

Health Education Program Checklist

GUIDANCE DOCUMENT



Health Education Program Checklist

This Health Education Program Checklist is designed to help school administrators, principals, teachers of health education, and parents review their school health education program to ensure it addresses what SHAPE America has identified as the “essential components” of health education. (SHAPE America, 2019).

In the [Essential Components of Health Education](#), SHAPE America outlines the policies and practices of effective school-based health education programs. The guidance document defines the four essential components of health education as policy and environment, curriculum, appropriate instruction, and student assessment. Use the checklist that begins on page 3 of this document to identify which policies and practices from the essential components are in place in your school district or school, as well as to identify opportunities for growth to make your health education programs even stronger!

The Centers for Disease Control and Prevention (CDC) has a variety of helpful resources for supporting effective health education programming.

- For a comprehensive review of the overall school health environment, you can use the [School Health Index \(SHI\): Self-Assessment & Planning Guide 2017](#), an online self-assessment and planning tool that can be used to improve your health and safety policies and programs, including health education programs.
- The [Characteristics of an Effective Health Education Curriculum](#) underscores the importance of a curriculum that builds essential skills that support health-enhancing behaviors such as communication, refusal, decision-making, goal-setting, and self-management.
- The [Health Education Curriculum Analysis Tool](#) (HECAT) provides guidance and tools for curriculum selection and development that can help ensure schools are implementing an effective health education curricula. The HECAT can be used for review of existing health education curriculum and materials, as well as to develop a standards-based health education curriculum (including specific health-topic content and skills analyses).

Before examining your health education program using the Health Education Program Checklist, we suggest you gather and read the documents below to prepare for your analysis:

- [National Health Education Standards](#)
- State health education standards
- State health education policy
- The [Essential Components of Health Education](#)
- School district or school health education policy
- School district or school wellness policy
- School district or school health education curriculum
- School master schedule
- School district or school employee handbook

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After reading the documents listed above, review the checklist beginning on page 3 and indicate whether each program element is in place (Yes), not in place (No), or in progress. For components that are in progress, indicate their degree of completion in the comments field. You can access the [Essential Components of Health Education](#) for a closer look at the critical policies and practices within each of the four components.

Information to address in the comments field could include timeline for curriculum development or revision, school improvement plan goals and objectives for health education, target completion dates for local school wellness policy or other policy development, individualized teacher professional development plans, or a copy of school district or school student assessment and grading protocols. When referencing policies, indicate in the comments field where the policies are in the school district or school policy manual.

Your responses will identify areas of strength and inform you of areas that need improvement. Once you have documented the program elements that are in place, prioritize the elements that need to be adjusted or improved.

For more information on why health education is a critical component of a well-rounded education, see SHAPE America's [position statement](#).

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Policy and Environment	Program Element	Yes	No	In Progress	Comments
School districts and schools require full inclusion of all students in health education.	School districts and schools require full inclusion and mutual respect of all students in health education class (e.g., regardless of race, ethnic origin, gender, gender identity, sexual orientation, religion, language or ability).				
School districts and schools require inclusion of health education as part of the school's overall commitment to health and wellness in coordination with other school health services.	The health educator collaborates with other school services and the district/school's wellness committee to enhance the classroom and school environment in supporting healthy behaviors.				
Every student is required to take health education in all grades preK-12, totaling at least 60 hours of instruction each school year.	School district or school policy requires all students to take health education in all grades preK-12.				
	School district or school policy specifies weekly instruction time requirements for health education by grade.				
	Every high school student is required to take and pass at least one health education course each year.				
Health education class size is consistent with that of other subject areas and aligns with school district's or school's teacher/student ratio policy.	School district or school policy requires that health education class size is consistent with that of other subject areas and aligns with the district's and school's teacher/student ratio policy.				
Health education is taught by an individual who has	School district or school policy requires that PRIMARY health				

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preservice training in health education and is licensed and/or certified in health education.	education is taught by an individual who has preservice training in health education and is licensed and/or certified in health education.				
	School or district policy requires that SECONDARY health education is taught by an individual who has preservice training in health education and is licensed and/or certified in health education.				

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Curriculum	Program Element	Yes	No	In Progress	Comments
Teachers of health education use a written, sequential, and comprehensive health education curriculum that aligns with state or national standards for health education.	<i>Written health education curriculum includes grades preK-12 and is sequential and comprehensive. Includes the elements below:</i>				
	<ul style="list-style-type: none"> Aligns to national and/or state health education standards. 				
	<ul style="list-style-type: none"> Includes comprehensive learning objectives for grades preK-12. 				
	<ul style="list-style-type: none"> Includes instructional units of study with behavioral outcomes and corresponding lessons, with summative assessments to evaluate achievement of unit objectives for every student, including students with individualized education programs or other special accommodations. 				
	<ul style="list-style-type: none"> Includes content with a focus on skill development using the HECAT to guide selection of functional information. 				
The curriculum is skills-based and includes a progression to higher-order thinking and multiple opportunities for practicing health-related skills.	Curriculum is skills-based, with an emphasis on developing health literacy and includes multiple opportunities for practicing health-related skills				
The health education curriculum addresses the essential elements of at least seven dimensions of wellness.	Physical health, i.e. healthy diet, being physical active, avoiding tobacco and other drugs, going to the doctor regularly, etc.				
	Social health, i.e. spending time with friends and family, connections with				

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<p><i>Examples taken from Figure 9.1, page 146 in Alperin & Benes (2016).</i></p>	<p>colleagues, building a strong social network, etc.</p>				
	<p>Emotional and mental health, i.e. expressing emotions in a healthy way, managing stress, engaging in creative activities, etc.</p>				
	<p>Intellectual health, i.e. reading for pleasure, taking classes, having an open mind, etc.</p>				
	<p>Spiritual health, i.e. meditating, journaling, attending religious services, etc.</p>				
	<p>Environmental health, i.e. recycling, picking up trash at a local park, buying local produce, etc.</p>				
	<p>Occupational health, i.e. being happy at work, working reasonable hours, making valuable contributions to the world, etc.</p>				
<p>The health education curriculum is included in routine/regularly scheduled review and updates.</p>	<p>The health education curriculum is consistent with the design of the curriculum for other subject areas.</p>				
	<p>School district or school policy establishes a schedule for periodic health education curriculum review that is consistent with the review schedule for other subject areas.</p>				
<p>School district or school policy requires full inclusion of all students in health education.</p>	<p>The health education curriculum includes lessons that meet the guidelines of all students individualized educational programs (IEPs) or any special accommodation a student would need to master the lesson.</p>				

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Appropriate Instruction	Program Element	Yes	No	In Progress	Comments
Teachers of health education deliver student-centered instruction that is guided by, and focused on, the achievement of learning objectives.	Teachers of health education use active learning strategies and activities that students find enjoyable and personally relevant.				
	Teachers of health education provide opportunities for students to practice or rehearse the skills needed to maintain and improve their health in authentic and relevant contexts.				
	Teachers of health education use a variety of culturally appropriate activities and examples that reflect diverse perspectives.				
	Teachers of health education use assignments or projects that encourage students to have interactions with family members, trusted adults, and community organizations.				
The health educator uses formative assessment to monitor student progress toward objectives and to modify instruction.	Use formative assessment to monitor student progress towards objectives.				
	Use feedback from formative assessments to modify instruction in order to meet student needs.				
The health educator delivers instruction that facilitates skill development leading to proficiency. <i>Steps from Alperin & Benes (2016) page 29.</i>	<i>A skills-based approach to instruction includes the steps below:</i>				
	The health educator discusses the importance of the skill being taught.				
	The health education presents the steps for development of the skill.				
	The health educator models the skill so students can observe the skill.				

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	The health educator allows students to practice the skill using real-life scenarios.				
	The health educator provides feedback and reinforcement.				
Differentiated instruction, diverse modes of delivery, and a variety of approaches are used to engage all students and meet the needs of all learners.	The district or school’s health education lesson plan template requires documentation of instructional practices used to meet the needs of all learners.				

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Student Assessment	Program Element	Yes	No	In Progress	Comments
Student assessments should align with national and/or state standards and be included in written curriculum.	Student progress is measured using student assessments that address all national and/or state health education standards.				
Student assessment includes practices that measure student achievement in all areas of instruction, including students' functional knowledge acquisition and skills performance.	The health educator designs and implements assessments that measure student achievement of curricular objectives to reach desired educational outcomes.				
	Student assessment includes practices that measure student achievement in all areas of instruction, including students' functional knowledge acquisition and skills performance.				
Teachers of health education follow district and school protocols for reporting and communicating student progress to students and parents.	The school district or school has established protocols for reporting and communicating student progress in health education to students and parents.				
	The district or school requires health education grades to be included on report cards for all grades.				

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Suggested Citation

SHAPE America. (2019). Health education program checklist [Guidance document]. Reston, VA: SHAPE America.

References

Alperin, H. and Benes, S. (2016). *The essentials of teaching health education: Curriculum, instruction, and assessment*. Champaign, IL: Human Kinetics.

SHAPE America. (2019). [The essential components of health education](#) [Guidance document]. Reston, VA: SHAPE America.

Resources

Centers for Disease Control and Prevention. (2018). Characteristics of Effective Health Education Curriculum. Retrieved from <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>

Centers for Disease Control and Prevention. (2019). Health Education Curriculum Analysis Tool (HECAT). Retrieved from <https://www.cdc.gov/healthyouth/hecat/index.htm>

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Joint Committee on National Health Education Standards. (2007). [National Health Education Standards, Second Edition: Achieving Excellence](#). Washington, D.C.: The American Cancer Society

SHAPE America. (2015). Appropriate practices in school-based health education. Retrieved from https://www.shapeamerica.org/Common/Uploaded%20files/document_manager/products/Appropriate-Practices-in-School-Based-Health-Education.pdf