

***HealthSmart* High School (ETR Associates)**
HECAT Chapter 2: General Curriculum Information

Curriculum Description Analysis Items

1. Name of curriculum: *HealthSmart* High School
2. Year published or developed: First published, 2004; revised: 2013 (2nd ed.)
3. Publisher/Developer/Distributor

Name: ETR Associates

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4. Summarize the overall goals or focus of the curriculum.

HealthSmart is a comprehensive health education curriculum for Grades K–12 that focuses on the primary areas of risk for children and adolescents identified and monitored by the Centers for Disease Control and Prevention. The HealthSmart High School program is designed to be taught in grades 9 through 12. The ultimate goal of the HealthSmart program is to promote the healthy growth and development of youth and give them the knowledge and skills to make healthy choices and establish life-long healthy behaviors.

5. Who is the intended audience?

✓ General population of students

6. What topics does the curriculum address? (Check all that apply)

- ✓ Promoting an alcohol and other drug-free lifestyle (preventing alcohol and other drug use)
- ✓ Promoting healthy eating and nutrition
- ✓ Promoting mental and emotional health
- ✓ Promoting personal health and wellness
- ✓ Promoting physical activity
- ✓ Promoting safety and injury prevention
- ✓ Promoting sexual health
- ✓ Promoting a tobacco-free lifestyle (preventing tobacco use)
- ✓ Preventing violence and intentional injury

Note: HealthSmart was designed to cover all of the topic areas outlined in the HECAT.

7. What grade levels does the curriculum address? (Check all that apply)

✓ Grade 9

✓ Grade 11

✓ Grade 10

✓ Grade 12

8. How many lessons/sessions are in the curriculum? 96
9. If appropriate, describe how the lessons are divided by grade level and by health topic.

By health topic:

High School

- Mental/Emotional Health = 16
- Nutrition & Physical Activity = 16
- Personal Health & Wellness = 5
- Sexual Health = 25
- Tobacco, Alcohol & Other Drug Prevention = 16
- Violence & Injury Prevention = 18

10. Is the curriculum included on a federal registry of programs considered to be exemplary, promising, or effective? (Available at www.cdc.gov/healthyyouth/adolescenthealth/registries.htm.)

NO.

11. Is the curriculum on the state health education curriculum adoption list? (Consult websites or health education personnel in the school district and state to determine if such a list exists in the state and if the curriculum is on that list.)

NOTE: This will need to be determined by each school/district/state.

12. According to the developer, does the curriculum match national or state health education standards or frameworks?

YES. All lessons in the curriculum are aligned with the National Health Education Standards, and great emphasis is placed on students having opportunities to become proficient in and master the concepts and skills outlined at each grade level.

<http://www.etr.org/healthsmart/about-healthsmart/national-standards/>

HealthSmart reflects the characteristics of effective health education curricula defined by the CDC: <http://www.etr.org/healthsmart/about-healthsmart/effective-health-education-curricula/> and meets many of the National Sexuality Education Standards:

<http://www.etr.org/healthsmart/f/common/healthsmart-nse-alignm/>

The curriculum is also being matched to various state standards:

<http://www.etr.org/healthsmart/about-healthsmart/state-standards/>

13. Does the developer indicate that the curriculum is based on a specific health behavior theory or theories?

YES. HealthSmart is grounded in sound educational and behavioral theory. The Theory of Planned Behavior provides the framework for lessons and activities. Concepts from Social Learning Theory are strategically woven throughout the program, and the Transtheoretical or Stages of Change Model serves as the foundation for activities designed to support student change of unhealthy behaviors.

In addition, HealthSmart was developed to meet the Characteristics of Effective Health Education Curricula as identified by the CDC Division of Adolescent and School Health.

14. If the curriculum is being considered for purchase with federal funds, identify the funding federal agency and if the curriculum is compliant with relevant federal requirements. If not being considered for purchase with federal funds, proceed to #15. (Note: It might not be possible to complete “yes” or “no” responses without a more thorough curriculum review.)

NOTE: This question must be answered by the individual school/district.

Name of Federal Program _____

Does the curriculum meet appropriate federal requirements related to curriculum purchased with these federal funds?

Yes No

Identify the relevant requirements related to curriculum purchase.

15. Is professional development or training required by the developer to purchase or use curriculum materials?

NO. Training is not required. However, ETR has extensive experience in providing professional development services and offers specific trainings and fee-for-service consultation on all its curricula.

16. Does professional development or training appear necessary to implement the curriculum effectively?

NO. HealthSmart was designed to be easy for teachers at all levels of experience to pick up and use with success.

17. Does the curriculum provide strategies for integrating content from other academic subjects into health education lessons?

Not specifically; however, HealthSmart lesson and assessment activities support the Common Core State Standards in English Language Arts and can be used to strengthen students' reading, writing and language skills. For more information see: <http://www.etr.org/healthsmart/about-healthsmart/common-core/>

18. What guidance does the curriculum provide to notify parents and families about the curriculum or content of instruction?

Sample letters for informing parents/families about the curriculum content are provided for each content area unit.

19. What guidance is provided to help teachers handle sensitive or controversial content issues?

Brief and general guidance is given within the Teacher's Guide around particular sensitive issues as these are taught. In addition, the optional Health Facts series for High School contain chapters on answering sensitive questions. ETR's Professional Development Services department can also offer topic-specific trainings on a fee-for-service basis, if schools/districts desire.

20. What materials, tools, technology, and resources are included as part of the curriculum?

What materials are included in the curriculum?

- ✓ *Lesson plans*
- ✓ *Student workbooks**
- ✓ *Student assessment tools (lesson and unit assessments, scoring rubrics for all assessments)*
- ✓ *Homework assignments*
- ✓ *Learning materials for use by parents or caregivers and families*
- ✓ *Ideas for community service experiences*
- ✓ *Foundation book that details theory/educational basis of curriculum*

** Student workbooks (print)/student license (digital) must be purchased as part of curriculum package.*

What types of technology are used in the curriculum?

- ✓ *Visuals, such as slides and transparencies*
- ✓ *CD-ROM (of masters, slides/PowerPoint, etc., included with print edition)*
- ✓ *Internet (accessing resources lessons in MS/HS)*

What other supports and services are provided by the publisher/developer as part of the curriculum purchase?

- ✓ *Lesson Planning Tool app to help educators develop a teaching plan*
- ✓ *Curriculum updates for teachers on website*
- ✓ *Website access to free teacher resources:*
 - *Step-by-Step to Coordinated School Health book*
 - *Reducing Adolescent Sexual Risk book*
- ✓ *Alignments to Common Core State Standards and certain state standards on website*
- ✓ *Training and professional development is available (on fee-for-service basis).*

HealthSmart (ETR Associates)
HECAT Chapter 3: Overall Summary Form

Individual Curriculum Summary Scores

Please see notes on Chapters 4 and 5 for general descriptions of how HealthSmart meets the various criteria.

Chapter 6: Knowledge/Skill Expectations Summary

HealthSmart Unit	HECAT Skill Expectations (NHES)														
	1		2		3		4		5		6		7		8
Grade Level	KE	SE	P												
High School (Gr. 9–12)	KE	SE	P												
ABST (PHW)	■			●	●					●		●	●		
ABST (SH)	■	●	●	●	●	●	●	●	●	●	●	●	●		
EMH (MEH)	■	●	●	●	●	●	●			●	●	●	●		
HIV/STD (SH)	■	●	●	●	●	●	●					●	●	●	●
NPA (HE)	■	●	●	●	●	●	●			●	●	●	●		
NPA (PA)	■	●	●	●	●	●	●			●	●			●	●
TAOD (AOD)	■	●	●	●	●	●	●	●	●	●	●	●	●	●	●
TAOD (T)	■	●	●			●	●	●	●	●	●			●	●
VIP (S)	■	●	●					●	●			●	●	●	●
VIP (V)	■	●	●	●	●	●	●								

(KE = Knowledge Expectations, SE = Skill Expectations, P = Student Skill Practice)

■ = The majority of knowledge expectations are met within the content area.

● = At least 2 skill expectations are met within the grade or content area.

Curriculum Summary Score Notes

HealthSmart is a comprehensive health education program whose goal is to promote the healthy growth and development of youth and give them the knowledge and skills to make healthy choices and establish life-long healthy behaviors.

HealthSmart is grounded in sound educational and behavioral theory, including the Theory of Planned Behavior, Social Learning Theory and the Constructivist Approach to learning.

HealthSmart focuses on the primary areas of risk for adolescents identified and monitored by the Centers for Disease Control and Prevention (CDC):

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors that contribute to unintended pregnancy and STDs, including HIV
- Tobacco use
- Alcohol and other drug use
- Unhealthy dietary behaviors
- Inadequate physical activity

***HealthSmart* meets the National Health Education Standards**, which detail what students need to know and be able to do in order to achieve health literacy. All lessons are aligned with NHES, and great emphasis is placed on students having opportunities to become proficient in and master the concepts and skills outlined at each grade level.

***HealthSmart* reflects the characteristics of effective health education curricula** defined by the CDC. It also incorporates key knowledge and skill expectations detailed in the CDC's Health Education Curriculum Analysis Tool (HECAT) for each grade level.

Lessons are designed to be easy for teachers to use, with clear, concise teaching steps focused on the essential concepts and skills that will enable students to develop, practice and support specific healthy behaviors. Detailed lesson plans, support materials and guidance for discussing sensitive topics are provided.

Learning activities are developmentally appropriate, challenge students in a variety of ways, and accommodate a range of learning styles. The student-centered activities and discussions help students personalize and apply the content and skills to their lives.

***HealthSmart* provides focused skill development** in all of the key skills defined by the National Health Education Standards: analyzing influences, accessing resources, communication, decision making, goal setting, practicing health-enhancing behaviors and advocacy.

Authentic assessment activities are provided for all learning objectives.

Opportunities for families to be involved are woven throughout the program.

Lesson Planning Tool helps teachers deal with time constraints by allowing them to select *HealthSmart* lessons in particular content areas that address specific skills and support desired healthy behavior outcomes based on the skills defined in the National Health Education Standards and the HECAT healthy behavior outcomes.

***HealthSmart* supports the Common Core State Standards** for English and Language Arts by providing practice in reading, writing, speaking and listening and language.

***HealthSmart* (ETR Associates)**
HECAT Chapter 4: Preliminary Curriculum Considerations

Accuracy Analysis

Directions: Assess the accuracy of the health, medical, and scientific information in the curriculum. Consider if the information is scientifically sound, medically accurate, and current.

Some questions to consider when analyzing accuracy include:

- Does the curriculum use accurate and appropriate terminology?
YES. HealthSmart was written and reviewed by health education experts.
- Are data, information, and sources of information current?
YES. Sources are current as of the press date, and will be updated as needed in the digital edition and reprints of the print edition. Updates for the print edition can also be found on the HealthSmart website.
- Are data medically accurate? *YES.*
- Are data represented accurately in charts, graphs, and written text? *YES.*
- Are statements of fact based on data and sound science rather than anecdotal information or subjective opinion? *YES.*
- Is information about data sources provided so that the accuracy of data can be verified and facts can be substantiated? *YES. Sources for most current statistics are given for the teacher in the Teacher's Guide. Sources are included on teacher Masters and other places where data is quoted directly from a government or other reputable source.*
- Are facts and information based on appropriate data? For example, are national trends supported with national data rather than state or local data? Are youth trends supported with youth data rather than adult data? *YES. Data on youth trends is from the most current Youth Risk Behavior Survey from the CDC, as well as other national studies.*
- Do statements of fact or conclusion accurately represent the data? *YES. HealthSmart lessons use the data to emphasize positive norms as well as risks.*
Is the information distorted or exaggerated? *NO.*
- Are sources of data clear and credible? Are they from a reputable public health or professional source? *YES. HealthSmart uses public health sources such as the CDC, or reputable professional sources, such as the Monitoring the Future survey, for all data.*

Notes: *The program's goal is to give students the functional knowledge and skills they need to achieve healthy behavior outcomes. Therefore, every effort was made to have the information presented be accurate and up to date.*

Acceptability Analysis

Review the curriculum to determine if the text, pictures, graphics, and other materials

- Are appropriate for the intended audience. *YES. HealthSmart is geared to the developmental levels of students at each grade.*
- Are compatible with community norms. *While this is best decided by the individual school/district, HealthSmart has been written to draw upon the knowledge, values and attitudes students bring to the classroom. Family letters and take-home assignments allow parents to participate and share their views/values. At the high school level, two sexual health units are provided: one focusing on abstinence, and the other providing more explicit information about HIV, STD and Pregnancy Prevention.*
- Avoid promoting biased or stereotypical perceptions of individuals or groups on the basis of personal characteristics such as race, ethnicity, gender, religion, culture, age, or sexual orientation. *YES. In fact, HealthSmart includes lessons that promote respect for individual differences at all grade spans. The lessons themselves are written to avoid bias, for example, case studies are written to avoid perpetuating gender stereotypes.*
- Are consistent with state statutes, state or district policy, codes, and frameworks. *Again, this will have to be determined by the individual school/district, but HealthSmart aligns well with most state standards and national frameworks for health education.*

Some questions to consider when analyzing acceptability include:

- Does the curriculum address the health problems that affect youth, families, and the community? *YES. HealthSmart was designed around the greatest risk factors facing youth today, as identified and monitored by the CDC.*
- Does the curriculum address issues and experiences that are important to improving the health-promoting decisions and practices of the students? *YES. HealthSmart teaches decision making at all grade spans. Students are given support for practicing healthy behaviors through both the knowledge and skills taught in the curriculum.*
- Does the curriculum make accurate assumptions about students and address their experiences, learning, and developmental needs? *YES. HealthSmart was designed with the different developmental needs of adolescents.*
- Does the curriculum recognize important subpopulations of students, make realistic assumptions about them, and address their unique experiences and learning needs? *HealthSmart was written as a national curriculum and is therefore more generic in its approach. Individual schools/districts may want or need to make some adaptations for their unique subpopulations.*
- Is the language used in the curriculum relevant and appropriate for the students and the community? *YES. The lessons are written to support the developmental needs of students at each grade span. Reading level on student materials is grade appropriate. Family materials are written in a friendly and informative tone that respects what parents know and want to teach their children. Take-home materials are available in Spanish and English; teacher guides and student workbooks are not currently available in languages other than English.*
- Does the curriculum reflect cultural perspectives and beliefs found in families, the school, or the community? *YES. HealthSmart uses the Constructivist Approach to learning to build on the knowledge and experiences students bring to the classroom, which helps ensure responsiveness to the different cultures represented by students and their families.*

- Do the curriculum information and learning experiences, such as student-family activities, reflect the diversity of cultures among students and families? *While this is best assessed by the individual school/district, HealthSmart take-home activities strive to be respectful of families' knowledge, values and hopes for their children's health.*
- Does the curriculum acknowledge and support the roles of parents/caregivers, family, and community members in promoting healthy behaviors among youth? *YES. Lessons frequently acknowledge parents and other trusted adults as part of students' support network, offer suggestions for community involvement and help students identify adults who can support them in practicing healthy behaviors. The take-home activities keep parents/caregivers abreast of what their children are learning and allow them to share their views and values on the various health topics.*
- Do pictures, information, or learning experiences avoid stereotyping people based on race, ethnicity, gender, religion, culture, age, or sexual orientation? *YES. For example, case studies are written to avoid perpetuating gender and other stereotypes and roleplays and case studies involving sexual behaviors at the high school level often use gender-neutral language to be inclusive of students of different sexual orientations.*
- Does the curriculum address issues required by statute or policy, including the health requirements identified in the health education framework or course of study? *YES. This must of course be reviewed by individual schools/districts, but HealthSmart was designed to meet the National Health Education Standards, and thus is highly compatible with states standards or frameworks are based on the NHES.*
- Is the curriculum information and material consistent with health education frameworks and other guidance? *YES. HealthSmart is grounded in sound educational and behavioral theory, focuses on the primary areas of risk identified for children and adolescents and meets the National Health Education Standards. It reflects the Characteristics of Effective Health Education Curricula defined by the CDC and incorporates key knowledge and skill expectations detailed in the HECAT for each grade level. The sexual health units at high school also align well with the National Sexuality Education Standards.*
- Does the curriculum information or material violate health education requirements, education codes, or mandates? *This will need to be determined by individual schools/districts. The online Lesson Planning Tool will allow teachers/schools to select lessons based on their local needs and restrictions.*
- Is there anything in the curriculum sponsorship, information, or materials that reflect an inappropriate marketing message that attempts to influence teachers and students, such as
 - Marketing a particular brand or product? *NO.*
 - Advocating a position that might conflict with the school's mission? *NO.*
 - Communicating a message that conflicts with health education outcomes and objectives? *NO.*

Notes: *While schools/districts are in the best position to assess whether the curriculum will be suitable for their particular community, HealthSmart was designed to align with best practices and the characteristics of effective health education curricula. It was written to be nonbiased and inclusive, and to correspond with national standards and recommendations for health education.*

Feasibility Analysis

Directions: Assess the feasibility of the curriculum for implementation in the classroom. Complete each item below. Record notes and comments to justify scores and inform group discussions and decisions.

Name of Curriculum: *HealthSmart*

1. Can the curriculum be reasonably implemented by most health education teachers and others who might use this curriculum? (For example, is there sufficient background information, clear guidance for skill building, sufficient instructional guidance to complement most teachers' knowledge and abilities?)

YES. Both new and experienced teachers will appreciate the teacher-friendly design, and the program supplies everything needed to teach the lessons. The Teacher's Guides provide detailed step-by-step procedures for preparation, introducing the topic to students, teaching scripts for all lesson activities and assessment. Skill instruction follows a consistent research-based model. HealthSmart was designed to be easy for teachers at all levels of experience to pick up and use with success.

2. Can the curriculum be implemented within the available classroom or instructional time?

This is best assessed by the individual school/district. Many health education programs throughout the country don't allow enough time for all HealthSmart units and lessons to be taught. School districts should choose those units and lessons that are aligned with their scope and sequence and/or examine existing local health behavior data to determine the greatest needs for the students in their district. HealthSmart's innovative online Lesson Planning Tool enables educators to select particular content areas, skills and healthy behavior outcomes outlined by the HECAT to generate a personal lesson plan that contains the lessons most relevant to their needs and desired outcomes. Reviewing the HealthSmart Scope & Sequence charts for the high school level can assist schools with deciding on a focus.

Notes: *HealthSmart is a comprehensive health education curriculum and therefore contains the number of lessons the expert authors and reviewers felt necessary to cover the required content and skills and achieve healthy behavior outcomes. Schools/districts with time constraints can use the Lesson Planning Tool to focus their efforts on the content areas and behavioral outcomes deemed most essential.*

Affordability Analysis

Directions: Assess the affordability of the initial curriculum material costs, implementation costs, and the costs required to sustain the curriculum. Complete each item below. Record notes to justify scores and inform group discussions and decisions.

Name of Curriculum: *HealthSmart*

1. What is the initial cost of curriculum materials?

Items	Unit Cost	Number of Units Needed	Total Cost (Unit cost X number of units needed)
Core curriculum (a breakdown of separate grade-specific or topic-specific materials might be necessary.)	\$999.99 for complete Middle School set of 6 content area teacher guides/online lessons, and classroom set of 30 student workbooks/student licenses for each content area (print or digital) \$189.99 per content unit (includes teacher guide and classroom set of 30 student workbooks (print) or student licenses (digital))		\$
Necessary instructional materials that are not included as part of the core curriculum, such as teacher’s guides, videos, CD’s, master transparencies.	\$ none		\$
Required consumable student materials	\$3 each for printed student workbooks or single student digital license (\$18/set)		\$
Other	\$		\$
Total Minimum Curriculum Purchase Costs	\$		\$
Optional supplemental materials, including suggested, but not required, consumable materials.	ETR offers many supplemental pamphlets and other health promotion materials at www.etr.org/store		\$
Total Initial Curriculum Material Costs	\$		\$

Notes: *Digital teacher license is good for entire term of student license purchased (from 1 to 6 years). Grade level price of \$549.99 includes 6 subject modules at High School. High School individual subject units can be purchased for \$91.99 each.*

Print Edition Student Workbooks and Digital Edition Student License cost may be lower based on volume and years contracted.

2. What is the cost of sustaining the curriculum materials annually?

Items	Unit Cost	Number of Units Needed	Total Cost (Unit cost X number of units needed)
Core curriculum (a breakdown of separate grade-specific or topic-specific materials might be necessary.)	\$		\$
Necessary instructional materials that are not included as part of the core curriculum, such as teacher’s guides, videos, CD’s, master transparencies.	\$		\$
Required consumable student materials	\$3 each for printed student workbooks or digital student license (\$18/set)		\$
Other	\$		\$
Total Minimum Annual Curriculum Costs	\$		\$
Optional supplemental materials, including suggested, but not required, consumable materials.	\$		\$
Total Annual Curriculum Material Costs	\$		\$

Notes: *Digital teacher license is good for entire term of student license purchased (from 1 to 6 years).*

3. What are the additional financial costs related to curriculum implementation?

Additional staff	Initial Cost: \$	Annual Cost: \$
Professional development costs and training fees	Initial Cost: \$	Annual Cost: \$
Paying substitutes to cover classes	Initial Cost: \$	Annual Cost: \$
Other:	Initial Cost: \$	Annual Cost: \$
Other:	Initial Cost: \$	Annual Cost: \$
Total Additional Costs	Initial Cost: \$	Annual Cost: \$

Notes: *To be determined by individual schools/districts.*

4. What funds are available for curriculum purchase and implementation?

Source	Available Immediately	Available Annually
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Available	\$	\$

Notes: *To be determined by individual schools/districts.*

5. Funding Summary

Costs of materials	Initial Cost: (Amount from #1)	Annual Cost: (Amount from #2)
Additional costs for implementation	Initial Cost: (Amount from #3)	Annual Cost: (Amount from #3)
Funds available for purchase and implementation	Immediately: (Amount from #4)	Annually: (Amount from #4)

Notes: *To be determined by individual schools/districts.*

6. Identify and describe the changes needed in staffing, facilities, and schedules to make sure lessons can be implemented as written. Briefly note any that require a cost in dollars, time, or effort.

To be determined by individual schools/districts.

7. Consider any costs that would be involved in revising the curriculum to ensure that the materials and lessons are accurate and acceptable.

Content updates for the print edition are made available on the HealthSmart website.

Digital lessons will be updated online periodically as needed. Teacher license grants access to these lessons as they become available for full term purchased.

***HealthSmart* (ETR Associates)**
HECAT Chapter 5: Curriculum Fundamentals

Curriculum Design

Name of the Curriculum: *HealthSmart*

Grade groups addressed by the curriculum (Check any that apply)

- ✓ 9-12 (*HealthSmart High School provides subject units for Grades 9-12*)

Complete the **Curriculum Design** score by checking the box for each criterion that applies to the curriculum under review and summing the checks. When reviewing a comprehensive curriculum (CHE), check only when the criteria is met for most or all of the topic areas and grade groups.

1. The design, graphics, and language are engaging, appropriate, and current. YES
Student materials are simple in design, but feature relevant, engaging content. All student materials have been checked for grade-appropriate readability levels.
2. Most or all of the necessary support materials, such as student texts, teacher guidance, audiovisuals, and teaching aids, are provided to achieve the learning objectives. YES
For the print edition, High School sets include a CD with slides/transparencies, masters, student journals and other support materials.
The digital edition includes these materials as fillable PDFs. The lesson plans are provided in an online format.
3. A progressive sequence has been established so that each lesson plan reinforces the one before it and sets the stage for the next one most or all of the time. YES
HealthSmart was developed as a sequential, comprehensive health education curriculum. The knowledge and skills build throughout each grade-level content unit, and across the grades, to establish and reinforce the knowledge and skill base that will lead to healthy behavior outcomes.
4. Most or all learning experiences reinforce adopting and maintaining specific health-enhancing behaviors. YES
This is one of the key strengths of HealthSmart. The learning objectives, teaching steps, student activities and assessments are all geared toward the ultimate goal of helping students establish healthy behaviors.

Learning Objectives

Name of the Curriculum: *HealthSmart*

Grade groups addressed by the curriculum (Check any that apply)

- ✓ 9-12 (*HealthSmart High School provides subject units for Grades 9-12*)

Complete the **Learning Objectives** score by checking the box for each criterion that applies to the curriculum under review and summing the checks. When reviewing a comprehensive curriculum (CHE), check only when the criteria is met for most or all of the topic areas and grade groups.

1. Most or all of the learning objectives are clearly written and are measurable. YES

Assessment Evidence listed at the end of each lesson give teachers an easy way to check off the lesson activities that met each objective.

2. Most or all of the learning objectives address important concepts and skills that support healthy behavioral outcomes. YES

The learning objectives are based on the knowledge and skill expectations set forth in the HECAT. The online Lesson Planning Tool provides an easy way to see how lessons meet the Healthy Behavior Outcomes defined by HECAT.

3. The learning objectives address cognitive, affective, and skills domains. YES

Objectives address functional knowledge, peer norms, intentions to practice healthy behaviors, and specific skills.

4. Most or all of the learning objectives are consistent with health education standards or course of study. YES

Learning objectives align with and support the National Health Education Standards, and the knowledge and skills expectations defined in the HECAT.

Teacher Guidance and Preparation

Name of the Curriculum: *HealthSmart*

Grade groups addressed by the curriculum (Check any that apply)

- ✓ 9-12 (*HealthSmart High School provides subject units for Grades 9-12*)

Complete the **Teacher Guidance and Preparation** score by checking the box for each criterion that applies to the curriculum under review and summing the checks. When reviewing a comprehensive curriculum (CHE), check only when the criteria is met for most or all of the topic areas and grade groups.

1. Background information is provided to ensure that the teacher has sufficient knowledge about the health topic. YES (available from ETR)

The Teacher Guides include some background information as well as links/references where teachers can obtain more information on particular topics. The HealthSmart website also offers content updates and additional information for teachers.

2. Clear, step-by-step procedures are provided to implement the curriculum. YES

The Teacher's Guides provide detailed step-by-step procedures for preparation, introducing the topic to students, teaching scripts for all lesson activities and assessment.

3. Essential learning materials, handouts, assessment strategies and other instructional tools are provided to reduce teacher preparation time. YES

The grade-level set includes all materials needed to teach the curriculum for a classroom of 30 students. Additional student Workbooks/digital student license agreements must be purchased separately.

4. Guidance is provided to help the teacher adapt materials or differentiate instruction based on students' learning needs. YES

The Support for Diverse Learners section included in all lessons provides tips and ideas for adapting the lesson activities to meet unique student needs.

Instructional Strategies and Materials

Name of the Curriculum: *HealthSmart*

Grade groups addressed by the curriculum (Check any that apply)

- ✓ 9-12 (*HealthSmart High School provides subject units for Grades 9-12*)

Complete the **Instructional Strategies and Materials** score by checking the box for each criterion that applies to the curriculum under review and summing the checks. When reviewing a comprehensive curriculum (CHE), check only when the criteria is met for most or all of the topic areas and grade groups.

1. Most or all of the instructional strategies use interactive, experiential methods that actively engage students in learning and help them personalize the information, such as cooperative learning, group discussions, problem solving, role playing, and skill practice. YES

One of the key characteristics of effective health education curricula identified by the CDC is that these programs “use strategies designed to personalize information and engage students.” HealthSmart includes many student-centered activities and questions that allow students to apply the content and skills to their lives. Activities build on students’ personal strengths and cultures and validate their knowledge and experiences. The curriculum makes use of roleplay, small-group discussions, games and creative performance tasks to help students learn information, practice skills and demonstrate their mastery. New learning is connected to prior and future experiences in students’ lives to further enhance personal relevance.

2. Most or all of the instructional strategies, materials, and learning experiences are culturally relevant to the students to be served. YES

While this is something that will need to be specifically assessed by each school or district, HealthSmart utilizes the Constructivist Approach to learning to build on the knowledge and experiences students bring to the classroom, which helps ensure responsiveness to the different cultures represented by students and their families. Lessons are designed to engage students and to help them personalize the information and skills they are learning. For example, many lessons begin by having students share/assess what they already know and make a connection between the health topic and their own lives, and frequent classroom discussions can allow the information and skills to be related to a particular community or student population’s unique circumstances.

3. Most or all of the instructional strategies, materials, and learning experiences are developmentally appropriate to meet the different learning needs of the students to be served. YES

HealthSmart actively works with the ways students change physically, cognitively and socially from year to year. Lessons were crafted to appreciate these changes and to maximize effectiveness through instruction tailored to the unique capabilities of adolescents at each grade level. Lessons and activities were matched to well-established developmental markers and field testing was used to reconfirm age appropriateness.

4. Instructional strategies or activities are provided to expand learning opportunities outside of the classroom, such as family activities, investigative assignments, internet review assignments, and field trips. YES

HealthSmart recognizes that parents and family are essential in health education, and opportunities for families to be involved are woven throughout the program, including take-home activities specifically designed to engage parents/caregivers in discussions of how they can support healthy behavior outcomes. Advocacy activities at all grade levels engage students in sharing what they have learned to support healthy behaviors among peers or in the wider community Several High

School units feature activities on accessing and assessing the validity of online and community resources, and the overall unit assessments at this grade level frequently involve complex investigative or creative assignments. Some lessons also include suggestions for community connections or ways to expand the learning.

Teaching Health Skills

Name of the Curriculum: *HealthSmart*

Grade groups addressed by the curriculum (Check any that apply)

- ✓ 9-12 (*HealthSmart High School provides subject units for Grades 9-12*)

Complete the **Teaching Health Skills** score by checking the box for each criterion that applies to the curriculum under review and summing the checks. When reviewing a comprehensive curriculum (CHE), check only when the criteria is met for most or all of the topic areas and grade groups.

1. Guidance is provided for the teacher to model or demonstrate the health skills to students most or all of the time. YES

HealthSmart skills instruction follows a consistent research-based step-by step model for skills instruction that includes: (1) introduction of each skills with examples of everyday situations in which it might be used, (2) explanation of the sequential and specific steps necessary for successful performance of the skill, (3) modeling of each of the steps and the entire skill sequence, (4) opportunities for students to practice, observe and rehearse skills in structured situations such as roleplays, followed by reinforcement, feedback and refinement, and (5) student application of the skills in real-life situations, followed by assessment.

2. Directions are provided to help the teacher guide students' in-class skills practice most or all of the time. YES

Teaching steps follow the above outlined sequence.

3. Teaching strategies or coaching tips are provided to help the teacher guide students' independent practice of skills most or all of the time. YES

The step-by-step structure and guidance in the Teaching Steps helps ensure teacher success.

4. Clear criteria (in the form of rubrics, checklists, or other instruments) are provided, most or all of the time, to help the teacher assess and provide feedback to students on their performance of health skills. YES

Specific, detailed scoring rubrics for skills-based lessons at High School include assessment of all of the relevant skill steps using a 4-point scale.

Student Assessment

Name of the Curriculum: *HealthSmart*

Grade groups addressed by the curriculum (Check any that apply)

- ✓ 9-12 (*HealthSmart High School provides subject units for Grades 9-12*)

Complete the **Student Assessment** score by checking the box for each criterion that applies to the curriculum under review and summing the checks. When reviewing a comprehensive curriculum (CHE), check only when the criteria is met for most or all of the topic areas and grade groups.

1. A variety of student assessments, such as multiple choice, short answer, and essay tests, and performance events, performance tasks and portfolios are provided to measure students' knowledge acquisition and skill performance. YES

Objectives for each lesson are linked to clearly identified teaching steps and the corresponding student activity sheets and other performance tasks. Assessment rubrics provide scoring guidance to ensure that student mastery can be assessed for every lesson objective. In addition, each subject module in High School culminates with two overall assessment activities: a written assessment of content and concepts, and a performance task that provides authentic assessment of content and skills through a creative individual or group project.

2. Most or all student assessments are age- and developmentally appropriate. YES

As stated in number 3 under Instructional Strategies and Materials, HealthSmart lessons and activities were matched to well-established developmental markers and field testing was used to reconfirm age appropriateness. The assessment activities reflect this same approach.

3. Scoring criteria, such as rubrics or scoring guides, are provided to help assess most or all of student work. YES (Middle/High)

An emphasis on thorough, authentic assessment is a key feature of the second edition of the High School level of HealthSmart. Objectives for each lesson link to clear teaching steps, which carry through to student activity sheets and other performance tasks. Scoring rubrics are provided for all assessment activities to ensure that students acquire the appropriate knowledge and skills.

4. Opportunities for students to assess their own skill progress and concept understanding, such as personal checklists, are provided most or all of the time. YES

Students are given informal opportunities throughout the program to assess/review their learning and understanding. Self-Check boxes are included on all student activity sheets to allow students to assess their own work before turning it in. The criteria in the self-check correspond to the top scoring criteria in the rubric for each assignment.

Promoting Healthy Norms

Name of the Curriculum: *HealthSmart*

Grade groups addressed by the curriculum (Check any that apply)

- ✓ 9-12 (*HealthSmart High School provides subject units for Grades 9-12*)

Complete the **Promoting Healthy Norms** score by checking the box for each criterion that applies to the curriculum under review and summing the checks. When reviewing a comprehensive curriculum (CHE), check only when the criteria is met for most or all of the topic areas and grade groups.

1. Opportunities for peer-to-peer activities that affirm health-promoting beliefs and behaviors, such as peer discussions, group problem solving, and peer modeling and teaching are provided. YES

The establishment and shaping of health peer norms is a key theoretical foundation of the HealthSmart program. Lessons foster peer-to-peer interactions that support healthy choices and help students resist unhealthy peer pressure. Through group discussions and other activities, students share their healthy aspirations and intentions with each other, set healthy goals and develop strategies to support each other in achieving these goals. The clarification of healthy peer norms and the development of peer support systems work to help protect youth when they are exposed to pressures to engage in unhealthy behaviors.

2. Activities designed to influence the behavior of other students and family members are included, such as school-wide media campaigns and activities that encourage parents to practice healthy behaviors. YES

HealthSmart features advocacy lessons in most topic areas and all grade levels, in which students create materials and craft campaigns to support peers in practicing healthy behaviors. Take-home family materials support family involvement in health education and allow students to share their knowledge and intentions for healthy behaviors with their parents/guardians and other significant adults in their lives.

3. Activities designed to counter student perceptions that many of their peers engage in unhealthy or risky behaviors are provided. For example, activities are included that use youth behavior data to point out how few young people engage in an unhealthy behavior or how many engage in a healthy behavior. YES

HealthSmart provides instructional strategies and learning experiences to help students accurately assess the level of risk-taking behavior among their peers (for example, how many of their peers smoke or drink alcohol) and to correct misperceptions of peer and social norms. These activities help shape healthy norms and reinforce health-enhancing attitudes and beliefs.

4. Strategies to actively engage parents and caregivers in promoting healthy values and behaviors are included, such as student-family homework assignments that allow parents and caregivers to express their values and beliefs that support healthy behaviors and discourage risky behaviors. YES

Take-home family assignments, including surveys of beliefs and attitudes, offer parents/guardians opportunities to stay abreast of what their teen is learning and share their own views on vital health topics.

Continuity and Uniformity of CHE Curriculum

Name of the Curriculum: *HealthSmart*

Grade groups addressed by the curriculum (Check any that apply)

- ✓ 9-12 (*HealthSmart High School provides subject units for Grades 9-12*)

Assess this fundamental only when reviewing a comprehensive health education curriculum (CHE).

A comprehensive curriculum is one that is broad in scope and content; addresses numerous health problems, issues, or topics; focuses on more than one grade level; and includes a wide range of learning activities to address multiple health outcomes.

Complete the **Continuity and Uniformity of CHE Curriculum** score by checking the box for each criterion that applies to the curriculum under review and summing the checks.

1. The curriculum includes an intentional sequence and reinforcement of concepts from one grade group to the next. YES

HealthSmart was designed to be a comprehensive health education curriculum. The concepts taught at each grade build upon those in the previous grade. Key concepts in each subject area are presented with increasing detail and sophistication as students grow academically and developmentally across the grades.

2. The curriculum includes an intentional sequence and reinforcement of skills from one grade group to the next. YES

Skills instruction also grows in complexity, until the full skill sequence is introduced in the High School units.

3. The curriculum includes multiple health topics across multiple grade groups. YES

The HealthSmart High School program contains the following subject modules:

- *Abstinence, Personal & Sexual Health*
- *Emotional & Mental Health*
- *HIV, STD & Pregnancy Prevention*
- *Nutrition & Physical Activity*
- *Tobacco, Alcohol & Other Drug Prevention*
- *Violence & Injury Prevention*

4. The curriculum has consistent elements (e.g., units and lessons) and structure (e.g., format and layout). YES

HealthSmart lessons follow a clear, consistent, step-by-step format, with common elements across the entire program.