a compulsive desire for perfection, usually from poor self-image or stressful family relations. The main personality disorder at this age is Obsessive-Compulsive Disorder. There is often an excessive concern with details and rules, and the inability to express emotions. (Journal of Adolescent Health, United States Department of Education, May 3, 1998.)

Through the Physical Education class, by interactions in various sports, students will experience victories as well as losses and still be commended for the effort, good sportsmanship, teamwork and individual success rather than focusing on the outcome of the game. It is our hope that
through this integrated curriculum, we can give students the encouragement, knowledge, and support they need to make healthy decisions to develop a healthy lifestyle.
CHAPTER THREE: Project Report

Project Initiative Progress

Through this curriculum, the subject categories offered in the Health unit when integrated with Physical Education provide for a total understanding of overall health and fitness for life. Through our research for this project, we were astonished by the statistics indicating the need for this information to be offered at a much earlier time than ninth grade. As Physical Education team teachers in the seventh grade for the 1997-1998 school year, we were able to implement some of these Health concepts into the current Physical Education curriculum. The students eventually began to make the connection between “why do we have to run?” and the importance of their own personal fitness. It is our belief that by presenting this information to students in Physical Education classes in conjunction with the Health curriculum, we will enhance students’ physical performance and provide them with information to make healthy decisions.

Curriculum Development

In this chapter, we will discuss the five Health Units previously mentioned in Chapter Two and include the Standards, Goals, Performance Indicators, Model Integrated Tasks, Tools and Applications to Physical Education. The Applications to Physical Education section of each chapter will provide possible ways for Physical Educators to
correlate appropriate Health information with their Physical Education programs and situations that arise in class. The book used in this Health curriculum is *TeenHealth Course Two*, by Glencoe. This textbook is adopted by the State of California for all high school Health curricula. The Scope and Sequence of our nine week curriculum will be presented in the Calendar section of this chapter.
Section One: Standard One

PERSONAL RESPONSIBILITY FOR LIFELONG HEALTH

Goals

1.1 Personal Health Fundamentals

The student will assess their self health and awareness through heart rate monitoring and a brief self-assessing questionnaire.

Performance Indicators

1.1.1 Students will develop the ability to define Personal Health and the advantages of a healthy lifestyle.

1.1.2 Students will set two goals in the area of Personal Health; one short-term goal and one long-term goal.

1.1.3 Students will develop steps towards achieving one’s goals.

1.1.4 Students will create a maintenance program.

1.1.5 Student will develop an awareness for injury prevention and speedy recovery from illness.

1.1.6 Students will select a healthy role model as a guide for healthy living.

1.1.7 Students will understand means of protection against unhealthy living in regards to environmental hazards, physical dangers and other unintentional injuries.

1.1.8 Students will identify proper bicycle, skateboarding and pedestrian safety as they relate to health
maintenance.

1.1.9 Students will exhibit knowledge, understanding and awareness of the use and misuse of substances; (alcohol, drugs, and tobacco).

1.1.10 Students will practice behaviors that reduce the risks of becoming involved in potentially dangerous situations and react to these situations in ways that will help to protect one's health.

Model Integrated Tasks

Model integrated tasks are suggested strategies to help the teacher aid the students in understanding the material presented.

1. Students will create a brochure or radio campaign incorporating an aspect of personal health.

2. Students may make bike and skateboarding safety posters.

3. Each student will design a personal Health Maintenance chart

4. Students will describe how the misuse of substances relates to their own personal lives.

5. Groups of students can evaluate health aspects by brainstorming ideas of what potentially dangerous situations would be and how to react to those situations in ways that would protect one's health.

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Tools

These suggested Chapters and Lessons will assist the teacher in developing creative instructional means to cover the ten Performance Indicators listed in this Unit.

Chapter One: WELLNESS AND YOUR TOTAL HEALTH
  Lesson One: Wellness and the Health Triangle
  Lesson Two: Taking Responsibilities For Your Health
  Lesson Three: Making Decisions About Health
  Lesson Four: Setting Goals and Making Action Plans

Chapter Three: YOUR MENTAL AND EMOTIONAL HEALTH
  Lesson Two: Building Positive Self-Esteem

Chapter Five: CONFLICT RESOLUTION AND PREVENTION VIOLENCE
  Lesson Three: Conflict Resolution

Chapter Six: CONSUMER CHOICES AND PUBLIC HEALTH
  Lesson One: Building Healthy Consumer Habits

Chapter Eight: REACHING YOUR FITNESS GOALS
  Lesson One: What Is Physical Fitness?
  Lesson Two: Elements of Fitness

Chapter Thirteen: TOBACCO AND YOUR HEALTH
  Lesson One: What Tobacco Does To Your Body
  Lesson Two: Tobacco Addiction

Chapter Fifteen: DRUGS AND YOUR HEALTH
  Lesson One: The Role of Medicine
  Lesson Two: Stimulants and Depressants
  Lesson Three: Marijuana and Other Illegal Drugs
  Lesson Four: Choosing To Be Drug Free
Chapter Sixteen: SAFETY

Lesson One: Building Safe Habits
Lesson Two: Acting Safely at Home and at School
Lesson Four: Acting Safely on the Roads and Outdoors

Applications To Physical Education

In Personal Performance Indicators 1.1.1 through 1.1.4, students need to understand what a healthy fitness level is in order to achieve the standards indicated. The first thing they need to know is what a resting heart rate is and how to personally assess that information. A resting heart rate refers to the number of beats per minute during a resting stage. The best time to take a resting heart rate is in the morning because any form of emotional or physical exertion will affect it during the day. This is done by taking your pulse at your wrist (at the base of your thumb) using the index and middle finger or by feeling the artery in your neck just below your ear and towards the jawbone. It is calculated by counting the heartbeats per minute.

According to The Complete Manual of Fitness and Well-Being revised by the Reader’s Digest Association, Inc. (1988), the resting heart rate is a sample or gauge of level of fitness for ages twelve through fourteen. There are four levels of fitness: excellent, good, fair, and poor. Heartbeats can range (for females), from seventy-one or less beats per minute rating as excellent, to ninety-six beats per minute or more being in the poor category. Heartbeats for
males can range from fifty-nine or less beats per minute rating as excellent to eighty-six or more beats per minute being in the poor category. With this information, students have a base or starting point to assess their own fitness levels. These fitness levels will be measured throughout the year to test for improvement. A short self-assessing written test will also be included in the Health class.

The next step in the Physical Education class is to explain the range of a safe maximum pulse rate. The students need to understand that the heart needs to pump more blood when they exercise. They take their pulses at intervals when they are doing any form of exercise and must not exceed these maximum safe ranges. The maximum pulse rates during physical exertion will vary from one hundred and forty-seven beats per minute at the sixty percent effort level to one hundred and ninety-one beats per minute at the ninety percent effort level. Students need to learn that if their heart rates surpass the ninety percent level, exercise should be stopped to allow the heart rate to return to its normal beats per minute.

Having this knowledge, the student will be able to assess their current fitness level and begin the steps to set short and long-term goals pertaining to their own fitness expectations. In working toward and attaining these goals, students will learn to take responsibility in maintaining and enjoying the benefits of a healthy lifestyle.

Section 1.1.6 states that students should choose a
healthy role model as a guide for healthy living. This can be a professional athlete, a parent or relative, teacher, coach, or a friend. If students have someone to emulate, their chances of identifying a healthy versus an unhealthy lifestyle are increased.

Sections 1.1.9 and 1.1.10 discuss awareness of the use and misuse of illegal substances, and potentially becoming involved in dangerous situations that would affect the overall health of the individual. This can be related to Physical Education by sharing statistics of the effects of drugs and alcohol on professional athletes and how they destroyed their professional careers, families, personal health, and in some cases, caused loss of their own lives. It should be noted that professional athletes are used as examples because of their higher profiles and tendency of seventh grade students to look up to them.
Section Two: Standard Two

RESPECT FOR AND PROMOTION OF HEALTH

Goals

2.1 Sharing Health Fundamentals With Others

The students will be introduced to ways to make positive, healthy decisions regarding their health and to actively promote health in their school, community and families.

Performance Indicators

2.1.1 Students will take an active role in promoting health within their families by discussions and assignments in class that can be raised again at home.

2.1.2 Students will aid in the promotion of positive health practices with the school by becoming participants in various health-related school activities.

2.1.3 The students will exhibit beneficial health standards within the community by taking part in community events such as “The Great American Smoke Out,” “Red Ribbon Week” and “The Walk Against Drugs.”

2.1.4 Students will develop necessary skills needed to form positive relationships with peers through open communication to reduce misunderstandings when dealing with health-related issues.

2.1.5 Students will demonstrate acceptable ways to
express feelings in appropriate ways without hurting others or themselves.

2.1.6 Students will know how to and will use appropriate language at school as taught through the curriculum.

2.1.7 Students will learn how to problem-solve in multicultural school and community settings.

Model Integrated Tasks

1. Students will participate in one of the following activities: "The Walk Against Drugs," "The Great American Smoke Out," or "Red Ribbon Week."

2. Students will participate with family in healthy activities and nutritional practices. They will write journal entries describing these activities.

3. Students will participate in class discussions regarding "quick fixes" for diet and substance use.

4. Students will discuss appropriate ways to communicate with others in order to make friends.

5. Students will discuss appropriate ways to use language that will help resolve conflict.

Tools

Chapter Three: YOUR MENTAL AND EMOTIONAL HEALTH

Lesson Two: Building Positive Self-Esteem

Lesson Six: Sources of Health

Chapter Four: YOUR SOCIAL HEALTH

Lesson One: Building Healthy Relationships
Lesson Two: Developing Communication Skills
Lesson Three: Social Health and Your Family
Lesson Four: Social Health and Your Friends

Chapter Five: CONFLICT RESOLUTION AND PREVENTING VIOLENCE
Lesson Two: Dealing With Violence
Lesson Three: Conflict Resolution

Applications To Physical Education

In Personal Performance Indicator 2.1.1, students will include the whole family in a fitness program that encourages them to walk, run, swim or any type of aerobic activity for at least twenty minutes, three times per week. Students will be asked to keep a chart of the activity and its results for themselves and family members. Students can share with members of the family how to take their resting, minimum and maximum heart rates, along with their recovery rates. Their progress will also be documented. Discussions and results will be shared in the Health portion of the curriculum.

In Personal Performance Indicator 2.1.2, students will help promote, advertise, and participate in the school’s Annual Fun Run. This run is sponsored by the school on a Saturday so that parents and members of the community are welcome to join one time in the mile and one half that students are required to run once each week.

In 2.1.4 through 2.1.6 of the Performance Indicators, students will respect each other in Physical Education class by learning how to control their emotions in situations
arising that at times would cause conflict. Very often students argue about rules, their perceptions of cheating, and what they feel is fair versus unfair. By learning correct ways to express feelings, keep open communications with teammates and/or opponents, and show respect for officials, teachers, and the differences between themselves and others, students can learn ways to make positive and healthy decisions.

Performance Indicator 2.1.7 discusses the acceptance of all students in a multicultural society. In Physical Education, due to heterogeneous grouping, students are enrolled in an environment that includes people of all different ethnic backgrounds. This automatically creates interaction with a diversity of individuals in team situations, working together towards a common goal, and establishing trust with one another. In seventh grade, there is a unit in the curriculum that involves students relying on other students through various exercises that challenge their ability to trust another person, regardless of ethnic background, and to face their fears.
Section Three: Standard Three

GROWTH AND DEVELOPMENT

Goals

3.1 Four Components of Health

The students will begin to understand the physical, mental, emotional and social changes that adolescents go through by learning the importance of sexual abstinence, self-esteem and the respect for others.

Performance Indicators

3.1.1 Students will define Growth and Development as it relates to physical, mental, emotional and social changes.

3.1.2 Students will accept and understand differences in individual growth and development.

3.1.3 Students will be given information regarding the benefits of abstaining from sexual activity.

3.1.4 Students will respect the sexuality of others.

3.1.5 Students will be introduced to better personal hygiene while their bodies are going through pubertal changes.

3.1.6 Students will learn options on how to counteract the negative effects of living in an environment where alcohol and tobacco or other drug abuse dependencies exist.

3.1.7 The students will be introduced to ways to avoid, recognize and respond to negative social influences and
pressures to use alcohol, tobacco, or other drugs.

3.1.8 Students will demonstrate personal characteristics that contribute to self-confidence and self-esteem; such as honesty, integrity, responsibility and respecting the dignity of others.

3.1.9 Students will learn about time management and ways to deal with stress by scheduling academic and social activities.

Model Integrated Tasks

1. Students will learn the differences between physical, mental, emotional and social changes during adolescence by reviewing applicable videos and discussions in class.

2. Students will be introduced to the advantages of abstaining from sexual activities by taking on the responsibility of being a parent for a week by using the "egg baby" concept below.

3. Students will be responsible for the protection and "health" of their "egg baby" (which is an egg with the yolk and white extracted).

4. Students will, as a result, be able to identify being respectful of another human being, no matter the age.

5. Students will develop better personal hygiene by compiling a log of good personal hygiene strategies such as showering once a day, brushing teeth at least three times per day using deodorant.

6. Students will develop skits pertaining to peer
pressure and how to say "no" to negative social influences, including how to deal with the presence of drugs and alcohol in a living environment.

Tools

Chapter One: WELLNESS AND YOUR TOTAL HEALTH
  Lesson One: Wellness And The Health Triangle
  Lesson Two: Taking Responsibility For Your Health
  Lesson Three: Making Decisions About Health
  Lesson Four: Setting Goals And Making Action Plans

Chapter Three: YOUR MENTAL AND EMOTIONAL HEALTH
  Lesson Two: Building Positive Self-Esteem

Chapter Seven: YOUR GROWTH AND DEVELOPMENT
  Lesson One: The Beginning Of Life
  Lesson Two: Factors In Your Development
  Lesson Three: From Childhood To Adolescence
  Lesson Four: Adulthood And Aging

Chapter Thirteen: TOBACCO AND YOUR HEART
  Lesson Three: Choosing To Be Tobacco Free

Chapter Fourteen: ALCOHOL AND YOUR HEALTH
  Lesson Three: Choosing To Be Alcohol Free

Applications To Physical Education

In Personal Performance Indicators 3.1.1 and 3.1.2, students will be weighed and measured at the beginning of the year, the middle of the year and the end of the year. Personal charting will be done so that students can see their
personal growth and development during that school year.

3.1.3 and 3.1.4 brings up the issues of respect and responsibility of others by students bringing their “egg babies” to class and finding a competent care taker during their activity.

In Physical Education, personal hygiene is an issue that needs to be discussed in conjunction with 3.1.5. Clothes especially designated for Physical Education are to be worn for the absorption of body fluids during exercise. Deodorant is recommended to be kept in their Physical Education lockers at all times. Showers are also recommended if the facility permits. Students must take their Physical Education clothes home on Fridays to be laundered and returned for use on Monday.

In Performance Indicators 3.1.6 and 3.1.7, students can be reminded of the negative effects drugs, alcohol and tobacco have on physical performance.

In Physical Education, 3.1.8 can be applied by emphasizing the importance of good sportsmanship. If students can master self-confidence and self-esteem, the results can help one respect others and increase the dignity of the individual.
Section Four: Standard Four

FAMILY LIFE

Goals

4.1 Health Of Family Life
The students will identify human anatomy and the differences with regard to gender.
The students will define sexual intercourse
The students will develop an understanding of sexually transmitted diseases (STDs), the Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Virus Syndrome (AIDS.)

Performance Indicators

4.1.1 Teachers will establish the ground rules for the class to provide a serious and safe learning environment.
4.1.2 The students will discuss the differences between males and females and their growth development.
4.1.3 The students will discover anatomical terms.
4.1.4 Students will learn the functions skeletal and muscular body systems.
4.1.5 Students will understand puberty and its characteristics.
4.1.6 The students will understand the definition of intercourse.
4.1.7 Students will develop an understanding of STDs.
(Sexually Transmitted Diseases) and AIDS (Acquired Immunodeficiency Syndrome.)

Model Integrated Tasks

1. Students will develop personal questions regarding Family Life on three by five cards to anonymously give to the instructor to answer. The teacher will prescreen questions, answering the appropriate ones.

2. Students will create flash cards, muscle charts and skeletal charts to learn the muscles and bones of the body.

3. Videos are available as teaching tools in the "ABC News Series Interactive Videodisc Series". (Glencoe, 1996, p.337b.)

Tools

Chapter Ten: WELLNESS AND YOUR BODY SYSTEMS
   Lesson Eight: Your Reproductive System

Chapter Eleven: COMMUNICABLE DISEASES
   Lesson One: Preventing The Spread Of Diseases
   Lesson Two: The Body’s Defenses Against Germs
   Lesson Three: Common Communicable Diseases
   Lesson Four: Sexually Transmitted Diseases
   Lesson Five: HIV (Human Immunodeficiency Virus)/ AIDS (Acquired Immunodeficiency Syndrome.)

Applications To Physical Education

In Performance Indicators 4.1.3 and 4.1.4, the
understanding of the human skeletal and muscular systems are a part of the Physical Education curriculum. Students learn the names of the muscles and the bones they are attached to when stretching. These muscles are referred to especially, when students are in the weight lifting unit. Throughout the entire Physical Education curriculum, muscles and anatomical terms are commonly used.

In Section 4.1.7., communicable diseases are discussed. Students must be aware that these diseases can be contracted during athletic activity by the transference of blood to blood in injury situations. Another way this section applies to Physical Education and adolescents is the transference of germs and bacteria through the sharing of water bottles, hair brushes, and even make up. Students are encouraged to start taking responsibility for themselves without having to borrow things from others for the reason of spreading potential diseases, respect for oneself and others, along with the issue of responsibility.
Section Five: Standard Five

COMMUNITY RESOURCES

Goals

5.1 Health Resources

Students will develop an awareness of community health-related agencies and resources.

Students will learn the causes and signs of child abuse, sexual abuse, eating disorders, rape, and suicide prevention.

Drug and alcohol hotlines, crisis centers, and medical emergency numbers will be made available for student access and information.

Performance Indicators

5.1.1 The student will connect to community health related agencies by being introduced to who can help.

5.1.2 Students will explore health related careers.

5.1.3 Students will learn ways to use nutrition information for the examinations of food contents.

5.1.4 Students will discuss the effects of the media's influence on health.

5.1.5 Students will be given information on how to recognize the different types of abuse and the warning signs of abuse.

5.1.6 Students will identify the different types of
eating disorders and their effects on the body.

5.1.7 Students will understand causes, signs, and prevention of suicide.

5.1.8 Students will learn first aid knowledge for basic emergencies.

5.1.9 The students will have an awareness for water safety.

5.1.10 Students will understand the importance of vitamins and how they affect the body.

5.1.11 The student will equip the home with personal emergency and safety information.

Model Integrated Tasks

1. Students will develop a phone log of all community and emergency health related services.

2. Students will list all health related careers during course discussion.

3. Students will learn to read and understand nutritional information labeled on all foods by investigating certain foods through active participation.

4. Students will bring in a media article related to a health issue which have a direct affect on their health.

5. Students will be able to distinguish between physical and emotional abuse.

6. Students will be able to identify the differences, signs and symptoms of Anorexia Nervosa and Bulimia.

7. Students will be aware of the warning signs of an
individual considering suicide.

8. Students will be able to perform a basic first aid procedure called ICE (a mnemonic device used for memory skills.) ICE stands for Ice, Compression, Elevation.

9. Students will create a first aid kit.

10. Students will listen to a presentation given by the Junior Life Guards concerning water safety.

11. Students will develop a definition chart explaining how vitamins affect the human body.

12. Students will create a usable earthquake kit including all personal emergency and safety information.

Tools

Chapter Three: YOUR MENTAL AND EMOTIONAL HEALTH
Lesson Five: Mental Disorders
Lesson Six: Sources of Help

Chapter Five: CONFLICT RESOLUTION AND PREVENTING VIOLENCE
Lesson One: Dealing With Abuse

Chapter Six: CONSUMER CHOICES AND PUBLIC HEALTH
Lesson One: Building Healthy Consumer Habits
Lesson Two: What Influences Your Choices?
Lesson Three: Choosing Health Services
Lesson Five: Public Health

Chapter Nine: EATING HEALTHY, EATING WELL
Lesson One: Building A Nutritious Diet
Lesson Two: Making Healthful Food Choices
Lesson Four: Eating Disorders
Chapter Sixteen: SAFETY
Lesson One: Building Safe Habits
Lesson Two: Acting Safely at Home and at School

Chapter Seventeen: HANDLING EMERGENCIES
Lesson One: Basic Principles of First Aid
Lesson Two: Life-threatening Emergencies
Lesson Three: First Aid for Common Emergencies

Applications To Physical Education

In Personal Performance Indicator 5.1.4, students need to understand the affects of weather through the media in regards to unhealthy air quality and air temperatures in modifying physical exertion. The media, in regards to television, can also be used to aid students in broadening their knowledge on how an activity is played at an advanced level.

In section 5.1.5 and 5.1.6, teachers and students can identify warning signs of child abuse as well as identifying the symptoms of eating disorders. In the Physical Education environment, due to changing from school clothes to the Physical Education uniform, increased detection is possible.

In section 5.1.8, students are able to assist the Physical Education teacher with basic first aid techniques in situations where the teacher is not immediately accessible due to the field, court, or office location. The addition of students having the basic knowledge of first aid allows for immediate attention to an injured student, which in turn
lessens the possibility of a more serious injury.

As situations arise in the Physical Education classes, teachers always have the freedom to be creative, innovative and selective on the issues that need to be addressed.
Scope and Sequence
Physical Education Health Related Topics
Grade Seven

**Section One: Standard One**
Personal Responsibility for Lifelong Health
Suggested Time Frame: Two Weeks

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**Section Two: Standard Two**
Respect For and Promotion of Health
Suggested Time Frame: One Week

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Section Three: Standard Three

Growth and Development

Suggested Time Frame: Two Weeks

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Section Four: Standard Four

Family Life

Suggested Time Frame: Two Weeks

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### Section Five: Standard Five

**Community Resources**

**Suggested Time Frame: Two Weeks**

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Conclusion

As we conclude this curriculum, we will refer back to the opening question in our abstract which was that of our students asking us "Why do we have to run?" It is our assumption that the health information provided in Chapter Three, when used along with the applications to Physical Education, will give the student a better knowledge base and the understanding they need to answer this very question for themselves. It is our hope that all of the health subject categories will not only aid in coordinating the importance of fitness for life, but will provide information for the students' overall health and sound decision-making practices for the rest of their lives.

Under ideal circumstances, this Health curriculum would have the Capistrano Unified School District's, Board of Trustees approval for the 1999/2000 school year. With this approval, the curriculum would immediately be implemented at a pilot middle school, rapidly assessed and then expanded to become a district-wide requirement for all seventh grade students. Immediate implementation would include:

1. Teacher in-servicing
   This would take eight hours of in-service time scheduled over two days and two four-hour time blocks per day.

2. Ordering textbooks
This would involve the ordering of two sets of textbooks for each student. One would be used for take-home studies and one for use in the classroom.

3. Ordering the Multimedia packet

This instructional packet is offered by Glencoe/McGraw-Hill, publisher of TeenHealth, Course Two and provides multi-media teaching aid material to be used by the teachers.

4. Implement an on-going evaluation process.

The Program Evaluation model that we will use is the Evaluability Assessment procedure that allows the participating teachers and students to interpret program activities.

The Evaluability Assessment procedure seems to be the same as the Formative and Summative Evaluation process noted in the Schumacher and McMillan text, Research Design and Methodology (1997.) This evaluation serves two different functions. The function of Formative evaluation is to collect data about educational programs while they are still being developed. This evaluative data can be used by developers to "form" and modify the program. In some instances, the evaluation findings may lead to a decision to abort further development so that resources are not wasted on a program that ultimately has little chance of being effective. The Summative function of evaluation occurs after the program has been fully developed. "Summative evaluation is conducted to determine how worthwhile the final program is" (Schumacher
and McMillan, 1987.)

The Formative evaluation process will help us gather data that we will need to improve the quality of the student's experience in this new curriculum. The student's feedback will be helpful in planning for future years. The formative process is very open-ended and focuses on the ongoing collection of data to determine program effectiveness. There are many ways to gather data such as direct observation, journals, questionnaires, collecting of student work, interviews with students/teachers and pre/post tests or surveys.

One of the Formative processes of evaluation we will use during this nine week unit will be for the students to keep their own personal journals in the areas of both Physical Education and Health. We will assess the information students provide regarding their progress with respect to fitness improvement and goal attainment. We will also ask them to review any handouts that were given to them in both classes.

Another form of evaluation will be via teacher/student interactions and the subjective reports by both parties. Verbal conversation and interaction will be evaluated as it pertains to indicators of curriculum integration within students' lives and the ability to converse openly on topics of health, responsibility, choices, decision-making, and personal health.

As we go through the Formative process of evaluation in the first year of this Health curriculum and how it relates
to Physical Education, we will evaluate each section by interpreting how well the students understand the information presented to them by using a questionnaire which gives us student feedback on how they feel about the material presented. The following is a template designed for extracting this data:
Student Survey

Physical Education Health Related Topics

Section #________

Date: __________

1. Fill in the Blank: How many hours a week did you spend writing in your journal? ____ hours per week.

2. Yes or No: Before taking this class, did you know how the information covered in this unit would relate to your own personal health and fitness?____

3. Scale: How would you rate the lessons?

(circle one)

1 2 3 4 5

Not Interesting

Interesting

4. Checklist: Does your teacher allow enough time for you to discuss the information provided? (Check only one answer)

___ We have way too much time.

___ We have too much time.

___ We have just enough time.

___ We could use a little more time.

___ We need a lot more time.

5. Rank Ordering: The following is a list of some of the problems that you may have had during the lesson. Please rank their
importance according to your experience. (Place a 1 by the most important problem, a 2 by the next most important problem, and so on...) 

____ I did not understand the material.
____ I thought the issues discussed were too personal.
____ I felt comfortable with the lesson.
____ I can use this information in my future Physical Education class.
____ I do not understand how this information relates to my Physical Education class.

6. Opinion: Write a brief statement about what you liked or didn't like about the lesson.
Evaluation Process

The Summative part of the evaluation process determines the outcome of the effectiveness of this health program and whether or not it correlates with Physical Education. The sum of the data and opinions of students/teachers feedback will provide the necessary documentation on which to base continued support for this curriculum.

Since this curriculum is subjected to mid-stream modifications as Program Plans are still unfolding during the Formative stage of evaluation, the outcome will also be subjected to change throughout the school year. When all information has been assessed, a team of experts will decide whether Physical Education Health Related Topics (Health) will be continued, modified, or terminated of further implementation for the following school year.

For future years, we recommend that the following steps be taken before implementing a Health curriculum:

1. Teachers who choose to teach this course need to be credentialed in the area of Sciences.
   * Enthusiasm and support would be an important aspect of a teacher choosing to instruct this unit since sensitive subject matter will be covered and a comfortable classroom environment is essential.
   * In order for the program to truly succeed, a teacher(s) from the Physical Education Department would be the best candidate(s) to teach this course.
* Make sure the teacher is properly in-serviced.

2. Issue a Parent Permission Slip to all students on the day of class stating that it is not the desire of the proponents of this course to conflict with any religious beliefs of the family. State the topics to be covered and the sensitive subjects that will be discussed:

* Mental and Social Health
* Physical Fitness
* Nutrition
* Growth and Development
* Marriage and Parenting
* Tobacco, Alcohol, and other Drugs
* Diseases

Sensitive subjects include:
* Reproduction
* Pregnancy
* Sexually Transmitted Diseases

3. Allow parents to view and discuss any information discussed in the curriculum:

* Parent Night
* Viewing any audio visual materials accepted by the School District
* Discussing material with administration
* Contacting teacher
4. Excluded students get an alternative course or assignment.
   * The office/administration can assign a student a
different course at this time.
   * Options for credit must be discussed by parents and
administrators.
Contributions to the Project

This Health Curriculum had been adopted by the State of California to be taught at the middle school age group as well as high school groups. Each school district had the option to implement it before the year 2000. As the proposal was originally written, it would be very difficult for any Physical Education teacher or a teacher with a Science background to even know where to begin teaching the lessons, especially when so many controversial subjects are discussed at a much younger age than high school.

It became our intention to create a Health framework and build it around an existing text that could be related to Physical Education. It was also important to us that the curriculum could be taught by any teacher unfamiliar with the text and lessons, therefore we created a step by step guide to help aid anyone needing extra guidance and ideas.

Because the project required so much interaction, sharing and collaboration of ideas, the overall synthesis is difficult to divide into individual parts. From the start of the school year, we chose to team teach together in order to assist in the development of this unique project. The sections were not separated, but interpreted and created together. Even as we reviewed the Table of Contents to see if any parts were separated out by duties, we came to the conclusion that this truly was a cooperative and
collaborative effort. Throughout this effort, we both learned ways to make our own teaching better and look forward to implementing and being creators of this curriculum in the future.
REFERENCES


