

# INTRODUCTION TO COMPREHENSIVE HEALTH AND PHYSICAL EDUCATION

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# Section I - General Curriculum Information

## Beverly City Comprehensive Health and Physical Education Curriculum

Beverly City School K-8 Comprehensive Health and Physical Education curricular framework is a cohesive set of units that will scaffold instruction from one grade level to the next. Units have been developed as building blocks of skills and concepts that transition from those skills to modified games to individual player positions, to team collaborative play, and to academic understanding of strategy, strength, and wellness. All units are made of blended standard sets and cumulative progress indicators that fully encapsulate the major ideas and themes behind units. The incorporation of different standards through major, supporting, and additional concepts provide a greater opportunity for comprehensive Physical Education and Health education in each unit. The units progress from basic movement through developing and applying manipulative skills in various isolated and applied situations such as physical fitness and activity, individual skill development, cooperative activities, and sports.

Students participating in Health and Physical Education classes are provided with accommodations and modifications to help them meet the standards based on their individual needs. Differentiated instruction and scaffolded outcomes assist students who are English Language Learners, at-risk, classified as special education or have 504 plans, and also those who are gifted and talented. In addition, teachers have integrated 21st century life skills and career focused ideas that are related to the Health and Physical Education curricular area. Both accommodations and career ready practices are detailed with each grade strand.

Beverly City School has also worked tirelessly to infuse Physical Education with mathematics and reading and writing skills. Teachers weave these two content areas into all subjects, but our Physical Education teacher has integrated these areas so seamlessly that students are fully immersed in the importance of reading and how mathematics affects their energy output and their caloric intake.

Physical Education Content Areas are included in the existing Physical Education Program. The Content Areas focused on Team Sports, Skills and Sportsmanship as well as a monthly Fitness Skills Challenge that stressed student growth and individual improvement, not competition. These activities are those which Beverly students can incorporate outside of school.

The following Physical Education Content Areas are included in the Physical Education Program. The Content Areas focused on Team Sports, Skills and Sportsmanship as well as a monthly Fitness Skills Challenge that stressed individual improvement not competition. The Content Areas added to the curriculum are activities that Beverly students can incorporate outside of school.

### **Comprehensive Health & Physical Education**

#### **Goal**

The goal of the Beverly City School Pre-K through Eighth-grade Comprehensive Health and Physical Education Curriculum is the successful preparation of students for the opportunities, rigors, and advances of the 21st Century cannot be accomplished without a strong and sustained emphasis on the health and wellness of all students.

#### **Mission**

All students will acquire the knowledge and skills of what is most essential to become individuals who possess health and physical literacy and pursue a life of wellness. They develop the habits necessary to live healthy, productive lives that positively impact their families, schools and communities.

## **Vision**

A quality comprehensive health and physical education program fosters a population that:

- Maintains mental health awareness and relies on social/emotional support systems;
- Engages in a physically active lifestyle;
- Maintains awareness of health and wellness and how to access resources;
- Recognizes the influence of media, peers, technology, and cultural norms in making informed health-related decisions as a consumer of health products and wellness services;
- Practices effective cross-cultural communication and conflict resolution skills;
- Builds and maintains healthy relationships;
- Accepts and respects individual and cultural differences; and
- Advocates for personal, family, community, and global wellness and is aware of local, national and global public health and climate change.

## **Curriculum Requirements and Considerations**

### **NJDOE Curriculum Requirements**

**Comprehensive Health & Physical Education** curriculum and instruction are aligned to the NJSLs in accordance with the Department's curriculum implementation timeline and include the following: (N.J.A.C. 6A:8) Curriculum designed and implemented to meet grade or grade-level expectations and graduation requirements; Integrated accommodations and modifications for special education students, English language learners, students at risk of school failure, gifted and talented students, and students with 504 plans; Assessments, including, formative, summative, benchmark, and alternative assessments; List of core instructional and supplemental materials, including various levels of texts at each grade level; Pacing guide; Interdisciplinary connections; Integration of 21st century skills through NJSLs 9; Integration of technology through the NJSLs; and Career education.

The NJDOE Curriculum Requirements were outlined in a memo dated September 1, 2016. A copy of the letter is at the end of this section. A reduced summary is here.

TO: District Superintendents  
District School Business Administrators  
District Curriculum Directors/Supervisors District Board of Education Presidents

FROM: Pamela J. Leggio PJJ QSAC Director  
SUBJECT: QSAC Statement of Assurance (SOA)  
Instruction and Program #3 – Curriculum Alignment and Adoption Requirements

The purpose of this memo is to clarify the requirements for board-adopted, aligned curricula, so that you can provide an accurate response in the QSAC Statement of Assurance (SOA), Instruction and Program indicator #3. As required by N.J.A.C. 6A:8-3.1, all curricula must include:

- interdisciplinary connections throughout the K-12 curriculum;
- integration of 21<sup>st</sup> century themes and skills; and
- supportive curricula and instructional tools for helping students acquire required knowledge and skills.

These tools include at a minimum:

- pacing guide
- list of core instructional materials, including various levels of texts at each grade level
- benchmark assessments
- modifications for special education students, English language learners, students at risk of school failure and gifted students

Further, all curricula must be aligned to current academic standards. As you know, the New Jersey State Board of Education has adopted academic standards in 21<sup>st</sup> Century Life and Careers, Comprehensive Health and Physical Education, Science, Visual and Performing Arts, Technology, Visual and Performing Arts, World Languages, Mathematics and Language Arts Literacy on July 9, 2014. All curricula in all content areas must be aligned to these new standards.

Finally, indicator #3 requires that an adoption date be entered for each of the nine content areas. Enter the month and year that the curriculum was initially adopted.

PJL:qsac2016/i&p#3

C: Executive County Superintendents Executive County Business Officials County Education Specialists County Child Study Supervisors County QSAC Support Staff

or developed by curriculum developers familiar with the NGSS being developed. ...

## **New Jersey Administrative Code Summary and Statutes Curriculum Development: Integration of 21st Century Skills and Themes and Interdisciplinary Connections**

### **New Jersey Legislative Statutes and Administrative Code**

#### **Curriculum Development: Integration of 21st Century Skills and Themes and Interdisciplinary Connections**

District boards of education shall be responsible for the review and continuous improvement of curriculum and instruction based upon changes in knowledge, technology, assessment results, and modifications to the NJSLS, according to N.J.A.C. 6A:8-2.

1. District boards of education shall include interdisciplinary connections throughout the K–12 curriculum.
2. District boards of education shall integrate into the curriculum 21st century themes and skills (N.J.A.C. 6A:8-3.1(c)).

#### **Twenty-first century themes and skills integrated into all content standards areas (N.J.A.C. 6A:8-1.1(a)3).**

“Twenty-first century themes and skills” means themes such as global awareness; financial, economic, business, and entrepreneurial literacy; civic literacy; health literacy; learning and innovation skills, including creativity and innovation, critical thinking and problem solving, and communication and collaboration; information, media, and technology skills; and life and career skills, including flexibility and adaptability, initiative and selfdirection, social and cross-cultural skills, productivity and accountability, and leadership and responsibility.

The 2020 NJSLS-CHPE continue to incorporate New Jersey Legislative Statutes related to the health and well-being of students in New Jersey public schools, including those enacted from 2019:

#### **Consent (N.J.S.A. 18A:35)**

Requires age-appropriate instruction in grades six through 12 on the law and meaning of consent for physical contact and sexual activity as part of the district’s implementation of the New Jersey Student Learning Standards in Comprehensive Health and Physical Education. The instruction shall be designed to increase discussion and awareness that consent is required before physical contact or sexual activity, as well as the social, emotional, and relational impact surrounding sexuality, the right to say no to unwanted physical contact or sexual activity, and the virtues of respecting the right of others to say no.

#### Mental Health (N.J.S.A. 18A:35-4.39)

A school district shall ensure that its health education programs for students in grades kindergarten through 12 recognize the multiple dimensions of health by including mental health and the relation of physical and mental health so as to enhance student understanding, attitudes, and behaviors that promote health, well-being, and human dignity. The instruction in mental health shall be adapted to the age and understanding of the students and shall be incorporated as part of the district's implementation of the New Jersey Student Learning Standards in Comprehensive Health and Physical Education. The instruction shall include, as appropriate, information on substance abuse provided pursuant to the implementation of these standards and to section 1 of P.L.2016, c.46 (C.18A:40A-2.1). The State Board of Education shall review and update the New Jersey Student Learning Standards in Comprehensive Health and Physical Education to ensure the incorporation of instruction in mental health in an appropriate place in the curriculum for students in grades kindergarten through 12. In its review, the State board shall consult with mental health experts including, but not limited to, representatives from the Division of Mental Health and Addiction Services in the Department of Human Services.

#### New Jersey Safe Haven Infant Protection Act (N.J.S.A. 18A:35-4.40 & 18A:35-4.41)

The Department of Education shall review the New Jersey Student Learning Standards for Comprehensive Health and Physical Education to ensure that information on the provisions of the "New Jersey Safe Haven Infant Protection Act," P.L.2000, c.58 (C.30:4C-15.5 et seq.) shall be included therein to public school students in grades 9 through 12.

#### Sexting (N.J.S.A. 18A:35-4.33)

A Board of education shall include instruction on the social, emotional, and legal consequences of distributing and soliciting sexually explicit images through electronic means once during middle school in an appropriate place in the curriculum as part as of the school district's implementation of the New Jersey Student Learning Standards in Comprehensive Health and Physical Education. The Commissioner of Education shall provide school districts with age-appropriate sample learning activities and resources designed to implement this requirement.

#### Sexual abuse and assault awareness and prevention education (N.J.S.A 18A:35-4.5a.)

Requires each school district shall incorporate age-appropriate sexual abuse and assault awareness and prevention education in grades preschool through 12 as part of the district's implementation of the New Jersey Student Learning Standards in Comprehensive Health and Physical Education. The Commissioner of Education, in consultation with the Department of Children and Families, the New Jersey Coalition Against Sexual Assault, Prevent Child Abuse New Jersey, the New Jersey Children's Alliance, and other entities with relevant expertise, shall provide school districts with age-appropriate sample learning activities and resources.

#### New Jersey Legislative Statutes Summary (Legislation enacted prior to 2014)

##### Accident and Fire Prevention (N.J.S.A. 18A:6-2)

Requires instruction in accident and fire prevention. Regular courses of instruction in accident prevention and fire prevention shall be given in every public and private school in this state. Instruction shall be adapted to the understanding of students at different grade levels.

##### Breast Self-Examination (N.J.S.A. 18A:35-5.4)

Requires instruction on breast self-examination. Each board of education which operates an educational program for students in grades 7 through 12 shall offer instruction in breast self-examination. The instruction shall take place as part of the district's implementation of the Core Curriculum Content Standards in Comprehensive Health and Physical Education, and the comprehensive health and physical education curriculum framework shall provide school districts with sample activities that may be used to support implementation of the instructional requirement.

##### Bullying Prevention Programs (N.J.S.A. 18A:37- 17)

Requires the establishment of bullying prevention programs. Schools and school districts are encouraged to establish bullying prevention programs and other initiatives involving school staff, students, administrators, volunteers, parents, law enforcement, and community members. To the extent funds are appropriated for these purposes, a school district shall: (1) provide training on the school district's harassment, intimidation, or bullying policies to school employees and volunteers who have significant contact with students; and (2) develop a process for discussing the district's harassment, intimidation, or bullying policy with students. Information regarding the school district policy against harassment, intimidation, or bullying shall be incorporated into a school's employee training program. CPR/ AED Instruction (N.J.S.A. 18A:35-4.28-4.29) Requires public high schools to provide instruction in cardiopulmonary resuscitation and the use of an automated external defibrillator to each student prior to graduation.

#### Cancer Awareness (N.J.S.A. 18A:40-33)

Requires the development of a school program on cancer awareness.

#### Dating Violence Education (N.J.S.A. 18A: 35-4.23a)

Requires instruction regarding dating violence in grades 7 through 12. Each school district shall incorporate dating violence education that is age appropriate into the health education curriculum as part of the district's implementation of the Core Curriculum Content Standards in Comprehensive Health and Physical Education for students in grades 7 through 12. The dating violence education shall include, but not be limited to, information on the definition of dating violence, recognizing dating violence warning signs, and the characteristics of healthy relationships.

#### Domestic Violence Education (N.J.S.A. 18A:35-4.23)

Allows instruction on problems related to domestic violence and child abuse. A board of education may include instruction on the problems of domestic violence and child abuse in an appropriate place in the curriculum of elementary school, middle school, and high school pupils. The instruction shall enable pupils to understand the psychology and dynamics of family violence, dating violence, and child abuse; the relationship of alcohol and drug use to such violence and abuse; and the relationship of animal cruelty to such violence and abuse; and to learn methods of nonviolent problem-solving.

#### Drugs, Alcohol, Tobacco, Controlled Dangerous Substances, and Anabolic Steroids (N.J.S.A. 18A:40A-1)

Requires instructional programs on drugs, alcohol, anabolic steroids, tobacco, and controlled dangerous substances and the development of curriculum guidelines. Instructional programs on the nature of drugs, alcohol, anabolic steroids, tobacco, and controlled dangerous substances, as defined in section 2 of P.L.1970, c.226 (C.24:21-2), and their physiological, psychological, sociological, and legal effects on the individual, the family, and society shall be taught in each public school and in each grade from kindergarten through 12 in a manner adapted to the age and understanding of the pupils. The programs shall be based upon the curriculum guidelines established by the Commissioner of Education and shall be included in the curriculum for each grade in such a manner as to provide a thorough and comprehensive treatment of the subject.

#### Gang Violence Prevention (18A:35-4.26)

Requires instruction in gang violence prevention for elementary school students. Each board of education that operates an educational program for elementary school students shall offer instruction in gang violence prevention and in ways to avoid membership in gangs. The instruction shall take place as part of the district's implementation of the Core Curriculum Content Standards in Comprehensive Health and Physical Education, and the comprehensive health and physical education curriculum framework shall provide school districts with sample materials that may be used to support implementation of the instructional requirement.

#### Lyme Disease Prevention (N.J.S.A. 18A:35-5.1)

Requires the development of Lyme disease curriculum guidelines. The guidelines shall emphasize disease prevention and sensitivity for victims of the disease. The Commissioner of Education shall periodically review and update the guidelines to ensure that the curriculum reflects the most current information available.

#### Organ Donation (N.J.S.A. 18A:7F-4.3)

Requires information relative to organ donation to be given to students in grades 9 through 12. The goals of the instruction shall be to:

- Emphasize the benefits of organ and tissue donation to the health and well-being of society generally and to individuals whose lives are saved by organ and tissue donations, so that students will be motivated to make an affirmative decision to register as donors when they become adults.
- Fully address myths and misunderstandings regarding organ and tissue donation.
- Explain the options available to adults, including the option of designating a decision-maker to make the donation decision on one's behalf.
- Instill an understanding of the consequences when an individual does not make a decision to become an organ donor and does not register or otherwise record a designated decision-maker.

The instruction shall inform students that, beginning five years from the date of enactment of P.L.2008, c.48 (C.26:6-66 et al.), the New Jersey Motor Vehicle Commission will not issue or renew a New Jersey driver's license or personal identification card unless a prospective or renewing licensee or card holder makes an acknowledgement regarding the donor decision pursuant to section 8 of P.L.2008, c.48 (C.39:3-12.4).

#### Sexual Assault Prevention (N.J.S.A. 18A:35-4.3)

Requires the development of a sexual assault prevention education program. The Department of Education in consultation with the advisory committee shall develop and establish guidelines for the teaching of sexual assault prevention techniques for utilization by local school districts in the establishment of a sexual assault prevention education program. Such program shall be adapted to the age and understanding of the pupils and shall be emphasized in appropriate places of the curriculum sufficiently for a full and adequate treatment of the subject.

#### Stress Abstinence (N.J.S.A. 18A:35-4.19-20)

Also known as the "AIDS Prevention Act of 1999," requires sex education programs to stress abstinence. Any sex education that is given as part of any planned course, curriculum, or other instructional program and that is intended to impart information or promote discussion or understanding in regard to human sexual behavior, sexual feelings and sexual values, human sexuality and reproduction, pregnancy avoidance or termination, HIV infection or sexually transmitted diseases, regardless of whether such instruction is described as, or incorporated into, a description of "sex education," "family life education," "family health education," "health education," "family living," "health," "self-esteem," or any other course, curriculum program, or goal of education, and any materials including, but not limited, to handouts, speakers, notes, or audiovisuals presented on school property concerning methods for the prevention of acquired immune deficiency syndrome (HIV/AIDS), other sexually transmitted diseases, and of avoiding pregnancy, shall stress that abstinence from sexual activity is the only completely reliable means of eliminating the sexual transmission of HIV/AIDS and other sexually transmitted diseases and of avoiding pregnancy.

#### Suicide Prevention (N.J.S.A. 18A: 6-111)

Requires instruction in suicide prevention in public schools. Instruction in suicide prevention shall be provided as part of any continuing education that public-school teaching staff members must complete to maintain their certification; and inclusion of suicide prevention awareness shall be included in the Core Curriculum Content Standards in Comprehensive Health and Physical Education.

#### Time devoted to course in Health, Safety and Physical Education (N.J.S.A. 18A: 35-5)

N.J.S.A. 18A: 35-5 requires each board of education shall conduct as a part of the instruction in the public schools' courses in health, safety and physical education, which courses shall be adapted to the ages and capabilities of the pupils in the several grades and departments. To promote the aims of these courses any additional requirements or rules as to medical inspection of school children may be imposed. Every pupil, except kindergarten pupils, attending the public schools, insofar as he is physically fit and capable of doing so, as determined by the medical inspector, shall take such courses, which shall be a part of the curriculum prescribed for the several grades, and the conduct

and attainment of the pupils shall be marked as in other courses or subjects, and the standing of the pupil in connection therewith shall form a part of the requirements for promotion or graduation (N.J.S.A. 18A: 35-7). The time devoted to such courses shall aggregate at least two and one-half hours in each school week, or proportionately less when holidays fall within the week (N.J.S.A. 18A: 35-8).

*Legislation that can apply to all content areas*

**Amistad Law: N.J.S.A. 18A 52:16A-88**

Every board of education shall incorporate the information regarding the contributions of African-Americans to our country in an appropriate place in the curriculum of elementary and secondary school students.

**Holocaust Law: N.J.S.A. 18A:35-28**

Every board of education shall include instruction on the Holocaust and genocides in an appropriate place in the curriculum of all elementary and secondary school pupils. The instruction shall further emphasize the personal responsibility that each citizen bears to fight racism and hatred whenever and wherever it happens.

**LGBT and Disabilities Law: N.J.S.A. 18A:35-4.35**

A board of education shall include instruction on the political, economic, and social contributions of persons with disabilities and lesbian, gay, bisexual, and transgender people, in an appropriate place in the curriculum of middle school and high school students as part of the district's implementation of the New Jersey Student Learning Standards (N.J.S.A.18A:35-4.36) A board of education shall have policies and procedures in place pertaining to the selection of instructional materials to implement the requirements of N.J.S.A. 18A:35-4.35.

**Beverly City Curriculum Development Considerations**

Considerations were to:

- (1) meet all New Jersey Department of Education Curriculum requirements
- (2) make sure Beverly is addressing all K-8 Comprehensive Health and Physical Education NJSLs and make recommendations if not,
- (3) locate and / or produce suitable activities to teach Visual and Performing Arts NJSLs
- (4) produce a document useful to Beverly staff and the Beverly community

We analyzed our K-8 curriculum in all content areas to identify where the Holocaust and Amistad standards were being met. This document outlines it for each grade:[2021 Amistad, Holocaust, LGBTQ and People with Disabilities](#)

**NJ SLS-**

**Intent and Spirit of the Comprehensive Health and Physical Education Standards**

The (NJSLs-CHPE) highlights the expectation that all students participate in a high-quality, K–12 sequential, health and physical education program that emphasizes 21st Century skills and interdisciplinary connections to empower students to live a healthy active lifestyle. The standards provide a blueprint for curriculum development, instruction, and assessment, and reflect the latest research for effective health and physical education programs. The primary focus of the standards consists of the development of concepts and skills that promote and influence healthy behaviors.

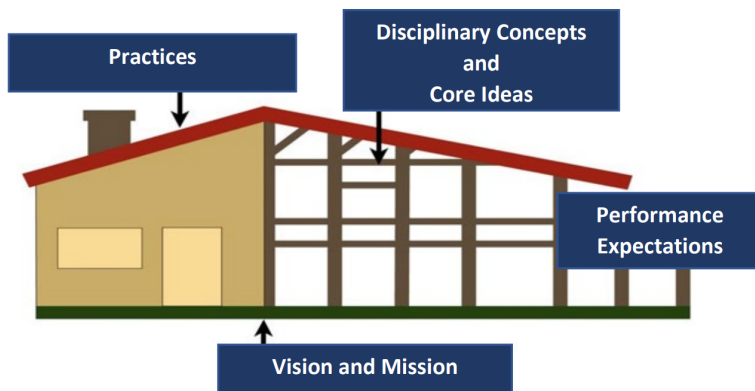
Revised Standards

Framework for NJ Designed Standards

The design of this version of the NJSLs – Comprehensive Health and Physical Education is intended to: •



- promote the development of curricula and learning experiences that reflect the vision and mission of comprehensive health and physical education as stated in the beginning of this document;
- foster greater coherence and appropriate progressions across grade bands;
- establish meaningful connections among the major areas of study within comprehensive health and physical education;
- prioritize the important ideas and core processes that are central to comprehensive health and physical education and have lasting value beyond the classroom; and
- reflect the habits of mind central to comprehensive health and physical education that lead to post-secondary success.



In this diagram:

- The Vision and Mission serve as the foundation for each content areas' standards. They describe the important role of the discipline in the world and reflect the various statutes, regulations, and policy.
- The Performance Expectations are the studs and serve as the framework for what students should know and be able to do. They incorporate the knowledge and skills that are most important for students to know in order to be prepared for post-secondary success.
- The Disciplinary Concepts and Core Ideas are the joists and play an integral role in the framing by making connections among the performance expectations. Core ideas help to prioritize the important ideas and core processes that are central to a discipline and have lasting value beyond the classroom. They provide clear guidance as to what should be the focus of learning by the end of each grade band (i.e., end of grades 2, 5, 8, and 12).
- The Practices are the roof and represent two key ideas. Positioned as the top of the house, they represent the apex of learning. The goal is for students to internalize the practices (habits of mind) and be able to apply them to new situations outside the school environment. The practices span across all aspects of the standards and are an integral part of K-12 students' learning of the disciplines.

The NJSLS-CHPE revised standards incorporate rigorous evidence-based processes resulting in a focus on concepts that are essential for lifelong student wellness. This set of standards disaggregates disciplinary concepts of health and physical education into three standards, adds ten practices to promote student-centered learning, develops K–12 learning progressions for disciplinary concepts, and incorporates legislative requirements into the standards. In addition, the 2020 NJSLS-CHPE reflect the current thinking and best practices found in health and physical education documents published by national content-specific organizations as well as public health and other education organizations and agencies.

## **Disciplinary Concepts and Core Ideas**

### **Personal Growth and Development**

Personal Growth and Development are lifelong processes of physical, behavioral, emotional and cognitive change throughout one's lifetime. Personal Growth and Development pertains to keeping your body healthy and understanding hormonal changes (all body systems) and their impact on sexuality. It encompasses the human condition: who we are, how we grow or evolve, and how interaction with others affects the process of growth physically, mentally, socially, and emotionally from infancy through advanced age.

### **Pregnancy and Parenting**

Pregnancy and parenting are stages in life that impact all aspects on one's wellness. Regardless of the circumstance, pregnancy and parenting brings changes to an individual's emotional, financial, physical, mental, and social well-being. These stages can include many happy experiences but can also be the source of great challenges. Like any new skill, parenting takes knowledge, skills, and practice to be successful. However, other factors such as medical and financial challenges can make this stage in life more difficult. Preparation is the key to a healthy pregnancy, delivery and transition to parenting.

### **Emotional Health**

Emotional Health encompasses the views, feelings, and expressions about oneself. Emotional health includes a person's emotional, mental, psychological, and social well-being. It also helps determine how to handle stress and make choices related to others. Emotionally healthy people consciously develop coping mechanisms that are situationally appropriate to resolve and gather positive outcomes, develop strategies for mental health emergencies, respond to situations in a positive and appropriate manner, connect with resources and trusted individuals to assist, communicate feelings with confidence, and recognize support systems.

### **Social and Sexual Health**

Social and Sexual Health is a person's ability to communicate and interact with others efficiently. Individuals are able to form meaningful relationships with others and interact in healthy, appropriate ways. They encompass respect and accept differences of an individual's race, religion, gender identity, gender expression, ethnicity, disability, socioeconomic background, and perspectives of health-related decisions. The extent to which people connect with others in different environments, adapt to various social and sexual situations, feel supported by individuals, institutions, and experience a sense of belonging, all contribute to social and sexual health.

### **Community Health Services and Support**

Community Health Services provide informational resources and assistance to communities and individuals to support disease and injury prevention, disaster relief, and improve the quality of services provided to all individuals. Community Health Services promote public health, health equity, healthy lifestyles and reduce health disparities. Services and support can include the provision of Culturally and Linguistically Appropriate Services (CLAS), medical/dental health services, nursing, clothing, shelter, hunger relief, and allied health professional care to people in need, or people maintaining regular wellness screenings in the person's home, other residential settings, or a community health care facility.

**Movement Skills and Concepts:** Movement Skills and Concepts include learning and investigating the fundamentals of movement (on land, water, snow, sand and ice) from one place to another and the understanding of biomechanics (how the body moves, grows and matures). Movement skills fall into three main categories: locomotor, non-locomotor, and manipulative skills. Concepts into categories such as spatial awareness (where the body moves), body awareness (what can the body do), qualities of movement (how the body moves and with whom/what does the body move).

### **Physical Fitness**

Physical Fitness is the ability to move, perform daily tasks and unexpected physical challenges effectively without losing energy reserves. Fitness activities can be performed at many levels (low, moderate, and high), which will impact how efficiently the body functions.

#### Lifelong Fitness

Lifelong Fitness requires making fitness a part of a person's daily life. It is about creating fitness habits that support individuals to plan and stay healthy throughout their lifetime. In addition, a person recognizes the medical consequences of a sedentary lifestyle and that the benefits of an active body and mind over time reduces diseases, injuries and pain. Lifelong fitness doesn't focus on competition or high-level skill development, but rather on self-evaluation, personal goal setting, social engagement, sportsmanship, enjoyment of movement, and leisure-time fitness activities.

#### Nutrition

Nutrition is the intake of food, considered in relation to the body's dietary needs. An adequate and well-balanced diet, in combination with regular physical activity, is a cornerstone of physical wellness. Nutritional wellness necessitates learning how to develop good eating habits, including choosing healthy foods and understanding the effects that portion size, sugars, fats, and high cholesterol foods have on a body. Additionally, balancing food intake with exercise, tempered by factors such as age, lifestyle, and hereditary are vitally important components of nutritional wellness.

#### Personal Safety

Personal Safety involves being aware of your surroundings and understanding of how certain situations and/or unhealthy behaviors can lead to injury, illness or death. The ability to identify potential risks and an awareness of the steps that can likely prevent injuries and diseases are key to being safe. In addition, it is essential that individuals understand that there are circumstances that may make them feel uncomfortable or are unsafe/dangerous that are beyond their control. In those circumstances, it essential that individuals know where and how to seek help and do not blame themselves.

#### Health Conditions, Diseases and Medicines

Health conditions are acute or chronic illnesses and diseases, which can be either controllable or life threatening. People contract different types of diseases, such as communicable diseases, Vector-borne diseases and Zoonotic diseases to name a few. Access to care and facilities affect the conditions of health. Health-enhancing behaviors help a person avoid and reduce health risks, and diseases. Early detection, treatment, screenings, and vaccines assist in preventing (personal, community and global) illnesses and outbreaks. Medicines are substances that treat or relieve diseases and pain. Medications are prescribed by a physician or can be accessed over the counter. Medications can be misused and abused if not taken properly.

#### Alcohol, Tobacco and other Drugs

Alcohol, other drugs and tobacco can be found in a variety of forms. The use of alcohol and other drugs has both short-term and long-term effects. Alcohol and other drugs use refer to all types of legal and illicit drugs. Over the counter medicines and prescription medications, when taken correctly are drugs used to treat pain and illness. These drugs have both benefits and risks. There are many types of tobacco products such as cigarettes, e-cigarettes, and marijuana to name a few that can cause damage both physically and mentally. Tobacco, alcohol, and other illicit drug products can adversely affect the user, family members, and those in the community.

#### Dependency, Substances Disorder and Treatment

Dependency is when a person develops a tolerance and an increased need for a drug or substance. There are types of dependency such as physical, and psychological addictions. Disorder or a substance use disorder is when casual or experimental use of alcohol or other substances (including illegal drugs, medications prescribed or not) escalates. Treatment includes programs and facilities a person can enroll in, to seek assistance and to receive help to recovery.

There are many types of treatment facilities for a person to receive help to recovery. Students should know who to see and where to go for resources in the school and in the community (e.g., teacher, coach, school counselor, SAC, school nurse, resource officer, peer leadership individual, mental health specialist, parents, social worker).

### **Comprehensive Health and Physical Education Practices**

The ten Comprehensive Health and Physical Education practices describe the ways in which individuals in these field engage in their careers as well as reflect the actions and behaviors of active, informed, responsible individuals and contributing community members. Curriculum writers and educators will want to consider how they can design learning experiences that will enable their students to develop these skills in conjunction with the content knowledge reflected in the core ideas and performance expectations.

<b>Practice</b>	<b>Description</b>
Acting as responsible and contributing member of society	Individuals who possess health and physical literacy understand the obligations and responsibilities of being a member of a community. They demonstrate this understanding every day through their interactions with others. They are conscientious of the impacts of their decisions on others and on their environment. They consider the short-term and long-term consequences of their actions and seek to act in ways that contribute to the betterment of their families, teams, community, and school. They are reliable and consistent in going beyond the minimum expectation and in participating in community outreach that serves the greater good.
Building and maintaining healthy relationships	Individuals who possess health and physical literacy establish and maintain healthy relationships by utilizing positive communication and social skills to interact effectively with others. They are aware of others' feelings and ideas. They respect differences and identify ways to resist inappropriate social pressure. Students demonstrate the ability to prevent and resolve interpersonal conflicts in constructive ways. They identify who, when and where, or how to seek help for oneself or others when needed.
Communicating clearly and effectively (verbal and nonverbal)	Individuals who possess health and physical literacy communicate thoughts, ideas, emotions and action plans with clarity, using written, verbal and/or visual methods. They are excellent communicators who master movements, word choices, and use of effective tone and presentation skills to articulate ideas and movements. They are skilled at interacting with others as they are active listeners who speak clearly and with a purpose. They demonstrate and perform movements and skills with accuracy and balance. They consider the audience and prepare accordingly to ensure the desired outcome.
Resolving conflict	Individuals who possess health and physical literacy acknowledge problems in school and in the community and develop skills to create strategies to resolve the issue. They are aware of the reason(s) of the conflict and quickly take positive action to address the problem. They thoughtfully probe the root cause of the conflict prior to introducing a resolution. They carefully consider the consequences both positive and negative to resolve the conflict. Once a resolution is agreed upon, they follow through to ensure the conflict is resolved, whether through their own actions or the actions of others and they take the necessary steps to eliminate the conflict from recurring.

<p>Attending to personal health, emotional, social and physical well-being</p>	<p>Individuals who possess health, emotional, social and physical literacy understand the relationship between the body and the mind. They create and implement a personal self-care plan that promotes a healthy lifestyle. They recognize the importance of a healthy diet, regular exercise, and promote mental health activities that lead to healthier behaviors. They also take regular actions that contribute to their personal, emotional, and social well-being by regulating emotions, understanding personal self-care, and engaging in appropriate self-expression. Establishing outlets that are safe and take place in healthy environments allow for positive social interaction for self and others. They recognize that an active body promotes an active healthy mind that contributes to their overall health.</p>
<p>Engaging in an active lifestyle</p>	<p>Individuals who possess health and physical literacy understand the importance of wellness and being active throughout their lifetime. They understand that daily activity is crucial to establishing and maintaining good health habits of regular exercise, a balanced diet, and healthy social and mental activities that encourage help seeking skills. They know that an active lifestyle lowers the risk of cardiovascular diseases by strengthening the immune system. They also take regular action to contribute to their active lifestyle with regular health exams, a personalized fitness plan, and balanced daily schedule that provides the peace of mind and satisfaction required to fully enjoy an active lifestyle.</p>
<p>Making decisions</p>	<p>Individuals who possess health and physical literacy make informed, responsible decisions in order to lead a lifestyle that promotes wellness. Students examine their options and consider their values, their own beliefs, and consequences, that will impact their decisions. They develop, implement, and model effective critical thinking skills in their decisionmaking process. They consider the impacts of the decisions to self and others and evaluate whether the results of their decision promote one's health or present a risk. They analyze if a decision can be made individually or collaboratively.</p>
<p>Managing-self</p>	<p>Individuals who possess health and physical literacy understand and practice strategies for managing one's own emotions, thoughts and behaviors. They recognize the skills needed to establish and achieve success in situations. They identify and apply skills, such as self-regulating, self-control, asking questions, and setting goals to persevere and overcome barriers. They research reliable sources to inform and engage in healthy behaviors. They reflect on personal experiences, and recognize their strengths, traits and limitations to avoid risky or dangerous behaviors and situations.</p>
<p>Setting goals</p>	<p>Individuals who possess health and physical literacy are focused with a plan in mind and a task to complete. They set high but realistic standards, prioritize responsibilities, utilize time wisely and think short and long-term to achieve the intended results. Goal-setters are organized, self-directed, highly motivated, curious, and desirous of living healthy and productive lives.</p>
<p>Using technology tools responsibly</p>	<p>Individuals who possess health and physical literacy find and maximize the productive value of existing with new technology to accomplish personal and professional tasks. They are flexible and adaptive in acquiring and operating new technology. They are proficient with ubiquitous technology applications. They</p>

	understand the laws, inherent risks - personal and organizational - of technology applications, and they take actions to prevent or mitigate these risks as responsible users.
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### **Standards in Action: Climate Change**

The impact of climate change on human health is a significant threat to our way of life. The human induced climate change is increasing nationwide. Rising greenhouse gas, increasing temperature changes, the changes of intensity of extreme weather events and the rising sea levels are endangering our food supplies, the quality of the air we breathe, and increasing diseases through our water, and through transmitted vector diseases from mosquitoes and ticks. No one is exempt, some people will be exposed by threats sooner and others are exposed to these threats not previously experienced in their region or location. This is also true to our health and physical education students who are thrust into this complex issue in where they live. Through comprehensive health and physical education, students have opportunities in class and through design thinking programs to foster the skills associated with complex, creative problem solving and promote a work culture to build capacity for economic and social change. The goal is to raise awareness, understand how to leverage resources in their community and to create solutions for a healthier future of a lifestyle of wellness.

### **Structure of the NJSLS - CHPE**

There are three Comprehensive Health and Physical Education standards:

- Standard 2.1 Personal and Mental Health
- Standard 2.2 Physical Wellness
- Standard 2.3 Safety

The core ideas are derived from the disciplinary concepts, and students' understandings increase in sophistication over time as they engage with these ideas in new and varied contexts. The core ideas are what is most essential for students to learn and represent the knowledge and skills that they should be able to apply to new situations outside of the school experience. Curriculum writers and educators can use these core ideas as the basis for formative, summative, and benchmark assessments.

The performance expectations describe what students should know and be able to do. It is expected that curriculum writers and educators will bundle these performance expectations together in meaningful ways as a basis for classroom instruction and to guide the creation of formative, summative, and benchmark assessments.

### **Coding of Performance Expectations**

To promote a unified vision of the NJSLS-CHPE, an abbreviated form of the disciplinary concepts is included in the alphanumeric code. The disciplinary concepts were abbreviated as follows:

- Personal Growth and Development (PGD)
- Pregnancy and Parenting (PP)
- Emotional Health (EH)
- Social and Sexual Health (SSH)
- Community Health Services and Support (CHSS)
- Movement Skills and Concepts (MSC)
- Physical Fitness (PF)
- Lifelong Fitness (LF)
- Nutrition (N)
- Personal Safety (PS)
- Health Conditions, Diseases and Medicines (HCDM)
- Alcohol, Tobacco and other Drugs (ATD)

- Dependency, Substance Disorder and Treatment (DSDT)

The performance expectation alphanumeric code should be interpreted as follows (e.g., 2.1.2.EH.1):

2.1	2	EH	1
Standard Number	By the end of grade	Disciplinary Concept	Performance Expectation

#### **Staff Support for Computer Science and Design Thinking Instruction**

- Beverly Administration
- <https://www.shapeamerica.org/>
- <https://www.cbhpe.org/>
- <http://www.njahperd.org/>
- <https://openphysed.org/>
- <https://www.catchinfo.org/>
- <https://sparkpe.org/webinar-recordings>
- <https://www.gophersport.com/resources/physical-education-site-resources>
- <https://why.pbslearningmedia.org/subjects/health-and-physical-education/>