HEALTH AND CAREER EDUCATION GRADE 5

Integrated Resource Package 2006

BRITISH
COLUMBIA
Ministry of Education

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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.
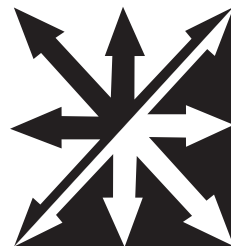
INTRODUCTION

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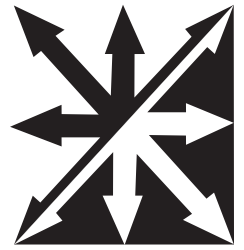
Substance Misuse Prevention
- recognizing unsafe substances
- consequences of substance misuse for self and others
- influences on use of tobacco, alcohol, and other drugs
- strategies for avoiding and refusing tobacco, alcohol, and other drugs

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.
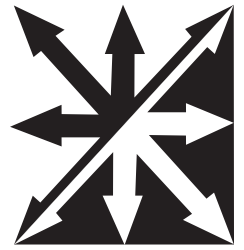
GOAL SETTING AND DECISION MAKING

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 5

GRADE 5

It is expected that students will:

GOALS AND DECISIONS

A1   describe how various factors (e.g., access to accurate and relevant information, media and social influences) affect decision making

A2   demonstrate an understanding of the benefits of personal support networks (e.g., sources of accurate information and trusted guidance)

CAREER DEVELOPMENT

B1   identify types of work that interest them

B2   relate work habits to transferable skills (e.g., effective work habits learned in school can be used in situations outside of school)

HEALTH

Healthy Living

C1   identify factors that influence attitudes and decisions regarding healthy lifestyles (e.g., family, peer, media)

C2   describe strategies for contributing to a healthy, balanced lifestyle, including healthy eating, integrating regular physical activity, and maintaining emotional health

C3   describe the physical, emotional, and social changes associated with puberty

C4   describe practices that help to prevent
   − communicable diseases (e.g., washing hands frequently, covering mouth when coughing or sneezing, avoiding contact with the body fluids of others, getting adequate rest and nutrition)
   − non-communicable diseases (e.g., regular physical activity, healthy eating, stress management)

Healthy Relationships

C5   assess their own interpersonal skills as they apply to building and maintaining positive relationships with family and friends

C6   analyse behaviours that contribute to a safe and caring school environment (e.g., taking responsibility for personal actions, supporting others, promoting respect for diversity)

Safety and Injury Prevention

C7   describe safety guidelines to protect themselves and others from abuse and exploitation (e.g., knowing their right not to be abused, being assertive, avoiding potentially unsafe situations, practising safe Internet use, recognizing tricks and lures used by predators)

C8   describe how to remove or reduce hazards and risks for injury in a variety of settings, including on the road

C9   demonstrate strategies for responding to social pressures that can contribute to risk taking (e.g., state an opinion assertively, make an excuse to leave)

Substance Misuse Prevention

C10 analyse factors that contribute to the use of alcohol, tobacco, and other drugs (e.g., social influences, curiosity, feeling alienated or awkward, stress, media, dealing with emotions such as sadness and grief)
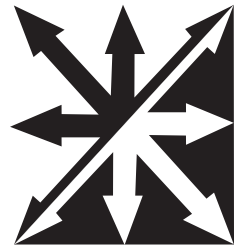
STUDENT ACHIEVEMENT

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.
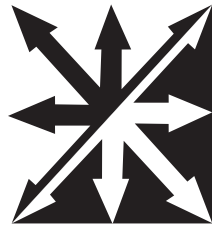
Achievement indicators, taken together as a set, define the specific level of attitudes demonstrated, skills applied, or knowledge acquired by the student in relation to a corresponding prescribed learning outcome. They describe what evidence to look for to determine whether or not the student has fully 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 5

KEY ELEMENTS: GRADE 5

GOALS AND DECISIONS

- factors affecting decision making (e.g., access to information, family, peers, media influences, cost, time, resources)
- benefits of personal support networks (e.g., sources of accurate information and trusted guidance)

CAREER DEVELOPMENT

- identifying types of work that interest them
- work habits and transferable skills (e.g., effective work habits learned in school can be used in situations outside of school)

HEALTH

Healthy Living

- factors influencing healthy lifestyle attitudes and decisions (e.g., family, peer, media)
- planning for attaining and maintaining a healthy lifestyle, including strategies for healthy eating, regular physical activity, and emotional health
- changes at puberty, including
  - physical (e.g., body shape and size, menstruation, nocturnal emissions, ability to reproduce, facial and body hair, body odour, acne, vocal changes)
  - emotional (e.g., mood swings, self-esteem, self-consciousness, body image)
  - social (e.g., romantic feelings, greater independence and responsibility in the family, wanting more privacy, new friendships based on new interests and differing maturation rates)
- practices for preventing communicable diseases (e.g., washing hands frequently, covering mouth when coughing or sneezing, getting adequate rest and nutrition) and non-communicable diseases (e.g., regular physical activity, healthy eating, stress management, avoiding tobacco products)

Healthy Relationships

- assessing and setting goals for own interpersonal skills
- characteristics of safe and caring schools (e.g., demonstrating empathy for others, supporting and accepting others, promoting respect for diversity, socially inclusive behaviour, participating in school activities)
- behaviours that have a negative impact on a school environment (e.g., stereotyping, discrimination, physical bullying, verbal bullying, social bullying, cyber-bullying) and ways to address them (e.g., assess the situation, avoidance, assertiveness, reporting, seek help)

Safety and Injury Prevention

- safety guidelines for protection from abuse and exploitation (e.g., knowing your right not to be abused, being assertive, avoiding potentially unsafe situations, practising safe Internet use, recognizing tricks and lures used by predators)
- minimizing hazards and risks for injury in a variety of settings, including road risks (e.g., protective equipment, responsible passenger and pedestrian behaviour, emergency response plans)
- social pressures contributing to risk taking, and how to respond (e.g., assertiveness, avoidance)

Substance Misuse Prevention

- factors contributing to use of tobacco, alcohol, or other drugs (e.g., social influences, curiosity, feeling alienated or awkward, stress, media, dealing with emotions such as sadness and grief)

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 describe how various factors (e.g., access to accurate and relevant information, media and social influences) affect decision making	❏ list factors that affect decision making (e.g., access to accurate and relevant information, personal beliefs, family, peers, media influences, cost, time, resources, substance misuse, emotional condition, fatigue, hunger) ❏ create a flow chart or other graphic to show the specific effects these factors can have on decisions ❏ give examples to illustrate that some decisions are their responsibility and some decisions are made by others, and that these responsibilities change over time (e.g., decisions they make now that they did not when they were younger, decisions that they don't make now but will when they are older)
A2 demonstrate an understanding of the benefits of personal support networks (e.g., sources of accurate information and trusted guidance)	❏ based on class activities and additional information, define *personal support network* (e.g., individuals and organizations that a person can access when in need of information or assistance) ❏ list specific people who can provide support to meet personal goals and needs (e.g., family, teachers, friends, coaches, counsellors, neighbours)

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 identify types of work that interest them	❏ list types of work they are interested in ❏ explain why they are interested in these types of work
B2 relate work habits to transferable skills (e.g., effective work habits learned in school can be used in situations outside of school)	❏ identify a variety of effective work habits used in school (e.g., time management, staying on task, completing homework, prioritizing tasks, handing work in on time, punctuality, organizing materials, communication skills, collaboration, creativity) ❏ describe a variety of situations where effective work habits can be used outside of school (e.g., arriving on time and prepared for recreational activities, co-operating with and helping younger siblings, co-operating with members in a group, taking care of and organizing material and equipment)

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 identify factors that influence attitudes and decisions regarding healthy lifestyles (e.g., family, peer, media)	❏ based on class activities and additional information, identify the characteristics of a healthy lifestyle (e.g., regular physical activity, variety of foods from across the food groups, sufficient water, sufficient sleep, emotional health, positive self-image, positive interpersonal relationships, healthy coping skills) ❏ identify factors that influence attitudes and decisions regarding healthy lifestyles (e.g., family, peer, media, role models, age-specific health needs, interests, climate and environment, culture, access to information)
C2 describe strategies for contributing to a healthy, balanced lifestyle, including healthy eating, integrating regular physical activity, and maintaining emotional health	❏ accurately describe why healthy eating practices are important (e.g., to ensure adequate energy and key nutrients for growth, development, and optimum health and disease prevention) ❏ describe a variety of strategies for making food choices that contribute to healthy eating (e.g., following guidelines in *Canada's Food Guide to Healthy Eating,* planning food choices in advance, not skipping meals, understanding appropriate serving sizes, bringing healthy snacks instead of relying on unhealthy snacks from vending machines) ❏ describe a variety of strategies for integrating regular physical activity into daily life (e.g., finding something you like and enjoy doing, choosing a variety of activities, making active choices such as cycling to school or using stairs instead of elevator or escalator) ❏ describe a variety of strategies for maintaining emotional health (e.g., setting realistic and achievable goals, celebrating successes, seeking help when needed, maintaining positive friendships, incorporating positive self-talk)

Prescribed Learning Outcomes	Suggested Achievement Indicators
C3 describe the physical, emotional, and social changes associated with puberty	❏ based on class activities and additional information, describe the physical changes that occur during puberty (e.g., height, body shape, breast development, menstruation, nocturnal emissions, testicular and penis growth, ability to reproduce, facial hair, body hair, body odour, oily skin, acne, weight gain, vocal changes) ❏ based on class activities and additional information, describe the emotional changes that may occur during puberty (e.g., mood swings, increased or decreased self-esteem, self-consciousness, changing interests, body image, romantic feelings) ❏ based on class activities and additional information, explain how changes in puberty may impact relationships (e.g., greater independence and responsibility in the family, wanting more privacy, new friendships based on new interests and differing maturation rates, changing social dynamics that may result in cliques)
C4 describe practices that help to prevent – communicable diseases (e.g., washing hands frequently, covering mouth when coughing or sneezing, avoiding contact with the body fluids of others, getting adequate rest and nutrition) – non-communicable diseases (e.g., regular physical activity, healthy eating, stress management)	❏ accurately describe practices that help to prevent the spread of communicable diseases (e.g., washing hands frequently, covering mouth when coughing or sneezing, avoiding contact with the body fluids of others, getting adequate rest and nutrition) ❏ accurately describe lifestyle practices that help lower the risk of developing non-communicable illnesses diseases now or in the future (e.g., regular physical activity, healthy eating, stress management, avoiding tobacco products, minimizing exposure to second-hand smoke)
Healthy Relationships C5 assess their own interpersonal skills as they apply to building and maintaining positive relationships with family and friends	❏ create a self-inventory of their interpersonal skills (e.g., listening, honesty, co-operation, self-control, respect, empathy, patience, inclusion, refusal skills, accepting others, assertiveness, seeking help, anger management, winning and losing gracefully, conflict resolution skills) ❏ set goals for improving selected interpersonal skills

Prescribed Learning Outcomes	Suggested Achievement Indicators
C6 analyse behaviours that contribute to a safe and caring school environment (e.g., taking responsibility for personal actions, supporting others, promoting respect for diversity)	❑ describe individual and group behaviours that contribute to a safe and caring school environment (e.g., demonstrating empathy for others, taking responsibility for personal actions, standing up for own values and beliefs, supporting others, promoting respect for diversity, acting as role models or helpers for younger students, participating in school activities, recognizing any potential bullying traits in self and committing to eliminate them, managing anger and impulsive behaviours, engaging in socially inclusive behaviour, respecting the values and opinions of others) ❑ analyse individual and group behaviours that have a negative impact on a school environment (e.g., stereotyping, discrimination, gossip, physical bullying, verbal bullying, social bullying, cyber-bullying, disrespectful language) ❑ list effective strategies to deal with various forms of bullying behaviour (e.g., assess situation, avoidance, assertiveness, report, seek help)
Safety and Injury Prevention C7 describe safety guidelines to protect themselves and others from abuse and exploitation (e.g., knowing their right not to be abused, being assertive, avoiding potentially unsafe situations, practising safe Internet use, recognizing tricks and lures used by predators)	❑ describe safety rules and practices to protect themselves and others from abuse and exploitation, including − knowing their right not to be mistreated, abused, or exploited − recognizing and being prepared for lures, lies, tricks, or threats used by potential abusers − being assertive in defending your right to be safe − avoiding potentially unsafe situations (e.g., travelling in groups or with a buddy, using safe routes when travelling, don't meet people from Internet chat rooms) − withholding personal information (e.g., on the Internet, on the telephone, with strangers, when entering a contest or completing a survey) − not sending personal pictures electronically to anyone without parent's or teacher's permission − not responding to online messages from unknown sources − knowing how to seek help for self or when someone else is being exploited or abused (e.g., witnessing family violence, disclosure from a friend, feeling unsafe, seeing something frightening or uncomfortable on the Internet)

Prescribed Learning Outcomes	Suggested Achievement Indicators
C8 describe how to remove or reduce hazards and risks for injury in a variety of settings, including on the road	❏ identify the potential for injury in wide variety of settings (e.g., road use, sports, music concerts, rural areas, recreation areas, public areas such as theatres and shopping malls, home alone) ❏ identify ways to remove or reduce the hazards or risks for injury within these settings (e.g., knowing where and how to exit buildings in an emergency, fire and earthquake response plans, knowing how to access help in a variety of emergency situations, water safety rules, outdoor and wilderness safety skills, proper footwear, vision and hearing protection, Internet safety rules, proper use of sport safety equipment) ❏ list and describe a variety of road safety rules and precautions to minimize risks on the road, including rules related to 　− using protective equipment (e.g., helmets, knee and elbow pads, wrist guards, seatbelts) 　− responsible pedestrian behaviour (e.g., crossing at crosswalks, not playing in road, walking on the correct side of the road) 　− responsible passenger behaviour (e.g., being quiet, not distracting driver)
C9 demonstrate strategies for responding to social pressures that can contribute to risk taking (e.g., state an opinion assertively, make an excuse to leave)	❏ with teacher support, identify a range of risk-taking situations and behaviours (e.g., disregarding rules and safety guidelines, not using protective equipment, attempting to go beyond own abilities, lack of training, lack of awareness of environmental conditions, unsupervised use of Internet) ❏ explain how social pressures can contribute to risk taking (e.g., wanting to fit in or look cool, desire to belong, responding to or initiating dares, to change their image) ❏ practise and apply strategies for responding to social pressures that can contribute to risk-taking behaviour (e.g., state an opinion assertively, make an excuse to leave, ignore the pressure, model assertiveness and refusal skills for others)
Substance Misuse Prevention C10 analyse factors that contribute to the use of alcohol, tobacco, and other drugs (e.g., social influences, curiosity, feeling alienated or awkward, stress, media, dealing with emotions such as sadness and grief)	❏ identify various factors that can contribute to the use of tobacco, alcohol, or other drugs (e.g., lack of accurate information, feelings of insecurity, fear, need to be accepted, retaliation or rebellion, stress, depression, anxiety, media influence on image, lack of coping skills) ❏ analyse how each factor might have positive and negative influences on young people's decision making regarding use of tobacco, alcohol, or other drugs (e.g., media – can glamorize substance misuse, can omit facts about negative effects, can inform and educate about substance misuse; peers – can pressure or influence others to use substances or can persuade or influence others to not use substances)
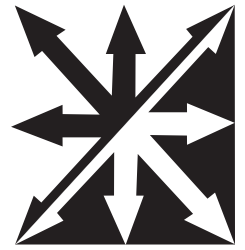
CLASSROOM ASSESSMENT MODEL

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 5: 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 5.

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	2	0	2	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	1	1	0	1
HEALTH Healthy Living	• group and class discussions • stations and centres activities • role plays • representations (e.g., posters, models, songs, poems, oral and multimedia presentations)			4	2	2	0	1
Healthy Relationships	• clusters, webs, charts, graphs • research projects	70-80%	33-38 h	2	0	0	2	2
Safety and Injury Prevention	• peer teaching			3	0	3	0	1
Substance Misuse Prevention	• written or oral quizzes • journals or learning logs • student-teacher conferences			1	0	0	1	1
Total:		**100%**	**45-50 h**	**14**	**3**	**8**	**3**	**6**

*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.

Assessment Overview Table

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

GRADE 5

OVERVIEW

The Grade 5 portion of the Classroom Assessment Model contains the following suggested assessment units and instruments:
- Unit 1: Building Skills
- Unit 2: Planning for Healthy Lifestyles
- Unit 3: Making Healthy and Responsible Decisions
- Unit 4: Building Healthy Relationships
- Unit 5: Changes at Puberty
- Assessment Instruments:
  - Healthy Practices Log
  - Changes at Puberty

Learning at Previous Grades
- decision making
- sources of support
- types of work and jobs
- importance of effective work habits
- choices for emotional and physical health
- choices for healthy eating
- physical changes at puberty
- communicable and non-communicable diseases
- interpersonal skills
- strategies for responding to bullying behaviour
- lures and tricks used by potential abusers, face-to-face and online
- strategies for avoiding abusive situations
- potential for injury in a range of settings, including on the road
- negative effects of using tobacco, alcohol, and other drugs
- strategies for preventing substance misuse

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: Building Skills	Unit 2: Planning for Healthy Lifestyles	Unit 3: Making Healthy and Responsible Decisions	Unit 4: Building Healthy Relationships	Unit 5: Changes at Puberty
		A1, A2		A1
B1, B2				
	C1, C2, C4	C1		C3
			C5, C6	
		C8, C9	C7	
		C10		

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 method. 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/

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

Unit 3: Making Healthy and Responsible Decisions

Prescribed Learning Outcomes

It is expected that students will:

GOALS AND DECISIONS

A1 describe how various factors (e.g., access to accurate and relevant information, media and social influences) affect decision making

A2 demonstrate an understanding of the benefits of personal support networks (e.g., sources of accurate information and trusted guidance)

HEALTH: *Healthy Living*

C1 identify factors that influence attitudes and decisions regarding healthy lifestyles (e.g., family, peer, media)

HEALTH: *Safety and Injury Prevention*

C8 describe how to remove or reduce hazards and risks for injury in a variety of settings, including on the road

C9 demonstrate strategies for responding to social pressures that can contribute to risk taking (e.g., state an opinion assertively, make an excuse to leave)

HEALTH: *Substance Misuse Prevention*

C10 analyse factors that contribute to the use of alcohol, tobacco, and other drugs (e.g., social influences, curiosity, feeling alienated or awkward, stress, media, dealing with emotions such as sadness and grief)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Safety stories
• Invite guest speakers – such as ... resentatives from the police, ICBC, WCB, or sports and recreation clubs – to identify a variety of hazards and risks in the community (e.g., walking on the wrong side of the road, doubling on a bicycle, skating without protective equipment, J-walking, wearing dark clothing at night, engaging in recreational activities out of bounds or without proper training, listening to music that's too loud). Ask the guest to include information about the ways to avoid or reduce risks in each situation. Create a class chart of safety rules and precautions, categorized under the following headings:
  – protective equipment
  – training and education
  – responsible and respectful behaviour
	• Ask students to create ... ... about safety in a specific situation (e.g., skateboarding on the sidewalk or road, walking to school, crossing ... road us... ... ...l, w... ... boatin..., h... students a... specific sit...
	  – potentia...
	  – possible...
	  – safety r... of prote...
	  – safety r... respons... rules, be... knowing... making...

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.

...ing for Healthy Lifestyles (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Poster
• Conduct a prior learning assessment to determine what students already know about communi... ... and non-communicable diseases and practi... prevent illness. Review students' responses, and use video, print, and Internet resources to provide additional information as required.
	• Have students work individually or with a partner to create a poster campaign that teaches others about using health care practices to help prevent illness. Look for evidence that students' posters
	  – accurately differentiate between communicable and non-communicable diseases
	  – include at least two examples of preventative practices for each category (e.g., washing hands frequently, healthy eating, avoiding contact with the body fluids of others, getting adequate rest, regular physical activity, stress management, avoiding tobacco products)

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.

Assessment Instrument
HEALTHY PRACTICES LOG

Name: _____ Period of log: _____

Key: 3 – fully meets expectations, 2 – approaching expectations, 1 – not yet within expectations.	Self-Assessment	Teacher Assessment
I used my log to record each physical activity I did.		
I kept accurate records of when I engaged in each physical activity I did, including when, what, and for how long.		
I kept accurate records of the number of servings and the servings sizes of the foods I ate.		
I kept accurate records of when I ate each meal or snack.		
I compared the foods I ate daily with the recommendations from *Canada's Food Guide to Healthy Eating.*		
I kept accurate records of the times I did things that made me feel good about myself.		

Reflection	Teacher Comments
I believe I did/did not (circle one) participate in an appropriate amount of physical activity during this period. I believe this because	
In the future, I can improve my participation in physical activity by	

CLASSROOM ASSESSMENT MODEL
Grade 5

HEALTH AND CAREER EDUCATION GRADE 5: 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 5.

Curriculum Organizers/ Suborganizers	Suggested Assessment Activities	Suggested Weight for Grading	Suggested Time Allotment	Number of Outcomes	Number of Outcomes by Domain* Cognitive Domain			AFF
					K	U&A	HMP	
GOALS AND DECISIONS	• group and class discussions • webs, charts, graphs • journals or learning logs • student-teacher conferences	10-15%	4-8 h	2	0	2	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	1	1	0	1
HEALTH *Healthy Living*	• group and class discussions • stations and centres activities • role plays	70-80%	33-38 h	4	2	2	0	1
Healthy Relationships	• representations (e.g., posters, models, songs, poems, oral and multimedia presentations)			2	0	0	2	2
Safety and Injury Prevention	• clusters, webs, charts, graphs • research projects			3	0	3	0	1
Substance Misuse Prevention	• peer teaching • written or oral quizzes • journals or learning logs • student-teacher conferences			1	0	0	1	1
Total:		100%	45-50 h	14	3	8	3	6

* 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 5

OVERVIEW

The Grade 5 portion of the Classroom Assessment Model contains the following suggested assessment units and instruments:

- Unit 1: Building Skills
- Unit 2: Planning for Healthy Lifestyles
- Unit 3: Making Healthy and Responsible Decisions
- Unit 4: Building Healthy Relationships
- Unit 5: Changes at Puberty

- Assessment Instruments:
  - Healthy Practices Log
  - Changes at Puberty

Learning at Previous Grades
- decision making
- sources of support
- types of work and jobs
- importance of effective work habits
- choices for emotional and physical health
- choices for healthy eating
- physical changes at puberty
- communicable and non-communicable diseases
- interpersonal skills
- strategies for responding to bullying behaviour
- lures and tricks used by potential abusers, face-to-face and online
- strategies for avoiding abusive situations
- potential for injury in a range of settings, including on the road
- negative effects of using tobacco, alcohol, and other drugs
- strategies for preventing substance misuse

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: Building Skills	Unit 2: Planning for Healthy Lifestyles	Unit 3: Making Healthy and Responsible Decisions	Unit 4: Building Healthy Relationships	Unit 5: Changes at Puberty
		A1, A2		A1
B1, B2				
	C1, C2, C4	C1		C3
			C5, C6	
		C8, C9	C7	
		C10		

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: Building Skills

Prescribed Learning Outcomes

It is expected that students will:

CAREER DEVELOPMENT

B1   identify types of work that interest them
B2   relate work habits to transferable skills (e.g., effective work habits learned in school can be used in situations outside of school)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES
Guest speaker job profile • Use a web or a think-pair-share to review effective work habits students have developed or are developing at school. Invite people from the school and community (e.g., parent, sports team coach, teacher-librarian, custodian, hospital volunteer, representatives of various jobs in the community) to speak to the class about the work they do and the skills required to do that work.	• Ask students to create a job profile of one of the types of work as presented by the guest speakers. Look for evidence that students are able to identify a range of effective work habits and how they are transferable to specific situations outside the classroom.

Interview
• Ask students to interview parents or other adults to find out how they chose the careers they are in. Provide an opportunity for students to share the interview results as a class. Discuss the various reasons why people chose the careers they did (e.g., related to personal interests such as music or writing, related to particular skills such as sports or technology, same career as a parent or family member).
	• Have students write or role play with a partner an imaginary interview with themselves at some time in the future, asking about their own careers. Suggest they ask questions such as what their job is, what type of work they do in their job, what work habits and skills they use most in the job, and why they chose this job. Look for evidence that students are able to
	  – identify types of work of interest
	  – describe work habits that could be transferred to this career (e.g., punctuality, communication skills, collaboration, organization, staying on task, creativity)
	  – demonstrate clear and informed reasoning in explaining why they are interested in these careers

Unit 2: *Planning for Healthy Lifestyles*

Prescribed Learning Outcomes

It is expected that students will:

HEALTH: *Healthy Living*

C1 identify factors that influence attitudes and decisions regarding healthy lifestyles (e.g., family, peer, media)

C2 describe strategies for contributing to a healthy, balanced lifestyle, including healthy eating, integrating regular physical activity, and maintaining emotional health

C4 describe practices that help to prevent
  − communicable diseases (e.g., washing hands frequently, covering mouth when coughing or sneezing, avoiding contact with the body fluids of others, getting adequate rest and nutrition)
  − non-communicable diseases (e.g., regular physical activity, healthy eating, stress management)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES
Healthy practices log • Bring in a balance scale to illustrate the concept of balancing food intake and energy output (physical activity). Use the scale to show how too much of one results in an imbalance. Discuss the potential effects of such an imbalance in real life (e.g., overweight/underweight, lack of energy, certain diseases). Make a similar comparison for emotional balance (e.g., taking on too many activities, not getting enough sleep, not getting help with problems). Extend the discussion by focussing on balance: using the scale again, talk about the recommended daily requirements in each food group, food serving sizes, integrating regular physical activity, keeping emotionally healthy, and the importance of balancing those requirements.	• Have students keep a detailed log of their healthy practices for a specified period of time (e.g., three days, one week). At the end of the assigned period, ask them to review the log and reflect on their activities in relation to what they know about the recommendations for a healthy lifestyle. Students' logs and reflections can be assessed using criteria such as those outlined in the sample assessment instrument provided at the end of this unit (**Healthy Practices Log**). Assure students that they will not be assessed on their actual activity, but on their abilities to keep the required records and to reflect critically on their activities.
Gallery walk and collage • Brainstorm and review factors that influence decisions and attitudes related to a healthy lifestyle (e.g., family, peers, media, what they learn at school, community resources). Create a gallery walk with sheets of chart paper for each category. Ask students to brainstorm the messages that each group gives about the characteristics of healthy living. Review and discuss as a class: What messages does each group give about healthy eating? Sleep? Physical activity? Emotional health practices? Which are positive influences? Which are negative influences?	• Provide students with pictures or ask students to collect them (e.g., cut from magazines, clip art, from the Internet). Have students make a collage depicting a balanced, healthy lifestyle, and to complete the following sentence stems in relation to aspects of their collage: − My family thinks _____ is one of the most important things about healthy living. − My friends think _____ about healthy living. − I see a lot of things on TV and/or the Internet about _____. − Magazines I read say _____. − I think the most important influences on my health decisions are _____ because _____.

Planning for Healthy Lifestyles (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Poster
• Conduct a prior learning assessment to determine what students already know about communicable and non-communicable diseases and practices to prevent illness. Review students' responses, and use video, print, and Internet resources to provide additional information as required.
	• Have students work individually or with a partner to create a poster campaign that teaches others about using health care practices to help prevent illness. Look for evidence that students' posters
	  – accurately differentiate between communicable and non-communicable diseases
	  – include at least two examples of preventative practices for each category (e.g., washing hands frequently, healthy eating, avoiding contact with the body fluids of others, getting adequate rest, regular physical activity, stress management, avoiding tobacco products)

Unit 3: Making Healthy and Responsible Decisions

Prescribed Learning Outcomes

It is expected that students will:

GOALS AND DECISIONS

A1   describe how various factors (e.g., access to accurate and relevant information, media and social influences) affect decision making

A2   demonstrate an understanding of the benefits of personal support networks (e.g., sources of accurate information and trusted guidance)

HEALTH: *Healthy Living*

C1   identify factors that influence attitudes and decisions regarding healthy lifestyles (e.g., family, peer, media)

HEALTH: *Safety and Injury Prevention*

C8   describe how to remove or reduce hazards and risks for injury in a variety of settings, including on the road

C9   demonstrate strategies for responding to social pressures that can contribute to risk taking (e.g., state an opinion assertively, make an excuse to leave)

HEALTH: *Substance Misuse Prevention*

C10   analyse factors that contribute to the use of alcohol, tobacco, and other drugs (e.g., social influences, curiosity, feeling alienated or awkward, stress, media, dealing with emotions such as sadness and grief)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Safety stories
 	
• Invite guest speakers – such as representatives from the police, ICBC, WCB, or sports and recreation clubs – to identify a variety of hazards and risks in the community (e.g., walking on the wrong side of the road, doubling on a bicycle, skating without protective equipment, J-walking, wearing dark clothing at night, engaging in recreational activities out of bounds or without proper training, listening to music that's too loud). Ask the guest to include information about the ways to avoid or reduce risks in each situation. Create a class chart of safety rules and precautions, categorized under the following headings:
  − protective equipment
  − training and education
  − responsible and respectful behaviour
	• Ask students to create a story, song, or poem about safety in a specific situation (e.g., skateboarding on the sidewalk or road, walking to school, crossing the road using the crosswalk, riding bikes to school, walking at night, hiking in the wilderness, boating, home alone). Look for evidence that students are able to identify the following for their specific situation:
	  − potential hazards
	  − possible injuries
	  − safety rules and precautions related to the use of protective equipment
	  − safety rules and precautions related to responsible behaviour (e.g., following safety rules, being prepared for emergencies, knowing how to identify potential dangers, making sure someone knows where you are)

Making Healthy and Responsible Decisions (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES
Cartoon or storyboard • As a class, brainstorm all the reasons that young people might use alcohol, tobacco, or other drugs. Use questions such as the following to guide the brainstorm: – What might cause a young person to use tobacco, alcohol, or other drugs for the first time? (e.g., curiosity, boredom, availability, loneliness, peer pressure, trying to look cool or more mature, poor self-esteem, media) – What factors might influence a young person's decision to *not* use tobacco, alcohol, or other drugs? (e.g., family values, cost, positive peer pressure, media, playing a sport, having a positive self-image, available alternatives, knowledge of consequences) – Who would be able to support them when making a decision? (e.g., parent, elder, coach, teacher, school counsellor, reputable web sites) **Scenarios** • In a teacher-led discussion, talk about the types of pressures that exist in the school and community (e.g., related to use of alcohol, tobacco, or other drugs; social bullying, cyber-bullying; risk-taking). Discuss the concept of "peer pressure" as including verbal or non-verbal, active or passive, and positive or negative pressures. Use questions such as the following to guide the discussion: – Does peer pressure affect the way you or your friends make choices? – How do you decide what to do in a peer pressure situation? – How do you feel when someone pressures you to do something you're not comfortable with? – What makes it hard to say no to a friend? – What are the benefits of knowing how to say no? – How can you prepare in advance for a pressure situation?	• Ask students to work in small groups to design a cartoon or storyboard depicting a situation where a young person faces a decision related to tobacco, alcohol, or other drugs. At each stage in the process, students should use "thought bubbles" to identify the influences on the decision (e.g., "I know my parents would be very disappointed in me." "I learned in school about how dangerous tobacco is." "That magazine ad showed I'd be cool if I drank this.") Assess students' work based on criteria discussed as a class, such as – the inclusion of at least four different influences on decision making (e.g., peers, family, media, education and information, stress, self-image) – the inclusion of at least two positive influences and two negative influences – someone they can go to for support in making a healthy decision • Divide students into groups and have them each develop a scenario in which social pressures contribute to risk taking at home, at school, or in the community. Sample scenarios could include – Your friends tell you it's not cool to wear a bike helmet. – A friend dares you to engage in risky behaviour (e.g., hang on to the bumper of a car on your skateboard, ski outside of the boundaries). – A group of your classmates tell you that you can't hang out with them at lunch. – Someone you know is sending e-mail gossip about another student in your class. – An older student you like offers you a cigarette. Have them trade their scenarios with another group to articulate a response. Assess students' responses on criteria discussed as a class, such as the extent to which they identify factors that influence decisions and behaviour (e.g., family, peer, media, role models, interests, access to information). – identify behaviours that have a negative impact on the school environment (e.g., stereotyping, cliques, gossip, lack of respect, physical bullying, verbal bullying, social bullying) – list effective strategies to deal with various problems (e.g., assess situation, avoidance, assertiveness, reporting, seeking help) – list people in the school and community who can provide support and assistance

Unit 4: *Building Healthy Relationships*

Prescribed Learning Outcomes

It is expected that students will:

HEALTH: *Healthy Relationships*

C5 assess their own interpersonal skills as they apply to building and maintaining positive relationships with family and friends

C6 analyse behaviours that contribute to a safe and caring school environment (e.g., taking responsibility for personal actions, supporting others, promoting respect for diversity)

HEALTH: *Safety and Injury Prevention*

C7 describe safety guidelines to protect themselves and others from child abuse and exploitation (e.g., knowing their right not to be abused, being assertive, avoiding potentially unsafe situations, practising safe Internet use, recognizing tricks and lures used by predators)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES
Presentation • Use the school's Code of Conduct to identify specific behaviours that contribute to a safe and caring school environment. Focus on overall themes and principles (e.g., respect for self, others, and property). Brainstorm and create a chart: What are some specific things we can do and say? (e.g., demonstrating empathy for others, taking responsibility for personal actions, standing up for own values and beliefs, supporting others, promoting respect for diversity, acting as role models or helpers for younger students, participating in school activities, recognizing any potential bullying traits and committing to eliminate them, managing anger and impulsive behaviours, engaging in socially inclusive behaviour, respecting the values and opinions of others) What does that look like in the classroom, the gym, the lunchroom, and the playground?	• Have students create a presentation (e.g., slide show, video, TV talk show, mime, story, rap) about behaviours that contribute to a safe and caring school environment. Discuss criteria that can be used as the basis for peer and self-assessment of students' presentations. For example, students can be assessed based on their inclusion of – a minimum of three specific examples of positive behaviours that contribute to a safe and caring school – behaviours are demonstrated in at least three different settings (e.g., classroom, lunch room, playground, Internet)

Building Healthy Relationships (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Interpersonal skills inventory
 	
• Discuss as a class: What are characteristics of successful friendships or relationships? (e.g., trust, helpfulness, communication, loyalty, caring support, reliability, fairness, shared interests, empathy, active listening) How have your relationships changed as you've gotten older? (e.g., new friendships based on new interests, changing dynamics with parents and family) Create a class list of these characteristics.
	• Have students complete a rating scale ("never," "seldom," "sometimes," "usually," "always") to self-assess their interpersonal skills, responding to statements such as the following:
	  − I empathize with others.
	  − I encourage others to try new challenges and skills.
	  − I praise others for jobs well done.
	  − I avoid putdowns.
	  − I involve others in my activities.
	  − I recognize more than one point of view.
	  − I notice how others are feeling.
	  − I search for a win-win solution.
	  − I do not listen to or spread gossip.
	  − I can express a differing opinion in a respectful way.
	  − I look for ways to include others.
	  − I avoid stereotyping others.
	  − I use respectful language.
	  − I have used what I have learned about conflict to handle other situations appropriately.
	  − I report incidents of bullying when I see them.
	
	Follow up by asking students to select one area where they feel they can most develop, and set a goal for improving that particular interpersonal skill.
	
	• 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/

Building Healthy Relationships (continued)

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES

Scenarios
 	
• As a class or in groups, ask students to brainstorm situations where young people might face a risk of abuse or exploitation (e.g., Internet chatrooms, secluded places, alone on streets at night, unsupervised parties). Review and discuss safety guidelines that would help protect themselves and others against potentially abusive or exploitative situations.
Provide students with scenarios depicting potentially abusive or exploitative situations, such as someone who
  – shows you pictures of nude people
  – talks about your body in a way that makes you feel uncomfortable
  – touches you or attempts to touch you inappropriately or without your permission
  – asks you to get into his or her car
  – wants to enter your house when your parents aren't home
  – tells you to look at a pornography website
  – sends you a threatening instant message
  – invites you to meet her/him offline
  – wants you to send him/her your photograph
  – asks you for your phone number, address, school name or location, or password
Have students work in groups to prepare an appropriate response to their assigned scenario.
	• Discuss criteria for assessing students' responses to the scenarios. For example, students can be assessed in relation to the extent to which they
	  – identify guidelines for dealing with potentially or exploitative abusive situations (e.g., knowing their right to not be abused, being assertive, assessing the situation, withholding personal information, knowing how to seek help for self or when someone else is being abused)
	  – demonstrate ways to avoiding potentially unsafe situations (e.g., travel in groups, use buddy system, use safe routes, don't meet people from Internet chat rooms, don't share photographs or personal information)
	  – select a realistic strategy
	  – demonstrate a responsible, safe response

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 5: Changes at Puberty

Prescribed Learning Outcomes

It is expected that students will:

GOALS AND DECISIONS

A1 describe how various factors (e.g., access to accurate and relevant information, media and social influences) affect decision making

HEALTH: *Healthy Living*

C3 describe the physical, emotional, and social changes associated with puberty

PLANNING FOR ASSESSMENT	ASSESSMENT STRATEGIES
Worksheet • View a video or invite a guest speaker (e.g., health professional) to talk about the physical, emotional, and social changes that occur during puberty. Emphasize that these changes happen at different rates and times for different people, and this variation in development rate is normal. Explain also that some changes are more predictable than others – for example, physical changes tend to be more predictable than social and emotional changes.	• Use a worksheet such as the assessment instrument found at the end of this grade (**Changes at Puberty**) to have students identify the changes that occur for boys, those that occur for girls, and those that happen for both.

Decisions timeline
• Point out to students that one significant change that happens at puberty is that they are beginning to take increasing responsibility for decisions that affect their lives. As a class, brainstorm and discuss
  – things they decide independently and those they require assistance with
  – decisions they are responsible for now to those they were responsible for in past years
  – the types of decisions they will be making for themselves in the near and distant future
	• Have students create a timeline to illustrate the types of decisions they've made in the past, those they make now, and those they will make in the future. Assess students' timelines, looking for evidence that they are able to identify
	  – decisions that are their responsibility
	  – decisions that they share with others (e.g., parents)
	  – decisions that are entirely others' responsibilities
	  – how responsibility for decisions changes over time

Assessment Instrument

HEALTHY PRACTICES LOG

Name:_____ Period of log: _____

Key: 3 – fully meets expectations, 2 – approaching expectations, 1 – not yet within expectations.	Self-Assessment	Teacher Assessment
I used my log to record each physical activity I did.		
I kept accurate records of when I engaged in each physical activity I did, including when, what, and for how long.		
I kept accurate records of the number of servings and the servings sizes of the foods I ate.		
I kept accurate records of when I ate each meal or snack.		
I compared the foods I ate daily with the recommendations from *Canada's Food Guide to Healthy Eating.*		
I kept accurate records of the times I did things that made me feel good about myself.		
Reflection	**Teacher Comments**	
I believe I did/did not (circle one) participate in an appropriate amount of physical activity during this period. I believe this because		
In the future, I can improve my participation in physical activity by		

I believe I did/did not (circle one) meet the daily requirements for healthy eating as recommended in *Canada's Food Guide* during this period. I believe this because	
In the future, I can improve my eating practices by	
I believe I did/did not (circle one) do enough things that made me feel good about myself. I believe this because	
In the future, one thing I can do to feel good about myself is	
It is important for me to be emotionally and physically healthy because (give at least three reasons)	

Assessment Instrument

CHANGES AT PUBERTY

In the chart below, place a check in the B column for changes that occur for boys, or in the G column for changes that occur for girls. For changes that take place for both girls and boys, check both columns.

Changes that Occur at Puberty	B	G
• acne		
• breasts begin to grow		
• breasts feel uncomfortable		
• feel clumsy or awkward		
• feeling a need to conform or fit in with others		
• feelings of insecurity		
• feelings of romantic attraction toward others		
• feelings of self-consciousness		
• first ejaculation of semen		
• hair grows in pubic area		
• hair grows on legs		
• hair grows under arms		
• height increases		
• hips grow wider		
• increased desire to be independent		
• increased desire for privacy		
• increased perspiration and body odour		
• interests change		
• menstruation begins		
• mood changes		
• penis increases in length and width		
• scrotum gets larger		
• shoulders grow broader		
• skin gets oilier		
• voice deepens		
• weight increases		
• wet dreams occur		
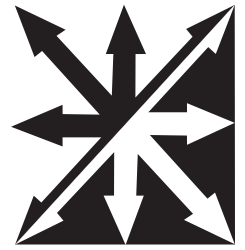
This section contains general information on learning resources, and provides a link to the titles, descriptions, and ordering information for the recommended learning resources in the Health and Career Education K to 7 Grade Collections.

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
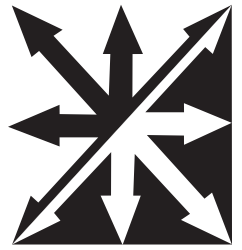
GLOSSARY

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."