

# North Dakota Health Content and Achievement Standards

Grades K–12

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### **Publication Availability**

An electronic version of the *North Dakota Health Content and Achievement Standards* is available online at the North Dakota Department of Public Instruction website: <http://www.dpi.state.nd.us/standard/content.shtm>.

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# FOREWORD

**By Dr. Wayne G. Sanstead,  
State Superintendent**

There is perhaps no greater responsibility for a community than to provide for the care and education of its citizens. We stand together, committed to the advancement of quality education for all our students. It is toward this aim that I am pleased to issue this document, the *North Dakota Health Content and Achievement Standards*. This document represents an important step in defining and implementing what constitutes a quality education for North Dakota citizens.

## *The State's Protocols for Developing Standards*

As a matter of public policy, the North Dakota Department of Public Instruction believes that public education stakeholders must define “what students should know and be able to do.” State law (NDCC 15.1-02-04.3) places responsibility for the writing of state academic standards with the State Superintendent. State law (NDCC 15.1-02-04.4; 15.1-21-08) also places responsibility with the State Superintendent for the supervision of State assessments that are based on the State’s academic standards. To this end, the Department of Public Instruction has worked closely with the State’s educators, through a clearly articulated process, to develop academic standards and aligned assessments that reflect the profession’s best insights into what constitutes a quality education for every citizen.

The North Dakota State content and achievement standards offer guidance in core curriculum areas while, at the same time, they allow for, indeed *encourage*, a dynamic and living curriculum created at the local school district level. To ensure educational relevance, the North Dakota State content and achievement standards are (1) based on academic standards developed nationally by various professional education associations, (2) periodically revised as suggested by

classroom and community experiences and expectations, and (3) widely supported by state and national education policymakers.

While the North Dakota State content and achievement standards represent an official, statewide reference point for content and proficiency, local school districts are encouraged to use the State’s content and achievement standards as guides in the development of local, customized curriculum in the core content areas. Put another way, standards-based education requires that a community agree upon what skills and abilities students should have upon leaving high school and what an appropriate K-12 educational experience should look like in the classroom.

The Department seeks to engage stakeholders in the development and performance reporting of a valid and reliable educational accountability system. To ensure that the State’s accountability system engenders confidence among constituents, the Department has established a system of prescribed activities that are designed to assure procedural validity and reliability, product quality, and systemic integrity. The Department, with the assistance of professional educators from across the State, has established process and content protocols to articulate the governing rules for the development of State content and achievement standards and assessments.

I encourage all citizens to familiarize themselves with the process used to define, review, and implement the State’s challenging content and achievement standards. The *North Dakota Standards and Assessment Development Protocols* (refer to the following website: <http://www.dpi.state.nd.us/standard/protocols.pdf>) identify the procedures Department staff and statewide educator design teams follow regarding the staffing, design process, formatting, and content

of all documents. These protocols ensure that quality assurance measures are observed and that the process and its resulting product are valid. The *North Dakota Health Content and Achievement Standards* document has been developed with care and attention to the requirements of the State standards protocols.

### *State's Accountability for Every Student*

Article VIII of the State's Constitution places a high-level responsibility on the State to ensure the literacy of every citizen. A high-quality education is the right of every student.

Assuring comparable educational opportunity is a primary responsibility of the State's education system. The State's challenging content and achievement standards define what students should know and be able to do. In a sense, these standards represent a state contract with our students.

I urge school districts to build their respective curricula upon these worthy standards. A school's curriculum encompasses that collection of textbooks, media, experiences, and instruction that guide a student's exposure to the standards. The standards define the "what" and the curriculum defines the "how" of education. To hold itself accountable for the educational services it provides through its schools, the State has developed an assessment system that is designed to measure student performance in terms of these State standards within selective subjects or discipline (i.e. reading/language arts, mathematics and science). By measuring student achievement in terms of the State's challenging standards, we are able to monitor growth, address deficiencies, and ensure comparability of educational opportunity statewide.

The State's academic assessments are aligned to the State's challenging content and achievement standards. The State measures, through a sampling of test questions, the annual performance of students statewide. Results are analyzed based on overall student achievement and on the performance of student subgroups, i.e., students of different ethnic backgrounds, limited English proficient

students, economically disadvantaged students, and students with disabilities.

The State issues annual reports on the progress students make toward overall proficiency in terms of the State's standards. I invite all educators and citizens to learn more about the State's Accountability Plan which details this annual report. (Refer to the following website: <http://www.dpi.state.nd.us/grants/NCLB.shtm>.)

I assure you that our State's accountability system exists to protect the interests of every student—*every* student.

### *Continuing Tradition of Improvement and Excellence*

The legacy of the North Dakota educational system is represented by the quality of the students it graduates every year. Every student who graduates at the proficient level from a North Dakota school testifies to the strength of the families, communities, and schools that nurtured and educated that student.

Yet, as long as there are students who graduate from a North Dakota school scoring at levels less than proficient—or who do not graduate at all, then evidence exists of our need to improve. School improvement requires a healthy network of families, communities, and schools, working together, to achieve the ultimate aim set forth within the State Constitution.

The State standards, by their very nature, define the measure of success we seek to achieve. We cannot summarily claim success as long as any of our students fall below the proficient level as defined by our achievement standards. Proficiency of every student is our mission. This is why we do what we do. Each and every student, in every subgroup, is that important.

North Dakota schools embody a long-standing tradition to build on success and improve where necessary. These standards establish our measures for success. These standards anchor us and guide us. If we, indeed, are to continue to improve as an educational system, then it is these standards that will lead us ultimately to our goal. The

North Dakota content and achievement standards are that important to us all.

*Gratitude to a Dedicated Profession*

We stand on the shoulders of those educators who have preceded us. Whatever measure of success we have experienced to date rests in large measure on their efforts and dedication. Each passing generation stands as a testament to the spirit of excellence that exists within the education community. Each generation builds upon the strengths of its predecessors in order to secure a better future for those who follow.

The work of developing and implementing the State health standards finds its origins in many past efforts. The contributions of countless educators are astounding and inspiring. It is now for our generation to harvest the best of the past, to incorporate our best insights based on current research, and to restate our mission for future learners.

I wish to recognize each individual team member and the hundreds of reactors who contributed to the writing of this important document. We must be mindful of the many months and iterations of background research, discussions, drafting, reflective analysis, debating, and

ultimate resolution that have been invested in this document. No words of gratitude can ever do justice to the quality of work or the commitment found within this document.

Now, the work rests with us. Our current and future students depend on us. Let us go forth and touch the future together.

*Wayne G. Sanstead*

## INTRODUCTION

*“If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.” Hippocrates*

A high-quality health program is essential for all students. It provides a foundation for intelligent and precise thinking. Health should also provide every student with the opportunity to choose among a full range of future career paths and to contribute to society as an informed citizen. To be a responsible and productive member of today’s society a student needs to have a broad, connected, and useful knowledge of health.

The *North Dakota Health Content and Achievement Standards* document provides a framework for the skills and knowledge that students in grades K-12 are expected to attain in health. Based on its predecessor, the *2000 North Dakota Health Content Standards*, this document includes standards and benchmarks and defines levels of achievement at each grade level. In addition to referencing previous state content standards, these current state standards reference the National Health Education Standards, 2006 as well as standards documents from other states.

The standards in this document provide clear, concise, and measurable expectations in health for all students. The standards set targets and expectations for what teachers need to teach and students need to learn by the end of each grade level or grade band. Parents, community members, and state and local policy makers play an integral part in helping students attain these expectations. This document is a useful resource that will help school districts provide students with health education curriculum that gives them information and skills for healthy living now and throughout their lives.

The standards focus on essential content for all students. Maintaining high expectations for all students is a component of equity in education. “All students” include those with diverse cultural backgrounds, limited English proficiency, or disabilities; those who have high intellectual ability; and those from advantaged or disadvantaged socioeconomic backgrounds. It includes students who, after high school, choose to enter the workforce, pursue technical career preparation, or attend college.

### **Use of the Document**

This document serves as a guide for local districts in developing standards. Use of the standards in this document is encouraged, but districts are not required to adopt these standards nor are students required to meet them. It is strongly recommended that a district team be convened to align and/or write curriculum from these state standards, considering local values, developmental level of students, and educational goals. Furthermore, it is recommended that school districts consider and advocate an amount of time necessary to teach the health curriculum utilizing these standards in grades K-12.

This document is organized around a core of fundamental health standards for all students in the State of North Dakota. Grade level expectations are identified for kindergarten through senior high school, individually for each grade K-6 and for grade bands 7-8 and 9-12. These statements reflect what every student should know and be able to do at the end of each specified grade level.

As teachers use this document, it is important to read the grade level benchmarks and the preceding and subsequent benchmarks in order to best prepare students to attain mastery at each grade level.

## Definitions and Document Components

The *North Dakota Health Content and Achievement Standards* contains the following organizational components:

- **Content standard:** A broad description of what students should know and be able to do within health.
- **Topic:** A category within a content standard that associates or aids in the organization of related benchmark expectations that may carry across grade levels.
- **Grade-level benchmark expectation:** A statement of what students should know and be able to do at specified grade levels. It clearly specifies and itemizes the content of a standard at a specific grade level. Grade level expectations are benchmarked to indicate a higher level of knowledge and skills as the student progresses through the curriculum. *Please Note: This does not mean that the skill is not taught prior to this grade level or practiced beyond. It simply marks a spot where students should be assessed for achievement.*
- **Use of i.e., and e.g.:** When found within a benchmark, **i.e.** means inclusive of, only the listed items should be assessed at a particular benchmark; **e.g.** means an example of, not inclusive of the whole, some of those available. E.g. is not meant to describe an exhaustive list; rather, it provides guidance for teachers by illustrating possibilities.
- **Achievement Descriptor:** A description of what a student knows and is able to do to demonstrate a level of achievement on a content standard. Descriptors for achievement are set at four levels and are defined as follows:

- **Advanced Proficient:** Demonstrates exemplary understanding or skill and exceeds expected level of performance.
- **Proficient:** Demonstrates understanding or skill and meets expected level of performance.
- **Partially Proficient:** Demonstrates an emerging or developing level of understanding and performance.
- **Novice:** Attempt made; however, lack of understanding and performance is evident.

## State Content Standards Format

Each content standard is presented according to the following format.

- **Heading.** A standard is introduced by an overall page heading that identifies the standard's number within the subject and a short descriptive title (e.g., "*Standard 1: Human Growth and Development*").
- **Content Standards Description.** The standard is defined succinctly in terms of students' expected knowledge or skill (e.g., "*Standard 1: Students understand the fundamental concepts of growth and development.*").
- **Numbering.** The numerical order of the content standards does not imply any particular judgments regarding their relative importance or teaching priority. Each standard conforms to the following prescribed numbering system.
  1. **Content Standard.** A standard is identified uniquely by a prescribed two-digit nomenclature (e.g., "6.3"). The first digit refers to the grade level (e.g., *grade 6*). The second

digit refers to the standard's listing within the subject (e.g., *standard #3*).

2. *Grade-level benchmark expectation.* A benchmark expectation is identified uniquely by a prescribed three-digit nomenclature (e.g., "6.3.2"). The first digit refers to the grade level (e.g., *grade 6*). The second digit refers to the standard's listing within the subject (e.g., *standard #3*). The third digit refers to the benchmark's listing within the standard (e.g., *the second benchmark within the third standard*).

3. *Topics.* Since topics only organize benchmark expectations within a standard and identify no specific knowledge or skill, topics will carry no uniquely identifiable number.

### **State Achievement Descriptor Format**

State achievement descriptors have been developed for all content standards. An achievement descriptor is a description of what a student knows and is able to do to demonstrate a level of achievement on a content standard.

Achievement descriptors guide one's interpretation regarding "how well a student demonstrates knowledge or skill within a content standard." As such, achievement descriptors aid in defining performance and in establishing "grading" parameters. Achievement descriptors identify four categories or levels of student achievement: (1) *advanced proficient*, (2) *proficient*, (3) *partially proficient*, and (4) *novice*. The *proficient* level represents how well a student should minimally demonstrate achievement within health to meet grade level expectations.

The State achievement descriptors express the characteristics of each of the four achievement levels for all content standards. In many instances, achievement descriptors are presented for individual benchmark expectations. In some

instances, where benchmark expectations show a closer association to each other, achievement descriptors may be presented for the entire topic.

To develop an achievement descriptor, the writing team first identified the focus of student performance for that benchmark. The focus of performance reflects the nature of the benchmark. A focus of performance might be related to the degree of error in the performance, the speed or fluency of the performance, the variety of examples provided, the quality of the performance, the significance of details provided, or the consistency of the performance. For example, the focus of performance for benchmarks that require students to explain a concept, principle, or generalization might be expressed through the significance of details or the degree of error. For consistency, writers used a limited set of descriptors for each focus to describe the levels of performance (i.e., advanced proficient, proficient, partially proficient, novice). For example, for the "quality" focus, descriptors for the four levels included, among others, insightful, relevant, superficial, and irrelevant, respectively.

Teachers in a school or district should come to consensus on the meaning of these terms, perhaps through professional dialogue and examination of student work. Teachers also will need to help students understand what is meant by these terms by providing examples of student work at each performance level.

### **State Standards and Local Curriculum Development**

State content standards broadly define what a student should know and be able to do. State content standards become the basis upon which local school districts define their local curriculum. School districts choose those instructional materials and practices that will ensure a rich health curriculum for all students. And clear content standards define all that will be assessed at a grade level. Quality education begins with and springs from challenging content standards.

Health instruction should reflect what both educational research and best practices reveal about the teaching and learning of health. It should include hands on experiences and innovative health technology.

### ***Integrating Health Standards Across the Curriculum And Outside of School***

Individuals encounter health in a wide variety of settings in daily living. Accordingly, the instruction of health should be integrated throughout the curriculum and not be restricted to the instruction that occurs during the confines of a health course. Health constitutes foundational knowledge and carries content that touches on a wide variety of other disciplines. In the development of a school's overall curriculum, attention should be given to ensure that content linkages are designed across disciplines. Students will optimize their learning whenever direct connections are made within the wider curriculum.

### ***Organization of the Document***

The standards and benchmarks in this document address the dimensions of health (i.e., physical, emotional, social, spiritual, intellectual, occupational, and environmental) and serve as a guide to districts in developing their health curriculum. Furthermore, consideration is given to the following, as advocated by the Center for Disease Control (CDC).

Six priority health behaviors contribute to the leading causes of death, disability, and social problems in the United States.

- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity
- Alcohol and other drug use
- Sexual behaviors that may result in HIV infection, other sexually transmitted diseases and unintended pregnancy

- Behaviors that contribute to unintentional injuries and violence

In addition to statements of the content standards and achievement descriptors, the document includes benchmark expectations for what students should know and be able to do in the area of health education by the end of grades K, 1, 2, 3, 4, 5, 6, 7-8, 9-12.

### ***Personalizing Education: Differentiated Instruction and Alternate Assessment***

All students are to be taught to the State's challenging standards. This is a fundamental principle to ensure that every student will be offered a comparable and equitable opportunity for a quality education. In the course of instruction, it is appropriate to personalize or differentiate instruction for students based on their individual programming. All students should be introduced to the content, including the language or vocabulary inherent in the standards. Students should be allowed to explore new or unique expressions of the standards that better allow them access to the breadth and depth of the standards. Students should be encouraged to internalize and rearticulate the standards in a manner that advances each student's appreciation, integration, and generalization of the standards' meaning. Students should understand that their education is an ongoing, rich exploration and incorporation of the standards.

In the course of instruction of students with significant cognitive disabilities, it will be appropriate, indeed necessary, to personalize or differentiate instruction to meet their unique needs. Teachers, other educational support staff, and parents of a student with a significant cognitive disability may, within the context of an individualized education program (IEP) team, determine it necessary to interpret a standard to meet the needs of the learner. Educators might consider what a given grade level benchmark expectation would look like for a given student with a significant disability. Highly qualified special

educators will realize that the topic of human growth and development, for example, can be taught, but with different teaching strategies and modified expectations. Any such instructional strategies and modified expectations should be referenced within the student's individualized education program.

As a matter of policy, no State content or achievement standards document may develop, reference, or otherwise encourage modified benchmark expectations that alter, in any

manner, the breadth or depth of the State's challenging standards. The differentiation of any instruction is limited solely to a local individualized education program team and allowed only for students with significant cognitive disabilities. Educators and parents are encouraged to consult the State's guidance on the development of a student's individualized education program. Refer to the following website for additional information concerning the development of individualized education programs:

<http://www.dpi.state.nd.us/speced/guide/iep/index.shtm>

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## GLOSSARY

**Abstinence:** Not engaging in a particular behavior.

**AIDS (Autoimmune Deficiency Syndrome):** A disease that weakens the immune system.

**Assertive:** Presenting yourself in a direct, honest, and appropriate manner.

**Automated External Defibrillator (AED):** A small, lightweight device that analyzes heart rhythms and delivers electric currents to bring a person's heart back to normal rhythms during ventricular defibrillation or sudden cardiac arrest.

**Body system:** A group of organs that work together to do a certain job.

**Bully:** A person who threatens or frightens others.

**Centers for Disease Control and Prevention (CDC):** The Centers for Disease Control and Prevention (CDC) is one of the 13 major operating components of the Department of Health and Human Services (HHS), which is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves. <http://www.cdc.gov/about/default.htm>

**Communicable:** Transmittable between persons or species; contagious (infectious).

**Conflict resolution:** The process of resolving a dispute or a conflict. Successful conflict resolution occurs by providing each side's needs, and adequately addressing their interests so that they are each satisfied with the outcome. Conflict resolution aims to end conflicts before they start or lead to verbal, physical, or legal fighting.

**Chronic Depression:** An emotional low that lasts for an extended period of time (two or more weeks).

**Consumer:** A person who buys and uses products and services.

**Cultural diversity:** Multiple cultures living in the same community.

**Deductible:** Financial charge that is subtracted from the total amount of an insurance claim.

**Eating Disorders:** Refers to anorexia nervosa, bulimia nervosa, and binge eating.

**Emergency Medical Technician (E.M.T.):** A medically trained person that applies advanced first aid to an injured person.

**Environmental Protection Agency:** An independent federal agency established to coordinate programs aimed at reducing pollution and protecting the environment. <http://dictionary.reference.com/browse/Environmental%20Protection%20Agency>

**Fad:** A fashion that is taken up with great enthusiasm for a brief period of time; a craze.

**Food and Drug Administration (FDA):** A federal agency in the Department of Health and Human Services established to regulate the release of new foods and health-related products.

**Generic:** Not having a brand name: *generic soap*; of or being a drug sold under or identified by its official nonproprietary or chemical name.

**Health Advocate:** A person who promotes positive health.

**Health care provider/helper:** A person who helps in identifying or preventing or treating illness or disability.

**Hereditary diseases (genetic disorder):** A pathological condition caused by an absent or defective gene or by a chromosomal aberration. Also called genetic disorder, inherited disorder.

**HIV (Human Immunodeficiency Virus):** A retro virus that causes AIDS.

**I message:** Healthful way to talk about feelings. I messages follow the format of “I feel \_\_\_\_\_ when you \_\_\_\_\_”; healthful ways to communicate about a problem and how it affects you.

**National Institutes of Health (NIH):** An agency in the Department of Health and Human Services whose mission is to employ science in the pursuit of knowledge to improve human health; is the principal biomedical research agency of the federal government. <http://dictionary.reference.com/search?r=2&q=National%20Institutes%20of%20Health>

**Non-communicable:** Not transmissible by direct contact (not contagious).

**Pathogen:** Any disease producing agent.

**Pedometer:** A device that measures steps.

**Peer pressure:** The effect that people of your age have on you; Pressure from one's peers to behave in a manner similar or acceptable to them.

**Premium:** The amount paid for insurance.

**Refusal Skills:** Strategies to say “No.”

**Sexuality:** Everything about you that relates to, reflects, or expresses your maleness or femaleness.

**STD/STI Sexually Transmitted Diseases/Infections):** Any of various diseases/infections, including chancroid, chlamydia, gonorrhea, and syphilis, that are usually contracted through sexual intercourse or other intimate sexual contact.

**Spirituality:** Pertaining to a person’s beliefs that promote a positive attitude and caring concern for self and others.

**Stressors:** An agent, condition, or other stimulus that causes stress to an organism.

**United States Department of Agriculture (USDA):** A federal agency in the Department of Health and Human Services established to regulate the release of new foods and health-related products. The USDA leads the Federal anti-hunger effort with the Food Stamp, School Lunch, School Breakfast, and the Women, Infants, Children (WIC) Programs.  
[http://www.usda.gov/wps/portal/!ut/p/ s.7 0 A/7 0 1OB?navtype=MA&navid=ABOUT\\_USDA](http://www.usda.gov/wps/portal/!ut/p/ s.7 0 A/7 0 1OB?navtype=MA&navid=ABOUT_USDA)

**Universal Precautions:** Infection control procedures.

**Wellness:** Overall state of well being or total health.

**Wellness Plan:** A plan to achieve the highest level of health.

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