HEALTH AND CAREER EDUCATION GRADE 4

Integrated Resource Package 2006

TABLE OF CONTENTS

LEARNING RESOURCES

GLOSSARY

M any people contributed their expertise to this document. The Project Co-ordinators were Kristin Mimick and Leslie Thompson of the Ministry of Education, working with other ministry personnel and our partners in education. We would like to thank all who participated in this process.

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This Integrated Resource Package (IRP) provides basic information teachers will require in order to implement Health and Career Education K to 7. Once fully implemented, this document will supersede the *Personal Planning K to 7 Integrated Resource Package* (1999).

> The information contained in this document is also available on the Internet at www.bced.gov.bc.ca/irp/irp.htm

The following paragraphs provide brief descriptions of the components of the IRP.

INTRODUCTION

The Introduction provides general information about Health and Career Education K to 7, including special features and requirements.

Included in this section are
- a rationale for teaching Health and Career Education K to 7 in BC schools
- the curriculum goals
- descriptions of the curriculum organizers and suborganizers – groupings for prescribed learning outcomes that share a common focus
- an overview of the curriculum content

CONSIDERATIONS FOR PROGRAM DELIVERY

This section of the IRP contains additional information to help educators develop their school practices and plan their program delivery to meet the needs of all learners.

PRESCRIBED LEARNING OUTCOMES

This section contains the *prescribed learning outcomes,* the legally required content standards for the provincial education system. The learning outcomes define the required attitudes, skills, and knowledge for each subject. They are statements of what students are expected to know and be able to do by the end of the indicated grade.

STUDENT ACHIEVEMENT

This section of the IRP contains information about classroom assessment and measuring student achievement, including sets of specific achievement indicators for each prescribed learning outcome. Achievement indicators are statements that describe what students should be able to do in order to demonstrate that they fully meet the expectations set out by the prescribed learning outcomes. Achievement indicators are not mandatory; they are provided to assist in assessing how well students achieve the prescribed learning outcomes.

Also included in this section are key elements – descriptions of content that help determine the intended depth and breadth of the prescribed learning outcomes.

CLASSROOM ASSESSMENT MODEL

This section contains a series of assessment units that address clusters of learning outcomes organized by topic or theme. The units have been developed by BC educators, and are provided to support classroom assessment. These units are suggestions only – teachers may use or modify the units as they plan for the implementation of this curriculum.

Each grade in the model contains an Assessment Overview Table intended to support teachers with their assessment practices, and the assessment units organized by topic – including the prescribed learning outcomes and a sequence of suggested assessment activities for each topic. Sample assessment instruments are also included for each grade.

LEARNING RESOURCES

This section contains general information on learning resources, and provides a link to the titles, descriptions, and ordering information for the recommended learning resources in the Health and Career Education K to 7 Grade Collections.

GLOSSARY

The glossary defines selected terms used in this Integrated Resource Package.
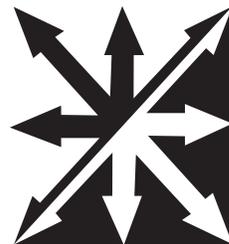
INTRODUCTION

This Integrated Resource Package (IRP) sets out the provincially prescribed curriculum for Health and Career Education Kindergarten to Grade 7 (HCE K to 7). The development of this IRP has been guided by the principles of learning:

- Learning requires the active participation of the student.
- People learn in a variety of ways and at different rates.
- Learning is both an individual and a group process.

In addition to these three principles, this document recognizes that British Columbia's schools include students of varied backgrounds, interests, abilities, and needs. Wherever appropriate for this curriculum, ways to meet these needs and to ensure equity and access for all learners have been integrated as much as possible into the learning outcomes, achievement indicators, and assessment activities.

The Health and Career Education K to 7 IRP is based on the recommendations arising from the *Personal Planning K to 7/Career and Personal Planning 8 to 12 Curriculum Review Report* (2001).

Health and Career Education K to 7, in draft format, was available for public review and response from December 2005 through February 2006. During the review period, three school districts were contracted to conduct an in-depth review of the draft IRP. Feedback from educators, students, parents, and other educational partners also informed the development of this document.

RATIONALE

The aim of Health and Career Education K to 7 is to provide students with the knowledge, skills, and attitudes necessary to be informed decision makers and to make healthy and safe choices. HCE K to 7 provides opportunities for students to

- learn and practise decision-making and goal-setting strategies

- learn about their own personal skills and interests and how these relate to a variety of school contexts, recreational activities, and future careers
- learn the importance of effective work habits and transferable skills
- think critically about a variety of health and safety issues
- acquire the skills necessary to develop and maintain healthy relationships
- develop safe attitudes and healthy practices in a variety of settings
- learn about the range of sources of support and information available to them on a variety of education, health, and safety issues

Health and Career Education K to 7 is designed to help students maintain, reinforce, and develop skills, attitudes, and behaviours that can enhance their personal well-being throughout their lives and prepare them to deal with a world of complex, ongoing change. The HCE K to 7 curriculum recognizes the inter-related areas of intellectual development, human and social development, and career development in creating healthy and active educated citizens.

GOALS FOR HEALTH AND CAREER EDUCATION K TO 7

The following goals reflect and are represented in the prescribed learning outcomes for Health and Career Education K to 7 in each curriculum organizer:

- Students will learn and apply processes for goal setting and decision making, and will become aware of the effects of their decisions on themselves and others.
- Students will learn about the range of sources of information and support available to them for a variety of health, safety, and education topics.
- Students will gain knowledge and skills necessary to make informed choices about their health and safety, and will develop an awareness of the consequences of their choices for themselves and others.

CURRICULUM ORGANIZERS

A curriculum organizer consists of a set of prescribed learning outcomes that share a common focus. The prescribed learning outcomes for Health and Career Education K to 7 are grouped under the following curriculum organizers and suborganizers:

Curriculum Organizers and Suborganizers
GOALS AND DECISIONS
CAREER DEVELOPMENT
HEALTH • *Healthy Living* • *Healthy Relationships* • *Safety and Injury Prevention* • *Substance Misuse Prevention*

Note that these organizers and suborganizers are provided for the purpose of identifying prescribed learning outcomes; they are not intended to suggest a linear means of course delivery.

Goals and Decisions

This curriculum organizer provides opportunities for students to develop the skills that will allow them to take increasing responsibility for their decisions and to understand the consequences of those decisions.

The Goals and Decisions organizer includes the following topics:
• goal setting
• decision making
• support networks and sources of information and support in the school and community

Career Development

This organizer is designed to develop students' awareness of personal attributes, skills, and successes, and how these relate to their schoolwork, their co-curricular activities, and potential careers.

The Career Development organizer includes the following topics:
• personal attributes (e.g., skills, interests, accomplishments), including work habits and transferable skills; relating attributes to school, activities, and potential careers
• work and jobs, and ways of classifying them

Health

This organizer provides opportunities for students to gain the knowledge necessary for developing and maintaining a healthy and safe lifestyle. The Health organizer includes the following topics, arranged by suborganizer:
• Healthy Living – promoting physical and emotional health (including regular physical activity, emotional health strategies, healthy eating, and disease prevention), puberty, reproduction
• Healthy Relationships – caring and supportive behaviours in families, friendships, emotions, interpersonal skills, and recognizing and responding to bullying, stereotyping, and discrimination
• Safety and Injury Prevention – recognizing, avoiding, and responding to potentially unsafe situations at home, at school, on the road, in the community, and on the Internet, including situations of potential abuse or exploitation
• Substance Misuse Prevention – unsafe substances, influences, consequences, and strategies for avoiding and refusing substances such as alcohol, tobacco, and other drugs

Note: The Health curriculum organizer includes prescribed learning outcomes that some students and their parents or guardians may feel more comfortable addressing at home.

> For information about policy relating to alternative delivery, refer to www.bced.gov.bc.ca/policy/

SUGGESTED TIMEFRAME

Provincial curricula are developed in accordance with the amount of instructional time recommended by the Ministry of Education for each subject area. Teachers may choose to combine various curricula to enable students to integrate ideas and make meaningful connections.

For Health and Career Education, the Ministry of Education recommends a time allotment of 5% of the total instructional time for each school year. The Health and Career Education curriculum for Kindergarten is based on approximately 20-25 hours of instructional time to allow flexibility to address local needs. For each of Grades 1 to 7, this estimate is approximately 45-50 hours per year.

HEALTH AND CAREER EDUCATION K TO 7: AT A GLANCE

**The aim of
Health and Career Education K to 7 is to
provide students with the knowledge, skills, and attitudes
necessary to be informed decision makers and to make healthy and safe choices.**

GOALS OF HEALTH AND CAREER EDUCATION K TO 7

- Students will learn and apply processes for goal setting and decision making, and will become aware of the effects of their decisions on themselves and others.
- Students will learn about the range of sources of information and support available to them for a variety of health, safety, and education topics.
- Students will gain knowledge and skills necessary to make informed choices about their health and safety, and will develop an awareness of the consequences of their choices for themselves and others.

CURRICULUM ORGANIZERS AND SUBORGANIZERS

GOALS AND DECISIONS

- opportunities for goal setting and decision making
- goal-setting strategies
- decision-making models
- support networks

CAREER DEVELOPMENT

- personal attributes (e.g., skills, interests, accomplishments); relating attributes to school and potential careers
- work and jobs, and ways of classifying them
- work habits and transferable skills

HEALTH

Healthy Living
- characteristics of, influences on, and choices to promote physical and emotional health
- healthy eating practices
- physical, emotional, and social changes at puberty and adolescence, and respecting own and others' development rates
- human reproductive system
- ways to help prevent spread of diseases, including life-threatening diseases such as HIV/AIDS

Healthy Relationships
- ways family members care for and support each other
- qualities of friendships and healthy relationships
- interpersonal skills
- recognizing and responding to stereotyping, discrimination, and bullying
- safe and caring schools

Safety and Injury Prevention
- appropriate terminology for male and female private parts
- responding to inappropriate touching
- recognizing and avoiding potentially abusive or exploitative situations
- recognizing and avoiding potentially unsafe situations at home, at school, on the road, in the community, and on the Internet
- responding to emergencies

Substance Misuse Prevention
- recognizing unsafe substances
- consequences of substance misuse for self and others
- influences on use of tobacco, alcohol, and other drugs
- strategies for avoiding and refusing tobacco, alcohol, and other drugs

OVERVIEW OF HEALTH AND CAREER EDUCATION K TO 7 TOPICS

	Kindergarten	Grade 1	Grade 2	Grade 3
GOALS AND DECISIONS	• opportunities to make choices • sources of support at school	• reasons for setting goals • sources of support at school and in the community	• steps in goal setting • opportunities for making decisions	• using a goal-setting model • sources of support
CAREER DEVELOPMENT	• personal skills and interests • jobs and responsibilities at home and school	• personal skills and interests • jobs and responsibilities at home and school	• ways of categorizing jobs • effective work habits	• attributes of role models • benefits of effective work habits
HEALTH *Healthy Living*	• practices that contribute to health	• practices that contribute to health • preventing spread of diseases and conditions	• physical and emotional health practices • healthy eating practices • preventing spread of communicable diseases	• physical and emotional health practices • importance of healthy eating and regular physical activity • preventing spread of communicable diseases
Healthy Relationships	• thoughtful caring behaviours in families • expressing feelings appropriately • relationship behaviours	• how families provide support and nurturing • expressing feelings • friendship behaviours • dealing with interpersonal conflict	• communication skills • friendship strategies	• building positive relationships • nature and consequences of bullying
Safety and Injury Prevention	• terminology for private parts • appropriate and inappropriate touching • responding to inappropriate touches or confusing or uncomfortable situations • hazard identification and avoidance (home, school, road, and community) • accessing emergency services	• terminology for private parts • appropriate and inappropriate touching • responding to inappropriate touches or confusing or uncomfortable situations • safety guidelines (home, school, road, and community) • accessing emergency services	• avoidance and assertiveness related to potentially abusive situations • avoiding hazardous situations (home, school, streets, community)	• avoidance and assertiveness related to potentially abusive situations • importance of recognizing and avoiding hazardous situations
Substance Misuse Prevention	• safe and unsafe substances	• recognizing and refusing unsafe substances	• harm from unsafe substances • refusing substances	• negative effects of unsafe substances • avoiding substances

Grade 4	Grade 5	Grade 6	Grade 7	
• steps in decision making	• factors affecting decision making • benefits of personal support networks	• planning to support goals • influences on decision making and goal setting	• planning to achieve a specific goal • applying a decision making model	**GOALS AND DECISIONS**
• attribute inventory • importance of effective work habits	• types of work of interest • work habits and transferable skills	• relationship between attributes and work • transferable skills developed in and out of school	• career clusters • transferable skills	**CAREER DEVELOPMENT**
• choices for emotional and physical health • choices for healthy eating • physical changes at puberty • communicable and non-communicable diseases	• factors influencing health decisions • healthy lifestyle planning • physical, emotional, and social changes at puberty • practices for preventing communicable and non-communicable diseases	• benefits of healthy lifestyles • human reproductive system • respecting developmental differences • life-threatening communicable diseases, including HIV/AIDS	• factors influencing health decisions • maintaining health during puberty • accessing community information and support • life-threatening nature of HIV/AIDS	**HEALTH** *Healthy Living*
• interpersonal skills in relationships • strategies for responding to bullying behaviour	• assessing own interpersonal skills • safe and caring schools	• influences of peers on behaviour • stereotyping and discrimination • responding to stereotyping, discrimination, and bullying	• healthy and unhealthy relationships • influences on relationships • preventing stereotyping, discrimination, and bullying	*Healthy Relationships*
• lures and tricks used by potential abusers (including on the Internet) • abuse avoidance strategies • potential for injury in a range of settings	• safety guidelines for protection from abuse and exploitation • minimizing risks • social pressures and risk taking	• sources of help and support • Internet safety • responsible safety behaviour • responding to emergencies	• personal strategies to avoid abuse and exploitation • avoiding unsafe situations on road and in community	*Safety and Injury Prevention*
• negative effects of abusing tobacco, alcohol, and other drugs • strategies for preventing substance misuse	• factors contributing to use of tobacco, alcohol, and other drugs	• prevention and alternatives • consequences to self and others	• media and social influences on substance misuse • healthy alternatives	*Substance Misuse Prevention*
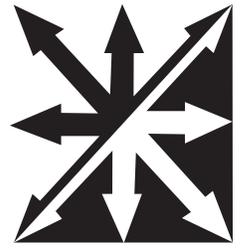
CONSIDERATIONS FOR PROGRAM DELIVERY

This section of the IRP contains additional information to help educators develop their school practices and plan their program delivery to meet the needs of all learners. Included in this section is information about
• Alternative Delivery policy
• addressing local contexts
• involving parents and guardians
• establishing a positive classroom climate
• confidentiality
• inclusion, equity, and accessibility for all learners
• connections to other subject areas
• working with the school and community
• working with the Aboriginal community
• information and communications technology
• copyright and responsibility
• using role play
• goal setting and decision making

ALTERNATIVE DELIVERY POLICY

The Alternative Delivery policy applies to this IRP.

The Alternative Delivery policy outlines how students, and their parents or guardians, in consultation with their local school authority, may choose means other than instruction by a teacher within the regular classroom setting for addressing prescribed learning outcomes contained in the Health curriculum organizer of the following curriculum documents:
• Health and Career Education K to 7, and Personal Planning K to 7 Personal Development curriculum organizer (until September 2008)
• Health and Career Education 8 and 9
• Planning 10

The policy recognizes the family as the primary educator in the development of children's attitudes, standards, and values, but the policy still requires that all prescribed learning outcomes be addressed and assessed in the agreed-upon alternative manner of delivery.

It is important to note the significance of the term "alternative delivery" as it relates to the Alternative Delivery policy. The policy does not permit schools to omit addressing or assessing any of the prescribed learning outcomes within the health and career education curriculum. Neither does it allow students to be excused from meeting any learning outcomes related to health. It is expected that students who arrange for alternative delivery will address the

health-related learning outcomes and will be able to demonstrate their understanding of these learning outcomes.

In the Health and Career Education K to 7 curriculum, the Alternative Delivery policy applies only to the prescribed learning outcomes in the Health curriculum organizer, which includes the following four curriculum suborganizers:
• Healthy Living
• Healthy Relationships
• Safety and Injury Prevention
• Substance Misuse Prevention

This option is not intended for any of the other prescribed learning outcomes, and it is not intended for any other curriculum.

> For more information about policy relating to alternative delivery, refer to www.bced.gov.bc.ca/policy/

ADDRESSING LOCAL CONTEXTS

The Health and Career Education K to 7 curriculum includes opportunities for individual teacher and student choice in the exploration of topics to meet certain learning outcomes, particularly in relation to the Health curriculum organizer. This flexibility allows educators to plan their programs to meet the particular requirements of their students and to respond to local contexts. It may be appropriate to allow for student input when selecting current and relevant topics.

Where specific topics have been included in the learning outcomes, the intent is for all students to have an opportunity to address these important issues. The inclusion of these topics is not intended to exclude any additional issues that may also be relevant for individual school communities.

INVOLVING PARENTS AND GUARDIANS

The family is the primary educator in the development of students' attitudes and values. The school plays a supportive role by focussing on the prescribed learning outcomes in the Health and Career Education K to 7 curriculum. Parents and guardians can support, enrich, and extend the curriculum at home.

HCE K to 7 includes prescribed learning outcomes in the Health section of the curriculum that some students and their parents or guardians may feel more comfortable addressing at home. Some students and/or their parents may choose to opt for alternative delivery of these learning outcomes.

It is highly recommended that schools inform parents and guardians about the Health and Career Education K to 7 curriculum, and teachers (along with school and district administrators) may choose to do so by

- informing parents/guardians and students of the prescribed learning outcomes for the subject by sending home class letters, providing an overview during parent-teacher interviews, etc.
- responding to parent and guardian requests to discuss unit plans, learning resources, etc.
- informing parents and guardians of legislation and provincial and district policy related to options for addressing the Health curriculum organizer of this subject area

ESTABLISHING A POSITIVE CLASSROOM CLIMATE

Teachers are responsible for setting and promoting a classroom climate in which students feel comfortable learning about and discussing topics in Health and Career Education K to 7. The following are some guidelines that may help educators establish and promote a positive classroom climate.

- Allow class members sufficient time and opportunities to become comfortable with each other before engaging in group discussion. It is important that the classroom climate encourage students to relate to one another in positive, respectful, and supportive ways. Be prepared to facilitate any potentially controversial discussions.
- Establish clear ground rules for class discussions that demonstrate respect for privacy, for diversity, and for the expression of differing viewpoints.
- Become familiar with
  - relevant legislation (e.g., *Human Rights Code; Child, Family and Community Services Act*)
  - relevant initiatives (e.g., *Safe, Caring and Orderly Schools: A Guide and Diversity in BC Schools: A Framework*)
  - provincial and district policies and protocols concerning topics such as disclosure related to child abuse, protection of privacy, and alternative delivery

Further information about these policies and initiatives is available online:

BC Handbook for Action on Child Abuse and Neglect
www.mcf.gov.bc.ca/child_protection/
pdf/handbook_action_child_abuse.pdf

Safe, Caring and Orderly Schools
www.bced.gov.bc.ca/sco/

Diversity in BC Schools: A Framework
www.bced.gov.bc.ca/diversity/diversity_
framework.pdf

Human Rights Code
www.qp.gov.bc.ca/statreg/stat/H/96210_01.htm

Child, Family and Community Services Act
www.qp.gov.bc.ca/statreg/stat/C/96046_01.htm

- Activities and discussion related to some of the topics in Health and Career Education K to 7 may evoke an emotional response from individual students. Inform an administrator or counsellor when any concern arises, and ensure students know where to go for help and support.
- Discussions related to sexual abuse prevention topics such as touching can result in a student disclosing an incident of abuse and/or neglect. Teachers should be aware of district protocols and provincial regulations for reporting and referrals.
- Ensure that any external groups or organizations making a presentation to students have met the district's guidelines for presenting. There should be a direct relationship between the content of the presentation and the prescribed learning outcomes. Review any materials they may use, especially handouts, for appropriateness.

CONFIDENTIALITY

The *Freedom of Information and Protection of Privacy Act* (FOIPPA) applies to students, to school districts, and to all curricula. Teachers, administrators, and district staff should consider the following:

- Be aware of district and school guidelines regarding the provisions of FOIPPA and how it applies to all subjects, including Health and Career Education K to 7.
- Do not use students' Personal Education Numbers (PEN) on any assignments that students wish to keep confidential.

- Ensure students are aware that if they disclose personal information that indicates they are at risk for harm, then that information cannot be kept confidential.
- Inform students of their rights under FOIPPA, especially the right to have access to their own personal information in their school records. Inform parents of their rights to access their children's school records.
- Minimize the type and amount of personal information collected, and ensure that it is used only for purposes that relate directly to the reason for which it is collected.
- Inform students that they will be the only ones recording personal information about themselves unless they, or their parents, have consented to teachers collecting that information from other people (including parents).
- Provide students and their parents with the reason(s) they are being asked to provide personal information in the context of the Health and Career Education K to 7 curriculum.
- Inform students and their parents that they can ask the school to correct or annotate any of the personal information held by the school, in accordance with Section 29 of FOIPPA.
- Ensure students are aware that their parents may have access to the schoolwork they create only insofar as it pertains to students' progress.
- Ensure that any information used in assessing students' progress is up-to-date, accurate, and complete.

> For more information about confidentiality, refer to www.mser.gov.bc.ca/privacyaccess/

INCLUSION, EQUITY, AND ACCESSIBILITY FOR ALL LEARNERS

British Columbia's schools include students of varied backgrounds, interests, and abilities. The Kindergarten to Grade 12 school system focusses on meeting the needs of all students. When selecting specific topics, activities, and resources to support the implementation of Health and Career Education K to 7, teachers are encouraged to ensure that these choices support inclusion, equity, and accessibility for all students. In particular, teachers should ensure

that classroom instruction, assessment, and resources reflect sensitivity to diversity and incorporate positive role portrayals, relevant issues, and themes such as inclusion, respect, and acceptance.

Government policy supports the principles of integration and inclusion of students for whom English is a second language and of students with special needs. Most of the prescribed learning outcomes in this IRP can be addressed by all students, including those with special and/or ESL needs. Some strategies may require adaptations to ensure that those with special and/or ESL needs can successfully achieve the prescribed learning outcomes. Modifications can be made to the prescribed learning outcomes for students with Individual Education Plans.

> For more information about resources and support for students with special needs, refer to www.bced.gov.bc.ca/specialed/
>
> For more information about resources and support for ESL students, refer to www.bced.gov.bc.ca/esl/

CONNECTIONS TO OTHER CURRICULA

In the elementary years in particular, learning and instruction often take place in an integrated manner and do not always stay within the boundaries of a particular subject area. Teachers may look for ways to connect learning in HCE with any or all of the following provincially prescribed curricula:
- physical education – role of regular physical activity in a balanced, healthy lifestyle; choices people can make to be physically active; relationship between physical activity and healthy eating; goals for a physically active lifestyle; safety
- science – human body systems (Grade 5)
- social studies – group processes; leadership; families; purpose of rules; roles, rights, and responsibilities at home, at school, and in the community; needs and wants; decision making; work and jobs in the community

Whatever the approach used to facilitate connections among these subject areas, it is important to maintain the integrity of each individual discipline, and ensure that all prescribed learning outcomes are addressed.

> All current provincial curricula are available on the Internet at www.bced.gov.bc.ca/irp/irp.htm

WORKING WITH THE SCHOOL AND COMMUNITY

This curriculum addresses a wide range of skills and understandings that students are developing in other areas of their lives. It is important to recognize that learning related to this curriculum extends beyond the HCE classroom.

School and district-wide programs – such as healthy schools, bike safety, anti-bullying, and alcohol and drug education – support and extend learning in Health and Career Education K to 7. Community organizations may also support the curriculum with locally developed learning resources, guest speakers, workshops, and field studies. Teachers may wish to draw on the expertise of these community organizations and members.

Bringing outside resource people into the classroom is an effective way of reinforcing content, emphasizing and practising listening skills, exposing students to different points of view, providing opportunities for discussion and debate, providing a departure point for writing, and making learning more concrete and relevant. A panel discussion also provides an opportunity for several viewpoints on an issue to be presented at the same time.

Speakers relevant for Health and Career Education K to 7 include health care professionals, police, community leaders, counsellors, elders, and other content experts.

Consider the following guidelines to help achieve a successful guest speaker activity:
- Determine the nature of the presentation (e.g., lecture, question-and-answer, debate, response to students' presentations, facilitating a simulation or case study). Ensure the guest speaker is clear about the purpose, the structure, and the time allotted. There should be a direct relationship between the content of the presentation and the prescribed learning outcomes. Review any materials the speaker may use, especially any handouts, for appropriateness.

- Be aware of any district guidelines for external presenters, and ensure that guests have met these guidelines.
- Where appropriate, have students take responsibility for contacting the speaker(s) beforehand and making any logistical arrangements.
- Provide time for students to prepare for the guest speaker or panel by formulating focus questions.
- Begin the guest speaker presentation with an introduction to the topic and end with a debrief.

WORKING WITH THE ABORIGINAL COMMUNITY

The Ministry of Education is dedicated to ensuring that the cultures and contributions of Aboriginal peoples in BC are reflected in all provincial curricula. To address these topics in the classroom in a way that is accurate and that respectfully reflects Aboriginal concepts of teaching and learning, teachers are strongly encouraged to seek the advice and support of local Aboriginal communities. As Aboriginal communities are diverse in terms of language, culture, and available resources, each community will have its own unique protocol to gain support for integration of local knowledge and expertise. To begin discussion of possible instructional and assessment activities, teachers should first contact Aboriginal education co-ordinators, teachers, support workers, and counsellors in their district who will be able to facilitate the identification of local resources and contacts such as elders, chiefs, tribal or band councils, Aboriginal cultural centres, Aboriginal Friendship Centres, and Métis or Inuit organizations.

In addition, teachers may wish to consult the various Ministry of Education publications available, including the "Planning Your Program" section of the resource, *Shared Learnings.* This resource was developed to help all teachers provide students with knowledge of, and opportunities to share experiences with, Aboriginal peoples in BC.

> For more information about these documents, consult the Aboriginal Education web site: www.bced.gov.bc.ca/abed/welcome.htm

INFORMATION AND COMMUNICATIONS TECHNOLOGY

The study of information and communications technology is increasingly important in our society. Students need to be able to acquire and analyse information, to reason and communicate, to make informed decisions, and to understand and use information and communications technology for a variety of purposes. Development of these skills is important for students in their education, their future careers, and their everyday lives.

Literacy in the area of information and communications technology can be defined as the ability to obtain and share knowledge through investigation, study, instruction, or transmission of information by means of media technology. Becoming literate in this area involves finding, gathering, assessing, and communicating information using electronic means, as well as developing the knowledge and skills to use and solve problems effectively with the technology. Literacy also involves learning about the safe and responsible use of the technology, and a critical examination and understanding of the ethical and social issues related to the use of information and communications technology. When planning for instruction and assessment in Health and Career Education K to 7, teachers should provide opportunities for students to develop literacy in relation to information and communications technology sources, and to reflect critically on the role of these technologies in society.

COPYRIGHT AND RESPONSIBILITY

Copyright is the legal protection of literary, dramatic, artistic, and musical works; sound recordings; performances; and communications signals. Copyright provides creators with the legal right to be paid for their work and the right to say how their work is to be used. The law permits certain exceptions for schools (i.e., specific things permitted) but these are very limited, such as copying for private study or research. The copyright law determines how resources can be used in the classroom and by students at home.

In order to respect copyright it is necessary to understand the law. It is unlawful to do the following, unless permission has been given by a copyright owner:
- photocopy copyrighted material to avoid purchasing the original resource for any reason

- photocopy or perform copyrighted material beyond a very small part – in some cases the copyright law considers it "fair" to copy whole works, such as an article in a journal or a photograph, for purposes of research and private study, criticism, and review
- show recorded television or radio programs to students in the classroom unless these are cleared for copyright for educational use (there are exceptions such as for news and news commentary taped within one year of broadcast that by law have record-keeping requirements – see the web site at the end of this section for more details)
- photocopy print music, workbooks, instructional materials, instruction manuals, teacher guides, and commercially available tests and examinations
- show videorecordings that are not cleared for public performance
- perform music or do performances of copyrighted material for entertainment (i.e., for purposes other than a specific educational objective)
- copy work from the Internet without an express message that the work can be copied

Permission from or on behalf of the copyright owner must be given in writing. Permission may also be given to copy or use all or some portion of copyrighted work through a licence or agreement. Many creators, publishers, and producers have formed groups or "collectives" to negotiate royalty payments and copying conditions for educational institutions. It is important to know what licences are in place and how these affect the activities schools are involved in. Some licences may also require royalty payments that are determined by the quantity of photocopying or the length of performances. In these cases, it is important to assess the educational value and merits of copying or performing certain works to protect the school's financial exposure (i.e., only copy or use that portion that is absolutely necessary to meet an educational objective).

It is important for education professionals, parents, and students to respect the value of original thinking and the importance of not plagiarizing the work of others. The works of others should not be used without their permission.

For more information about copyright, refer to www.cmec.ca/copyright/indexe.stm

USING ROLE PLAY

Role play is an excellent strategy for Health and Career Education, particularly in addressing the personal and emotional issues present in the curriculum expectations. Role plays are ideal for examining various points of view, experiencing new situations, and allowing the interaction of people and the sharing of information.

Appropriate role-play scenarios to address the prescribed learning outcomes can be print or video based, and can be developed by teachers, created by students, derived from recommended learning resources, collected from news media, or found online.

For maximum effect, students should have clear guidance about the expectations and their roles before they proceed, sufficient time to interact and thoroughly explore the issues, and a full debriefing afterward.

GOAL SETTING AND DECISION MAKING

One of the key themes in Health and Career Education K to 7 is informed decision making. Although there are many models of decision making and goal setting, the information in the chart provided here (**Steps in Goal Setting and Decision Making**) can be used as a starting point.

In assessing decision making and goal setting, it is important to focus on the **process** – whether the student demonstrates thoughtful and critical examination of the situation. In most cases, it is not appropriate to assess the goal or decision itself.

STEPS IN GOAL SETTING AND DECISION MAKING

Goal Setting	Decision Making
state purpose for goal – visualize and describe the ideal end product	identify the decision or issue
↓	↓
define the goal in specific, realistic, measurable, and timely terms	visualize the ideal result
↓	↓
break down long-term goals into manageable short-term steps	identify (brainstorm) a range of alternative solutions
↓	↓
create a timeline for each step in the goal	assess the pros and cons of each alternative (and their consequences) for self and others • in terms of logistics (time, effort, resources; cost-benefit) • in terms of personal values • in relation to societal norms
↓	
identify potential challenges to meeting the goal, and identify ways to overcome those challenges	↓
↓	select and articulate an informed decision • who and when • how to gauge success • resources to carry out the plan (e.g., personal, financial)
identify sources of support for reaching the goal	
↓	↓
carry out the goal steps	apply the decision
↓	↓
re-evaluate the goal periodically and adjust as necessary *(each of these steps can be revised and repeated as necessary)*	assess the results and modify the decision as required *(each of these steps can be revised and repeated as necessary)*
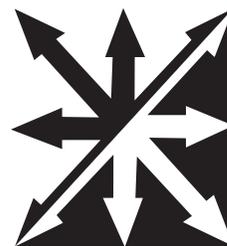
PRESCRIBED LEARNING OUTCOMES

Prescribed *learning outcomes* are content standards for the provincial education system; they are the prescribed curriculum. Clearly stated and expressed in measurable and observable terms, learning outcomes set out the required attitudes, skills, and knowledge – what students are expected to know and be able to do – by the end of the specified subject and grade.

Schools have the responsibility to ensure that all prescribed learning outcomes in this curriculum are addressed; however, schools have flexibility in determining how delivery of the curriculum can best take place.

It is expected that student achievement will vary in relation to the learning outcomes. Evaluation, reporting, and student placement with respect to these outcomes are dependent on the professional judgment and experience of teachers, guided by provincial policy.

Prescribed learning outcomes for Health and Career Education K to 7 are presented by grade and by curriculum organizer and suborganizer, and are coded alphanumerically for ease of reference; however, this arrangement is not intended to imply a required instructional sequence.

WORDING OF PRESCRIBED LEARNING OUTCOMES

All learning outcomes complete the stem, "It is expected that students will …."

When used in a prescribed learning outcome, the word "including" indicates that any ensuing item **must be addressed**. Lists of items introduced by the word "including" represent a set of minimum requirements associated with the general requirement set out by the outcome. The lists are not necessarily exhaustive, however, and teachers may choose to address additional items that also fall under the general requirement set out by the outcome.

Conversely, the abbreviation "e.g.," (for example) in a prescribed learning outcome indicates that the ensuing items are provided for illustrative purposes or clarification, and are **not required**. Presented in

parentheses, the list of items introduced by "e.g.," is neither exhaustive nor prescriptive, nor is it put forward in any special order of importance or priority. Teachers are free to substitute items of their own choosing that they feel best address the intent of the learning outcome.

DOMAINS OF LEARNING

Prescribed learning outcomes in BC curricula identify required learning in relation to one or more of the three domains of learning: cognitive, psychomotor, and affective. The following definitions of the three domains are based on Bloom's taxonomy.

The **cognitive domain** deals with the recall or recognition of knowledge and the development of intellectual abilities. The cognitive domain can be further specified as including three cognitive levels: knowledge, understanding and application, and higher mental processes. These levels are determined by the verb used in the learning outcome, and illustrate how student learning develops over time.

- *Knowledge* includes those behaviours that emphasize the recognition or recall of ideas, material, or phenomena.
- *Understanding and application* represents a comprehension of the literal message contained in a communication, and the ability to apply an appropriate theory, principle, idea, or method to a new situation.
- *Higher mental processes* include analysis, synthesis, and evaluation. The higher mental processes level subsumes both the knowledge and the understanding and application levels.

The **affective domain** concerns attitudes, beliefs, and the spectrum of values and value systems.

The **psychomotor domain** includes those aspects of learning associated with movement and skill demonstration, and integrates the cognitive and affective consequences with physical performances.

Domains of learning and cognitive levels also form the basis of the Assessment Overview Tables provided for each grade in the Classroom Assessment Model.
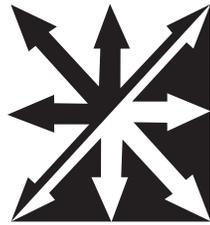
PRESCRIBED LEARNING OUTCOMES
Grade 4

GRADE 4

It is expected that students will:

GOALS AND DECISIONS

A1 identify the steps in a decision-making model (e.g., identifying the decision, listing alternatives, selecting a course of action, assessing the results)

CAREER DEVELOPMENT

B1 create an inventory of their own attributes, including skills, interests, and accomplishments
B2 demonstrate an understanding of the importance of developing effective work habits

HEALTH

Healthy Living

C1 describe the choices an individual can make to attain and maintain physical and emotional health (e.g., participating regularly in physical activity, developing healthy interpersonal relationships, trying new activities and challenges)
C2 describe choices they can make for healthy eating, based on *Canada's Food Guide to Healthy Eating*
C3 describe the physical changes that occur during puberty (e.g., height, weight, muscle development, body shape, oily skin, body odour)
C4 differentiate between communicable diseases and non-communicable diseases (e.g., communicable diseases can be spread/contracted from person to person; non-communicable diseases cannot be "caught" from someone with the disease)

Healthy Relationships

C5 describe interpersonal skills necessary to build positive relationships (e.g., co-operation, inclusion, communication skills, empathy, respectful behaviour)
C6 demonstrate appropriate strategies for responding to bullying behaviour (e.g., assess the situation, avoidance, assertiveness, reporting, seeking help)

Safety and Injury Prevention

C7 identify common lures or tricks used by potential abusers, face-to-face or on the Internet (e.g., offering special attention or compliments, saying they know your parents, using the Internet to get to know you)
C8 identify strategies for avoiding abusive or potentially abusive situations (e.g., knowing how to seek help, being prepared for lures or tricks, travelling in groups, withholding personal information)
C9 describe the potential risks for injury in a variety of settings, including on the road

Substance Misuse Prevention

C10 describe possible negative effects of substance misuse (e.g., altered judgment, reduced ability to recognize potentially risky situations, negative impact on emotional and physical health)
C11 propose strategies for preventing or avoiding substance misuse (e.g., developing refusal skills, avoiding high-risk situations, accessing accurate information)

STUDENT ACHIEVEMENT

This section of the IRP contains information about classroom assessment and student achievement, including specific achievement indicators that may be used to assess student performance in relation to each prescribed learning outcome. Also included in this section are key elements – descriptions of content that help determine the intended depth and breadth of prescribed learning outcomes.

CLASSROOM ASSESSMENT AND EVALUATION

Assessment is the systematic gathering of information about what students know, are able to do, and are working toward. Assessment evidence can be collected using a wide variety of methods, such as

- observation
- student self-assessments and peer assessments
- quizzes and tests (written, oral, practical)
- samples of student work
- projects and presentations
- oral and written reports
- journals and learning logs
- performance reviews
- portfolio assessments

Assessment of student achievement is based on the information collected through assessment activities. Teachers use their insight, knowledge about learning, and experience with students, along with the specific criteria they establish, to make judgments about student performance in relation to prescribed learning outcomes.

Three major types of assessment can be used in conjunction with each other to support student achievement.
- Assessment **for** learning is assessment for purposes of greater learning achievement.
- Assessment **as** learning is assessment as a process of developing and supporting students' active participation in their own learning.
- Assessment **of** learning is assessment for purposes of providing evidence of achievement for reporting.

Assessment for Learning

Classroom assessment for learning provides ways to engage and encourage students to become involved in their own day-to-day assessment – to acquire the skills of thoughtful self-assessment and to promote their own achievement.

This type of assessment serves to answer the following questions:
- What do students need to learn to be successful?
- What does the evidence of this learning look like?

Assessment for learning is criterion-referenced, in which a student's achievement is compared to established criteria rather than to the performance of other students. Criteria are based on prescribed learning outcomes, as well as on suggested achievement indicators or other learning expectations.

Students benefit most when assessment feedback is provided on a regular, ongoing basis. When assessment is seen as an opportunity to promote learning rather than as a final judgment, it shows students their strengths and suggests how they can develop further. Students can use this information to redirect their efforts, make plans, communicate with others (e.g., peers, teachers, parents) about their growth, and set future learning goals.

Assessment for learning also provides an opportunity for teachers to review what their students are learning and what areas need further attention. This information can be used to inform teaching and create a direct link between assessment and instruction. Using assessment as a way of obtaining feedback on instruction supports student achievement by informing teacher planning and classroom practice.

Assessment as Learning

Assessment as learning actively involves students in their own learning processes. With support and guidance from their teacher, students take responsibility for their own learning, constructing meaning for themselves. Through a process of continuous self-assessment, students develop the ability to take stock of what they have already learned, determine what they have not yet learned, and decide how they can best improve their own achievement.

Although assessment as learning is student-driven, teachers can play a key role in facilitating how this assessment takes place. By providing regular opportunities for reflection and self-assessment, teachers can help students develop, practise, and become comfortable with critical analysis of their own learning.

Assessment of Learning

Assessment of learning can be addressed through summative assessment, including large-scale assessments and teacher assessments. These summative assessments can occur at the end of the year or at periodic stages in the instructional process.

Large-scale assessments, such as Foundation Skills Assessment (FSA) and Graduation Program exams, gather information on student performance throughout the province and provide information for the development and revision of curriculum. These assessments are used to make judgments about students' achievement in relation to provincial and national standards. There is no large-scale provincial assessment for Health and Career Education K to 7.

Assessment of learning is also used to inform formal reporting of student achievement.

> For Ministry of Education reporting policy, refer to www.bced.gov.bc.ca/policy/policies/ student_reporting.htm

Assessment *for* Learning	Assessment *as* Learning	Assessment *of* Learning
Formative assessment *ongoing in the classroom*	Formative assessment *ongoing in the classroom*	Summative assessment *occurs at end of year or at key stages*
• teacher assessment, student self-assessment, and/or student peer assessment • criterion-referenced – criteria based on prescribed learning outcomes identified in the provincial curriculum, reflecting performance in relation to a specific learning task • involves both teacher and student in a process of continual reflection and review about progress • teachers adjust their plans and engage in corrective teaching in response to formative assessment	• self-assessment • provides students with information on their own achievement and prompts them to consider how they can continue to improve their learning • student-determined criteria based on previous learning and personal learning goals • students use assessment information to make adaptations to their learning process and to develop new understandings	• teacher assessment • may be either criterion-referenced (based on prescribed learning outcomes) or norm-referenced (comparing student achievement to that of others) • information on student performance can be shared with parents/guardians, school and district staff, and other education professionals (e.g., for the purposes of curriculum development) • used to make judgments about students' performance in relation to provincial standards

For more information about assessment for, as, and of learning, refer to the following resource developed by the Western and Northern Canadian Protocol (WNCP): *Rethinking Assessment with Purpose in Mind.*

This resource is available online at www.wncp.ca

In addition, the BC Performance Standards describe levels of achievement in key areas of learning (reading, writing, numeracy, social responsibility, and information and communications technology integration) relevant to all subject areas. Teachers may wish to use the Performance Standards as resources to support ongoing formative assessment in HCE.

BC Performance Standards are available at www.bced.gov.bc.ca/perf_stands/

Criterion-Referenced Assessment and Evaluation

In criterion-referenced evaluation, a student's performance is compared to established criteria rather than to the performance of other students. Evaluation in relation to prescribed curriculum requires that criteria be established based on the learning outcomes.

Criteria are the basis for evaluating student progress. They identify, in specific terms, the critical aspects of a performance or a product that indicate how well the student is meeting the prescribed learning outcomes. For example, weighted criteria, rating scales, or scoring guides (reference sets) are ways that student performance can be evaluated using criteria.

Wherever possible, students should be involved in setting the assessment criteria. This helps students develop an understanding of what high-quality work or performance looks like.

Criterion-referenced assessment and evaluation may involve these steps:

Step 1 Identify the prescribed learning outcomes and suggested achievement indicators (as articulated in this IRP) that will be used as the basis for assessment.

Step 2 Establish criteria. When appropriate, involve students in establishing criteria.

Step 3 Plan learning activities that will help students gain the attitudes, skills, or knowledge outlined in the criteria.

Step 4 Prior to the learning activity, inform students of the criteria against which their work will be evaluated.

Step 5 Provide examples of the desired levels of performance.

Step 6 Conduct the learning activities.

Step 7 Use appropriate assessment instruments (e.g., rating scale, checklist, scoring guide) and methods (e.g., observation, collection, self-assessment) based on the particular assignment and student.

Step 8 Review the assessment data and evaluate each student's level of performance or quality of work in relation to criteria.

Step 9 Where appropriate, provide feedback and/or a letter grade to indicate how well the criteria are met.

Step 10 Communicate the results of the assessment and evaluation to students and parents/guardians.

KEY ELEMENTS

Key elements provide an overview of content in each curriculum organizer and suborganizer. They can be used to determine the expected depth and breadth of the prescribed learning outcomes.

Note that some topics appear at multiple grade levels in order to emphasize their importance and to allow for developmental learning.

ACHIEVEMENT INDICATORS

To support the assessment of provincially prescribed curricula, this IRP includes sets of achievement indicators in relation to each learning outcome.

Achievement indicators, taken together as a set, define the specific level of attitudes demonstrated, skills applied, or knowledge acquired by the student in relation to a corresponding prescribed learning outcome. They describe what evidence to look for to determine whether or not the student has fully met the intent of the learning outcome. Since each achievement indicator defines only one aspect of the corresponding learning outcome, the entire set of achievement indicators should be considered when determining whether students have fully met the learning outcome.

In some cases, achievement indicators may also include suggestions as to the type of task that would provide evidence of having met the learning outcome (e.g., a constructed response such as a list, comparison, analysis, or chart; a product created and presented such as a report, drama presentation, poster, letter, or model; a particular skill demonstrated such as goal setting).

Achievement indicators support the principles of assessment for learning, assessment as learning, and assessment of learning. They provide teachers and parents with tools that can be used to reflect on what students are learning, as well as provide students with a means of self-assessment and ways of defining how they can improve their own achievement.

Achievement indicators are not mandatory; they are suggestions only, provided to assist in the assessment of how well students achieve the prescribed learning outcomes.

The following pages contain the suggested achievement indicators corresponding to each prescribed learning outcome for the Health and Career Education K to 7 curriculum. The achievement indicators are arranged by curriculum organizer and suborganizer for each grade; however, this order is not intended to imply a required sequence of instruction and assessment.
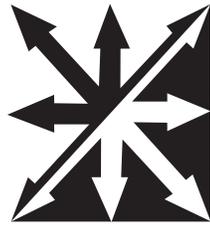
STUDENT ACHIEVEMENT
Grade 4

KEY ELEMENTS: GRADE 4

GOALS AND DECISIONS
- steps in decision making (e.g., identifying the decision, listing alternatives, selecting a course of action, assessing the results)

CAREER DEVELOPMENT
- inventory of own attributes (e.g., skills, interests, accomplishments; things they're good at, things they've learned to do, things they like to do, things they don't like to do)
- importance of effective work habits (e.g., helps to manage social activities, co-curricular activities, increased academic expectations, and other commitments)

HEALTH

Healthy Living
- choices for physical health (e.g., integrating physical activity throughout the day, choosing active transportation, choosing enjoyable activities, using sun protection practices)
- choices for emotional health (e.g., choosing positive friendships, using appropriate coping behaviours, accessing support and information when needed, taking time for self, trying new challenges, managing anger and stress appropriately)
- choices for healthy eating (e.g., serving sizes, number of recommended servings as per *Canada's Food Guide to Healthy Eating)*
- physical changes at puberty (e.g., body size and shape, body odour); awareness of differing developmental rates
- defining and differentiating between communicable and non-communicable diseases

Healthy Relationships
- interpersonal skills in relationships and groups (e.g., co-operation, inclusion, communication skills, empathy)
- recognizing negative group dynamics (e.g., "ganging up," social isolation or rejection, gossip, physical aggression, spectator participation, disrespectful language)
- strategies for responding to bullying behaviour (e.g., assess situation, assertiveness, reporting, seeking help)

Safety and Injury Prevention
- lures and tricks used by potential abusers, either known or strangers, face-to-face or on the Internet (e.g., offering special attention or compliments, offering gifts, calling it a game, assuring that it's something normal, using authority or threats, asking for or offering help, saying they know your parents)
- abuse and exploitation avoidance strategies (e.g., knowing how to seek help, being prepared for lures or tricks, travelling in groups, withholding personal information)
- potential for injury in a range of settings, including on the road (e.g., doubling on a bicycle, not using helmets and other protective equipment for recreational activities, playing music too loudly)

Substance Misuse Prevention
- negative effects of using alcohol, tobacco, or other drugs (e.g., altered judgment, blurred vision, addiction, negative impact on family members, negative impact on emotional and physical health, negative impact on schoolwork)
- strategies for preventing use of alcohol, tobacco, or other drugs (e.g., reading labels, following directions, developing strong refusal skills, avoiding high-risk social situations, having access to accurate information)

GOALS AND DECISIONS

Prescribed Learning Outcomes	Suggested Achievement Indicators
It is expected that students will:	*The following set of indicators may be used to assess student achievement for each corresponding prescribed learning outcome.* *Students who have fully met the prescribed learning outcome are able to:*
A1 identify the steps in a decision-making model (e.g., identifying the decision, listing alternatives, selecting a course of action, assessing the results)	❏ identify the steps in a decision-making model, such as − identify the decision or issue − describe the ideal outcome − brainstorm and list a range of alternative solutions − assess the pros and cons of each alternative (and their consequences) for self and others − select a course of action − identify what they need to carry out the plan (e.g, who will do what and when, where to go for help and information) − list factors that can affect the decision (e.g., values, family, peers, cost, time, resources, media influences, changing interests and skills) − apply the decision − assess the results and modify the decision as necessary

CAREER DEVELOPMENT

Prescribed Learning Outcomes	Suggested Achievement Indicators
It is expected that students will:	*The following set of indicators may be used to assess student achievement for each corresponding prescribed learning outcome.* *Students who have fully met the prescribed learning outcome are able to:*
B1 create an inventory of their own attributes, including skills, interests, and accomplishments	❏ develop an inventory of their personal attributes (e.g., skills, interests, accomplishments; things they're good at, things they've learned to do, things they like to do, things they don't like to do), and modify this inventory periodically
B2 demonstrate an understanding of the importance of developing effective work habits	❏ identify and describe a variety of effective work habits and time management techniques (e.g., staying on task, making a to-do list, completing homework, handing work in on time, arriving on time, organizing belongings, communication skills, co-operation, creativity, learning from mistakes) ❏ describe and give examples of how effective work habits contribute to success (e.g., help to manage the increasing complexity of their daily lives – social activities, co-curricular activities, increased academic expectations)

HEALTH

Note: The Health curriculum organizer includes prescribed learning outcomes that some students and their parents or guardians may feel more comfortable addressing at home. Refer to ministry policy regarding alternative delivery: www.bced.gov.bc.ca/policy/

Prescribed Learning Outcomes	Suggested Achievement Indicators
It is expected that students will:	*The following set of indicators may be used to assess student achievement for each corresponding prescribed learning outcome.* *Students who have fully met the prescribed learning outcome are able to:*
Healthy Living C1 describe the choices an individual can make to attain and maintain physical and emotional health (e.g., participating regularly in physical activity, developing healthy interpersonal relationships, trying new activities and challenges)	❏ list healthy physical activity choices that can be integrated throughout the day, such as – choosing enjoyable activities – choosing safe activities – participating regularly – choosing active options over inactive options (e.g., active transportation instead of getting a ride, going for a bike ride instead of playing on the computer) ❏ list healthy choices that can be made related to emotional health (e.g., choosing positive friendships, doing things for other people, using appropriate coping behaviours, expressing emotions appropriately, stress and anger management techniques, accessing support and information when needed, taking time for self, trying new activities and challenges, taking opportunities to learn from mistakes) ❏ list other healthy choices such as those related to oral hygiene, sun protection, insect protection, correct height and position of body and furniture for computer use, correct posture and weight distribution for carrying book bags, and hearing protection

Prescribed Learning Outcomes	Suggested Achievement Indicators
C2 describe choices they can make for healthy eating, based on *Canada's Food Guide to Healthy Eating*	❏ describe food choices in each of the four food groups according to *Canada's Food Guide to Healthy Eating,* identifying 　− the recommended number of daily servings for each of the four food groups for their age 　− a variety of examples of specific foods from each food group 　− appropriate serving sizes for each food group ❏ create a chart or other organizer to identify specific examples of foods they like from each food group ❏ create a healthy eating plan that includes the recommended number of servings from each of the food groups to meet the minimum daily requirements ❏ describe situations where they can make healthy food choices for body and teeth (e.g., choosing healthier snacks at home or from vending machines, choosing healthier alternatives in restaurants, limiting foods high in sugar or fat, choosing a variety of foods instead of eating the same thing all the time, starting the day with a healthy breakfast, choosing appropriate serving sizes)
C3 describe the physical changes that occur during puberty (e.g., height, weight, muscle development, body shape, oily skin, body odour)	❏ accurately describe *puberty* as a stage in the human life cycle and a transition from childhood to adolescence ❏ with teacher support, describe the predictable physical changes that occur at puberty and early adolescence in girls and boys (e.g., height, weight, body shape, muscle development, breast development, body hair, body odour, changes to reproductive organs) ❏ demonstrate an awareness that the physical changes associated with puberty happen at different rates and times for different people
C4 differentiate between communicable diseases and non-communicable diseases (e.g., communicable diseases can be spread/contracted from person to person; non-communicable diseases cannot be "caught" from someone with the disease)	❏ explain the difference between communicable diseases and non-communicable diseases (e.g., communicable diseases can be spread/contracted from person to person or from infected items such as needles or blood products; non-communicable diseases cannot be "caught" from someone with the disease but are developed as a result of lifestyle, environmental, hereditary, and/or other factors) ❏ list examples of communicable diseases (e.g., cold, flu, strep throat, chicken pox, measles, cold sores, pink eye/ conjunctivitis, meningitis, mononucleosis, HIV/AIDS) ❏ list examples of non-communicable diseases (e.g., asthma, diabetes, cancer, heart disease)

Prescribed Learning Outcomes	Suggested Achievement Indicators
Healthy Relationships C5 describe interpersonal skills necessary to build positive relationships (e.g., co-operation, inclusion, communication skills, empathy, respectful behaviour)	❏ describe qualities of a good friend (e.g., listening, sharing, honesty, loyalty, compassion, respectful behaviour, dependability, empathy, can disagree respectfully and kindly) ❏ through class discussions, role plays, and simulations, demonstrate effective relationship communication skills such as appropriate tone of voice, respectful language, appropriate body language, describing the problem without blaming, and listening without interrupting ❏ list a variety of interpersonal skills necessary to build positive group dynamics (e.g., co-operation, inclusion, effective communication, empathy, respectful behaviour)
C6 demonstrate appropriate strategies for responding to bullying behaviour (e.g., assess the situation, avoidance, assertiveness, reporting, seeking help)	❏ describe negative group dynamics (e.g., "ganging up," social isolation or rejection, gossip, using derogatory names and stereotypical labels, physical aggression, spectator participation, cyber-bullying) ❏ describe ways to avoid participating in negative group dynamics (e.g., speaking up on behalf of people who are bullied, reporting to a trusted adult) ❏ practise and apply effective strategies to deal with various forms of bullying (e.g., assess situation, avoidance, assertiveness, reporting, seeking help)
Safety and Injury Prevention C7 identify common lures or tricks used by potential abusers, face-to-face or on the Internet (e.g., offering special attention or compliments, saying they know your parents, using the Internet to get to know you)	❏ with teacher support, list ways a known person might lure or trick a child into an unsafe or abusive situation, particularly sexually abusive situations (e.g., offering special attention or compliments, offering gifts, calling it a game, assuring that it's something normal, invading privacy, using threats or authority) ❏ with teacher support, list ways strangers might lure or trick a child into an unsafe or abusive situation (e.g., asking for or offering help, offering a gift, giving a compliment, saying it's an emergency, saying they know your parents) ❏ with teacher support, list ways that potential predators can use the Internet to make contact with children (e.g., pretending they are a friend or someone who can be trusted, pretending to be your age, tricking you into giving them personal information or photographs, pretending to give you something for free or saying that you have won a contest)

Prescribed Learning Outcomes	Suggested Achievement Indicators
C8 identify strategies for avoiding abusive or potentially abusive situations (e.g., knowing how to seek help, being prepared for lures or tricks, travelling in groups, withholding personal information)	❑ based on class activities and additional information, list strategies for avoiding abusive or potentially abusive situations, such as − recognizing their right not to be abused − recognizing that the abuse is never the fault of the victim − identifying and being prepared for lures or tricks that potential abusers might use, face-to-face and on the Internet − being assertive − avoiding potentially unsafe and abusive situations, including online (e.g., travel in groups, use buddy system, use safe routes, don't meet people from Internet chat rooms, avoid situations where there is no way to get help if needed) − withholding personal information (e.g., on the Internet, on the telephone, with strangers) − knowing how to seek help for self or when someone else is being abused (e.g., keep telling a trusted adult until someone believes you, children's help hotline, 911)
C9 describe the potential risks for injury in a variety of settings, including on the road	❑ identify a variety of specific hazards and risks for injury in a variety of settings (e.g., walking on wrong side of road, doubling on a bicycle, cycling or skating without a helmet, wearing dark clothing at night, going out of bounds when hiking or skiing, using playground equipment recklessly, playing music too loudly, playing around hazardous areas such as railway tracks or electrical substations) ❑ describe how to minimize hazards in a variety of settings (e.g., recognizing or assessing potential risks, avoiding known high-risk situations, following safety rules, knowing own abilities and limits, getting proper training, using protective equipment such as helmets and guards, wearing seatbelts)

Prescribed Learning Outcomes	Suggested Achievement Indicators
Substance Misuse Prevention C10 describe possible negative effects of substance misuse (e.g., altered judgment, reduced ability to recognize potentially risky situations, negative impact on emotional and physical health)	❏ list examples of problematic uses of substances (e.g., underage alcohol consumption, using illegal drugs, use of tobacco, using medication for unintended purposes, use of substance such as glue or gasoline as inebriants) ❏ based on class activities and additional information, describe the negative effects of using tobacco, alcohol, or other drugs (e.g., altered judgment, reduced ability to recognize potentially risky situations, blurred vision, addiction, negative impact on family members, negative impact on emotional and physical health, negative impact on schoolwork, permanent mental impairment, potential harm to a fetus when substances are consumed during pregnancy, financial and legal consequences)
C11 propose strategies for preventing or avoiding substance misuse (e.g., developing refusal skills, avoiding high-risk situations, accessing accurate information)	❏ describe ways in which individuals can avoid substance misuse (e.g., reading labels, following directions, developing strong refusal skills, avoiding high-risk social situations, accessing accurate and current information)
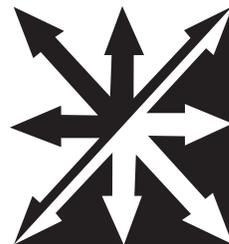
CLASSROOM ASSESSMENT MODEL

The Classroom Assessment Model outlines a series of assessment units for Health and Career Education K to 7.

These units have been structured by grade level and theme. Collectively the units address all of the prescribed learning outcomes for each grade, and provide one suggested means of organizing, ordering, and delivering the required content. This organization is not intended to prescribe a linear means of delivery. Teachers are encouraged to reorder the learning outcomes and to modify, organize, and expand on the units to meet the needs of their students, to respond to local requirements, and to incorporate relevant recommended learning resources as applicable. (See the Learning Resources section later in this IRP for information about the recommended learning resources for Health and Career Education K to 7.) In addition, teachers are encouraged to consider ways to adapt assessment strategies from one grade to another.

Classroom Assessment and Evaluation

Teachers should consider using a variety of assessment instruments and techniques to assess students' abilities to meet the prescribed learning outcomes and to support assessment for, of, and as learning.

Tools and techniques for assessment in HCE K to 7 can include
- teacher assessment tools such as observation checklists, rating scales, and scoring guides
- self-assessment tools such as checklists, rating scales, and scoring guides
- peer assessment tools such as checklists, rating scales, and scoring guides
- journals or learning logs
- written tests, oral tests (true/false, multiple choice, short answer)
- questionnaires, worksheets
- portfolios
- student-teacher conferences

Assessment in HCE K to 7 can also occur while students are engaged in, and based on the product of, activities such as
- group and class discussions
- centre activities
- posters, collages, models, flip books, songs, poems
- brainstorms, clusters, webs
- charts, graphs
- role plays
- peer teaching
- debates
- literature studies
- research projects
- oral and multimedia presentations
- "self-portraits"

For more information about student assessment, refer to the section on Student Achievement, as well as to the Assessment Overview Tables in each grade of the Classroom Assessment Model.

CONTENTS OF THE CLASSROOM ASSESSMENT MODEL

Assessment Overview Tables

Assessment Overview Tables provide suggestions and guidelines for assessment of each grade of the curriculum. These tables identify the domains of learning and cognitive levels of the learning outcomes, along with a listing of suggested assessment activities and a suggested instructional time and weight for grading for each curriculum organizer.

Overview

Each grade includes an overview of the assessment units, containing
- a listing of the units, organized by theme and addressing learning outcomes from a combination of organizers and suborganizers; also listed here are the assessment instruments included for the grade
- a listing of Learning at Previous Grades, indicating any relevant topics based on prescribed learning outcomes from earlier grades of the same subject area; it is assumed that students will have already acquired this learning – if they have not, additional introductory instruction may need to take place before undertaking the suggested assessment outlined in the unit (note that some topics appear at multiple grade levels in order to emphasize their importance and to allow for reinforcement and developmental learning)
- a table that shows which prescribed learning outcomes are addressed by each unit in this grade of the Classroom Assessment Model

Prescribed Learning Outcomes

Each unit begins with a listing of the prescribed learning outcomes that are addressed by that unit. Collectively, the units address all the learning outcomes for that grade; some outcomes may appear in more than one unit.

Suggested Assessment Activities

Assessment activities have been included for each set of prescribed learning outcomes. Each assessment activity consists of two parts:

- Planning for Assessment – outlining the background information to explain the classroom context, opportunities for students to gain and practise learning, and suggestions for preparing the students for assessment
- Assessment Strategies – describing the assessment task, the method of gathering assessment information, and the assessment criteria as defined by the learning outcomes and achievement indicators

A wide variety of activities have been included to address a range of learning and teaching styles.

The assessment activities describe various tools and methods for gathering evidence of student performance.

These assessment activities are suggestions only, designed to provide guidance for teachers in planning instruction and assessment to meet the prescribed learning outcomes.

Assessment Instruments

Sample assessment instruments have been included at the end of each grade, and are provided to help teachers determine the extent to which students are meeting the prescribed learning outcomes. These instruments contain criteria specifically keyed to one or more of the suggested assessment activities contained in the units.

USING THE CLASSROOM ASSESSMENT MODEL

The following two pages illustrate how all the elements of the Classroom Assessment Model relate to each other.

HEALTH AND CAREER EDUCATION GRADE 4: ASSESSMENT OVERVIEW TABLE

The purpose of this table is to provide teachers with suggestions and guidelines for formative and summative assessment and grading of Health and Career Education for Grade 4.

Curriculum Organizers/ Suborganizers	Suggested Assessment Activities	Suggested Weight for Grading	Suggested Time Allotment	Number of Outcomes	Number of Outcomes by Domain*			
					K	U&A	HMP	AFF
GOALS AND DECISIONS	• group and class discussions • webs, charts, graphs • journals or learning logs • student-teacher conferences	10-15%	4-8 h	1	1	0	0	0
CAREER DEVELOPMENT	• group and class discussions • drawings, posters, collages • webs, charts, graphs • journals or learning logs • portfolios • questionnaires, worksheets	10-15%	4-8 h	2	0	2	0	1
HEALTH *Healthy Living*	• group and class discussions • stations and centres activities • role plays • representations (e.g., drawings, posters, collages, models, songs, poems, oral and multimedia presentations) • clusters, webs, charts, graphs • research projects • journals or learning logs • student-teacher conferences			4	1	3	0	1
Healthy Relationships				2	0	2	0	2
Safety and Injury Prevention			33-38 h	3	2	1	0	0
Substance Misuse Prevention				2	0	1	1	0
Total:		100%	45-50 h	14	4	9	1	4

* Prescribed learning outcomes in BC curriculum identify required learning in relation to one or more of the three domains of learning: cognitive, psychomotor, and affective. The following abbreviations are used to represent the three levels within the cognitive domain: K = Knowledge; U&A = Understanding and Application; HMP = Higher Mental Processes. The abbreviation AFF = the affective domain.

Note that some learning outcomes address both the cognitive and affective domains, as represented in this table. For more information on domains of learning and cognitive levels, refer to the section on Prescribed Learning Outcomes.

Assessment Overview Table

The Assessment Overview Table provides suggestions and guidelines for assessment of each grade of the curriculum.

Overview

The Overview includes the following information:

- a listing of the units included for the grade
- a listing of Learning at Previous Grades, indicating any relevant topics based on prescribed learning outcomes from earlier grades of the same subject; this information is provided to describe the prior knowledge, skills, and/or attitudes that students should have before undertaking the suggested assessment activities provided in the units
- a table showing which prescribed learning outcomes are addressed by each unit in this grade

GRADE 4

OVERVIEW

The Grade 4 portion of the Classroom Assessment Model contains the following suggested assessment units and instruments:

- Unit 1: Healthy Choices
- Unit 2: Safety
- Unit 3: Personal Responsibility

- Assessment Instruments:
  – Decision Making
  – Relationship Skills
  – Responding to Bullying

Learning at Previous Grades
- opportunities for decision making
- sources of support
- personal attributes and attributes of role models
- benefits of effective work habits
- practices of good physical and emotional health
- importance of healthy eating and regular physical activity practices
- preventing spread of communicable diseases
- building positive relationships
- nature and consequences of bullying
- avoidance and assertiveness related to potentially abusive situations
- responses to hazardous situations (home, school, streets, community)
- negative effects of using substances
- refusing or avoiding substances

The following table shows which prescribed learning outcomes are addressed by each unit in this grade of the Classroom Assessment Model. Note that some learning outcomes are addressed in more than one unit.

Unit 1: Healthy Choices	Unit 2: Safety	Unit 3: Personal Responsibility
A1		
		B1, B2
C1, C2, C3, C4		
		C5, C6
	C7, C8, C9	
C10, C11		

Note: The Health curriculum organizer includes prescribed learning outcomes that some students and their parents or guardians may feel more comfortable addressing at home. Teachers should consider informing parents and guardians before addressing the Health learning outcomes. Students, with the consent of their parents/guardians and in consultation with their school, may choose to address the learning outcomes in an agreed-upon alternative delivery option. The Alternative Delivery policy applies only to the Health curriculum organizer of Health and Career Education and does not apply to any other curriculum. (Districts are responsible for having their own policies and guidelines in place to explain how alternative delivery can be applied and these Health learning outcomes assessed.) Refer to ministry policy for more information: www.bced.gov.bc.ca/policy/

Prescribed Learning Outcomes

Prescribed learning outcomes are identified for each assessment unit.

Planning for Assessment

This section outlines any relevant background information to explain the context, opportunities for students to gain and practise learning, and suggestions for preparing the students for assessment.

Assessment Strategies

Corresponding to each activity outlined in "Planning for Assessment," this section describes the assessment task, the method of gathering assessment information, and the assessment criteria as defined by the learning outcome and achievement indicators.

Assessment Instruments

Sample assessment instruments are provided at the end of each grade, and contain criteria specifically keyed to one or more of the suggested assessment activities contained in the units.

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CLASSROOM ASSESSMENT MODEL • *Grade 4*

SUGGESTED ASSESSMENT UNITS

Unit 1: Healthy Choices

Prescribed Learning Outcomes

It is expected that students will:

GOALS AND DECISIONS

A1 identify the steps in a decision-making model (e.g., identifying the decision, listing alternatives, selecting a course of action, assessing the results)

HEALTH: *Healthy Living*

C1 describe the choices an individual can make to attain and maintain physical and emotional health (e.g., participating regularly in physical activity, developing healthy interpersonal relationships, trying new activities and challenges)

C2 describe choices they can make for healthy eating, based on *Canada's Food Guide to Healthy Eating*

C3 describe the physical changes that occur during puberty (e.g., body shape, oily skin, body odour)

C4 differentiate between communicable diseases and non-communicable diseases can be spread/contracted from person to person; non-communicable "caught" from someone with the disease)

HEALTH: *Substance Misuse Prevention*

C10 describe possible negative effects of substance misuse (e.g., altered recognize potentially risky situations, negative impact on emotional

C11 propose strategies for preventing or avoiding substance misuse (e.g., high-risk situations, accessing accurate information)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Illustration

• Use a video or invited guest speaker (e.g., health professional) to outline the physical changes during puberty for both girls and boys, and how this happens at different rates and times for different people. Emphasize that this variation in development rate is normal. Ensure students understand that although these changes they

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Healthy Choices (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Worksheet

• Conduct a prior learning assessment (e.g., a worksheet) to determine what students know about communicable and non-communicable diseases. Questions could include true-false statements to differentiate between the two types of diseases (e.g., "You can get diabetes if someone sneezes on you." "Healthy eating can help prevent both communicable and non-communicable diseases.") Share and discuss the responses as a class, using additional resources as required. Extend the discussion by focussing on how communicable diseases are transmitted. Review what students have learned about practices for helping the body defend against bacteria and viruses that cause diseases (e.g., hygiene practices, precautions when encountering others' body fluids, adequate sleep and nutrition).

Chart

• Distribute pieces of paper with the names of alcohol, tobacco, and specific illegal drugs (e.g., crystal methamphetamine, ecstasy, marijuana, heroin) to half the students in the class. Distribute pieces of paper with potential effects of using these substances (e.g., addiction, school suspension, arrest, unconsciousness, lung cancer, bad breath, altered decision making, blurred vision, disapproval of family, potential harm to fetus if used during pregnancy) to the other half of the class. Challenge students to find their "partner" by pairing substances with their corresponding effects; students may also form larger groups to indicate multiple effects of one substance or the same effect for multiple substances. Stop for discussion and correct any errors, then conduct the exercise again, challenging students to come up with new groupings.

Review and discuss as a class, using additional resources (e.g., videos, guest speakers, Internet, print) as required. Focus on key points of information such as
– some substances have multiple negative effects
– use of alcohol, tobacco, and other drugs has both short-term and long-term effects
– ways to avoid the misuse of alcohol, tobacco, and other drugs

• Provide students with the same or a similar worksheet to assess their learning. Students should be able to
– articulate an accurate definition of communicable and non-communicable diseases (e.g., communicable diseases can be spread/contracted from person to person; non-communicable diseases cannot be "caught" from someone with the disease but are developed as a result of lifestyle, environmental, hereditary, and/or other factors)
– list examples of communicable diseases (e.g., cold, flu, strep throat, chicken pox, measles, cold sores, pink eye/conjunctivitis, meningitis, mononucleosis, HIV/AIDS)
– list examples of non-communicable diseases (e.g., asthma, diabetes)

• Ask students to create a chart depicting the problematic use of at least three different substances, the effects of their use, and ways to avoid their use. Look for evidence that students are able to
– identify specific examples of problematic substance use (e.g., underage alcohol consumption, using illegal drugs, use of tobacco, use of a substance such as glue or gasoline as inebriants, consuming substances when pregnant)
– describe the specific effects of each substance (e.g., altered judgment, reduced ability to recognize potentially risky situations, blurred vision, addiction, negative impact on family members, negative impact on emotional and physical health, negative impact on schoolwork, potential harm to fetus if used during pregnancy)
– describe situations where they may feel pressured or curious to try the substance
– describe ways they can avoid use of each substance (e.g., having access to accurate information, developing strong refusal skills, avoiding high-risk social situations)

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Healthy Choices (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Healthy eating presentations

• Review and discuss the daily recommendations for each food group as identified by *Canada's Food Guide to Healthy Eating*. Focus on the concept of appropriate serving size; use props or models to illustrate the appropriate size for a variety of specific foods.

Have students work individually to brainstorm a variety of specific foods that they like in each food group. Then have them form small groups to create a one-day healthy eating plan for

• Provide opportunities for students to present their healthy eating plans for peer assessment. Students can assess each others' work based on whether or not they were able to
– accurately identify the daily requirements for each food group for their own
– give specific examples of foods they like from each food group that meet the daily requirements
– clearly describe what constitutes a serving size for each of the foods they use as examples

Post students' work around the room for reference.

As an extension, provide students with a description of an unbalanced daily eating plan, and challenge them to identify what's missing.

• Have students use their learning logs to reflect on the physical activity and emotional health strategies discussed in class. Ask them to categorize these in terms of which strategies they have used themselves in the past and those that they think they will try in the future. Have them use sentence stems such as the following to guide their reflection:
– A physical activity that I like doing and will try to do more often is ____.
– One choice I can make to be more physically active is ____.
– One choice I can make to have healthy teeth and gums is ____.
– Once choice I can make to protect myself against the harmful effects of the sun is ____.
– The most interesting emotional health strategy the person I interviewed is ____.
– Next time I feel (angry, stressed, sad, etc.) I am going to try ____.
– Next time I make a mistake I am going to ____.
– When I have a problem a good strategy for me to use is ____.
– Once thing I like to do to take time for myself is ____.

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Assessment Instrument

DECISION MAKING

Names: _____

_____ Date: _____

	Self-Assessment	Teacher Assessment
Identify the decision:		
What is the ideal outcome of this decision?		
What are some possible options for this decision?		
What are the advantages and disadvantages of each option?		
What do you need to carry out this decision? (e.g., who, when, how to get more information and help)		
What factors might affect this decision? (e.g., values, family, peers, cost, time, resources, media influences, changing interests and skills)		
Review the decision after making it. Is it still the right choice? Why or why not?		

CLASSROOM ASSESSMENT MODEL
Grade 4

HEALTH AND CAREER EDUCATION GRADE 4: ASSESSMENT OVERVIEW TABLE

The purpose of this table is to provide teachers with suggestions and guidelines for formative and summative assessment and grading of Health and Career Education for Grade 4.

Curriculum Organizers/ Suborganizers	Suggested Assessment Activities	Suggested Weight for Grading	Suggested Time Allotment	Number of Outcomes	Number of Outcomes by Domain*			
					Cognitive Domain			
					K	U&A	HMP	AFF
GOALS AND DECISIONS	• group and class discussions • webs, charts, graphs • journals or learning logs • student-teacher conferences	10-15%	4-8 h	1	1	0	0	0
CAREER DEVELOPMENT	• group and class discussions • drawings, posters, collages • webs, charts, graphs • journals or learning logs • portfolios • questionnaires, worksheets	10-15%	4-8 h	2	0	2	0	1
HEALTH Healthy Living	• group and class discussions • stations and centres activities • role plays	70-80%	33-38 h	4	1	3	0	1
Healthy Relationships	• representations (e.g., drawings, posters, collages, models, songs, poems, oral and multimedia presentations)			2	0	2	0	2
Safety and Injury Prevention	• clusters, webs, charts, graphs			3	2	1	0	0
Substance Misuse Prevention	• research projects • journals or learning logs • student-teacher conferences			2	0	1	1	0
Total:		**100%**	**45-50 h**	**14**	**4**	**9**	**1**	**4**

* Prescribed learning outcomes in BC curricula identify required learning in relation to one or more of the three domains of learning: cognitive, psychomotor, and affective. The following abbreviations are used to represent the three levels within the cognitive domain: K = Knowledge; U&A = Understanding and Application; HMP = Higher Mental Processes. The abbreviation AFF = the affective domain.

Note that some learning outcomes address both the cognitive and affective domains, as represented in this table. For more information on domains of learning and cognitive levels, refer to the section on Prescribed Learning Outcomes.

GRADE 4

OVERVIEW

<table>
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The Grade 4 portion of the Classroom Assessment Model contains the following suggested assessment units and instruments:

- Unit 1: Healthy Choices
- Unit 2: Safety
- Unit 3: Personal Responsibility

- Assessment Instruments:
  - Decision Making
  - Relationship Skills
  - Responding to Bullying

</td>
<td>

Learning at Previous Grades
- opportunities for decision making
- sources of support
- personal attributes and attributes of role models
- benefits of effective work habits
- practices of good physical and emotional health
- importance of healthy eating and regular physical activity practices
- preventing spread of communicable diseases
- building positive relationships
- nature and consequences of bullying
- avoidance and assertiveness related to potentially abusive situations
- responses to hazardous situations (home, school, streets, community)
- negative effects of using substances
- refusing or avoiding substances

</td>
</tr>
</table>

The following table shows which prescribed learning outcomes are addressed by each unit in this grade of the Classroom Assessment Model. Note that some learning outcomes are addressed in more than one unit.

Unit 1: Healthy Choices	Unit 2: Safety	Unit 3: Personal Responsibility
A1		
		B1, B2
C1, C2, C3, C4		
		C5, C6
	C7, C8, C9	
C10, C11		

Note: The Health curriculum organizer includes prescribed learning outcomes that some students and their parents or guardians may feel more comfortable addressing at home. Teachers should consider informing parents and guardians before addressing the Health learning outcomes. Students, with the consent of their parents/guardians and in consultation with their school, may choose to address the learning outcomes in an agreed-upon alternative delivery option. The Alternative Delivery policy applies only to the Health curriculum organizer of Health and Career Education and does not apply to any other curriculum. (Districts are responsible for having their own policies and guidelines in place to explain how alternative delivery can be applied and these Health learning outcomes assessed.) Refer to ministry policy for more information: www.bced.gov.bc.ca/policy/

SUGGESTED ASSESSMENT UNITS

Unit 1: Healthy Choices

Prescribed Learning Outcomes

It is expected that students will:

GOALS AND DECISIONS

A1   identify the steps in a decision-making model (e.g., identifying the decision, listing alternatives, selecting a course of action, assessing the results)

HEALTH: *Healthy Living*

C1   describe the choices an individual can make to attain and maintain physical and emotional health (e.g., participating regularly in physical activity, developing healthy interpersonal relationships, trying new activities and challenges)

C2   describe choices they can make for healthy eating, based on *Canada's Food Guide to Healthy Eating*

C3   describe the physical changes that occur during puberty (e.g., height, weight, muscle development, body shape, oily skin, body odour)

C4   differentiate between communicable diseases and non-communicable diseases (e.g., communicable diseases can be spread/contracted from person to person; non-communicable diseases cannot be "caught" from someone with the disease)

HEALTH: *Substance Misuse Prevention*

C10   describe possible negative effects of substance misuse (e.g., altered judgment, reduced ability to recognize potentially risky situations, negative impact on emotional and physical health)

C11   propose strategies for preventing or avoiding substance misuse (e.g., developing refusal skills, avoiding high-risk situations, accessing accurate information)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES
Illustration • Use a video or invited guest speaker (e.g., health professional) to outline the physical changes during puberty for both girls and boys, and how this happens at different rates and times for different people. Emphasize that this variation in development rate is normal. Ensure students understand that although these changes they experience at puberty may feel awkward and confusing, it is a normal part of growing up.	• Provide students with blank outlines of male and female bodies. Ask them to label the diagram by showing the predictable physical changes that occur during puberty and early adolescence for girls and boys. Students should be able to identify at least three different specific changes that occur for each sex (e.g., height, weight, body shape, muscle development, body hair and odour, oily skin and acne).

Healthy Choices (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Healthy eating presentations
• Review and discuss the daily recommendations for each food group as identified by *Canada's Food Guide to Healthy Eating.* Focus on the concept of appropriate serving size; use props or models to illustrate the appropriate size for a variety of specific foods.
 	
Have students work individually to brainstorm a variety of specific foods that they like in each food group. Then have them form small groups to create a one-day healthy eating plan for someone their age, identifying specific foods for breakfast, lunch, dinner, and one or two snacks to meet the daily requirements. Students can prepare their eating plan as a poster, model, mock cooking demonstration, etc.
 	
Interview
• Provide students with a structured interview format with questions related to healthy practices. Ask students to interview a family member, teacher, elder, coach, or other adult about the practices they use to maintain their physical and emotional health. Ask students to bring their findings back to class to share and discuss (students should share the practices they learned about in their interviews but not personal information about the interview subject). Create a class list of these strategies, adding to those identified as necessary to create as comprehensive a list as possible. Draw connections between physical and emotional health strategies – for example, some people use physical activity as a strategy for dealing with stress or anger.
	• Provide opportunities for students to present their healthy eating plans for peer assessment. Students can assess each others' work based on whether or not they were able to
	  – accurately identify the daily requirements for each food group for their age
	  – give specific examples of foods they like from each food group that meet the daily requirements
	  – clearly describe what constitutes a serving size for each of the foods they use as examples
	
	Post students' work around the room for reference.
	
	As an extension, provide students with a description of an unbalanced daily eating plan, and challenge them to identify what's missing.
	
	• Have students use their learning logs to reflect on the physical activity and emotional health strategies discussed in class. Ask them to categorize these in terms of which strategies they have used themselves in the past and those that they think they will try in the future. Have them use sentence stems such as the following to guide their reflection:
	  – A physical activity that I like doing and will try to do more often is _____.
	  – One choice I can make to be more physically active is _____.
	  – One choice I can make to have healthy teeth and gums is ____.
	  – Once choice I can make to protect myself against the harmful effects of the sun is ____
	  – The most interesting emotional health strategy used by the person I interviewed is _____.
	  – Next time I feel (angry, stressed, sad, etc.) I am going to try ____.
	  – Next time I make a mistake I am going to ____.
	  – When I have a problem a good strategy for me to use is ____.
	  – Once thing I like to do to take time for myself is _____.

Healthy Choices (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES
Worksheet • Conduct a prior learning assessment (e.g., a worksheet) to determine what students know about communicable and non-communicable diseases. Questions could include true-false statements to differentiate between the two types of diseases (e.g., "You can get diabetes if someone sneezes on you." "Healthy eating can help prevent both communicable and non-communicable diseases.") Share and discuss the responses as a class, using additional resources as required. Extend the discussion by focussing on how communicable diseases are transmitted. Review what students have learned about practices for helping the body defend against bacteria and viruses that cause diseases (e.g., hygiene practices, precautions when encountering others' body fluids, adequate sleep and nutrition).	• Provide students with the same or a similar worksheet to assess their learning. Students should be able to − articulate an accurate definition of communicable and non-communicable diseases (e.g., communicable diseases can be spread/contracted from person to person; non-communicable diseases cannot be "caught" from someone with the disease but are developed as a result of lifestyle, environmental, hereditary, and/or other factors) − list examples of communicable diseases (e.g., cold, flu, strep throat, chicken pox, measles, cold sores, pink eye/conjunctivitis, meningitis, mononucleosis, HIV/AIDS) − list examples of non-communicable diseases (e.g., asthma, diabetes, cancer, heart disease)
Chart • Distribute pieces of paper with the names of alcohol, tobacco, and specific illegal drugs (e.g., crystal methamphetamine, ecstasy, marijuana, heroin) to half the students in the class. Distribute pieces of paper with potential effects of using these substances (e.g., addiction, school suspension, arrest, unconsciousness, lung cancer, bad breath, altered decision making, blurred vision, disapproval of family, potential harm to fetus if used during pregnancy) to the other half of the class. Challenge students to find their "partner" by pairing substances with their corresponding effects; students may also form larger groups to indicate multiple effects of one substance or the same effect for multiple substances. Stop for discussion and correct any errors, then conduct the exercise again, challenging students to come up with new groupings. Review and discuss as a class, using additional resources (e.g., videos, guest speakers, Internet, print) as required. Focus on key points of information such as − some substances have multiple negative effects − use of alcohol, tobacco, and other drugs has both short-term and long-term effects − ways to avoid the misuse of alcohol, tobacco, and other drugs	• Ask students to create a chart depicting the problematic use of at least three different substances, the effects of their use, and ways to avoid their use. Look for evidence that students are able to − identify specific examples of problematic substance use (e.g., underage alcohol consumption, using illegal drugs, use of tobacco, use of a substance such as glue or gasoline as inebriants, consuming substances when pregnant) − describe the specific effects of each substance (e.g., altered judgment, reduced ability to recognize potentially risky situations, blurred vision, addiction, negative impact on family members, negative impact on emotional and physical health, negative impact on schoolwork, potential harm to fetus if used during pregnancy) − describe situations where they may feel pressured or curious to try the substance − describe ways they can avoid use of each substance (e.g., having access to accurate information, developing strong refusal skills, avoiding high-risk social situations)

Healthy Choices (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Representation
• Propose a fictitious school decision to the class (e.g., "There will be no pizza day this month."). Working in groups, have students identify how this decision might have been made. Bring the class back together to discuss their ideas, and create a chart to outline common steps in a decision-making model, such as
  – identify the decision
  – list alternatives
  – select a course of action
  – assess the results
	• Have students work in groups to select a new decision that they might face (e.g., being offered a cigarette or alcohol, reporting bullying on the playground, pressure to shoplift, how to represent their learning for a school assignment, what to eat, choosing active transportation). Ask them to create a model, slide show, series of tableaux, or other representation to show how the steps in a decision-making model can be applied to this decision. Use criteria such as those outlined in the sample assessment instrument provided at the end of this grade (**Decision Making**) as the basis for peer, teacher, and self-assessment.

Unit 2: Safety

Prescribed Learning Outcomes

It is expected that students will:

HEALTH: *Safety and Injury Prevention*

C7   identify common lures or tricks used by potential abusers, face-to-face or on the Internet (e.g., offering special attention or compliments, saying they know your parents, using the Internet to get to know you)

C8   identify strategies for avoiding abusive or potentially abusive situations (e.g., knowing how to seek help, being prepared for lures or tricks, travelling in groups, withholding personal information)

C9   describe the potential risks for injury in a variety of settings, including on the road

Safety (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Safety pamphlet
• Display pictures or video clips, or read a brief description depicting potentially unsafe situations, one at a time (e.g., walking on wrong side of road, doubling on a bicycle, cycling or skating without a helmet, wearing dark clothing at night, using a stove unsupervised, using playground equipment recklessly, playing music too loudly, playing around hazardous areas such as railway tracks or electrical substations). After each situation, ask students to spend a minute brainstorming or quickwriting about the potential for injury in that situation.
 	
Debrief and discuss as a class. Continue the discussion by focussing on tricks that potential abusers commonly use to lure young people into unsafe situations, either face-to-face or when using the Internet. Emphasize the concept of anonymity on the Internet and how a potentially unsafe situation is created when you cannot validate the physical location or identity of the other user. Invite a guest (e.g., counsellor, another teacher) to role play how these tricks and lures are commonly used, such as
  – offering special attention, compliments, or gifts
  – assuring that it's something normal
  – invading privacy
  – using authority or threats
  – asking for or offering help (e.g., to find a lost dog)
  – saying they know your parents
  – pretending they are your age
  – pretending they are a friend or someone who can be trusted
  – tricking you into giving them personal information or photographs
  – pretending to give you something for free or that you have won a contest
 	
As a class or in groups, create a Venn diagram to illustrate how
  – some of these tricks can be used by known people, some by strangers, and some by either
  – some of these tricks can be used in face-to-face situations, some on the Internet, and some in either situation
	• Divide the class into groups, and assign one potentially hazardous location to each group (e.g., the Internet, the shopping mall, the park, on the way to or from school, a neighbour's home, in their own home). Have each group create a safety pamphlet that outlines the specific hazards that young people should be aware of in that setting. Ask them to include hazards with potential risk for injury as well as the tricks that known people or strangers might use in that situation to lure young people into a risky or abusive situation. Look for evidence that they are able to
	  – identify specific hazards and risks for injury in that setting (e.g., home – playing music too loudly, opening the door to a stranger; travelling to or from school – walking on wrong side of road, cycling or skating without a helmet, being offered a ride by someone they don't know)
	  – identify tricks that might be used by a known person (e.g., offering special attention or compliments, offering gifts, calling it a game, assuring that it's something normal, invading privacy, using authority or threats), as well as those that might be used by a stranger (e.g., asking for or offering help, offering a gift, giving a compliment, saying it's an emergency, saying they know your parents)
	  – describe how to minimize hazards in a variety of settings (e.g., following safety rules, knowing own limits, using protective equipment such as helmets and guards, wearing seatbelts, not giving out personal information over the Internet, not meeting anyone from the Internet without parental supervision, paying attention to own feelings of discomfort or nervousness, knowing how to access help)
	
	Conclude by having students use their learning logs to reflect on what they have learned about safety practices and unsafe situations (e.g., One risk I know about now that I didn't know before is _____).

Safety (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Role play
• Review and discuss appropriate ways to avoid or respond to unsafe or abusive situations (e.g., knowing how to seek help, being prepared for lures or tricks, travelling in groups, withholding personal information). Divide the class into groups, and have each group prepare a role play to respond to situations such as the following:
  – someone on the Internet asks you to meet her or him at a park
  – a friend tells you that a family acquaintance has been touching him in an inappropriate way, but asks you to promise not to tell anyone else
  – someone you don't know says your parents have asked her/him to give you a ride home
  – someone in an Internet chat room asks for your phone number and address
  – someone sends you an e-mail and you have not been introduced through your school or your parents
  – you are sleeping over at a friend's house and his/her older brother/sister crawls under the covers with you and tries to cuddle with you
	• Observe students as they role play appropriate responses to abusive and potentially abusive situations, noting the extent to which they
	  – make an accurate assessment of the risk or abusive situation (e.g., identifying lures or tricks, recognize potentially unsafe situations, knowing when not to keep a secret, knowing that abuse is never the fault of the victim)
	  – demonstrate appropriate preventive or avoidance behaviours (e.g., travel in groups, use buddy system, use safe routes, pay attention to own feelings of discomfort or nervousness, don't meet people from Internet chat rooms, don't open e-mails or text messages from unknown sources, avoid situations where there is no way to get help if needed)
	  – demonstrate appropriate assertive responses (e.g., body language, speech)
	  – demonstrate an understanding of how to access help in situations of abuse (e.g., keep telling trusted adults until someone believes you, children's help hotline)

Note: Discussions about abusive situations can result in a student disclosing an incident of child abuse and/or neglect. Teachers should be aware of district protocols and provincial regulations for reporting and referrals. For information about reporting protocol, refer to the *BC Handbook for Action on Child Abuse and Neglect* – available online at www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf	

Unit 3: Personal Responsibility

Prescribed Learning Outcomes

It is expected that students will:

CAREER DEVELOPMENT

B1 create an inventory of their own attributes, including skills, interests, and accomplishments
B2 demonstrate an understanding of the importance of developing effective work habits

HEALTH: *Healthy Relationships*

C5 describe interpersonal skills necessary to build positive relationships (e.g., co-operation, inclusion, communication skills, empathy, respectful behaviour)
C6 demonstrate appropriate strategies for responding to bullying behaviour (e.g., assess the situation, avoidance, assertiveness, reporting, seeking help)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES
Model	
• As students engage in classroom study in various subject areas, draw attention to particular behaviours that are conducive to effective work (e.g., organizing work space, note-taking, using memory aids or reference tools, making a work schedule, approaching tasks with a clear set of priorities, minimizing noise and other distractions, dividing responsibilities among group members, approaching a problem in different ways). Review and discuss how these behaviours can be used in a variety of settings, including social activities and co-curricular activities.	• Have students create a model (e.g., using modelling materials, software) to depict a student with good work habits. Look for evidence that students' models reflect the effective work habits discussed in class (e.g., staying on task, making a to-do list, completing homework, handing work in on time, arriving on time, organizing belongings, communication skills, co-operation, creativity).
Word or picture web	
• Have students form partners to discuss and create a list of the qualities they expect a good friend to have and the characteristics they look for in friendships. Review and discuss as a class. Explain to students that they are at an age when their friendships and group dynamics are changing. It is important for them to remember that their behaviours affect others, and that the characteristics they look for in friendships are applicable to a variety of types of interpersonal relationships.	• Have students work individually to create a word or picture web depicting the types of relationships they are involved in and the qualities and interpersonal skills that they feel support those relationships. Look for evidence that they are able to − describe specific qualities that contribute to positive relationships (e.g., listening, sharing, honesty, loyalty, compassion, empathy) − list specific interpersonal skills that support positive group dynamics (e.g., co-operation, inclusion, communication skills, empathy)

Personal Responsibility (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES
Relationship skills role play • As a class, review and discuss skills that help to facilitate effective communication and understanding in relationships (e.g., appropriate tone of voice, respectful language, body language, describing the problem without blaming, listening without interrupting). Divide the class into groups, and have each group prepare a brief role play depicting appropriate communication in a different type of relationship, such as – parent and child – friends – student and teacher Facilitate students in selecting an appropriate topic for discussion in their role play.	• Have students present their role plays for peer assessment, using criteria such as those outlined in the assessment instrument provided at the end of this grade (**Relationship Skills**). Groups can also use the same criteria to assess their own work.
Scenarios • Ask each student to complete sentences starting with "Something that makes me feel good when I am at school is _____" and "Something that bothers or worries me when I am at school is _____." Allow students to submit their responses anonymously. Discuss them as a class, and introduce additional examples as required as to explore the concept of feeling safe at school and examples of bullying behaviour. Create a class chart of types of bullying behaviours that can happen at school, such as – physical – hitting, shoving, kicking, spitting, damaging other's property – verbal (oral or written) – name-calling, humiliation, threats, making people do things they don't want to do – social – exclusion, gossip, making others look foolish Discuss, model, and practise effective strategies to prevent or deal with these various bullying situations, such as avoidance, assertiveness, reporting, seeking help, appropriate use of humour, refusing to listen to or spread gossip, engaging in socially inclusive behaviours, and avoiding use of derogatory terms and stereotypical labels.	• Divide the class into groups, and give each group one bullying scenario. Have groups prepare a written or oral response to their scenario. Criteria such as those outlined in the sample assessment instrument provided at the end of this grade (**Responding to Bullying**) can be used as the basis of peer, teacher, and self-assessment of students' scenario responses. In addition, the criteria outlined in *BC Performance Standards: Social Responsibility – Grades 4 and 5* can be used to assess students in relation to – contributing to a safe and caring school environment (Section 1) – solving problems in peaceful ways (Section 2) – valuing diversity and defending human rights (Section 3) BC Performance Standards are available online at www.bced.gov.bc.ca/perf_stands/

continued next page

Personal Responsibility (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES
Self-Portrait • Review the definition of *personal attributes* – including skills, interests, and accomplishments – and brainstorm examples (e.g., math skills, music, computers, swimming, gardening, camping, helping people, problem solving, awards won). Attach a blank sheet of paper to each student's back. Have them circulate around the room and identify the attributes that they feel each student has. Provide opportunities for students to reflect on the attributes that their peers have identified for them, and to add to the lists as appropriate.	• Have students work individually to create a self-portrait (e.g., "This is Me" poster, personal shield or totem pole) depicting their personal attributes. Discuss as a class the criteria for assessing their portraits; for example, students can be required to identify a minimum of − one interpersonal or friendship skill they feel they have − one thing they learned how to do from a family member − one thing they learned how to do from a book, TV, or a web site − one skill or accomplishment from the current school year − the accomplishment of which they are most proud, and why

Assessment Instrument
DECISION MAKING

Names: _____

_____ Date: _____

|	Self-Assessment	Teacher Assessment
Identify the decision:		
What is the ideal outcome of this decision?		
What are some possible options for this decision?		
What are the advantages and disadvantages of each option?		
What do you need to carry out this decision? (e.g., who, when, how to get more information and help)		
What factors might affect this decision? (e.g., values, family, peers, cost, time, resources, media influences, changing interests and skills)		
Review the decision after making it. Is it still the right choice? Why or why not?		

Assessment Instrument
RELATIONSHIP SKILLS

Names: _____

_____ Date: _____

	Peer Assessment	Group Self-Assessment
	1=needs work, 2=satisfactory, 3=excellent	
How well did the role play present the following relationship skills?		
• Use appropriate body language to show that you are listening to what the other person has to say.		
• Listen without interrupting.		
• Ask questions to find out more.		
• Say or do something (e.g., nod head) to show you understand what the person is telling you.		
• Repeat what you have heard in your own words to show that you understood correctly.		
• Don't use negative comments or put-downs.		
• When you disagree, do so respectfully and calmly.		
• Describe the problem without blaming the other person.		
• Use words to express your feelings rather than physical force or yelling.		
• Listen to and value the other person's opinions.		

Assessment Instrument

Responding to Bullying

Group members: Assessed by:		
	Peer Assessment	**Group Self-Assessment**
To what extent does the scenario response:		
• identify and describe the bullying situation		
• illustrate specific negative group dynamics (e.g., "ganging up," social isolation or rejection, gossip, physical aggression, spectator participation, use of derogatory terms and stereotypical labels)		
• describe how to avoid participating in negative group dynamics (e.g., speaking up on behalf of people who are bullied, refusing to listen to or spread gossip, reporting to a trusted adult)		
• identify interpersonal skills that can counter negative group dynamics (e.g., co-operation, inclusion, communication skills, empathy, respecting the values and opinions of others)		
• apply strategies to deal with the bullying situation (e.g., assess situation, avoidance, assertiveness, reporting, seeking help)		
1=not yet meeting expectations, 2=approaching expectations, 3=fully meets expectations		
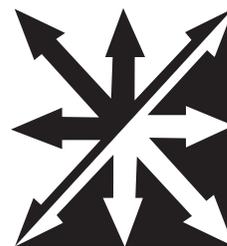
This section contains general information on learning resources, and provides a link to the titles, descriptions, and ordering information for the recommended learning resources in the Health and Career Education K to 7 Grade Collections.

What Are Recommended Learning Resources?

Recommended learning resources are resources that have undergone a provincial evaluation process using teacher evaluators and have Minister's Order granting them provincial recommended status. These resources may include print, video, software and CD-ROMs, games and manipulatives, and other multimedia formats. They are generally materials suitable for student use, but may also include information aimed primarily at teachers.

Information about the recommended resources is organized in the format of a Grade Collection. A Grade Collection can be regarded as a "starter set" of basic resources to deliver the curriculum. In many cases, the Grade Collection provides a choice of more than one resource to support curriculum organizers, enabling teachers to select resources that best suit different teaching and learning styles. Teachers may also wish to supplement Grade Collection resources with locally approved materials.

How Can Teachers Choose Learning Resources to Meet Their Classroom Needs?

Teachers must use either
- provincially recommended resources
  OR
- resources that have been evaluated through a local, board-approved process

Prior to selecting and purchasing new learning resources, an inventory of resources that are already available should be established through consultation with the school and district resource centres. The ministry also works with school districts to negotiate cost-effective access to various learning resources.

What Are the Criteria Used to Evaluate Learning Resources?

The Ministry of Education facilitates the evaluation of learning resources that support BC curricula, and that will be used by teachers and/or students for instructional and assessment purposes. Evaluation criteria focus on content, instructional design, technical considerations, and social considerations.

> Additional information concerning the review and selection of learning resources is available from the ministry publication, *Evaluating, Selecting and Managing Learning Resources: A Guide* (Revised 2002)
> www.bced.gov.bc.ca/irp/resdocs/esm_guide.pdf

What Funding is Available for Purchasing Learning Resources?

As part of the selection process, teachers should be aware of school and district funding policies and procedures to determine how much money is available for their needs. Funding for various purposes, including the purchase of learning resources, is provided to school districts. Learning resource selection should be viewed as an ongoing process that requires a determination of needs, as well as long-term planning to co-ordinate individual goals and local priorities.

### What Kinds of Resources Are Found in a Grade Collection?

The Grade Collection charts list the recommended learning resources by media format, showing links to the curriculum organizers and suborganizers. Each chart is followed by an annotated bibliography. Teachers should check with suppliers for complete and up-to-date ordering information. Most suppliers maintain web sites that are easy to access.

HEALTH AND CAREER EDUCATION K TO 7 GRADE COLLECTIONS

The Grade Collections for Health and Career Education K to 7 include newly recommended learning resources as well as relevant resources previously recommended for prior versions of the Health and Career Education K to 7 curriculum (previously Personal Planning K to 7). The ministry updates the Grade Collections on a regular basis as new resources are developed and evaluated.

Please check the following ministry web site for the most current list of recommended learning resources in the Grade Collections for each IRP:
www.bced.gov.bc.ca/irp_resources/lr/resource/gradcoll.htm
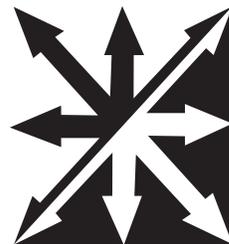
GLOSSARY

T his glossary defines selected terms used in this Integrated Resource Package as they pertain to Health and Career Education K to 7. It is provided for clarity only, and is not intended to be an exhaustive list of terminology related to the topics in this curriculum.

A

active transportation

Includes cycling, skating (e.g., skateboards, inline skates, scooters), and walking. Regular use of active transportation is one strategy for maintaining a healthy, active lifestyle.

B

body fluids

Includes blood, saliva, urine, mucus, vomit, semen, vaginal fluid, amniotic fluid, etc. through which viruses can be transmitted. Different communicable diseases can be contracted through different specific body fluids and different methods of contact (e.g., ingestion, via a needle, through the eyes or nose, sexual contact).

bullying

A pattern of repeated aggressive behaviour with negative intent, directed from one person to another where there is a power imbalance. Bullying may be physical (e.g., hitting, punching, shoving), verbal (e.g., name-calling, teasing, coercion, threats), or social (e.g., alienation, gossiping, inciting hatred). Bullying is distinct from occasional interpersonal conflict in that bullying is generally repeated over time, is intended to hurt, and usually involves a power imbalance. See also *cyber-bullying*.

C

career clusters

A categorization system of occupations, usually with related skills and interests. At these grades, it is not expected that career sectors will be a formal classification (e.g., the Canadian National Occupation Classification – NOC). Instead, careers can be classified according to categories such as
- type of industry (e.g., education, medical, service, agriculture)
- location of work (e.g., indoors, outdoors; urban, rural; factory, office building, store, lab)
- type of work (e.g., hands-on, paperwork, research, outdoors)
- related personal interests (e.g., music, writing, sports, technology, science)

cyber-bullying

Also known as "Internet bullying" or "digital bullying," refers to harassment that takes place using an electronic medium. Cyber-bullying can occur through e-mail, instant messaging, text messaging, chat rooms, online voting booths, or other electronic means.

D

discrimination

When a person – on the basis of her or his sex, age, sexual orientation, race, religion, or physical or mental ability – suffers disadvantages or is denied opportunities available to other members of society.

diversity

Refers to the ways in which we differ from each other. Some of these differences may be visible (e.g., race, ethnicity, sex, age, ability), while others are less visible (e.g., culture, ancestry, language, religious beliefs, sexual orientation, socioeconomic background). Honouring diversity is based on the principle that, if these differences are acknowledged and utilized in a positive way, it is of benefit to the quality of our learning and working environments.

G

germ

A term for micro-organisms (including viruses and bacteria) that cause diseases.

H

health

Refers to physical, social, and emotional (mental) well-being. Optimum health is a state of complete well-being in each dimension, and is not merely the absence of disease or infirmity.

healthy eating

Eating according to the recommendations from *Canada's Food Guide to Healthy Eating.* Concepts of healthy eating include
- eating the recommended number of servings from each of the four food groups (recommendations by age, sex, and activity level)
- choosing a variety of healthy options within each food group (e.g., whole grains, a range of colours of vegetables and fruit, low-fat milk products, lean meat and alternatives)
- awareness of appropriate serving size
- eating according to hunger and fullness cues

HIV/AIDS

HIV stands for human immuno-deficiency virus. It is the virus that causes AIDS (acquired immuno-deficiency syndrome), a serious and potentially fatal disease for which there are treatments but currently no cure. HIV is spread through contact with infected *body fluids*.

N

nutrients

The components of food needed by the body for health and development. Nutrients include macronutrients (carbohydrates, fats, proteins, and fibre) and micronutrients (vitamins, minerals, and phytochemicals or antioxidants).

P

peer pressure

Verbal or non-verbal active or passive social influences (e.g., words, behaviours) that are intended to affect a person's attitudes or actions. Although peer pressure is traditionally thought to be a negative influence, it can also have positive effects (e.g., encouragement to quit smoking or to avoid harmful gossip).

personal attributes

Skills, knowledge, interests, aptitudes, values, etc. relevant for education and career planning.

S

safe and caring schools

A safe and caring school is one that creates a respectful environment, free of bullying and discrimination, where all feel welcome and accepted, and where all feel free to learn and to speak openly. (For the purposes of this curriculum, the term "safe and caring schools" does not refer to the structural safety of the school building and grounds.)

stereotype

Preconceived notions about a person or group of people based on their characteristics such as their sex, age, sexual orientation, race, religion, or physical or mental ability.

substance misuse

Also known as "substance abuse" or "problematic substance use," refers to the use of any substance (e.g., tobacco, alcohol, prescription drugs, illegal drugs, inebriants such as solvents) in a way that is harmful to a person's well-being – physically, socially, mentally, or financially.

T **transferable skills**

Refers to abilities and attributes – such as communication, numeracy, problem solving, positive attitude, time management, adaptability, continuous skill development, creativity, and teamwork – that can contribute to success in any education, recreation, or work setting. Transferable skills are also sometimes referred to as "employability skills" or "work habits."