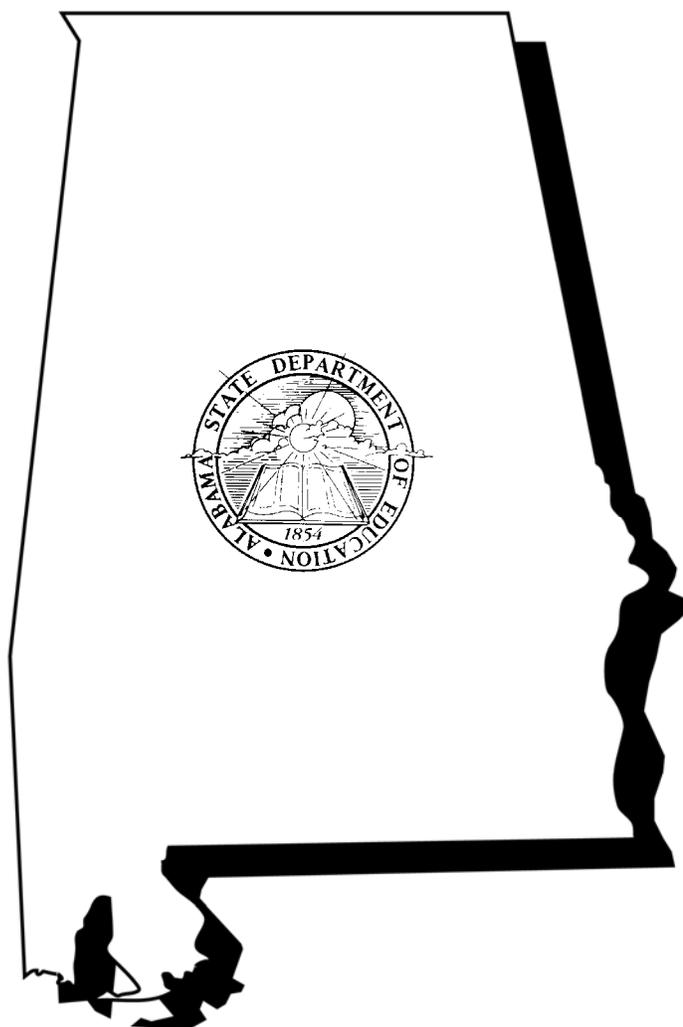


Alabama Course of Study

Health Education



Joseph B. Morton
State Superintendent of Education
ALABAMA DEPARTMENT OF EDUCATION

**STATE SUPERINTENDENT
OF EDUCATION'S MESSAGE**

Dear Educator:

The goal of the Alabama health education curriculum is to develop health-literate citizens. The 2009 *Alabama Course of Study: Health Education* is designed to prepare students to obtain, interpret, and understand basic health information and services and to use the information and services to enhance personal health. The content of this document emphasizes students' participation in healthy choices and behaviors within the school, the family, and the community.

The *Alabama Course of Study: Health Education* addresses the foundational knowledge and skills for a comprehensive school health program. It incorporates the eight major health content areas necessary for a successful school health program. These areas are consumer and community health, environmental health, family health, personal health and safety, mental and emotional health, nutrition, prevention and control of disease, and substance use and abuse. This course of study also provides the base upon which educators, parents, students, and the community can collaborate to build partnerships for developing health-literate citizens.

The minimum required health content for Grades K-8 contained in this document is designed to assist teachers and administrators in the development of a local health education program. Additionally, the core content is prescribed for the Grades 9-12 one-half credit course required for high school graduation. The Health Education State Course of Study Subcommittee, the Alabama State Board of Education, and I believe the content of this document provides local education agencies with the most current health education standards necessary to produce health-literate citizens for our state and nation.

JOSEPH B. MORTON
State Superintendent of Education

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Alabama Course of Study: Health Education

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Preface

The 2009 *Alabama Course of Study: Health Education* provides the framework for the health education program in Alabama's public schools. Content standards and related content included in bullets in this document are minimum and required (*Code of Alabama*, 1975, §16-35-4). They are fundamental and specific but not exhaustive. In developing local curriculum, school systems may include additional content standards to reflect local philosophies and add implementation guidelines, resources, and activities; which, by design, are not contained in this document.

The 2008-2009 Health Education State Course of Study Subcommittee extensively used the *National Health Education Standards: Achieving Excellence*, the *Alabama Course of Study: Health Education* (Bulletin 2003, No. 5), and reports published by the Centers for Disease Control and Prevention in developing the minimum required content. In addition, Subcommittee members attended state, regional, and national conferences; read articles in professional journals and other publications; reviewed similar curriculum documents from other states; listened to and read statements from interested individuals and groups throughout the state; used each member's academic and experiential knowledge; and discussed issues among themselves and with colleagues. Finally, the Subcommittee reached consensus and developed what it believes to be the best possible health education curriculum for Alabama's K-12 students.

The Alabama State Board of Education believes that few health risk behaviors have more damaging long-term effects on students than the use of illegal drugs, premarital sexual activity, negligent parenting, and short-term emotional issues that may lead to consideration of suicide. Therefore, *Code of Alabama* (1975) laws and Alabama State Board of Education resolutions and regulations relative to these destructive behaviors and others are included in the appendices of this document. The Alabama State Board of Education strongly encourages the embodiment of these laws, resolutions, and regulations in all age- and content-appropriate contexts throughout this course of study.

Acknowledgments

This document was developed by the Health Education State Course of Study Subcommittee of the 2008-2009 Health Education and Physical Education State Courses of Study Committee and Task Force composed of early childhood, intermediate, middle school, high school, and college educators appointed by the Alabama State Board of Education and business and professional persons appointed by the Governor (*Code of Alabama*, 1975, §16-35-1). The Committee and Task Force began work in March 2008 and submitted the document to the Alabama State Board of Education for adoption at the April 2009 meeting.

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Alabama's Health Education Curriculum

General Introduction

Health education is a vital component of the total school curriculum. Knowledge, skills, and behaviors addressed in this course of study are crucial to the attainment of other life goals. Health education contributes directly to the successful practice of behaviors that protect and promote a healthy population and avoid or reduce health risks to this population. A significant change in this course of study is evidenced by its refined education standards designed to meet the needs of today's students. This difference reflects current evidence-based research in disease prevention, health promotion, and national health education standards.

A health-literate citizen obtains, interprets, and understands basic health information and services and is able to competently use health information and services in ways that enhance health. The 2009 *Alabama Course of Study: Health Education* describes the minimum required content for a curriculum that focuses on the development of health-literate citizens. The instructional foundation for Alabama's K-12 health education program addresses content that incorporates national health education standards, the six dimensions of health, and the six priority health-risk behaviors that most influence adolescent health as identified by the Centers for Disease Control and Prevention. The sequence of content across the grade levels provides for increasing degrees of complexity appropriate for students' developmental levels from early childhood to adolescence.

In comparison to previous generations, the youth of today encounter serious health and social challenges. By achieving the goal of health literacy, students with parent, school, and community support, are better able to meet these challenges through enhanced cognitive performance, improved physical fitness, and greater educational achievement.

Alabama’s K-12 Health Education Curriculum

Conceptual Framework

The goal of Alabama’s K-12 health education curriculum, represented in the center of the circle of the conceptual framework graphic on the following page, is for all students to achieve **health literacy for life**. A health-literate citizen obtains, interprets, and understands basic health information and services and is able to use health information and services in ways that enhance health.

The academic content standards in this course of study are organized around the eight health education content strands of **Consumer and Community Health, Environmental Health, Family Health, Personal Health and Safety, Mental and Emotional Health, Nutrition, Prevention and Control of Disease, and Substance Use and Abuse**. The eight strands are identified around the circle of children with linked arms indicating that no strand stands alone; all strands are necessary and depend upon each other to complete the required health education program and thereby achieve the goal of **health literacy for life**. The strands continue to serve as organizers of the content knowledge and skills from kindergarten through the required high school course and are aligned across the grades with increasing rigor.

The K-12 health education curriculum addresses the six dimensions of health and provides balance of content areas and flexibility for inclusion of emerging health topics. The six dimensions of health—physical, mental, emotional, environmental, spiritual, and social—form the outer circle that encompasses the eight health education content strands depicted on the conceptual framework graphic. Though aspects of health for each dimension have been defined in various ways, the most commonly accepted definitions are:

- **Physical** – the overall condition of the body, including organs, muscles, and skeletal structure;
- **Mental** – the ability to deal effectively with the psychological challenges of life, to take responsibility for personal behaviors, and to feel comfortable with one’s emotions;
- **Emotional** – a healthy awareness of and the ability to express one’s feelings;
- **Environmental** – an awareness of the influence the environment has on wellness;
- **Spiritual** – the belief that one is part of a larger scheme of life, and that one has a healthy purpose in life; and
- **Social** – the ability to form supportive relationships and to maintain a sense of well-being.

The content, organization, and alignment of the academic content standards in the Health Education Course of Study provide all Alabama students and teachers with a clearly written, reasonable, measurable, and developmentally appropriate foundation of knowledge and skills. This curriculum, when combined with effective instruction, enables students to achieve the overall goal for health education in Alabama—**health literacy for life**.

Conceptual Framework



Position Statements

Nutrition

Implementation of the state nutrition policy is critical to the health of Alabama students. The Alabama Department of Education supports wellness in schools as evidenced by being one of the first three states in the nation to adopt a school nutrition policy. The 2005 policy restricts sales of foods with high fat and sugar content in school stores and vending machines, requires nutrition education as a component of teacher in-service programs, limits the sale of unhealthy food for fundraising purposes, and reinforces the *Code of Alabama*, 1975, §16-3-11, §16-3-12, and §16-3-19 requirements regarding education qualifications for school food service directors.

However, the new, more stringent 2008 policy states that only water, milk with 1 percent fat or less, and juices made with 100 percent fruit may be sold in elementary and middle schools. In addition to the three beverages allowed in elementary and middle schools, only no or low-calorie beverages up to 25 calories and sport drinks and teas with a limit of 99 calories may be sold in high schools.

All snacks sold in school vending machines, stores, and cafeterias must meet Alabama's new standards. These standards stipulate that all 1 to 1½ ounce servings of snack foods contain:

- Low or moderate fat content (less than 10 percent daily value of total fat).
- Less than 30 grams of carbohydrates.
- Less than 360 milligrams of sodium.
- At least 5 percent daily value of vitamin A, vitamin C, iron, or calcium.
- At least 5 percent daily value of fiber.

Cultural Diversity

Regardless of gender, culture, or ethnic background, all students must have the opportunity to become health-literate citizens. To meet this need, content standards in this document address the influence of culture on health-related behaviors, including ways in which food is prepared and the quantity of food consumed. This curriculum requires recognition of cultural influences such as social norms, family traditions, stereotypes, and social and cultural messages regarding nutrition choices. It also describes the influence of culture on disease, healthy body image, and societal expectations that determine health-related behaviors and decisions made relevant to healthy lifestyles.

Technology

Technology influences all areas of education. Technology enables teachers to teach and students to investigate in ways not previously possible. It provides opportunities for students and teachers to access health information that enhances their own knowledge and the development of lifelong learning skills.

Utilization of appropriate technology must be included as an integral tool for planning and delivering the K-12 health education curriculum. Technology resources, including the Internet, provide a wealth of reliable health materials to supplement traditional classroom resources.

Coordinated School Health Program

A coordinated school health program (CSHP) is built on a foundation of health promotion that includes eight interactive components. These components are health education, physical education, health services, nutrition services, counseling and social services, healthy school environment, health promotion for staff and family, and community involvement.

The local school health curriculum is not the only approach that may be used to support students in attaining positive health outcomes. Schools by themselves cannot solve the nation's most serious health and social problems. They must work in coordination with other groups to accomplish such a task. A CSHP designed to involve families, health care workers, the media, community organizations, and other agencies to work together with the school is an important step towards achieving the goal of maintaining the health and safety needs of students from kindergarten through Grade 12.

Directions for Interpreting the Minimum Required Content

1. **CONTENT STANDARDS** are statements that define what students should know and be able to do at the conclusion of a course or grade. Content standards in this document contain minimum required content. The order in which standards are listed within a course or grade is not intended to convey a sequence for instruction. Each content standard completes the phrase “*Students will.*”

Students will:

Explain the progression of HIV infection to AIDS.

(Ninth-Twelfth Grade – Content Standard 13)

2. **BULLETS** denote content related to the standards and required for instruction. Bulleted content is listed under a standard and identifies additional minimum required content.

Students will:

Describe the major components of MyPyramid, including food groups, number of servings, variety of foods, nutrients, and physical activity.

- Distinguishing between healthy and unhealthy dietary patterns

(Fifth Grade – Content Standard 10)

3. **EXAMPLES** clarify certain components of content standards or bullets. They are illustrative but not exhaustive.

Students will:

Identify possible consequences of poor nutrition.

Example: increased risk for heart disease, obesity, cancer, fatigue, poor academic performance, osteoporosis

(Eighth Grade – Content Standard 10)

KINDERGARTEN – SECOND GRADE OVERVIEW

The comprehensive health education program for students in Grades K-2 is designed to provide a wide range of educational experiences. Although students come to school from many backgrounds and possess an array of knowledge and skills, all can obtain, interpret, and apply health information in their daily lives. Young students' inquisitive nature and interest in themselves present both a challenge and an opportunity to connect classroom experiences to their emerging self-awareness.

The learning environment for health education in early childhood includes using literacy, numerical, and critical-thinking skills that enable students to gather, analyze, and apply health information as their needs and priorities change throughout life. As students are provided opportunities to develop positive health practices, they become more aware of health risks for their age group and begin to comprehend some of the major influences on their health. Teachers are challenged to design an instructional program that includes the use of technological advances to reinforce the promotion of health, prevention of disease, and use of positive nutritional practices for becoming healthy individuals.

The 2009 *Alabama Course of Study: Health Education* provides content that allows students in Grades K-2 to follow a developmentally appropriate framework in community and consumer health, environmental health, family health, personal health and safety, mental and emotional health, nutrition, prevention and control of disease, and substance abuse and use. They learn the importance of participating in healthy home, school, and community activities as they develop an awareness of the importance of making health decisions for a lifetime.

KINDERGARTEN

The initial opportunity for students to build healthy lifestyles begins in kindergarten. Five-year olds enter the kindergarten community from diverse backgrounds. Although their environment and daily activities are greatly directed by others, kindergarteners are able to select many behaviors that contribute to good health.

The overall goal for instruction in kindergarten is to encourage the development of students' physical, mental, and emotional well-being. The kindergarten curriculum is designed to provide a comprehensive learning experience for students that includes identifying major health care professionals, environmental hazards, types of families, personal safety behaviors, safe responses to conflict, healthy foods, methods for disease prevention, and substances that are harmful to the body.

Consumer and Community Health

Students will:

1. Name major health care professions.
Examples: nurse, dentist, physician, pharmacist
2. Identify health information sources in the community.
Examples: parents, school nurse, family doctor

Environmental Health

3. Identify ways schools encourage a healthy environment.
Examples: providing smoke-free facilities, serving healthy meals in the lunchroom, maintaining clean restrooms
4. Recognize environmental hazards.
Examples: oil spill, downed power line

Family Health

5. Identify types of families.
Examples: two-parent families, single-parent families, extended families, blended families
6. Identify individual roles and responsibilities of family members.

Personal Health and Safety

7. Recognize warning sounds and signs.
Examples: sounds—fire alarm, weather siren
signs—wet floor, railroad crossing
8. List behaviors that promote personal safety.
Examples: following emergency drill procedures, using caution when approached by strangers, wearing seat belts and safety equipment, looking both ways before crossing the street
9. Explain behaviors that promote personal hygiene.
Examples: washing hands, brushing teeth, bathing

Mental and Emotional Health

10. Identify mental and emotional health concepts.
Examples: mental—self-esteem, stress
emotional—happiness, anger, love, fear
11. Describe safe responses to physical and emotional conflicts.
Example: seeking help when threatened

Nutrition

12. Identify healthy foods, including snacks.
 - Recognizing the six food groups on MyPyramid
 - Identifying characteristics of various foods
Examples: taste, smell, color, texture
 - Locating the nutrition facts label on food products

Prevention and Control of Disease

13. Identify healthy habits that may prevent and control disease.
Examples: coughing into sleeve; washing hands; avoiding sharing towels, combs, or brushes

Substance Use and Abuse

14. Name substances that are harmful to the body.
Examples: tobacco, illegal drugs, alcohol, household cleaning products
15. Explain ways medicine can help people.
 - Naming adults who can administer medicine

FIRST GRADE

First graders seek the ability to have some control over their choices. Therefore, the health education framework in Grade 1 builds on students' emerging independence in their environment and daily activities through an emphasis on their social development as members of the home, school, and community as they engage in daily activities for developing healthy behaviors and attitudes that lead to positive, lifelong health.

In first grade, student acquisition of health knowledge and skills is a building process. Importance is placed on using technology resources to access health information, participating in family activities, learning how to contact emergency help, engaging in decision-making skills, making healthy food choices, identifying ways in which germs enter the body, and knowing to avoid harmful substances.

Consumer and Community Health

Students will:

1. Recognize health-enhancing activities that promote clean schools, homes, and communities.
Example: participating in school-wide cleanup, Auntie Litter, and People Against a Littered State (PALS) projects
2. Recognize safety instructions on consumer products.
3. Name technology resources used to access reliable health information.
Examples: telephone, Internet, television, digital video diskette (DVD)
4. Identify roles and responsibilities of health care professionals within the community.

Environmental Health

5. Describe ways to save energy, water, and other resources.

Family Health

6. Recognize activities that encourage healthy family living.
Examples: family meal time, family outings

Personal Health and Safety

7. Differentiate between safe and unsafe touch.
8. Demonstrate ways to summon help in an emergency.
Examples: dialing 911, contacting trusted and helpful adults

Mental and Emotional Health

9. Identify positive ways to cope with emotions.
Examples: talking to a parent, taking time-out away from others, seeking help from teachers or administrators
10. Identify decision-making skills that enhance health.
Example: saying “no” to medication unless prescribed by a doctor or given by a designated adult

Nutrition

11. Identify foods in the six food groups on MyPyramid.
12. Recognize foods and beverages that are healthy choices.
Examples: foods—vegetables, fruits, whole grains
beverages—water, 100 percent fruit and vegetable juices, low-fat milk

Prevention and Control of Disease

13. Identify ways in which germs enter the body.

Substance Use and Abuse

14. Describe how the avoidance of harmful substances may enhance personal health and individual well-being.
Example: avoiding tobacco and second-hand smoke to promote healthy lungs
15. Identify refusal skills needed to avoid harmful substances.
Examples: saying “no,” walking away

SECOND GRADE

Students in Grade 2 are becoming competent communicators and thinkers. They are reading more, applying knowledge, and forming their own views about personal health. Comprehension is the goal as these students use strategies to construct meaning from oral, written, and visual health-related materials.

Second-grade students learn to identify warnings on product packages, effects of pollutants on the environment, and safety rules regarding weapons. They gain an understanding of how bullying can be hurtful and learn positive ways to respond to conflict. They also learn about family health, including causes of illness and disease.

Community and Consumer Health

Students will:

1. Identify community emergency services.
Examples: police and fire departments, emergency medical services (EMS)
2. Explain the importance of warnings found on tobacco products and medical and chemical containers.

Environmental Health

3. Identify effects of pollutants, household wastes, and chemical hazards on the environment.

Family Health

4. Identify hereditary and environmental factors that influence family health.
Examples: hereditary—diabetes, hypertension
environmental—exposure to second-hand smoke, mold, and air pollutants

Personal Health and Safety

5. Describe safety products, devices, warning signs, and symbols.
6. List rules for weapon safety.

7. Describe personal behaviors that enhance safety at school, home, and within the community.
Examples: school—staying seated on the bus, observing playground rules
home—using the Internet with parental supervision, establishing emergency escape routes
community—staying close to parent in a mall, practicing water safety

Mental and Emotional Health

8. Explain ways that bullying and excessive teasing can be hurtful.
- Comparing positive and negative ways to respond to conflict
- Examples: taking responsibility for personal behavior instead of blaming others, talking instead of hitting, waiting turn instead of interrupting

Nutrition

9. Identify the six major nutrients.
Examples: carbohydrates, fats, proteins, water, vitamins, minerals
10. Recognize ways of responding to hunger and satiety cues.
Examples: eating when hungry, not eating when full

Prevention and Control of Disease

11. Recognize causes of illness and disease.
Examples: germs, hereditary and environmental factors, personal health decisions

Substance Use and Abuse

12. Identify ways drugs enter the body, including injection, inhalation, absorption, and ingestion.
13. Identify household substances that are often misused.
Examples: glue, markers, aerosol sprays, paint

THIRD – FIFTH GRADE OVERVIEW

Students in Grades 3-5 gain knowledge of the interrelationships among mental, emotional, social, and physical health as they experience adolescence. In these grades, students may feel pressure to participate in negative behaviors such as experimentation with tobacco, alcohol, and other harmful, unhealthy practices.

Students benefit from health instruction that engages them in role-playing and projects that help them identify positive behaviors for health promotion and disease prevention as applied to their individual lives and to the lives of others. Instruction in Grades 3-5 emphasizes self-directed learning, decision-making skills, and strategies to help recognize and respond to potentially harmful situations in healthy ways.

The Grades 3-5 curriculum is designed to provide students with a basic understanding of personal health habits, disease prevention, and health information products and services. This includes the need for a healthy diet, the importance of regular health-enhancing physical activity, and the advantages of a positive, healthy environment. Students gain additional information about school and community health services as well as information regarding those who can provide support during times of health-related needs.

THIRD GRADE

Students in Grade 3 possess the ability to choose many behaviors that contribute to good health. Because students at this age often tend to be self-centered, a curriculum that focuses on them and what they can do to promote their own well-being captures their interest and attention. The third-grade curriculum includes topics that relate to students' immediate environment, which enables them to make clear connections to health-related information, concepts, skills, and behaviors.

The health education program in Grade 3 focuses on instruction that fosters physical, mental, and emotional wellness. Students explore information such as media messages regarding health-related issues and information regarding the use and abuse of substances. Additionally, students gain practical information and skills needed to make healthy decisions regarding nutrition, friendships, and personal problems.

Consumer and Community Health

Students will:

1. Recognize media messages affecting consumer health decisions.

Environmental Health

2. Relate common health problems to environmental factors.
Examples: flu and colds due to germ transmission indoors, sunburn due to overexposure to the sun

Family Health

3. Describe factors that may cause changes in family units.
Examples: death, divorce, remarriage, birth, adoption, promotion, relocation

Personal Health and Safety

4. Identify behaviors that should be reported to responsible adults.
Examples: use of drugs, tobacco, or alcohol; incidence of abuse, neglect, or physical fighting or threats
5. Explain why having friends with health conditions or special needs can be safe.

Mental and Emotional Health

6. Identify ways to create and maintain healthy friendships.
Examples: using assertive communication skills, disagreeing respectfully
7. Identify resources that assist with mental and emotional health.
Examples: school—nurse, guidance counselor, administrator, resource officer
community—parent or other trusted adult

Nutrition

8. List a food source for each of the major nutrients.
Examples: proteins and fats—meat
carbohydrates and vitamins—vegetables
water and minerals—fruit
9. Identify portion sizes and number of daily servings needed from each food group using MyPyramid.
 - Choosing food and beverages based on balance, moderation, and variety
 - Explaining nutrient and caloric information found on a nutrition facts label

Prevention and Control of Disease

10. Describe types, causes, and symptoms of communicable and noncommunicable diseases.

Substance Use and Abuse

11. Identify skills needed to make healthy decisions regarding the use of drugs or other harmful substances.
Examples: resistance skills, resilience skills
12. Identify safety rules for using medicine.
Examples: following directions on personal prescriptions, avoiding sharing personal medications with others
13. Distinguish between legal and illegal drugs.

FOURTH GRADE

Fourth-grade students seek acceptance from peers and adults. Their need for acceptance leads to the emergence of conflicts between social structures and the development of social relationships. Therefore, classroom instruction at this grade level incorporates activities that broaden the knowledge and skills necessary for enhancing relationships and resolving conflicts.

The content of the Grade 4 health education program addresses acceptance of personal responsibility for lifelong health and respect for and promotion of the health of others. Students increase their understanding of the process of growth and development as they learn the importance of using health-related information, products, and services that contribute to positive personal health habits related to puberty and adolescence.

Consumer and Community Health

Students will:

1. Compare health-related advertisements regarding “truth-in-advertising.”

Environmental Health

2. Explain ways industry impacts environmental and community health.
Examples: land, air, noise, or water pollution; disposal of hazardous waste
3. Identify environmental health issues related to home and work.
Examples: waste disposal, stagnant water, mold

Family Health

4. Explain the importance of communication within the family unit.

Personal Health and Safety

5. Identify benefits of adequate sleep, nutrition, and exercise for the body.
Examples: mental alertness, strong immune system, healthy weight
6. Describe the importance of personal hygiene health habits related to puberty and adolescence.

Mental and Emotional Health

7. Describe healthful ways to express emotions.
Examples: journaling, talking to an older sibling or trusted adult
8. Identify ways to respect personal boundaries of others.
Examples: responding to nonverbal cues, tolerating opinions, recognizing personal space

Nutrition

9. Utilize information on food labels to determine the nutritional value of various foods.
 - Describing healthy meals and snacks
10. Explain relationships among nutrition, health, and wellness.
Examples: impact of following national dietary guidelines, long-term effects of eating saturated fats, risks of excessive sugar and caffeine intake
 - Describing how media, culture, and availability influence food choices
 - Identifying safe food-handling practices
Example: following recommended cleaning, cooking, and storing practices

Prevention and Control of Disease

11. Differentiate between acute and chronic medical conditions.
Examples: acute—flu, strep throat
chronic—asthma, diabetes

Substance Use and Abuse

12. Describe physical effects of substance abuse on the body.
Examples: shortness of breath, elevated heart rate, stained teeth, impaired judgment, addiction
13. Describe risk factors that can lead to substance abuse.
Examples: peer pressure, family history, stress, depression, psychological disorders

FIFTH GRADE

Fifth-grade students increasingly understand the interrelationships of mental, emotional, social, and physical health during this period of adolescence. Students may experience a greater need to be accepted by peers as they become acutely aware of their physical development and the varying rates of development among their classmates.

The health education curriculum for Grade 5 promotes the development of positive health behaviors and the prevention of negative behaviors. As required by a 1987 Alabama State Board of Education resolution, acquired immune deficiency syndrome (AIDS) and human immunodeficiency virus (HIV) education are included as part of the approved health education curriculum in Alabama for students in Grades 5-12. Lessons emphasize personal and social implications of the use of alcohol, tobacco, and other drugs. The curriculum also reinforces positive health behaviors in school, home, and community settings.

Consumer and Community Health

Students will:

1. Name factors to consider when selecting health products.
Examples: cost, safety, effectiveness, side effects
2. Compare health-related resources regarding reliability.
Example: comparing health information in professional journals to health information in tabloid magazines

Environmental Health

3. Describe ways individuals, businesses, and communities protect the environment.
Examples: Adopt-a-Mile clean-up efforts, recycling projects, proper waste disposal procedures

Family Health

4. Identify types of communication that influence family behavior.
Example: conversations during family meals, including active listening

Personal Health and Safety

5. Identify risky behaviors that affect personal health and safety.
Examples: use of alcohol, tobacco, and other drugs; premarital sexual activity; self-mutilation
6. Recognize basic first aid skills.
Examples: washing wounds with soap and water; applying the Rest, Ice, Compression, Elevation (RICE) technique to injured muscles or joints

Mental and Emotional Health

7. Describe the impact of puberty on mental and emotional health.
8. Explain prevention and intervention techniques related to bullying.

Nutrition

9. Identify factors in addition to nutrition that affect personal body shape and size.
Examples: age, gender, height, genetics, society, activity level, illness
10. Describe the major components of MyPyramid, including food groups, number of servings, variety of foods, nutrients, and physical activity.
 - Distinguishing between healthy and unhealthy dietary patterns

Prevention and Control of Disease

11. Explain the body's natural defenses against diseases.
Examples: skin serving as a barrier to germ invasion, fever triggering an immune response
12. Recognize communicable diseases that are preventable through immunization.
Examples: measles; tetanus; hepatitis A, B, and C

Substance Use and Abuse

13. Recognize prevention and intervention strategies for substance abuse.
Example: participating in drug abuse resistance education, community youth group activities, peer helping, and school service clubs

SIXTH – EIGHTH GRADE OVERVIEW

Students in Grades 6-8 display a wide range of intellectual abilities, learning styles, talents, interests, and maturation levels. They have an increased capacity to think on higher levels and draw more complex conclusions. During a time of rapid physical growth, these students seek peer approval and independence from parents and teachers. Health behaviors become firmly established as they develop a curiosity about the world and their place in it.

Health education in Grades 6-8 provides developmentally appropriate instruction that positively affects health-related knowledge, attitudes, skills, and behaviors. Students experience opportunities that allow them to learn to work cooperatively to enhance their own health as well as the health of friends, family, and the community. Students benefit from instructional practices that keep them directly involved, that challenge their ability to use higher-level thinking skills, and that incorporate discovery-based learning and technology.

In Grades 6-8, the range of instruction focuses on understanding health issues and personal responsibilities related to adolescent growth and development, promoting health-enhancing behaviors, and obtaining accurate information from a variety of sources. Content standards contain both grade-appropriate and current health information. Health-literate students have opportunities to determine positive influences on health in the home, school, and community. They use decision-making and communication skills important for enhancing relationships, reducing conflicts, expressing needs, and evaluating behavioral consequences.

SIXTH GRADE

As students in Grade 6 enter a transitional stage characterized by physical, social, and cognitive changes, they move from childhood to adolescence, begin to explore a new sense of social awareness, and take increased responsibility for their own behaviors. As students become increasingly independent, they also experience greater risks.

The Grade 6 curriculum addresses skills necessary to enable students to resist negative peer pressure and to understand the relationship between physical changes and other dimensions of health. The emphasis in sixth grade shifts toward mental and emotional health, including steps necessary for resolving emotional conflicts. Sixth graders learn specific skills to use in emergency health situations and specific information about HIV and AIDS.

Consumer and Community Health

Students will:

1. Compare name brand to generic health care products.

Environmental Health

2. Describe practices that protect the environment and control disease.
Examples: managing contamination from biohazardous waste, removing objects that collect water to prevent breeding grounds for mosquitoes

Family Health

3. Identify characteristics of healthy relationships among family units.
Examples: communication, mutual respect, trust, acceptance of differences

Personal Health and Safety

4. Describe how communicable diseases affect physical, psychological, environmental, and social health.
5. Demonstrate steps to take during emergency medical situations.
Example: three C's—Check the scene, Call 911, Care for victim

Mental and Emotional Health

6. Recognize strategies necessary to resolve emotional and physical conflicts.
Examples: reflective listening, adult intervention, peer mediation, anger management

7. Explain sexual harassment protection strategies.
Examples: objecting to inappropriate behavior or language; reporting harassment to parents, teachers, or school officials
8. Compare verbal and nonverbal communication skills.
Examples: verbal—compromise, negotiation
nonverbal—body language, facial expression

Nutrition

9. Analyze various dietary patterns to determine their impact on health.
Examples: over-eating, under-eating, eating a balanced diet
10. Identify factors that impact nutrition choices of adolescents, including body image, advertising, eating disorders, and peer influence.

Prevention and Control of Disease

11. Explain methods of HIV transmission.
Examples: shared needles, sexual contact, exchange of body fluids
 - Recognizing common myths regarding HIV transmission
Examples: casual contact, use of public restroom

Substance Use and Abuse

12. Describe consequences of substance use and abuse.
Examples: impaired judgment leading to premarital sexual activity, transmission of disease, risk of injury, unwanted pregnancy, birth defects
13. Describe possible consequences of tobacco use, including smokeless tobacco.
Examples: stained teeth, halitosis, cancer, emphysema

SEVENTH GRADE

Students in Grade 7 continue to experience a wide range of physical and emotional changes. Peer pressure becomes increasingly more significant, females generally mature physically and emotionally faster than males, and a greater need for independence emerges as students progress toward adulthood. As a result, they begin to make more choices that affect their personal health.

The seventh-grade curriculum addresses content that enables students to make informed health decisions. While an emphasis on puberty is important in Grade 7, other physical developments and the effect they have on students' health are also important aspects of instruction. Students analyze risk behaviors that compromise adolescent health, describe diseases of major body systems, and evaluate advances in technology.

Consumer and Community Health

Students will:

1. Describe resources that provide health care services.
Examples: county health departments, American Red Cross, American Diabetes Association
2. Explain cultural influences on health behaviors, including social norms, family traditions, and stereotypes.
Example: family eating habits

Environmental Health

3. Describe how health is affected by the environment.
Example: respiratory problems caused by second-hand smoke
4. Evaluate advances in technology that can improve environmental health.
Examples: alternative energy sources, recycled products

Family Health

5. Describe the influence of family history, culture, and environment on the causes and prevention of disease and other health problems.

Personal Health and Safety

6. Propose strategies for self-defense, including parking lot safety, Internet safety, and telephone safety.

Mental and Emotional Health

7. Demonstrate decision-making skills as they relate to situations involving health risks.
Examples: responding appropriately to sexual harassment, avoiding physical conflict, objecting to verbal and physical bullying, avoiding inappropriate electronic communication

Nutrition

8. Plan a healthy meal.
 - Comparing nutrient density in a variety of snacks and beverages
9. Explain ways microorganisms can cause food-borne illnesses.

Prevention and Control of Disease

10. Describe diseases of the nervous, reproductive, circulatory, and respiratory systems.
11. Compare short- and long-term effects of risky behaviors that compromise adolescent health.
 - Predicting potential health consequences of popular trends, including tattooing, piercing, and self-mutilation
12. Identify disease-causing agents.
Examples: viruses, protozoa, bacteria, fungi

Substance Use and Abuse

13. Recognize substance misuse, abuse, and dependence.
 - Recognizing the legal age to purchase tobacco and alcohol in Alabama
 - Explaining psychological, legal, and financial consequences of substance abuse

EIGHTH GRADE

Students in Grade 8 have an increased capability to synthesize prior knowledge and skills with newly presented information. They seek security in groups as they search for their own identities. As social patterns develop, students acquire greater self-confidence and begin to feel more comfortable in a variety of social settings.

Classroom instruction in Grade 8 focuses on providing students with opportunities to practice effective prevention and control of diseases and eating disorders. The curriculum is designed to reinforce behaviors that may prevent personal injury. Health behaviors and their consequences, the influence of dietary supplements, cultural differences that affect health behaviors, and benefits of abstinence are also emphasized.

Consumer and Community Health

Students will:

1. Identify procedures for making consumer health complaints.
Examples: speaking with a store manager, calling the Better Business Bureau, contacting a patient-relations representative
2. Describe health advocacy strategies.
Examples: writing and recording public service announcements for school or community broadcasts, writing letters to editors of local newspapers, implementing a school health improvement project

Environmental Health

3. Identify public environmental laws that protect personal health.
Examples: dumping, polluting, littering

Family Health

4. Recognize cultural influences that impact health behaviors.
Examples: family perceptions of health care professionals, family perceptions of healthy body image, societal expectations of remaining abstinent until married

Personal Health and Safety

5. Describe behaviors that may prevent personal injury.
Examples: wearing protective gear, using seat belts, handling flammable materials properly
6. Describe personal responsibility for reducing hazards and avoiding accidents.

Mental and Emotional Health

7. Identify barriers to communication regarding health-related issues.
Examples: fear, embarrassment, lack of vocabulary
8. Identify strategies for controlling impulsive behaviors.
Examples: strategies—seeking mental health resources, utilizing conflict resolution techniques
behaviors—self-mutilation, aggressive outbursts

Nutrition

9. Describe common eating disorders.
Examples: anorexia nervosa, bulimia nervosa, binge-eating
10. Identify possible consequences of poor nutrition.
Example: increased risk for heart disease, obesity, cancer, fatigue, poor academic performance, osteoporosis
11. Explain benefits, limitations, and misuse of dietary supplements.

Prevention and Control of Disease

12. Describe types of sexually transmitted infections (STIs).
 - Explaining benefits of abstinence
 - Identifying physical, social, and emotional effects of STIs
 - Describing long-term effects of HIV and AIDS on the human bodyExamples: destruction of the immune system, contraction of opportunistic infections

Substance Use and Abuse

13. Explain why mixing drugs can cause injury, illness, and death.

NINTH-TWELFTH GRADE OVERVIEW

High school students experience significant growth and development as they assume complicated responsibilities. Students in Grades 9-12 begin to identify short- and long-term goals as they prepare for adulthood and its obligations, including pursuing higher education opportunities and making career choices. Many high school students learn to drive vehicles, seek first-time employment, and refine academic and extracurricular interests. These students are defining their unique personalities and making positive and negative choices independently from their parents.

The Grades 9-12 health education course encompasses the eight comprehensive health strands and focuses on the application and mastery of developing health-enhancing skills. Health instruction is addressed in a way that allows students to obtain, interpret, and apply basic health information to their daily lives. In order to be health-literate, students are encouraged to become self-directed learners while establishing a basic understanding of health promotion and disease prevention. The maturation of the student, intensity of instruction, and level of integration of content across the high school curriculum influences the impact of this course.

Health instruction leads high school students to understand basic concepts of health literacy. They develop skills for accessing health information, products, and services for current and future health needs. They also distinguish between positive and negative impacts of family, culture, mass media, and technology on health. In addition, students gain knowledge of global environmental issues, learn to administer cardiopulmonary resuscitation (CPR) and other first aid procedures, and gain an understanding of the importance of recognizing, avoiding, and reporting types of abuse.

Other goals for fostering health literacy for students in Grades 9-12 include becoming competent in making health-enhancing decisions regarding substance use and abuse. Students become informed about factors that impact nutrition decisions and gain knowledge of acute and chronic health conditions, including HIV and AIDS. They also apply decision-making skills, set goals, and work cooperatively to advocate for healthy homes, schools, and communities.

NINTH – TWELFTH GRADE

Consumer and Community Health

Students will:

1. Analyze technology for its influence on consumer health and health care.

Environmental Health

2. Describe ways to advocate for a healthy environment.
3. Describe global environmental issues.

Family Health

4. Identify personal, financial, and legal responsibilities of parenthood.
 - Identifying negative consequences associated with teen parenthood
5. Identify common causes of disability and premature death.
Examples: sudden infant death syndrome (SIDS), unintentional and intentional injuries, cardiovascular disease, diabetes, cancer

Personal Health and Safety

6. Demonstrate CPR and automated external defibrillator (AED) techniques and other first aid skills.
7. Recognize personal responsibility for lifelong health.
Examples: participating regularly in physical activity; practicing water safety; operating motor vehicles safely; scheduling annual physical exams, cancer screenings, and immunizations

Mental and Emotional Health

8. Identify symptoms, methods of treatment, and management of mental health disorders, depression, and stress.
 - Recognizing available resources and hotlines for mental health concerns
Examples: resources—school personnel, peers
hotlines—suicide prevention, rape crisis
 - Identifying warning signs and prevention strategies for suicide

9th – 12th

- Describe significant life events that impact mental and emotional health.
Examples: birth or death of a loved one, marriage, childbirth, adoption, divorce, illness, victimization, relocation, end-of-relationship

Nutrition

- Analyze social and cultural messages about food and eating for their influence on nutrition choices.
 - Identifying factors that impact nutrition choices, including procurement, cost, and food preparation time
 - Describing persuasive techniques used by the media to influence decisions regarding purchasing food
 - Describing health consequences and treatment of eating disorders

Prevention and Control of Disease

- Describe prevention and management strategies for acute and chronic health conditions.
- Explain prevention methods for communicable diseases and infections.
Examples: using standard precautions, practicing abstinence, scheduling immunizations
- Explain the progression of HIV infection to AIDS.

Substance Use and Abuse

- Interpret federal, state, and local laws as they relate to the purchase, sale, use, and possession of alcohol, tobacco, and other drugs.
 - Identifying local school system rules for substance use and abuse
- Identify effects on health and behavior regarding the use of chemical substances, including prescription drugs, over-the-counter drugs, illegal drugs, alcohol, and tobacco.
- Explain physiological effects of chemical substances on health and behavior.
Examples: liver damage, emphysema, heart disease

Synopsis of Laws, Regulations, and Resolutions Relating to Health Education

Reference Information

The *Code of Alabama* contains laws passed by the state legislature. A reference to the *Code of Alabama* has three parts: Title, Chapter, and Paragraph. Laws related to education are located in (Title) § 16. The Chapters are numbered and organized by topic. Paragraphs may be located within the referenced Chapter. For example, the law requiring cardiopulmonary resuscitation (CPR) instruction is (Title) §16- (Chapter) 40- (Paragraph) 8.

The *Alabama Administrative Code* (AAC) contains policies and regulations adopted by the State Board of Education. For example, the Alabama High School Graduation Requirements (AAC r. 290-3-1-.02 (8)(a-b)) are found on pages 66-67.

The *Alabama Course of Study: Health Education* contains minimum required content standards for health education.

State Board of Education resolutions or directives from the State Superintendent of Education provide additional guidance for health education.

Program Foundation

The *Alabama Course of Study: Health Education* provides the legal foundation for the minimum content of a locally developed health education curriculum. Using this document, school superintendents direct the development and implementation of the curriculum for schools in their system. Local boards of education approve and make available this curriculum to each teacher and interested citizen. Textbooks are classroom resources selected to complement this document. The state textbook adoption process begins after the Alabama State Board of Education adopts the *Alabama Course of Study: Health Education* (*Code of Alabama*, 1975: §16-8-28, §16-9-21, §16-12-8, §16-12-9).

Program Implementation

Health education is required in Grades K-8, and one-half credit of health education is required for high school graduation. Instruction in health education must be provided by certified teachers. Additional health education courses may be prescribed by local boards of education (*Code of Alabama*, 1975: §16-1-16, §16-23-1, §16-35-5, §16-6B-2(d), §16-6B-2(f); *Alabama Administrative Code* (AAC) r. 290-3-1-.02 (8.2)(e-2)).

Program Requirements

Health risk behaviors such as the use of illegal drugs, premarital sexual activity, negligent parenting, and short-term emotional issues that may lead to consideration of suicide have detrimental long-term effects on students. Health education teachers should incorporate concepts embodied in the laws, regulations, and resolutions that follow in all age- and content-appropriate contexts throughout this document.

Acquired Immune Deficiency Syndrome (AIDS) Education

Students in Grades 5-12 receive instruction about AIDS through the health education program (Alabama State Board of Education Resolution, August 27, 1987, and October 22, 1987, meetings).

Cardiopulmonary Resuscitation (CPR) Education

In the required one-half credit high school course, students are to receive instruction in CPR from instructors certified by the American Heart Association or the American Red Cross (*Code of Alabama*, 1975, §16-40-8).

Character Education

The character education program focuses upon the development of courage, patriotism, citizenship, honesty, fairness, respect for others, kindness, cooperation, self-respect, self-control, courtesy, compassion, tolerance, diligence, generosity, punctuality, cleanliness, cheerfulness, school pride, respect for the environment, patience, creativity, sportsmanship, loyalty, and perseverance. These

APPENDIX A

character education traits complement the goals of the *Alabama Course of Study: Health Education* (*Code of Alabama*, 1975, §16-6B-2(h); Alabama State Board of Education Resolution, May 25, 1995, meeting).

Drug Abuse Prevention Education

Drug abuse prevention education is provided to all students as part of a comprehensive drug abuse education program. Funding is used from federal, state, local, or private resources. The program is age-appropriate and contains resistance skills and information pertaining to all aspects of illicit drug use, including legal, social, and health consequences. Students may be exempt without penalty from the drug education program if a parent or legal guardian presents to the school principal a signed statement indicating that the teaching of disease, its symptoms, its development and treatment, and the use of instructional aids and materials conflict with the religious preferences of the family (*Code of Alabama*, 1975, §16-41).

Parenting Education

Through existing required courses, students in Grades 7-12 receive instruction in parental responsibilities (*Code of Alabama*, 1975, §16-40-1.1).

Sex Education

The *Code of Alabama* states:

- (a) Any program or curriculum in the public schools in Alabama that includes sex education or the human reproductive process shall, as a minimum, include and emphasize the following:
 - (1) Abstinence from sexual activity is the only completely effective protection against unwanted pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually.
 - (2) Abstinence from sexual activity outside of lawful marriage is the expected social standard for unmarried school-age persons.

The *Code of Alabama* states further that materials and instruction selected and used at the local level shall be age-appropriate; shall emphasize abstinence, refusal skills, ethical conduct, and applicable laws (child support, sexual abuse, and homosexual conduct); and shall include information indicating the reliability and unreliability of contraceptives (*Code of Alabama*, 1975, §16-40A-2).

Spinal Deformity Screening and Education

Students in Grades 5-9 or between the ages of 11-14 are screened for spinal deformities and provided education about scoliosis, kyphosis, and lordosis as well as methods of detection, the purpose of screening, and what to do if a deformity is indicated (*Code of Alabama*, 1975, §16-29; Senate Joint Resolution 62).

Suicide Prevention Education

An awareness program for suicide prevention must be implemented by each school system and must include mental and emotional health education in the one-half credit health education course required for high school graduation (Alabama State Board of Education Resolution, June 12, 1986, meeting).

Minimum Contents to be Included in Sex Education Program or Curriculum

*Code of Alabama, 1975, §16-40A-2**

(a) Any program or curriculum in the public schools in Alabama that includes sexual education or the human reproductive process shall, as a minimum, include and emphasize the following:

(1) Abstinence from sexual activity is the only completely effective protection against unwanted pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually.

(2) Abstinence from sexual activity outside of lawful marriage is the expected social standard for unmarried school-age persons.

(b) Course materials and instruction that relate to sexual education or sexually transmitted diseases should be age-appropriate.

(c) Course materials and instruction that relate to sexual education or sexually transmitted diseases should include all of the following elements:

(1) An emphasis on sexual abstinence as the only completely reliable method of avoiding unwanted teenage pregnancy and sexually transmitted diseases.

(2) An emphasis on the importance of self-control and ethical conduct pertaining to sexual behavior.

(3) Statistics based on the latest medical information that indicate the degree of reliability and unreliability of various forms of contraception, while also emphasizing the increase in protection against pregnancy and protection against sexually transmitted diseases, including HIV and AIDS infection, which is afforded by the use of various contraceptive measures.

(4) Information concerning the laws relating to the financial responsibilities associated with pregnancy, childbirth, and child rearing.

(5) Information concerning the laws prohibiting sexual abuse, the need to report such abuse, and the legal options available to victims of sexual abuse.

(6) Information on how to cope with and rebuff unwanted physical and verbal sexual exploitation by other persons.

(7) Psychologically sound methods of resisting unwanted peer pressure.

(8) Comprehensive instruction in parenting skills and responsibilities, including the responsibility to pay child support by non-custodial parents, the penalties for nonpayment of child support, and the legal and ethical responsibilities of child care and child rearing.

*Alabama Law (Regular Session, 1992) Act No. 92-590, Section 2

Alabama High School Graduation Requirements

(Alabama Administrative Code 290-3-1-02(8)(a) (b) and (c))

1. COURSE REQUIREMENTS

The Alabama courses of study shall be followed in determining minimum required content in each discipline. Students seeking the Alabama High School Diploma with Advanced Academic Endorsement (First Choice Diploma) shall complete advanced-level work in the core curriculum. Students receiving the Alabama High School Diploma with Credit-Based Endorsement shall complete the prescribed credits, including at least one Career and Technical Education course, for the Alabama High School Diploma and pass three of the five sections of the Alabama High School Graduation Exam, including the Mathematics section, Reading section, and one additional section.

COURSE REQUIREMENTS	Alabama High School Diploma <u>Credits</u>	Alabama High School Diploma with Advanced Academic Endorsement <u>Credits</u>	Alabama High School Diploma with Credit-Based Endorsement <u>Credits</u>
ENGLISH LANGUAGE ARTS	4	4	4
Four credits to include the equivalent of: English 9 English 10 English 11 English 12	1 1 1 1	1 1 1 1	1 1 1 1
MATHEMATICS	4	4	4
Four credits to include the equivalent of: Algebra I Geometry Algebra II with Trigonometry Mathematics Elective(s)	1 1 1 2	1 1 1 1	1 1 1 2
SCIENCE	4	4	4
Four credits to include the equivalent of: Biology A physical science Science Electives	1 1 2	1 1 2	1 1 2
SOCIAL STUDIES*	4	4	4
Four credits to include the equivalent of: Grade 9 Social Studies Grade 10 Social Studies Grade 11 Social Studies Grade 12 Social Studies	1 1 1 1	1 1 1 1	1 1 1 1
PHYSICAL EDUCATION	1	1	1
HEALTH EDUCATION	0.5	0.5	0.5
ARTS EDUCATION	0.5	0.5	0.5
COMPUTER APPLICATIONS**	0.5	0.5	0.5
FOREIGN LANGUAGE***		2	
ELECTIVES	5.5	3.5	5.5
Local boards shall offer foreign languages, fine arts, physical education, wellness education, career and technical education, and driver education as electives.			
TOTAL CREDITS	24	24	24

* All four required credits in Social Studies shall comply with the current *Alabama Course of Study*.
 ** May be waived if competencies outlined in the computer applications course are demonstrated to qualified staff in the local school system. The designated one-half credit shall then be added to the elective credits, making a total of six elective credits for the Alabama High School Diploma and the Alabama High School Diploma with Credit-Based Endorsement or four elective credits for the Alabama High School Diploma with Advanced Academic Endorsement.
 *** Students earning the diploma with the advanced academic endorsement shall successfully complete two credits in the same foreign language.

2. ASSESSMENT REQUIREMENTS

Pass the required statewide assessment for graduation.

Alabama High School Graduation Requirements (continued)

(Alabama Administrative Code 290-3-1-.02(8)(g)1.)

Course and assessment requirements specified below must be satisfied in order to earn the Alabama Occupational Diploma (AOD).

1. COURSE REQUIREMENTS

Effective for students with disabilities as defined by the *Individuals with Disabilities Education Act*, students must earn the course credits outlined in *Alabama Administrative Code* r. 290-3-1-.02(8)(g)1.

COURSE REQUIREMENTS	Alabama Occupational Diploma Credits
ENGLISH LANGUAGE ARTS	4
*Four credits to include the equivalent of: English I English II English III English IV	1 1 1 1
MATHEMATICS	4
*Four credits to include the equivalent of: Math I Math II Math III Math IV	1 1 1 1
SCIENCE	4
*Four credits to include the equivalent of: Science I Science II Science III Science IV	1 1 1 1
SOCIAL STUDIES	4
*Four credits to include the equivalent of: Social Studies I Social Studies II Social Studies III Social Studies IV	1 1 1 1
CAREER AND TECHNICAL EDUCATION	2
COORDINATED STUDIES OR TRANSITIONAL SERVICES	1
COOPERATIVE CAREER AND TECHNICAL EDUCATION	1
HEALTH EDUCATION	0.5
PHYSICAL EDUCATION	1
ARTS EDUCATION	0.5
ELECTIVES	2
Existing laws require LEAs to offer arts education, physical education, wellness education, career and technical education, and driver education as electives.	
TOTAL CREDITS	24

* All AOD credits shall comply with the current curriculum guides designated for AOD implementation. Local Education Agencies may add additional credits or requirements.

2. ASSESSMENT REQUIREMENTS

Take the required statewide assessment for graduation at least once (during the spring of the eleventh-grade year).

Guidelines and Suggestions for Local Time Requirements and Homework

Total Instructional Time

The total instructional time of each school day in all schools and at all grade levels shall be not less than 6 hours or 360 minutes, exclusive of lunch periods, recess, or time used for changing classes (*Code of Alabama, 1975, §16-1-1*).

Suggested Time Allotments for Grades 1 - 6

The allocations below are based on considerations of a balanced educational program for Grades 1-6. Local school systems are encouraged to develop a general plan for scheduling that supports interdisciplinary instruction. Remedial and enrichment activities should be a part of the time schedule for the specific subject area.

<u>Subject Area</u>	<u>Grades 1-3</u>	<u>Grades 4-6</u>
Language Arts	150 minutes daily	120 minutes daily
Mathematics	60 minutes daily	60 minutes daily
Science	30 minutes daily	45 minutes daily
Social Studies	30 minutes daily	45 minutes daily
Physical Education	30 minutes daily*	30 minutes daily*
Health	60 minutes weekly	60 minutes weekly
Technology Education (Computer Applications)	60 minutes weekly	60 minutes weekly
Character Education	10 minutes daily**	10 minutes daily**
Arts Education		

Dance *Daily instruction with certified arts specialists in each of the arts disciplines is the most desirable schedule. However, schools unable to provide daily arts instruction in each discipline are encouraged to schedule in Grades 1 through 3 two 30- to 45-minute arts instruction sessions per week and in Grades 4 through 6 a minimum of 60 minutes of instruction per week. Interdisciplinary instruction within the regular classroom setting is encouraged as an alternative approach for scheduling time for arts instruction when certified arts specialists are not available.*

Music

Theatre

Visual Arts

* Established by the Alabama State Department of Education in accordance with *Code of Alabama, 1975, §16-40-1*
 ** Established by the Alabama State Department of Education in accordance with *Code of Alabama, 1975, §16-6B-2(h)*

Kindergarten

In accordance with *Alabama Administrative Code* r. 290-5-1-.01(5) Minimum Standards for Organizing Kindergarten Programs in Alabama Schools, the daily time schedule of the kindergartens shall be the same as the schedule of the elementary schools in the systems of which they are a part since kindergartens in Alabama operate as full-day programs. There are no established time guidelines for individual subject areas for the kindergarten classroom. The emphasis is on large blocks of time that allow children the opportunity to explore all areas of the curriculum in an unhurried manner.

It is suggested that the full-day kindergarten program be organized utilizing large blocks of time for large groups, small groups, center time, lunch, outdoor activities, snacks, transitions, routines, and afternoon review. Individual exploration, small-group interest activities, interaction with

peers and teachers, manipulation of concrete materials, and involvement in many other real-world experiences are needed to provide a balance in the kindergarten classroom.

Grades 7-12

One credit may be granted in Grades 9-12 for required or elective courses consisting of a minimum of 140 instructional hours or in which students demonstrate mastery of Alabama course of study content standards in one-credit courses without specified instructional time (*Alabama Administrative Code* r. 290-3-1-.02 (9)(a)).

In those schools where Grades 7 and 8 are housed with other elementary grades, the school may choose the time requirements listed for Grades 4-6 or those listed for Grades 7-12.

Character Education

For all grades, not less than 10 minutes instruction per day shall focus upon the students' development of the following character traits: courage, patriotism, citizenship, honesty, fairness, respect for others, kindness, cooperation, self-respect, self-control, courtesy, compassion, tolerance, diligence, generosity, punctuality, cleanliness, cheerfulness, school pride, respect of the environment, patience, creativity, sportsmanship, loyalty, and perseverance.

Homework

Homework is an important component of every student's instructional program. Students, teachers, and parents should have a clear understanding of the objectives to be accomplished through homework and the role it plays in meeting curriculum requirements. Homework reflects practices that have been taught in the classroom and provides reinforcement and remediation for students. It should be student-managed, and the amount should be age-appropriate, encouraging learning through problem solving and practice.

At every grade level, homework should be meaning-centered and mirror classroom activities and experiences. Independent and collaborative projects that foster creativity, problem-solving abilities, and student responsibility are appropriate. Parental support and supervision reinforce the quality of practice or product as well as skill development.

Each local board of education shall establish a policy on homework consistent with the Alabama State Board of Education Resolution adopted February 23, 1984 (Action Item #F-2).

Bibliography

Alabama Course of Study: Health Education (Bulletin 2003, No. 5). Montgomery, Alabama: Alabama State Department of Education, 2003.

Centers for Disease Control and Prevention. “Youth Risk Behavior Surveillance – United States, 2007.” *Morbidity & Mortality Weekly Report* 2008: 57 (SS-4): 1-131, October 9, 2008, (December 13, 2008).

Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence* (2nd Edition). Atlanta, Georgia: American Cancer Society, 2007.

Glossary

- Abstinence**—Refusing to participate in risky behaviors. Voluntarily refraining from sexual activity that could result in unintended pregnancy or disease.
- Acquired immunodeficiency syndrome (AIDS)**—Late stage of the illness triggered by infection with HIV. A person receives an AIDS diagnosis upon verification of a CD4 cell count of less than 200 or certain opportunistic conditions common with advanced immune system deficiency.
- Acute disease**—Disease lasting for a short time, but may begin rapidly and have intense symptoms. Acute diseases can be mild, severe, or even fatal.
- Addiction**—Urge to do something that is hard to control or stop. State in which the body relies on a substance for normal functioning.
- Automated external defibrillator (AED)**—Portable electronic device used during CPR to shock heart into normal rhythm.
- Bullying**—Intimidation through threats, emotional or physical force, or coercion.
- Centers for Disease Control and Prevention (CDC)**—Primary federal agency responsible for protecting the health of residents of the United States through health promotion; prevention of disease, injury, and disability; and preparedness for new health threats.
- Chronic disease**—Disease that is persistent. Chronic diseases may last for a long time or may recur. They can be mild, severe, or fatal.
- Communicable disease**—Disease carried by microorganisms and transmitted through people, animals, surfaces, foods, or air.
- Communication**—Process by which messages are sent and received.
- Coordinated school health program (CSHP)**—System of eight interactive components that promotes the health and well-being of school age youth through the interaction of parents, school personnel, and the community. CSHP components include health education; physical education; health services; nutrition services; counseling, psychological, and social services; healthy school environment; health promotion for staff; and family and community involvement.
- Food-borne illness**—Infectious illness transmitted by unsafe or unclean handling of food or by inadequate cooking of food.
- Health advocate**—Person who promotes health and wellness for self and others.
- Health literacy**—Capacity of an individual to obtain, interpret, and understand basic health information and services, including the competence to use such information and services in health-enhancing ways.

Healthful living—Daily activities and competencies that demonstrate resilience and actions that enhance health, quality of life, disease prevention, and avoidance of risk behaviors that contribute to injury, illness, and premature death.

Human immunodeficiency virus (HIV)—Retrovirus that is believed to cause AIDS. HIV can be transmitted through unprotected sexual activity, contaminated needles, breast milk, and transmission from an infected mother to her baby at birth.

Metabolism—Set of chemical reactions that occurs in living organisms in order to maintain life. A chemical reaction in body cells that converts fuel from food into energy needed to perform vital processes and activities.

MyPyramid—Updated version of the United States food guide pyramid. New version incorporates activity and moderation along with a proper mix of food groups in a person’s diet. MyPyramid addresses the six food groups of grains, vegetables, fruits, oils, milk, and meat and beans.

National Health Education Standards (NHES)—Group of behavioral outcomes that identifies the knowledge and skills a student must possess to reach the goal of health literacy.

Obesity—Condition of being excessively fat or of having a high percentage of body fat.

Pathogen—Microorganism capable of causing disease or illness. Germs are microscopic bacteria, viruses, fungi, and protozoa that can cause disease.

Refusal skills—Techniques used to say “no” in a risk situation.

Rest, Ice, Compression, and Elevation (RICE)—Steps to be used in first aid care for sprains, strains, pulls, or tears resulting in injury to muscles or joints.

Risk behaviors—Behaviors that represent a potential threat to a person’s well-being.

Stress—Mental, emotional, or physical tension, strain, or distress.

Sudden infant death syndrome (SIDS)—Unexpected death of an apparently healthy infant. Usually occurs during the first four months of life while the infant is sleeping.