

# **South Carolina Standards for Health and Safety Education**



## **South Carolina Department of Education Columbia, South Carolina 2017**

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## **Explanation of Purpose and Process**

### **Purpose**

*South Carolina Standards for Health and Safety Education* was developed to set rigorous expectations for student learning and academic performance in health and safety education in South Carolina. The standards define what students should know and be able to do in the content area of health and safety education and provide the foundation for the development of health and safety education curricula at the district level.

### **Process**

Following the cyclical review and revisions process required for health and safety education standards in South Carolina, *South Carolina Standards for Health and Safety Education* was developed by a diverse group of educators and representatives from businesses and industries related to health and safety education. This team began with the former set of health and safety education standards, *South Carolina Academic Standards for Health and Safety Education*, published in 2009 by the South Carolina Department of Education, and made revisions accordingly. The draft of the document was published online via the South Carolina Department of Education's website for public review on December 6, 2016, and districts were notified of the public review period via memorandum on that date. The public was invited to provide feedback through January 20, 2017. The standards development process continued during the winter and spring of 2017 as revisions were made to the document based on the data collected from educators, building-level administrators, district administrators, higher education representatives, parents, representatives from business and industry, and others during the public review period.

## Legislative Requirements

The following information provides an overview of the legislative requirements pertaining to health and safety education in South Carolina. For more information about the Comprehensive Health Education Act referenced below, see Appendix A of this document.

The South Carolina Legislature voted the Comprehensive Health Education Program, also known as the Comprehensive Health Education Act, into law in 1988. Addressing the crucial need for the direct and active involvement of the state's public schools in the health and well-being of their students, the Comprehensive Health Education Act defines "comprehensive health education" as:

"Health Education in a school setting that is planned and carried out with the purpose of maintaining, reinforcing, or enhancing the health, health-related skills, and health attitudes and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention. It includes age-appropriate, sequential instruction in health either as part of existing courses or as a special course" (Comprehensive Health Education Act, 1988 §59-32-10).

### Required Minutes of Instruction

The Comprehensive Health Education Act and *1986 Defined Minimum Program for South Carolina School Districts* published by the South Carolina Department of Education in 1986 mandate the number of minutes health education is to be taught to students in grades kindergarten through twelve:

"The time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986-87 school year. Health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course" (Comprehensive Health Education Act, 1988 §59-32-30(C)).

Students in grades kindergarten through six should receive 75 minutes per week of health instruction for 36 weeks or the equivalent, which must equal 45 hours per year. Students in grades seven and eight should receive 250 minutes of health instruction per week for nine weeks, which must equal 37.5 hours per year (South Carolina Department of Education, 1986).

"At least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education" (Comprehensive Health Education Act, 1988 §59-32-30(A)(3)).

Additionally, the South Carolina Legislature added the Students Health and Fitness Act of 2005 (§59-10-10 through §59-10-380) to its health education effort in 2005, mandating that students engage in some form of physical activity at school on a regular basis and that students in kindergarten through grade five receive instruction in nutrition at least once a week. As a result of the Students Health and Fitness Act, students in kindergarten through fifth grade must be provided a minimum of one hundred fifty minutes a week of physical education and physical activity. Additionally, a minimum of sixty minutes a week must be provided in physical education (2005, §59-10-10).<sup>1</sup>

### **Sexual Abuse and Assault Awareness and Prevention Instruction**

In 2014, the Comprehensive Health Education Act was amended to include requirements regarding sexual abuse and assault awareness and prevention (§59-32-20(B) and §59-32-20(G)).

### **Domestic Violence Prevention Instruction**

In 2016, the Comprehensive Health Education Act was amended to include requirements regarding domestic violence instruction for students in grade six through eight (§59-32-30(A)(2)).

### **Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) Instruction**

In 2016, the Comprehensive Health Education Act was amended to include requirements regarding **cardiopulmonary resuscitation (CPR)** and the use of an **automated external defibrillator (AED)** (§59-32-30(A)(7)).

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<sup>1</sup> “In 2006-07, a minimum of sixty minutes a week must be provided in physical education, and as Section 59-10-20 is phased in, the minimum time for physical education must be increased to ninety minutes a week” (Students Health and Fitness Act, 2005 59-10-10(A)).

# *South Carolina Standards for Health and Safety Education Overview*

## **I. Resources**

This document was informed by and aligns to two central resources: *South Carolina Academic Standards for Health and Safety Education*, published in 2009 by the South Carolina Department of Education, and the revised National Health Education Standards (NHES), written by the Joint Committee on National Health Education Standards and published in 2007. Additionally, the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH) examined a synthesis of professional literature to determine the common characteristics of effective health education curricula and conducted its own review of such programs (CDC-DASH, 2007). In addition to the national health education standards, a valuable result of the CDC-DASH's efforts is a list of fifteen "Characteristics of an Effective Health Education Curriculum" (2007), which NHES (2007) cites as part of the introduction to its main text:

- Focuses on clear health goals and related behavioral outcomes;
- Is research-based and theory-driven;
- Addresses individual values and group norms that support health-enhancing behaviors;
- Addresses individual values, attitudes, and beliefs;
- Focuses on reinforcing protective factors and increasing personal perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors;
- Addresses social pressures and influences;
- Builds personal competence, social competence, and self-efficacy by addressing skills;
- Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors;
- Uses strategies designed to personalize information and engage students;
- Provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials;
- Incorporates learning strategies, teaching methods, and materials that are culturally inclusive;
- Provides adequate time for instruction and learning;
- Provides opportunities to reinforce skills and positive health behaviors;
- Provides opportunities to make connections with other influential persons; and
- Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.

Additionally, instructors are required to select **evidence-based materials, strategies, and/or programs** that have been proven to be effective through rigorous evaluation.<sup>2</sup>

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<sup>2</sup> With the exception of domestic abuse and sexual abuse and assault awareness and prevention education



## **II. Organization and Format**

Neither the order of academic standards nor the order of individual Performance Indicators within an Academic Standard is intended to prescribe an instructional sequence.

### **Academic Standards**

The academic standards in this document describe what students should understand and be able to do. Each of the eight standards is demonstrated with performance indicators at each grade level. Standard 1 is the traditional content and knowledge standard, while Standards 2 through 8 have skill emphasis.

The academic standards set forth in this document were informed by and align to the National Health Academic Standards (NHES, 2007) and are as follows:

- “Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.
- Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- Standard 3: Students will demonstrate the ability to access valid information, products, and services to enhance health.
- Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.
- Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.
- Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
- Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.”

### **Performance Indicators**

A performance indicator is a statement that delineates the knowledge or skill that the student should acquire at each particular grade level. Reflecting the sequential building of knowledge and skills across grade levels from kindergarten through high school, the performance indicators provide essential guidance for ongoing assessment.

## Key Concepts

In this document, performance indicators are grouped by Key Concept. Ordered in alphabetical sequence, each performance indicator is prefaced with the abbreviation for the Key Concept it is designed to address.

Abbreviation	Key Concept
<b>D</b>	Alcohol, Tobacco, and Other Drugs
<b>G</b>	Growth, Development, and Sexual Health and Responsibility
<b>I</b>	Injury Prevention and Safety
<b>M</b>	Mental, Emotional, and Social Health
<b>N</b>	Nutrition and Physical Activity
<b>P</b>	Personal and Community Health

## III. Symbols and Terms

In addition, some of the performance indicators in this document are followed by one of the following symbols. As used in this document, the following symbols are defined to mean:

- \* Exact wording in *National Health and Safety Performance Standards* (created by the National Resource Center for Health and Safety in Childcare and Early Education [NRC], 2011)
- ◆ Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).
- ◆◆ Family life and pregnancy-prevention instruction is permitted in grades six, seven, and eight at the option of local school boards; **sexually transmitted infections and diseases (STIs/STDs)**-prevention and reproductive health instruction is required in these three grades (§59-32-30(A)(2)). A locally-appointed thirteen-member Comprehensive Health Education Advisory Committee reviews and approves local materials used for instruction in reproductive health, family life, and **STD/STI** and pregnancy prevention.
- ++ Content must be taught separately to male and female students (§50-32-30(F)).

A legend containing the abbreviations and symbols above are provided on each page beginning on page 12 of this document.

## Terms

As used in this document, the following terms are defined to mean:

*Including* references content that must be mastered, while *e.g.* references possible illustrative examples. The phrase *i.e.* references the only examples or terms that should be used.

## Glossary

Appendix B of this document contains a glossary with definitions of the terms that are used, but not fully defined, in the text of the performance indicators. All terms defined in the glossary are rendered in boldface type in the performance indicators.

# Profile of the South Carolina Graduate



## World Class Knowledge

- Rigorous standards in language arts and math for career and college readiness
- Multiple languages, science, technology, engineering, mathematics (STEM), arts and social sciences

## World Class Skills

- Creativity and innovation
- Critical thinking and problem solving
- Collaboration and teamwork
- Communication, information, media and technology
- Knowing how to learn

## Life and Career Characteristics

- Integrity
- Self-direction
- Global perspective
- Perseverance
- Work ethic
- Interpersonal skills

# Kindergarten

**Standard 1:** “Students will comprehend concepts related to health promotion and disease prevention to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of kindergarten. These performance indicators specify what students should know and be able to do by the end of kindergarten.

## Performance Indicators

The student will

- D-K.1.1 Define the terms **drug** and **medicine**.
- D-K.1.2 Distinguish between medicines and other substances that may look like medicines.
- D-K.1.3 Identify ways that **alcohol, tobacco, and other drugs (ATOD)** and medicines can be helpful or harmful.
- D-K.1.4 Identify warning symbols on medicines, household cleaners, and yard chemicals.
- D-K.1.5 Explain ways to identify **safe adults** from whom children can safely take medicine.
  
- G-K.1.1 Name the major body parts.
- G-K.1.2 Name the five senses and describe what they do.
- G-K.1.3 Name ways children grow and change, mentally, emotionally, socially, and physically.
- G-K.1.4 Explain how families are alike and different (e.g., several brothers and/or sisters; only one child; one parent working outside the home; a grandparent living in the home; pets or no pets).
  
- I-K.1.1 Identify ways to prevent common childhood injuries at home (e.g., falling down the stairs, drinking an unknown substance, finding a gun), school (e.g., climbing on playground equipment), or in the environment (running across the street, riding a bicycle, swimming, walking in a rainstorm, approaching an unknown animal).
- I-K.1.2 Identify when to call 911 with a specific emergency situation.
- I-K.1.3 Name ways to stay safe and set and respect **boundaries** around others (e.g., family, peers, friends, acquaintances, strangers).
- I-K.1.4 Explain what a person should do to deal with a minor injury (e.g., cut, scrape, and nosebleed).

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

- M-K.1.1 Define different **feelings** (e.g., happy, sad, angry).
- N-K.1.1 Explain why the body needs food, including breakfast, and water.
- N-K.1.2 Define the terms **healthy foods**.
- N-K.1.3 Explain why the body needs daily physical activity.
- P-K.1.1 Define the term **germs**.
- P-K.1.2 Define the terms **health, health behaviors, health checkups, and health risks**.
- P-K.1.3 Name behaviors that affect personal health (e.g., bathing; washing hands; eating **healthy foods**).
- P-K.1.4 Explain why it is important to brush the teeth and go to a dentist.
- P-K.1.5 Explain why getting enough sleep is important.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Kindergarten

**Standard 2:** “Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of kindergarten. These performance indicators specify what students should know and be able to do by the end of kindergarten.

### Performance Indicators

The student will

I-K.2.1 Identify ways that family and friends can help a person stay safe and avoid injury.

I-K.2.2 Discuss ways to stay safe online.

N-K.2.1 Identify how family and friends influence **healthy food** choices.

P-K.2.1 Identify how the family influences personal health practices and behaviors.\*

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Kindergarten

**Standard 3:** “Students will demonstrate the ability to access valid information, products, and services to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of kindergarten. These performance indicators specify what students should know and be able to do by the end of kindergarten.

### Performance Indicators

The student will

- I-K.3.1 Identify **community helpers** and **safe adults** who can help them stay safe in a variety of situations (e.g., using electronic devices; dealing with personal feelings).
- P-K.3.1 Discuss why medical checkups and dental checkups are needed for a person to stay healthy.

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G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Kindergarten

**Standard 4:** “Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of kindergarten. These performance indicators specify what students should know and be able to do by the end of kindergarten.

### Performance Indicators

The student will

D-K.4.1 Demonstrate ways to say “no” to alcohol and tobacco.

I-K.4.1 Demonstrate how to make an emergency phone call.

I-K.4.2 Explain ways to identify **safe adults** in order to tell when someone is in need of help, feels threatened, or has been harmed.

M-K.4.1 Name and demonstrate healthy ways to express needs, wants, and feelings.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)



## Kindergarten

**Standard 5:** “Students will demonstrate the ability to use decision-making skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of kindergarten. These performance indicators specify what students should know and be able to do by the end of kindergarten.

### Performance Indicators

The student will

- I-K.5.1 Identify situations that require action to protect personal safety at home and in the community.
- I-K.5.2 Identify situations that require action to protect personal safety online (e.g., never put any identification or pictures online).
- I-K.5.3 Describe situations that require action to protect personal safety on the playground (e.g., following the rules).
  
- M-K 5.1 Demonstrate the ability to cooperate with others (e.g., sharing, listening, taking turns).
- M-K 5.2 Discuss potential dangers of secret keeping and who to tell if a secret makes you uncomfortable.
  
- N-K.5.1 Demonstrate steps taken when selecting **healthy foods**.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Kindergarten

**Standard 6:** “Students will demonstrate the ability to use goal-setting skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of kindergarten. These performance indicators specify what students should know and be able to do by the end of kindergarten.

### Performance Indicators

The student will

N-K.6.1 Set a goal to be active at recess.

N-K.6.2 Set a goal to reduce **screen time**.

P-K.6.1 Set a goal to brush teeth twice a day.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Kindergarten

**Standard 7:** “Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of kindergarten. These performance indicators specify what students should know and be able to do by the end of kindergarten.

### Performance Indicators

The student will

- I-K.7.1 Describe fire safety rules for home and school (e.g., do not play with fire; listen to your smoke alarm; get out of the burning building and go to your safe meeting place; tell an adult about the fire; if clothing is on fire, stop, drop, and roll).
- I-K.7.2 Demonstrate ways to be safe as a pedestrian (e.g., bicycle safety, crossing the road) and as a passenger in a car and in a bus (e.g., wearing a seatbelt; using a car seat; following the rules on the bus) or using recreational equipment (e.g., wearing helmets).
- P-K.7.1 Identify practices that promote personal health (e.g., washing hands, brushing teeth, combing hair) and practices that prevent the spread of disease (e.g., covering coughs and sneezes).

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

# Grade 1

**Standard 1:** “Students will comprehend concepts related to health promotion and disease prevention to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the first grade. These performance indicators specify what students should know and be able to do by the end of grade one.

## Performance Indicators

The student will

- D-1.1.1 Define the term **immunizations**.
- D-1.1.2 Identify harmful and helpful drugs, including medicines and **immunizations**.
- D-1.1.3 Describe the effects of **alcohol, tobacco, and other drugs (ATOD)** on a person’s health.
- D-1.1.4 Identify the effects of smoking on the body, including firsthand and **secondhand smoke**
  
- G-1.1.1 Identify the major body parts and their functions.
- G-1.1.2 Identify the major organs of the body and their functions.
- G-1.1.3 Identify the major bones in the skeletal system.
  
- I-1.1.1 Describe the difference between safe and unsafe contact that may occur between a child and an adult or a peer.
  
- M-1.1.1 Identify good character traits (e.g., honesty, respect for self, respect for others, dependability, responsibility).
- M-1.1.2 Describe characteristics that are positive about yourself.
- M-1.1.3 Identify ways that individuals are unique.
  
- N-1.1.1 Identify the food groups.
- N-1.1.2 Explain the importance of choosing **healthy foods** and beverages, including water.
- N-1.1.3 Define a **food label**.
- N-1.1.4 Identify food portions that are appropriate for children.
- N-1.1.5 List ways to be physically active every day.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

- P-1.1.1 Identify behaviors that prevent or promote personal health (e.g., **screen time** and electronic play instead of exercising).
- P-1.1.2 Explain how germs are spread (e.g., not washing hands or not covering mouth when sneezing or coughing).
- P-1.1.3 Explain why brushing teeth keeps the mouth healthy.
- P-1.1.4 Identify common illnesses and conditions (e.g., allergies, asthma, colds, flu).
- P-1.1.4 Define the term **environment**.
- P-1.1.5 Explain how a clean environment protects health.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 1

**Standard 2:** “Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the first grade. These performance indicators specify what students should know and be able to do by the end of grade one.

### Performance Indicators

The student will

- I-1.2.1 Identify how media and technology (e.g., television, video games, and social media) can positively and negatively influence mental, emotional, social, and physical health.
- M-1.2.1 List ways that family and friends influence feelings.
- N-1.2.1 List ways that a person’s family and friends can influence children’s food choices and physical activity.
- P-1.2.1 Identify ways that a person’s family, friends, and school can support children’s health practices and behaviors.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 1

**Standard 3:** “Students will demonstrate the ability to access valid information, products, and services to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the first grade. These performance indicators specify what students should know and be able to do by the end of grade one.

### Performance Indicators

The student will

- D-1.3.1 Explain ways to identify **safe adults** at home, at school, and in the community who can answer questions about drugs.
- P-1.3.1 Explain ways to identify **safe adults** at home, at school, and in the community that one should contact when one needs health-related support (e.g., responding to threats or harm; uncomfortable situations or relationships).

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 1

**Standard 4:** “Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the first grade. These performance indicators specify what students should know and be able to do by the end of grade one.

### Performance Indicators

The student will

- D-1.4.1 Demonstrate ways to say “no” to **ATOD**.
- I-1.4.1 Recite safe things to say and not to say when talking on the telephone or when someone comes to the house.
- I-1.4.2 Demonstrate how to make an emergency phone call.
- I-1.4.3 Discuss ways to get along with others and avoid conflict at home and school.
- P-1.4.2 Demonstrate listening skills to enhance health.\*

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)



## Grade 1

**Standard 5:** “Students will demonstrate the ability to use decision-making skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the first grade. These performance indicators specify what students should know and be able to do by the end of grade one.

### Performance Indicators

The student will

- I-1.5.1 Discuss situations that require action to protect personal safety at home (e.g., someone comes to the door or calls when an adult is not present; using the stove when home alone).
- I-1.5.2 Review situations that require action to protect personal safety at school (e.g., **bullying** of students or peers; someone has a gun).
- I-1.5.3 Review situations that require action to protect personal safety online (e.g., never put any identification, including pictures, online).
- I-1.5.4 Review situations that require action to protect personal safety in the community (e.g., gaming; ice cream truck; lost dog; when a stranger offers a treat; any situation that requires someone to become aware of his or her surroundings).
- I-1.5.5 Review situations that require action to protect personal safety on the playground (e.g., follow the rules).
- N-1.5.1 Demonstrate the steps taken when selecting **healthy foods**.
- P-1.5.1 Identify ways to make decisions that enhance health.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 1

**Standard 6:** “Students will demonstrate the ability to use goal-setting skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the first grade. These performance indicators specify what students should know and be able to do by the end of grade one.

### Performance Indicators

The student will

- N-1.6.1 Set a goal to consume **healthy foods** and beverages, including water.
- N-1.6.2 Set a goal to reduce **screen time** and be physically active every day.
- P-1.6.1 Identify a short-term personal health goal and take action toward achieving the goal (e.g., brushing teeth twice a day and flossing; washing hands before eating; bathing; combing hair).

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P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 1

**Standard 7:** “Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the first grade. These performance indicators specify what students should know and be able to do by the end of grade one.

### Performance Indicators

The student will

- I-1.7.1 Identify safety rules at home.
- I-1.7.2 Identify safety rules at school.
- I-1.7.3 Identify safety rules for dealing with situations in the community.
  
- M-1.7.1 Describe appropriate ways to express personal feelings.
- M-1.7.2 Discuss ways to become a good friend.
  
- P-1.7.1 List behaviors to keep the mouth healthy.
- P-1.7.2 Describe ways to protect the environment (e.g., how to recycle; how to prevent air, water, land, or noise pollution).

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\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 1

**Standard 8:** “Students will demonstrate the ability to advocate for personal, family, and community health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the first grade. These performance indicators specify what students should know and be able to do by the end of grade one.

### Performance Indicators

The student will

D-1.8.1 Encourage family members and peers to say “no” to **ATOD**.

N-1.8.1 Encourage family members and peers to be physically active.

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N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 2

**Standard 1:** “Students will comprehend concepts related to health promotion and disease prevention to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the second grade. These performance indicators specify what students should know and be able to do by the end of grade two.

### Performance Indicators

The student will

- D-2.1.1 Describe ways that **alcohol, tobacco, and other drugs (ATOD)** can be harmful.
- D-2.1.2 Explain the difference between **over-the-counter (OTC)** and prescription drugs.
- D-2.1.3 Describe how medicines and **immunizations** help fight disease.
  
- G-2.1.1 Locate bones in the skeletal system.
- G-2.1.2 Describe the parts of the circulatory system and their function (heart, blood vessels).
- G-2.1.3 Identify examples of what occurs in the stages of growth and development in childhood.
  
- I-2.1.1 Define the term **first aid**.
- I-2.1.2 Discuss **first aid** for minor injuries (e.g., cuts, burns, insect stings, poisons).
- I-2.1.3 Define **bullying** and what it means to be a **bystander**.
  
- M-2.1.1 Define the terms **mental health, emotional health, and social health**.
- M-2.1.2 Discuss ways to be a good friend.
- M-2.1.3 Describe good character traits (e.g., honesty, respect for self, respect for others, dependability, responsibility).
  
- N-2.1.1 Identify eating behaviors that promote health, including oral health.
- N-2.1.2 Identify physical activities that promote the key components of **health-related fitness**.
- N-2.1.3 Explain the importance of limiting one’s **screen time** and increasing physical activity.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 2

**Standard 2:** “Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the second grade. These performance indicators specify what students should know and be able to do by the end of grade two.

### Performance Indicators

The student will

- D-2.2.1 Explain ways that family, friends, and the media influence an individual’s use of **ATOD** both positively and negatively.
- I-2.2.1 Describe ways that family, friends, and the media can help a person stay safe and avoid injury.
- N-2.2.1 Describe ways that the media, school, and community influence an individual’s food choices both positively and negatively.
- N-2.2.2 Describe ways that the media, school, and community influence an individual’s physical activity both positively and negatively.
- P-2.2.1 Identify ways that family, friends, school, community, and the media influence an individual’s health practices and behaviors both positively and negatively.

D: Alcohol, Tobacco, and Other Drugs

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I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 2

**Standard 3:** “Students will demonstrate the ability to access valid information, products, and services to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the second grade. These performance indicators specify what students should know and be able to do by the end of grade two.

### Performance Indicators

The student will

- D-2.3.1 Explain ways to identify **safe adults** in the school and community from whom students can safely take medicine.
- N-2.3.1 Locate places where children and families can be physically active.
- P-2.3.1 Discuss ways to identify **safe adults** who can help promote a person’s health.
- P-2.3.2 Describe what happens when someone goes to a dentist.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 2

**Standard 4:** “Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the second grade. These performance indicators specify what students should know and be able to do by the end of grade two.

### Performance Indicators

The student will

- I-2.4.1 Demonstrate ways to respond when in an unwanted, threatening, or dangerous situation.\*
- I-2.4.2 Demonstrate ways to tell a **safe adult** when someone is in need of help, feels threatened, or has been harmed.
- M-2.4.1 Demonstrate healthy ways to express needs, wants, and feelings.\*

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I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)



## Grade 2

**Standard 5:** “Students will demonstrate the ability to use decision-making skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the second grade. These performance indicators specify what students should know and be able to do by the end of grade two.

### Performance Indicators

The student will

M-2.5.1 Describe how to choose friends with good character traits.

N-2.5.1 Demonstrate how to make **healthy food** choices.

P-2.5.1 Identify situations when a health-related decision is needed\* (e.g., awareness of personal hygiene; noticing a peer is injured).

D: Alcohol, Tobacco, and Other Drugs

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I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

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P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 2

**Standard 6:** “Students will demonstrate the ability to use goal-setting skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the second grade. These performance indicators specify what students should know and be able to do by the end of grade two.

### Performance Indicators

The student will

- I-2.6.1 Develop a personal safety plan to prevent or reduce injury.
- N-2.6.1 Set a goal to eat the recommended amount of fruits and vegetables every day.
- N-2.6.2 Set a goal to participate regularly in active play and enjoyable physical activities.
- N-2.6.3 Set a goal to limit sugary foods and drinks.
- P-2.6.1 Identify a long-term personal health goal and take action toward achieving the goal.
- P-2.6.2 Identify who can help when assistance is needed to achieve a personal health goal.\*

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 2

**Standard 7:** “Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the second grade. These performance indicators specify what students should know and be able to do by the end of grade two.

### Performance Indicators

The student will

- I-2.7.1 Discuss safety rules at home.
- I-2.7.2 Discuss safety rules at school.
- I-2.7.3 Identify safety rules in the community.
  
- M-2.7.1 Demonstrate healthy ways to reduce stress.
  
- N-2.7.1 Demonstrate **healthy food** and beverage choices for meals and snacks.

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N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 2

**Standard 8:** “Students will demonstrate the ability to advocate for personal, family, and community health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the second grade. These performance indicators specify what students should know and be able to do by the end of grade two.

### Performance Indicators

The student will

- D-2.8.1 Encourage friends and family members to make positive choices regarding use of **ATOD**.
- I-2.8.1 Demonstrate ways to encourage family and friends to practice safe behaviors.
- N-2.8.1 Encourage family members and friends to eat **healthy foods** and beverages as well as to be physically active.
- P-2.8.1 Encourage others to protect and improve the environment.

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N: Nutrition and Physical Activity

P: Personal and Community Health

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## Grade 3

**Standard 1:** “Students will comprehend concepts related to health promotion and disease prevention to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the third grade. These performance indicators specify what students should know and be able to do by the end of grade three.

### Performance Indicators

The student will

- D-3.1.1 Identify the basic parts of the respiratory system (e.g., lungs, bronchioles, diaphragm).
- D-3.1.2 Discuss ways that **alcohol, tobacco, and other drugs (ATOD)** can harm an individual’s physical, mental, and social health.
- D-3.1.3 Define **over-the-counter (OTC)** and **prescription drugs**.
- D-3.1.4 Explain the difference between the use, misuse, and abuse of drugs.
- D-3.1.5 Define the term **refusal skills**.
  
- G-3.1.1 Identify physical signs of growth and change that occur during childhood.
- G-3.1.2 Identify the four stages of the life cycle (e.g., infancy, childhood, adolescence, adulthood).
- G-3.1.3 Identify major parts of the muscular system (e.g., heart, biceps, triceps, quadriceps).
- G-3.1.4 Identify the major parts of the digestive system (e.g., esophagus, intestine, mouth, stomach).
  
- I-3.1.1 Identify ways to prevent poisoning.
- I-3.1.2 Describe the characteristics of violent and unsafe behaviors.
  
- M-3.1.1 Identify examples of mental, emotional, social, and physical health.
- M-3.1.2 Define the term **peer pressure**.
- M-3.1.3 Identify healthy ways to communicate (e.g., verbal, nonverbal, written).
- M-3.1.4 Explain grief and discuss ways to deal with loss.

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- N-3.1.1 Define the **six essential nutrients** and **calories**.
- N-3.1.2 Use the current federal Dietary Guidelines for Americans to identify the number of servings from each food group that children need daily.
- N-3.1.3 Categorize food choices by food group.
- N-3.1.4 Identify ways to handle and store foods safely.
- N-3.1.5 Explain ways to be physically active daily and limit **screen time**.
- N-3.1.6 Explain **health-related fitness** and **skill-related fitness**.
  
- P-3.1.1 Define the term **wellness**.
- P-3.1.2 Examine types of **chronic** and **communicable diseases**.
- P-3.1.3 Discuss wellness practices that keep the body healthy.
- P-3.1.4 Describe ways in which a safe and healthy school and community environment can promote personal health.\*

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M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 3

**Standard 2:** “Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the third grade. These performance indicators specify what students should know and be able to do by the end of grade three.

### Performance Indicators

The student will

- D-3.2.1 Explain how family, peers, and the media can influence an individual’s **ATOD** use.
- I-3.2.1 Examine media messages that are related to violence and **risk behaviors**.
- I-3.2.2 Explain how peers can influence the way an individual handles conflict.
- M-3.2.1 Identify sources that both positively and negatively influence an individual’s mental, emotional, and social health behaviors.
- M-3.2.2 Identify ways that the media influences an individual’s **self-concept** and health behaviors.
- N-3.2.1 Identify the various strategies used by the media to influence food choices and physical activity.
- P-3.2.1 Discuss ways that media messages influence personal health.
- P-3.2.2 Discuss ways that the environment influences personal and **community health**.

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M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 3

**Standard 3:** “Students will demonstrate the ability to access valid information, products, and services to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the third grade. These performance indicators specify what students should know and be able to do by the end of grade three.

### Performance Indicators

The student will

- I-3.3.1 Identify school and community resources as well as services that contribute to a safe and healthy environment.
- N-3.3.1 Identify places to access accurate information on healthy eating and physical activity.
- N-3.3.2 Describe the nutrition information that is found on food labels.
- P-3.3.1 Use technology to find reliable health information.

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M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

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## Grade 3

**Standard 4:** “Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the third grade. These performance indicators specify what students should know and be able to do by the end of grade three.

### Performance Indicators

The student will

- I-3.4.1 Demonstrate nonviolent strategies to manage or resolve conflicts.
- I-3.4.2 Define **consent** (e.g., by sharing a personal object; by engaging in personal contact such as a hug or a handshake).
  
- M-3.4.1 Identify appropriate verbal and nonverbal communication to enhance healthy behaviors.
- M-3.4.2 Practice ways to ask for assistance in harmful situations or relationships.
- M-3.4.3 Identify appropriate electronic communication to enhance health.

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P: Personal and Community Health

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## Grade 3

**Standard 5:** “Students will demonstrate the ability to use decision-making skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the third grade. These performance indicators specify what students should know and be able to do by the end of grade three.

### Performance Indicators

The student will

- I-3.5.1 Identify steps to take when making a decision about a safety issue.
- N-3.5.1 Identify recommended serving size from each food group that children need daily.
- P-3.5.1 Demonstrate the ability to apply a decision-making process regarding a personal or community health issue.

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N: Nutrition and Physical Activity

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\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 3

**Standard 6:** “Students will demonstrate the ability to use goal-setting skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the third grade. These performance indicators specify what students should know and be able to do by the end of grade three.

### Performance Indicators

The student will

- I-3.6.1 Develop plans for dealing with emergencies that could result in injuries in the home, school, or community.
- N-3.6.1 Create a goal to eat a healthy breakfast daily.
- N-3.6.2 Develop a goal to choose **healthy foods** and beverages, reduce **screen time**, and be physically active.
- P-3.6.1 Set a goal to brush teeth for at least two minutes before school and before bedtime.

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N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 3

**Standard 7:** “Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the third grade. These performance indicators specify what students should know and be able to do by the end of grade three.

### Performance Indicators

The student will

- G-3.7.1 Demonstrate behaviors that promote healthy growth and development.
- I-3.7.1 Explain safety rules at home, school and the community (e.g., identify dangers associated with hot objects; identify locations and function of working smoke alarms; plan an escape route for family members in case of fire; never open the door to a stranger while at home; never touch an unknown substance; follow directions of a **safe adult** during a storm; dial 911 for assistance in an emergency).
- I-3.7.2 Identify safety rules at school and the community (e.g., do not fight on the school bus; tell a **safe adult** if a peer brings a gun or weapon to school or when someone is being bullied; do not throw rocks on the playground; never tell a stranger on the Internet a personal detail like a school name or home address).
- I-3.7.3 Describe safety rules in various environmental situations (avoid listening to loud music when walking down the street; tell a **safe adult** if a person tries to hurt someone, hurt you, makes you feel unsafe, or threatens you; do not approach an unknown animal; learn to swim).
- I-3.7.4 Demonstrate appropriate responses to emergency situations, including basic **first aid**.
- I-3.7.5 Define **cyberbullying**.
- I-3.7.6 Describe ways to deal with **bullying**, **cyberbullying**, and violence.
- M-3.7.1 Demonstrate behaviors that promote healthy relationships with families and peers.
- M-3.7.2 Demonstrate **coping strategies** for dealing with changes within the family.
- P-3.7.1 Demonstrate ways to keep the eyes, ears, hair, teeth, and body healthy.

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N: Nutrition and Physical Activity

P: Personal and Community Health

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## Grade 3

**Standard 8:** “Students will demonstrate the ability to advocate for personal, family, and community health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the third grade. These performance indicators specify what students should know and be able to do by the end of grade three.

### Performance Indicators

The student will

- D-3.8.1 Explain to family members and peers the harmful effects of **ATOD** use.
- M-3.8.1 Explain to family members and peers the characteristics of an **active bystander**.
- N-3.8.1 Explain to others why healthy eating and physical activity are important.
- P-3.8.1 Discuss ways to help others be healthy.
- P-3.8.2 Describe ways to promote **personal**, school, **community**, and **environmental health**.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

## Grade 4

**Standard 1:** “Students will comprehend concepts related to health promotion and disease prevention to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fourth grade. These performance indicators specify what students should know and be able to do by the end of grade four.

### Performance Indicators

The student will

- D-4.1.1 Describe the impact of **alcohol, tobacco, and other drugs (ATOD)**-use or abuse on the individual, peers, family, and society.
- D-4.1.2 Discuss reasons that there are laws regulating **ATOD** use.
- D-4.1.3 Define the term **gateway drugs**.
  
- G-4.1.1 List the factors that affect an individual’s growth (e.g., nutrition, heredity, and environment).
- G-4.1.2 Define the terms **hormones** and **puberty**.♦
- G-4.1.3 Identify examples of the physical, emotional, and social changes that occur in **puberty** and adolescence.♦
- G-4.1.4 Identify personal hygiene needs during **puberty** and adolescence.
  
- I-4.1.1 Discuss the consequences of violent and unsafe behaviors, including gang behavior.
- I-4.1.2 Describe basic **first aid** and emergency procedures for accidental loss of teeth or injuries to the mouth or teeth.
  
- M-4.1.1 Describe the characteristics associated with a positive **self-concept**.
- M-4.1.2 Define the term **depression**.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

♦: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

- N-4.1.1 Identify the **six essential nutrients** and the food groups that contain each essential nutrient.
- N-4.1.2 Analyze the nutrition information included on food package labels.
- N-4.1.3 Explain the importance of following the current federal Dietary Guidelines for Americans with regard to portion sizes.
- N-4.1.4 Explain the interrelationship among food intake, physical activity, and health.
- N-4.1.5 Describe the benefits of choosing a variety of ways to be physically active.
  
- P-4.1.1 Define the term **pathogens**.
- P-4.1.2 Describe ways to prevent or contain **communicable diseases**.
- P-4.1.3 Describe the immune system and the way it works.
- P-4.1.4 Describe ways to prevent common childhood injuries and health problems.\*
- P-4.1.5 Identify the major parts of the nervous system (e.g., brain, nerves, spinal cord).
- P-4.1.6 List ways to reduce exposure to harmful environmental factors (e.g., ultraviolet rays, pollutants).

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

◆: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

## Grade 4

**Standard 2:** “Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fourth grade. These performance indicators specify what students should know and be able to do by the end of grade four.

### Performance Indicators

The student will

- D-4.2.1 Describe factors that can positively and negatively influence a person’s decision to use or not use **ATOD**.
- I-4.2.1 Analyze ways that **protective factors** promote health and safety (e.g., positive outlook, healthy **self-concept**, good relationships with parents).
- I-4.2.2 Identify ways that gangs can threaten individual and community safety.
- I-4.2.3 Analyze appropriate use of the internet and social media to reduce **risk behaviors**.
- M-4.2.1 Explain ways that peers can influence an individual’s **self-concept**.
- N-4.2.1 Describe factors that influence individual **healthy food** choices and physical activity.
- N-4.2.2 Predict the effects of nutritional choices on an individual’s health, including oral health.
- P-4.2.1 Analyze ways that family, peers, school, community, culture, and the media influence personal health practices and behaviors.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

◆: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).



## Grade 4

**Standard 3:** “Students will demonstrate the ability to access valid information, products, and services to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fourth grade. These performance indicators specify what students should know and be able to do by the end of grade four.

### Performance Indicators

The student will

- G-4.3.1 Identify people in the family, school, or community who could provide **valid** health information about changes that occur during **puberty**.♦
- M-4.3.1 Locate resources in the home, school, and community that provide **valid** mental, emotional, and social health information.
- N-4.3.1 Identify places to access accurate information on **healthy foods** and physical activity.
- P-4.3.1 Locate **valid** health information, products, and services that promote personal and community health, including oral health, environmental health, and the prevention of disease.

D: Alcohol, Tobacco, and Other Drugs

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I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

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♦: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

## Grade 4

**Standard 4:** “Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fourth grade. These performance indicators specify what students should know and be able to do by the end of grade four.

### Performance Indicators

The student will

- D-4.4.1 Demonstrate effective **refusal skills** that a person can use to communicate with family and peers about **ATOD** use
- G-4.4.1 Discuss ways to communicate with **safe adults** about the stages of growth and development.
- I-4.4.1 Model **refusal skills** that a person can use to resolve conflict and promote personal safety.
- P-4.4.1 Demonstrate ways to ask for assistance to promote personal health.

D: Alcohol, Tobacco, and Other Drugs

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I: Injury Prevention and Safety

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P: Personal and Community Health

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◆: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

## Grade 4

**Standard 5:** “Students will demonstrate the ability to use decision-making skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fourth grade. These performance indicators specify what students should know and be able to do by the end of grade four.

### Performance Indicators

The student will

- D-4.5.1 Explain why saying “no” to **ATOD** is a healthy decision.
- I-4.5.1 Develop a safe and appropriate plan to employ when using social media (e.g., to tell a **safe adult** when something feels unsafe; privacy settings; internet safety; appropriate behaviors and photos).
- N-4.5.1 Use nutrition information on food package labels to make **healthy food** choices.
- P-4.5.1 Explain when adult assistance is needed in order to make a health-related decision.

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N: Nutrition and Physical Activity

P: Personal and Community Health

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◆: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

## Grade 4

**Standard 6:** “Students will demonstrate the ability to use goal-setting skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fourth grade. These performance indicators specify what students should know and be able to do by the end of grade four.

### Performance Indicators

The student will

- M-4.6.1 Develop a plan to reduce and manage stress.
- N-4.6.1 Set a nutritional goal and track progress towards achievement.
- N-4.6.2 Create a goal and track progress to reduce **screen time** and increase daily physical activity.
- P-4.6.1 Identify a personal health goal and name resources to help achieve that goal.

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N: Nutrition and Physical Activity

P: Personal and Community Health

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◆: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

## Grade 4

**Standard 7:** “Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fourth grade. These performance indicators specify what students should know and be able to do by the end of grade four.

### Performance Indicators

The student will

- I-4.7.1 Demonstrate basic **first aid** procedures and responses to common emergencies.
- I-4.7.2 State ways to keep the mouth safe from injury.
- N-4.7.1 Demonstrate ways to interpret the information on food labels to plan a meal.
- P-4.7.1 Develop a plan to achieve recommended sleep habits (e.g., recommended number of sleep hours; limited screen time and food prior to bedtime) to promote overall health.
- P-4.7.2 Implement a personal health plan with the help of a parent or guardian.

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N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

◆: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

## Grade 4

**Standard 8:** “Students will demonstrate the ability to advocate for personal, family, and community health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fourth grade. These performance indicators specify what students should know and be able to do by the end of grade four.

### Performance Indicators

The student will

- D-4.8.1 Model ways to influence and support others in refusing to use **ATOD**.
- M-4.8.1 Encourage others to use **active bystander** behaviors when appropriate (e.g., **bullying, cyberbullying, ATOD** use).
- N-4.8.1 Advocate for others to eat **healthy foods** and to engage in regular physical activity.
- P-4.8.1 Demonstrate ways to influence and support others in making healthy choices related to personal health.
- P-4.8.2 Encourage others to keep the air, land, and water clean and safe.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

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P: Personal and Community Health

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◆: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

## Grade 5

**Standard 1:** “Students will comprehend concepts related to health promotion and disease prevention to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fifth grade. These performance indicators specify what students should know and be able to do by the end of grade five.

### Performance Indicators

The student will

- D-5.1.1 Define the terms **alcohol, tobacco, and other drugs (ATOD)** use, abuse, addiction, and withdrawal.
- D-5.1.2 Explain the link between tobacco use and diseases, including oral disease.
- D-5.1.3 Describe the link between alcohol use, injury, and disease.
  
- G-5.1.1 Describe the structures and function of the respiratory system.
- G-5.1.2 Review circulatory system.
- G-5.1.3 Describe the physical, emotional, and social changes that occur in **puberty** and adolescence (e.g., changes in voice; growth of body and facial hair; sensitivity to peer influence; mood swings).♦
- G-5.1.4 Define the term **abstinence**.♦
  
- I-5.1.1 Examine the impact of violent and unsafe behaviors.
- I-5.1.2 Explain **cardiopulmonary resuscitation (CPR)**.
- I-5.1.3 Discuss strategies to effectively deal with **cyberbullying**.
- I-5.1.4 Define **sexting**.
  
- M-5.1.1 Describe **coping strategies** to promote **mental health**.
- M-5.1.2 Identify positive and negative stressors.

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- N-5.1.1 Examine the **six essential nutrients**, their function, and foods or food groups in which they are present.
- N-5.1.2 Identify the benefits of following the current federal Dietary Guidelines for Americans.
- N-5.1.3 Describe methods of safe food handling and preparation.
- N-5.1.4 Discuss the benefits of moderate to vigorous physical activity.
- N-5.1.5 Explain basic precautions to help prevent injury during physical activity.
  
- P-5.1.1 Discuss the barriers to a person's practicing healthy behaviors.
- P-5.1.2 Describe ways that family health history can affect a person's health.
- P-5.1.3 Identify ways that health care providers promote health and detect and treat problems.

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P: Personal and Community Health

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◆: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).



## Grade 5

**Standard 2:** “Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fifth grade. These performance indicators specify what students should know and be able to do by the end of grade five.

### Performance Indicators

The student will

- D-5.2.1 Discuss the influences of peers and family on behaviors related to the use of tobacco products, including smokeless tobacco.
- I-5.2.1 Discuss family, peer, and cultural influences on the way an individual deals with conflict
- I-5.2.2 Analyze media messages on the subject of violence and **risk behaviors**.
- M-5.2.1 Analyze media influences an individual’s thoughts, feelings, **self-concept**, and health behaviors.
- N-5.2.1 Investigate the various strategies used by the media to influence food choices and physical activity.
- P-5.2.1 Examine how family, peers, school, community, and culture can positively and negatively influence personal health practices and behaviors.

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N: Nutrition and Physical Activity

P: Personal and Community Health

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◆: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

## Grade 5

**Standard 3:** “Students will demonstrate the ability to access valid information, products, and services to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fifth grade. These performance indicators specify what students should know and be able to do by the end of grade five.

### Performance Indicators

The student will

- D-5.3.1 Demonstrate the ability to locate **valid** information and resources concerning **ATOD**.
- G-5.3.1 Locate people in the family, school or community who can provide **valid** health information about the changes that occur during **puberty**.♦
- M-5.3.1 Identify a **safe adult** to talk with if something is bothering them or someone they know.
- N-5.3.1 Locate resources (e.g., American Dietary Guidelines, American Dental Association, American Public Health Association, Centers for Disease Control and Prevention) that provide **valid** information on the link between excessive sugar consumption and diseases (e.g., obesity, diabetes, tooth decay).
- P-5.3.1 Locate resources from home, school, and community that provide **valid** health information.\*

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## Grade 5

**Standard 4:** “Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fifth grade. These performance indicators specify what students should know and be able to do by the end of grade five.

### Performance Indicators

The student will

- D-5.4.1 Demonstrate effective **refusal skills** regarding **ATOD**.
- G-5.4.1 Discuss ways to communicate with parents, teachers, or other **safe adults** about the stages of growth and development that take place during adolescence.
- G-5.4.2 Demonstrate ways to ask for assistance in harmful situations or relationships.
- I-5.4.1 Utilize effective communication strategies, including **negotiation skills**, to resolve conflicts and promote personal safety.
- I-5.4.2 Identify the appropriate steps to take when being **bullied** or **cyberbullied**.
- I-5.4.3 Explain the role of an **active bystander** when another person is being **bullied** or **cyberbullied**.
- N-5.4.1 Discuss with family members and peers ways to make **healthy food** choices.
- N-5.4.2 Discuss with family members and peers ways to minimize **screen time** and be physically active.
- P-5.4.1 Demonstrate **consent** and **refusal skills** to avoid or reduce health risks.

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## Grade 5

**Standard 5:** “Students will demonstrate the ability to use decision-making skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fifth grade. These performance indicators specify what students should know and be able to do by the end of grade five.

### Performance Indicators

The student will

- D-5.5.1 Explain how **ATOD** can affect the way individuals make decisions and perform tasks.
- G-5.5.1 Discuss the benefits of deciding to abstain from sexual activity and to remain abstinent.♦
- I-5.5.1 Discuss when it is necessary for a person to seek help to protect personal safety or that of others.
- I-5.5.2 Describe what to do if someone displays a weapon at home, at the school, or in the community.
- M-5.5.1 Identify instances when it is important to seek information, support, and assistance regarding mental, emotional, and social health.
- N-5.5.1 Select **healthy food** choices from a menu.
- N-5.5.2 Describe physical activities that promote **health-related fitness**.
- N-5.5.3 Explore the advantages of using fresh foods and produce.

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## Grade 5

**Standard 6:** “Students will demonstrate the ability to use goal-setting skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fifth grade. These performance indicators specify what students should know and be able to do by the end of grade five.

### Performance Indicators

The student will

- D-5.6.1 Identify ways that **ATOD** use can interfere with the achievement of a person’s goals.
- M-5.6.1 Develop a plan to reduce and manage stress.
- P-5.6.1 Construct a plan, including monitoring and assessing progress, to achieve a health goal.

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P: Personal and Community Health

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## Grade 5

**Standard 7:** “Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fifth grade. These performance indicators specify what students should know and be able to do by the end of grade five.

### Performance Indicators

The student will

- D-5.7.1 Implement strategies for dealing with peer pressure.
- I-5.7.1 Implement safety strategies to avoid causing injury to self and to others.
- I-5.7.2 Demonstrate strategies for dealing with conflict, **bullying**, **cyberbullying**, unhealthy relationships, abuse, and violence.
- I-5.7.3 Explain safety rules for when a person is home alone and with others including internet safety and social media.
- M-5.7.1 Model behaviors that promote healthy relationships with family and peers.
- M-5.7.2 Demonstrate positive self-management skills.
- N-5.7.1 Demonstrate **healthy food** and beverage choices along with physical activities that reduce or help eliminate health risks, including obesity and tooth decay.

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◆: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

## Grade 5

**Standard 8:** “Students will demonstrate the ability to advocate for personal, family, and community health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the fifth grade. These performance indicators specify what students should know and be able to do by the end of grade five.

### Performance Indicators

The student will

- D-5.8.1 Write a plan to advocate for a tobacco free community.
- I-5.8.1 Advocate for disaster preparedness for home and school.
- N-5.8.1 Encourage peers, family, and others to choose **healthy foods** and be physically active.
- N-5.8.2 Advocate for physical activity in school and in the community.
- P-5.8.1 Utilize strategies to promote keeping the environment clean and safe.

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## Grade 6

**Standard 1:** “Students will comprehend concepts related to health promotion and disease prevention to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the sixth grade. These performance indicators specify what students should know and be able to do by the end of grade six.

### Performance Indicators

The student will

- D-6.1.1 Identify reasons why individuals use and abuse **alcohol, tobacco, and other drugs (ATOD)**.
- D-6.1.2 Describe short and long-term effects and consequences of **ATOD** use, including **secondhand smoke**.
- D-6.1.3 Discuss the risks associated with over-the-counter and prescription drugs.
  
- G-6.1.1 Explain how family roles, rules, and responsibilities change over time.
- G-6.1.2 Describe how the **endocrine system** affects growth and development.
- G-6.1.3 Identify the structures and functions of the male and female reproductive systems.
- G-6.1.4 Explain why **abstinence** is the most effective means of protecting reproductive health.♦♦
- G-6.1.5 Describe the scientific process of fertilization.
- G-6.1.6 Describe the signs and symptoms of pregnancy.
- G-6.1.7 Identify reproductive problems found in males and females.
- G-6.1.8 Define the terms **sexually transmitted infections and diseases (STIs/STDs)** and **human immunodeficiency virus (HIV)**.
- G-6.1.9 Discuss South Carolina laws relating to the sexual conduct of minors, including criminal sexual conduct through the use of technology.
  
- I-6.1.1 Describe ways to reduce and prevent injuries (e.g., helmets, mouth guards, safety equipment, seat belts, water-safety devices).
- I-6.1.2 Examine issues surrounding violence and discuss strategies for violence prevention.
- I-6.1.3 Describe situations that constitute **bullying, cyberbullying, sexual harassment, sexual abuse, sexual assault, rape, domestic violence, and dating violence**.
- I-6.1.4 Discuss ways **sexting** violates personal **boundaries**.

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N: Nutrition and Physical Activity

P: Personal and Community Health

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♦: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

♦♦: Family life and pregnancy prevention instruction is permitted in grades six, seven, and eight at the option of local school boards; STD-prevention instruction is required in these three grades (§59-32-30(A)(2)).



- M-6.1.1 Discuss the importance of a positive **self-concept**.
- M-6.1.2 Define the term **resiliency**.
- M-6.1.3 Examine grief and ways to deal with loss.
- M-6.1.4 Review decision making models.
- M-6.1.5 Identify the risk of self-harm.
  
- N-6.1.1 Describe the benefits of **healthy eating** in relation to disease prevention (e.g., preventing cancer; controlling diabetes; reducing the incidence of heart disease; reducing tooth decay).
- N-6.1.2 Define the term **disordered eating**.
- N-6.1.3 Explain how the body uses the **six essential nutrients**.
- N-6.1.4 Differentiate between unhealthy and **healthy foods**, snacks, and beverages.
- N-6.1.5 Investigate the nutrition information on food labels to compare products.
- N-6.1.6 Describe the interrelationship among diet, physical activity level, and body weight.
- N-6.1.7 Examine food intake and physical activity in relation to the current federal Dietary Guidelines for Americans.
  
- P-6.1.1 Compare strategies for reducing risks of chronic and **communicable diseases**.
- P-6.1.2 Give examples of personal hygiene practices (e.g., bathing; using deodorant; brushing and flossing teeth; grooming hair).
- P-6.1.3 Describe ways a dentist helps to keep teeth and gums healthy.
- P-6.1.4 Define what it means to be a **blood donor**.

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P: Personal and Community Health

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♦♦: Family life and pregnancy prevention instruction is permitted in grades six, seven, and eight at the option of local school boards; STD-prevention instruction is required in these three grades (§59-32-30(A)(2)).

## Grade 6

**Standard 2:** “Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the sixth grade. These performance indicators specify what students should know and be able to do by the end of grade six.

### Performance Indicators

The student will

- D-6.2.1 Analyze the influence of family and peers on a person’s **ATOD** use.
- G-6.2.1 Describe the influence of families and peers on a person’s body image.
- I-6.2.1 Give examples of the threat of gangs or other violent behaviors to personal safety.
- M-6.2.1 Compare ways that family and peers influence the mental, emotional, and social health of adolescents.
- M-6.2.2 Examine the interrelationship among mental, emotional, social, and physical health in adolescence.
- P-6.2.1 Compare ways that peers and the media influence healthy and unhealthy behaviors.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

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♦: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

♦♦: Family life and pregnancy prevention instruction is permitted in grades six, seven, and eight at the option of local school boards; STD-prevention instruction is required in these three grades (§59-32-30(A)(2)).

## Grade 6

**Standard 3:** “Students will demonstrate the ability to access valid information, products, and services to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the sixth grade. These performance indicators specify what students should know and be able to do by the end of grade six.

### Performance Indicators

The student will

- D-6.3.1 Discuss how to identify sources of help for someone who abuses **ATOD**.
- G-6.3.1 Demonstrate the ability to access appropriate resources for dealing with **bullying, cyberbullying, sexual harassment, sexual abuse, sexual assault, rape, domestic violence, and dating violence**.
- M-6.3.1 Demonstrate the ability to locate appropriate health information and services for dealing with mental health issues within the community.
- N-6.3.1 Access **valid** information on **healthy eating** and physical activity.
- P-6.3.1 Discuss how to determine whether health information, products, and services are **valid**.

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G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

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♦: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

♦♦: Family life and pregnancy prevention instruction is permitted in grades six, seven, and eight at the option of local school boards; STD-prevention instruction is required in these three grades (§59-32-30(A)(2)).

## Grade 6

**Standard 4:** “Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the sixth grade. These performance indicators specify what students should know and be able to do by the end of grade six.

### Performance Indicators

The student will

- D-6.4.1 Utilize **refusal skills** to avoid **ATOD** use and to reduce **risk behaviors**.
- D-6.4.2 Determine how to lessen the likelihood of being involved in **risk behaviors**.
- G-6.4.1 Demonstrate effective verbal and nonverbal communication skills to promote healthy parent, family, and peer relationships.
- G-6.4.2 Demonstrate ways to communicate with parents, family members, or other **safe adults** about **bullying, cyberbullying, sexual harassment, sexual abuse, sexual assault, rape, sexual abuse, sexual assault, domestic violence, and dating violence**.
- I-6.4.1 Explain that no one has the right to touch anyone else in a sexual or physical manner if they do not want to be touched.
- M-6.4.1 Discuss healthy ways to express feelings and relieve stress.
- M-6.4.2 Demonstrate effective ways to communicate personal **boundaries** and show respect for the **boundaries** of others.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

♦: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

♦♦: Family life and pregnancy prevention instruction is permitted in grades six, seven, and eight at the option of local school boards; STD-prevention instruction is required in these three grades (§59-32-30(A)(2)).

## Grade 6

**Standard 5:** “Students will demonstrate the ability to use decision-making skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the sixth grade. These performance indicators specify what students should know and be able to do by the end of grade six.

### Performance Indicators

The student will

- G-6.5.1 Demonstrate effective ways to communicate personal **boundaries** and show respect for the **boundaries** of others, including those related to sexual activity and **abstinence**.♦♦
- G-6.5.2 Identify steps in a decision-making process that promotes **abstinence** and avoids **risk behaviors**.♦♦
- I-6.5.1 Describe the advantages and disadvantages of communicating using technology and social media, including the use of the internet.
- M-6.5.1 Discuss when it is important to seek information, support, and assistance regarding mental, emotional, and social health.
- P-6.5.1 Identify circumstances that can help or hinder healthy decision making.\*

D: Alcohol, Tobacco, and Other Drugs

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I: Injury Prevention and Safety

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## Grade 6

**Standard 6:** “Students will demonstrate the ability to use goal-setting skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the sixth grade. These performance indicators specify what students should know and be able to do by the end of grade six.

### Performance Indicators

The student will

D-6.6.1 State a specific, measurable, attainable, realistic, and timely (**SMART**) **goal** to avoid **ATOD** use.

P-6.6.1 Set a **SMART goal** to develop and implement a personal health and wellness plan (e.g., eating **healthy foods**; meeting specific goals related to oral health; getting physical activity; sleeping 8–10 hours nightly).

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## Grade 6

**Standard 7:** “Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the sixth grade. These performance indicators specify what students should know and be able to do by the end of grade six.

### Performance Indicators

The student will

- D-6.7.1 Demonstrate ways to avoid potentially harmful situations involving **ATOD** use.
- D-6.7.2 Demonstrate ways **ATOD** contributes to harmful situations and behaviors to reduce risk and decrease the chance of being affected.
  
- G-6.7.1 Identify **coping strategies** to address the physical, emotional, and social changes that occur during adolescence.
- G-6.7.2 Describe appropriate steps a person should take if they become the victim of **sexual harassment, sexual abuse, or sexual assault**.
- G-6.7.3 Describe options that exist for a survivor of **bullying, cyberbullying, sexual harassment, sexual abuse, sexual assault, rape, domestic violence, and dating violence** (e.g., community resources, hotlines, school counselors, teachers, law enforcement, clergy).
  
- I-6.7.1 Demonstrate behaviors and strategies to manage anger and conflict in healthy ways.
- I-6.7.2 Discuss ways to avoid or reduce threatening situations.
- I-6.7.3 Discuss **protective** strategies to reduce the risk of violence in a person’s home, school, and community.
  
- M-6.7.1 Discuss strategies to maintain or improve mental, emotional, and social health.
- M-6.7.2 Compare and contrast the characteristics of healthy and unhealthy relationships.
- M-6.7.3 Analyze the ways in which friends, family, media, society, and culture can influence relationships.

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- N-6.7.1 Construct a nutrition plan that meets the current federal Dietary Guidelines for Americans, with an emphasis on **healthy foods** and beverages.
- N-6.7.2 Create and implement a plan to engage in moderate to vigorous daily physical activity.
- P-6.7.1 Explain the importance of assuming responsibility for personal health behaviors.\*
- P-6.7.2 Construct a plan to reduce environmental health risks in the school or community.

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## Grade 6

**Standard 8:** “Students will demonstrate the ability to advocate for personal, family, and community health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the sixth grade. These performance indicators specify what students should know and be able to do by the end of grade six.

### Performance Indicators

The student will

- D-6.8.1 Describe ways to advocate to others the benefits of not using **ATOD**.
- I-6.8.1 Describe ways to advocate for a safe school environment.
- I-6.8.2 List ways to intervene in situations where unsafe behaviors are taking place.
- N-6.8.1 Examine ways to encourage family and peers to choose **healthy foods** from local producers and increase their physical activity.
- P-6.8.1 State a health-enhancing position on a health-related topic and support it with accurate information.

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## Grade 7

**Standard 1:** “Students will comprehend concepts related to health promotion and disease prevention to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the seventh grade. These performance indicators specify what students should know and be able to do by the end of grade seven.

### Performance Indicators

The student will

- D-7.1.1 Compare and contrast drug misuse, drug abuse, and drug dependence.
- D-7.1.2 Describe risks associated with **alcohol, tobacco, and other drugs (ATOD)**-use, abuse, and addiction.
- D-7.1.3 Define **opioid** prescription medication and drugs.
- D-7.1.4 Discuss the impact of **ATOD** use and abuse on individuals, peers, and family members.
  
- G-7.1.1 Explain the structures and functions of the male and female reproductive systems.
- G-7.1.2 Describe the advantages of **abstinence**.♦♦
- G-7.1.3 Describe the scientific processes of fertilization, pregnancy, fetal development, and childbirth.
- G-7.1.4 Describe signs and symptoms and effective treatment of **sexually transmitted infections and diseases (STIs/STDs), human immunodeficiency virus (HIV), and acquired immunodeficiency disease (AIDS)**.
- G-7.1.5 Explain effective methods for the prevention of **STIs/STDs, HIV, and AIDS**.
- G-7.1.6 Explain effective **methods for the prevention of unintended pregnancy** in the context of future family planning.♦♦
- G-7.1.7 Discuss the impact of **bullying, cyberbullying, dating violence, domestic violence, sexual harassment, rape, sexual assault, sexual abuse, and consent**.
- G-7.1.8 Discuss South Carolina laws related to the sexual conduct of minors, including criminal sexual conduct through the use of technology.

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- I-7.1.1 Explain the consequences of gangs and **bullying/cyberbullying**.
- I-7.1.2 Illustrate emergency situations (e.g., choking, drowning, poisoning) and safe methods of responding to them (e.g., **cardiopulmonary resuscitation (CPR)** and universal precautions).
  
- M-7.1.1 Demonstrate effective ways to communicate personal **boundaries** and show respect for the **boundaries** of others.
  
- N-7.1.1 Explain reasons why a person should follow the current federal Dietary Guidelines for Americans.
- N-7.1.2 Analyze the benefits of healthy eating in relation to disease prevention.
- N-7.1.3 Identify signs and symptoms of **disordered eating**.
- N-7.1.4 Define **hydration** and explain its benefits during physical activity.
- N-7.1.5 Explain the benefits of engaging in moderate to vigorous physical activity daily.
- N-7.1.6 Analyze the relationship between **healthy foods** and beverages, **calories**, and physical activity.
- N-7.1.7 Explain safe food handling and preparation.
  
- P-7.1.1 Identify strategies to prevent or lessen common adolescent health issues (e.g., acne, **disordered eating**, inactivity).
- P-7.1.2 Explain how oral health problems can affect overall health.
- P-7.1.3 Determine ways that hereditary and environmental factors affect personal health.

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## Grade 7

**Standard 2:** “Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the seventh grade. These performance indicators specify what students should know and be able to do by the end of grade seven.

### Performance Indicators

The student will

- D-7.2.1 Analyze the influence of culture and the media on **ATOD** use and nonuse.
- N-7.2.1 Analyze ways that culture and the media influence an individual’s food choices and physical activity.
- N-7.2.2 Examine the influence of **screen time** on the physical activity levels of adolescents.
- P-7.2.1 Explain ways that personal perceptions of **social norms** influence healthy and unhealthy behaviors.
- P-7.2.2 Analyze ways that environmental conditions affect personal and **community health**.

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## Grade 7

**Standard 3:** “Students will demonstrate the ability to access valid information, products, and services to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the seventh grade. These performance indicators specify what students should know and be able to do by the end of grade seven.

### Performance Indicators

The student will

- D-7.3.1 Access **valid** resources for **ATOD** related problems.
- G-7.3.1 Demonstrate the ability to access **valid** information and resources related to reproductive health and **STIs/STDs, HIV, and AIDS**.
- G-7.3.2 Locate **valid** information and resources related to **dating violence, sexual harassment, sexual abuse, and sexual assault**.
- I-7.3.1 Demonstrate the ability to utilize resources at home and in the school and community that provide **valid** safety information and services.
- M-7.3.1 Identify situations that may require professional mental, emotional, and social health services.

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## Grade 7

**Standard 4:** “Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the seventh grade. These performance indicators specify what students should know and be able to do by the end of grade seven.

### Performance Indicators

The student will

- G-7.4.1 Demonstrate communication and **refusal skills** to promote **empathy**, **abstinence**, and healthy relationships and to avoid **risk behaviors**.♦♦
- I-7.4.1 Analyze effective conflict management or resolution strategies.
- I-7.4.2 Demonstrate communication and **refusal skills** to promote boundary setting when using technology (e.g., social media, **sexting**).
- M-7.4.1 Explain how talking about feelings and emotions promotes mental health.
- M-7.4.2 Describe ways to treat self and others with dignity and respect.
- M-7.4.3 Describe ways to respond when someone is being bullied or harassed.
- M-7.4.4 Demonstrate communication skills that foster healthy relationships.
- P-7.4.1 Demonstrate how to ask for assistance to enhance the health of self and others.\*

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## Grade 7

**Standard 5:** “Students will demonstrate the ability to use decision-making skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the seventh grade. These performance indicators specify what students should know and be able to do by the end of grade seven.

### Performance Indicators

The student will

- D-7.5.1 Apply a decision-making process to issues dealing with **ATOD**.
- D-7.5.2 Explain ways a person’s decisions about **ATOD** affect relationships with family members and peers.
- G-7.5.1 Apply a decision-making process to promote **abstinence** and to avoid **risk behaviors**.♦♦
- I-7.5.1 Develop a plan for the safe use of technology, including social media and texting.
- N-7.5.1 Compare food choices from a variety of sources, including restaurants and food at home, to the current federal Dietary Guidelines for Americans.

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## Grade 7

**Standard 6:** “Students will demonstrate the ability to use goal-setting skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the seventh grade. These performance indicators specify what students should know and be able to do by the end of grade seven.

### Performance Indicators

The student will

- N-7.6.1 Set a specific, measurable, attainable, realistic, and timely (**SMART**) **goal** to achieve a balanced nutrition plan.
- N-7.6.2 Create a **SMART goal** to increase physical activity by monitoring the progress of that goal and making the necessary adjustments to reach it.
- P-7.6.1 Explain ways that health goals can vary with changing abilities, priorities, and responsibilities.
- P-7.6.2 Develop a **SMART goal** to adopt, maintain, or improve a personal health practice (e.g., avoid **ATOD**; promote safety; brush and floss teeth).

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## Grade 7

**Standard 7:** “Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the seventh grade. These performance indicators specify what students should know and be able to do by the end of grade seven.

### Performance Indicators

The student will

D-7.7.1 Discuss guidelines for using prescription and **over-the-counter (OTC)** drugs properly.

I-7.7.1 Develop injury prevention and treatment strategies for personal and family health.

M-7.7.1 Discuss **coping strategies** for managing stress, anger, and other feelings, including **depression**, and thoughts of self-harm or suicide.

M-7.7.2 Analyze the similarities and differences between friendships and romantic relationships.\*

M-7.7.3 Describe a range of ways people express affection within various types of relationships.\*

M-7.7.4 Describe the potential impacts of power differences such as age, status, or position within relationships.

M-7.7.5 Discuss strategies for dealing with harmful behaviors in relationships, including **dating violence**.

N-7.7.1 Explain the relationship between food selection and oral health.

P-7.7.1 Describe strategies to detect and treat common health problems.

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## Grade 7

**Standard 8:** “Students will demonstrate the ability to advocate for personal, family, and community health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the seventh grade. These performance indicators specify what students should know and be able to do by the end of grade seven.

### Performance Indicators

The student will

- D-7.8.1 Demonstrate ways to advocate remaining drug-free.
- M-7.8.1 Demonstrate ways to advocate for safe environments that encourage respectful treatment of self and others.
- N-7.8.1 Demonstrate ways to advocate the benefits of choosing **healthy foods** and beverages, and increasing one’s physical activity.
- P-7.8.1 Advocate for a healthy school, community, and natural environment.
- P-7.8.2 Identify the ways in which blood and tissue donations are related to health promotion.

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## Grade 8

**Standard 1:** “Students will comprehend concepts related to health promotion and disease prevention to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the eighth grade. These performance indicators specify what students should know and be able to do by the end of grade eight.

### Performance Indicators

The student will

- D-8.1.1 Discuss the reasons that individuals use and abuse **alcohol, tobacco, and other drugs (ATOD)**.
- D-8.1.2 Examine the short and long-term effects and consequences of **ATOD** use, including the impact on society.
- D-8.1.3 Explain ways to access laws relating to **ATOD** use, possession, and sales.
- G-8.1.1 Explain how roles, including rules and responsibilities of the members in a family, change over time (e.g., parental responsibilities when parenting a teenager versus parental responsibilities when parenting an infant).
- G-8.1.2 Compare and contrast the structures and functions of the male and female reproductive systems.
- G-8.1.3 Describe health issues that can affect male and female reproductive systems.
- G-8.1.4 Discuss the advantages of **abstinence**.♦♦
- G-8.1.5 Describe signs and symptoms and effective treatments of **sexually transmitted infections and diseases (STIs/STDs)**, **human immunodeficiency virus (HIV)**, and **acquired immunodeficiency disease (AIDS)**.♦♦
- G-8.1.6 Explain effective methods for the prevention of **STIs/STDs**, **HIV**, **AIDS**, and unintended pregnancy.♦♦++
- G-8.1.7 Discuss South Carolina laws relating to the sexual conduct of minors, including criminal sexual conduct through the use of technology.
- G-8.1.8 Examine the scientific process of fertilization, prenatal care and development, childbirth, and postnatal care.

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++: Content must be taught separately to male and female students (§50-32-30(F)).

- I-8.1.1 Identify ways to reduce risk of unintentional and intentional injuries in the home, school, and community.
- I-8.1.2 Research the impact of gang activity on individuals, peers, family, school, and the community.
- I-8.1.3 Define **human trafficking**.
- M-8.1.1 Examine factors that contribute to a positive **self-concept**.
- M-8.1.2 Discuss the interrelationship among mental, emotional, social, and physical health during adolescence.
- M-8.1.3 Describe the characteristics of **resiliency**.
- M-8.1.4 Demonstrate effective ways to communicate personal **boundaries** and show respect for the **boundaries** of others.
- N-8.1.1 Examine the benefits of choosing **healthy foods** while following the current federal Dietary Guidelines for Americans.
- N-8.1.2 Discuss ways that **disordered eating** impacts an individual's health, including oral health.
- N-8.1.3 Explain the mental, social and physical benefits of moderate to vigorous physical activity.
- P-8.1.1 Explain the components of personal wellness.
- P-8.1.2 Discuss how heredity, lifestyle, behaviors, environment, and medical care influence an individual's health.
- P-8.1.3 Research ways in which organ, tissue, and blood donations enhance health promotion.

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++: Content must be taught separately to male and female students (§50-32-30(F)).

## Grade 8

**Standard 2:** “Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the eighth grade. These performance indicators specify what students should know and be able to do by the end of grade eight.

### Performance Indicators

The student will

- D-8.2.1 Discuss the influence of family, peers, culture, and the media on an individual’s **opioid** use, abuse and dependence.
- D-8.2.2 Evaluate the influence of family, peers, culture, and the media on an individual’s **ATOD** use.
- G-8.2.1 Explain ways that culture and the media influence families and relationships.
- G-8.2.2 Discuss the influence of family, peers, culture, and the media on personal decisions about sexual behavior.
- I-8.2.1 Explain the effect of gangs on personal safety in the community.
- I-8.2.2 Discuss the risk factors, prevention, and support for someone who is involved in human trafficking.
- M-8.2.1 Examine how family, peers, and the media influence the mental, emotional, and social health of adolescents.
- M-8.2.2 Evaluate how external influences affect feelings of **depression**, as well as the risk of self-harm and suicide.
- M-8.2.3 Explain ways that the media influences an individual’s body image.
- N-8.2.1 Describe ways that personal economics and geographic location influence food choices and availability.
- N-8.2.2 Discuss the influence of the environment on a person’s physical activity.
- P-8.2.1 Discuss the ways that **social norms** influence healthy and unhealthy decisions and behaviors.

D: Alcohol, Tobacco, and Other Drugs

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## Grade 8

**Standard 3:** “Students will demonstrate the ability to access valid information, products, and services to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the eighth grade. These performance indicators specify what students should know and be able to do by the end of grade eight.

### Performance Indicators

The student will

- G-8.3.1 Evaluate the availability of **valid** information, community resources, and testing locations related to reproductive health and **STIs/STDs**.
- G-8.3.2 Access **valid** information and resources related to **bullying, cyberbullying, dating violence, sexual harassment, sexual abuse, and sexual assault**.
- M-8.3.1 Locate **valid** health information, products, and services.

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## Grade 8

**Standard 4:** “Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the eighth grade. These performance indicators specify what students should know and be able to do by the end of grade eight.

### Performance Indicators

The student will

- G-8.4.1 Discuss effective verbal and nonverbal communication skills for healthy parent, family, and peer relationships.
- G-8.4.2 Utilize communication and **refusal skills** to promote sexual **abstinence** and to avoid **risk behaviors**.♦♦
- G-8.4.3 Compare and contrast ways to communicate with parents, family members, and other **safe adults** about reproductive health and responsible behaviors.
- I-8.4.1 Apply **refusal** and **negotiation skills** to reduce the risk of injury and promote personal safety.
- M-8.4.1 Demonstrate communication skills that foster healthy relationships.
- N-8.4.1 Explain to others the importance of variety and moderation in food selection and consumption with emphasis on **healthy foods** and beverages.

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## Grade 8

**Standard 5:** “Students will demonstrate the ability to use decision-making skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the eighth grade. These performance indicators specify what students should know and be able to do by the end of grade eight.

### Performance Indicators

The student will

- D-8.5.1 Examine ways that a person’s decisions about **ATOD** affect his or her family and peers, as well as society.
- D-8.5.2 Explain when and how to ask for assistance in dealing with **ATOD** abuse with family members.
- G-8.5.1 Apply a decision-making process to promote **abstinence** and to avoid **risk behaviors**, including the use of the internet.
- I-8.5.1 Apply a decision-making process to deal with situations involving personal safety and risk when using technology, including the internet, social media, texting, and **sexting**.

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## Grade 8

**Standard 6:** “Students will demonstrate the ability to use goal-setting skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the eighth grade. These performance indicators specify what students should know and be able to do by the end of grade eight.

### Performance Indicators

The student will

- G-8.6.1 Set a personal specific, measurable, attainable, realistic, and timely (**SMART**) **goal** to protect oneself from **STIs/STDs, HIV, and AIDS**.
- G-8.6.2 Explain effective **methods for the prevention of unintended pregnancy** in the context of future family planning.♦♦
- M-8.6.1 Implement a stress-management plan.
- N-8.6.1 Create a personal **SMART goal** to achieve a balanced nutrition plan, monitor the progress of that goal, and make the necessary adjustments to reach it.
- N-8.6.2 Develop and implement a plan to increase physical activity.
- N-8.6.3 Develop and implement a personal balanced nutritional plan that benefits oral health as well as overall health.

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## Grade 8

**Standard 7:** “Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the eighth grade. These performance indicators specify what students should know and be able to do by the end of grade eight.

### Performance Indicators

The student will

- G-8.7.1 Explain how to effectively support a person who has been a victim of **sexual assault, sexual abuse, rape, domestic violence, or dating violence**.
- I-8.7.1 Demonstrate behaviors and strategies to manage conflict in healthy ways.
- I-8.7.2 Plan **protective** strategies to reduce the risk of violence in the home, school, and community.
- M-8.7.1 Implement strategies to maintain or improve mental, emotional, and social health.
- M-8.7.2 Demonstrate effective skills to negotiate agreements about the use of technology in relationships.
- M-8.7.3 Discuss **coping strategies** to increase **resiliency**.
- M-8.7.4 Describe the potential impacts of power differences such as age, status, or position within relationships.
- N-8.7.1 Articulate the importance of assuming personal responsibility for consuming **healthy foods** and beverages, and engaging in physical activity.
- P-8.7.1 Explain behaviors that may lead to the spread of **communicable diseases**.
- P-8.7.2 List actions to include in an oral health plan (e.g., floss, receive regular dental cleanings, brush twice a day).

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## Grade 8

**Standard 8:** “Students will demonstrate the ability to advocate for personal, family, and community health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of the eighth grade. These performance indicators specify what students should know and be able to do by the end of grade eight.

### Performance Indicators

The student will

- D-8.8.1 Advocate for positive alternatives to **ATOD** use.
- I-8.8.1 Encourage others to provide **active bystander**-interventions when others are at risk.
- N-8.8.1 Implement an advocacy plan to promote **healthy food** and beverage choices, and physical activity in the community.
- P-8.8.1 Demonstrate ways to encourage others to avoid **risk behaviors**.
- P-8.8.2 Demonstrate ways to advocate for a healthy environment.

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## High School

**Standard 1:** “Students will comprehend concepts related to health promotion and disease prevention to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of high school. These performance indicators specify what students should know and be able to do by the end of grade twelve.

### Performance Indicators

The student will

- D-HS.1.1 Discuss the benefits of avoiding alcohol, tobacco, and other drugs (**ATOD**).
- D-HS.1.2 Examine the impact of **ATOD** use and abuse on the individual, his or her family, and society as a whole.
- D-HS.1.3 Describe the cycle of **ATOD** addiction as it relates to individuals and families.
- D-HS.1.4 Examine the effects of **ATOD** on fetal development.
  
- G-HS.1.1 Describe physical, social, and emotional changes that occur during adolescence.
- G-HS.1.2 Examine health behaviors that are specifically related to the male and female reproductive systems (e.g., self-examination).
- G-HS.1.3 Describe the benefits of abstinence.++
- G-HS.1.4 Identify the benefits, effectiveness, risks, and **methods of pregnancy-prevention**.++
- G-HS.1.5 Explain signs, symptoms, methods of treatment, and prevention of **sexually transmitted infections and diseases (STIs/STDs), human immunodeficiency virus (HIV), and acquired immunodeficiency disease (AIDS)**.
- G-HS.1.6 Describe the scientific processes of fertilization, pregnancy, fetal development, and childbirth.
- G-HS.1.7 Discuss responsible **prenatal, perinatal, and postnatal** care.
- G-HS.1.8 Identify the benefits of adoption.

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- I-HS.1.1 List common **first aid** procedures for a given scenario (e.g., cardiopulmonary resuscitation (**CPR**), automated external defibrillator (**AED**)).
- I-HS.1.2 Describe laws and regulations related to safety and personal injury (e.g., **bullying**, **cyberbullying**, **dating violence**, gang activity, **distracted driving**, social media, **sexting**).
- I-HS.1.3 Discuss South Carolina laws relating to the sexual conduct of minors, including **consent**, criminal sexual conduct, and **human trafficking**.
- I-HS.1.4 Discuss ways to reduce the risk of intentional and unintentional injuries in the home, school, community, workplace, and roadways (e.g., **distracted driving**).
- M-HS.1.1 Define the term **crisis**, including the stages of loss and grief, signs and risks of **depression** and anxiety, self-destructive behaviors, and suicide.
- M-HS.1.2 Identify **resiliency**, including stress-reduction skills and positive **coping strategies**.
- N-HS.1.1 Explain how the current federal Dietary Guidelines for Americans are useful in planning a menu of **healthy foods** and beverages.
- N-HS.1.2 Explain the benefits of practicing a moderate to active lifestyle.
- N-HS.1.3 Describe the importance of healthy eating and physical activity in maintaining good health, including oral health.
- P-HS.1.1 Differentiate between health promotion and **risk behaviors**.
- P-HS.1.2 Interpret personal susceptibility to injury, illness, or death on the basis of genetics, family history, and health behaviors.
- P-HS.1.3 Examine strategies for the prevention and treatment of chronic and **communicable diseases**.
- P-HS.1.4 Explain ways that the environment and personal health are interrelated.

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## High School

**Standard 2:** “Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors” (NHES, 2007).

The indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of high school. These indicators specify what students should know and be able to do by the end of grade twelve.

### Performance Indicators

The student will

- D-HS.2.1 Discuss the laws related to **ATOD** that can affect the ability to give or perceive the provision of **consent** to sexual activities.
- D-HS.2.2 Evaluate personal, family, economic, legal, and societal issues that influence **ATOD** use, including motor vehicle accidents.
- D-HS.2.3 Examine ways that media messages and marketing techniques influence the use of **ATOD**, including e-cigarettes.
- G-HS.2.1 Analyze the effects of family, peers, the media, and other factors on attitudes and behaviors regarding relationships and **sexuality**.
- G-HS.2.2 Compare and contrast the potentially positive and negative roles of technology and social media in relationships.
- G-HS.2.3 Discuss the influence of friends, family, media, society, and culture on the expression of gender, **self-concept**, and body image.
- G-HS.2.4 Describe the impact of **STIs/STDs**, **HIV**, and **AIDS** on individuals, families, and society.
- G-HS.2.5 Describe the impact of adolescent pregnancy on individuals, families, and communities.
- G-HS.2.6 Examine the laws related to **sexting**.
- G-HS.2.7 Examine the laws related to **bullying**, **cyberbullying**, **sexual harassment**, **sexual abuse**, **sexual assault**, **rape**, and **dating violence**.

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I-HS.2.1	Analyze the external influences and societal messages in schools, families and communities (e.g., attitudes about <b>bullying, cyberbullying, sexual harassment, sexual abuse, sexual assault, rape, dating violence, and sexting</b> ).
I-HS.2.2	Analyze the influence of peers and the media on the way an individual operates a motor vehicle and observes safety precautions, including <b>distracted driving</b> .
M-HS.2.1	Categorize ways that family, peers, culture, and the media influence the mental, emotional, and social health of individuals (e.g., anxiety, <b>depression</b> , and suicidal behavior).
M-HS.2.2	Analyze how <b>resiliency</b> impacts <b>depression</b> , anxiety, suicidal behavior, and crises.
M-HS.2.3	Examine characteristics of healthy and unhealthy relationships and the impact of external influences.
N-HS.2.1	Analyze ways that emotions and feelings influence food choices, eating behaviors, and physical activities of individuals.
N-HS.2.2	Examine ways that the media, and advertising and marketing practices affect food choices, eating behaviors, and physical activity levels of individuals.
N-HS.2.3	Debate the influence of school policies on food choices, eating behaviors and physical activities.
N-HS.2.4	Investigate ways that unhealthy eating behaviors and an inactive lifestyle contribute to chronic disease.
P-HS.2.1	Analyze the influence of family, peers, culture, the media and technology on health behaviors.
P-HS.2.2	Assess ways that school, community, and culture support and/or challenge health beliefs, practices, and behaviors.
P-HS.2.3	Explore ways that environmental factors can affect the health of the community.
P-HS.2.4	Investigate ways that research and medical care influence the prevention and treatment of health problems.
P-HS.2.5	Compare the connection between personal health and access to healthcare, including oral health care.
P-HS.2.6	Examine ways that public health policies, government regulations, and socioeconomic issues affect health promotion and disease prevention.

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## High School

**Standard 3:** “Students will demonstrate the ability to access valid information, products, and services to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of high school. These performance indicators specify what students should know and be able to do by the end of grade twelve.

### Performance Indicators

The student will

- D-HS.3.1 Access **valid** information and resources to assist in dealing with **ATOD** issues for self and others.
- G-HS.3.1 Access local resources for promoting reproductive health (e.g., obstetrician, gynecologist, urologist, state and county health departments).
- G-HS.3.2 Research local resources to help a survivor recover from sexual violence or abuse.
- G-HS.3.3 Identify **valid** resources for help if they or someone they know is experiencing **bullying, cyberbullying, sexual harassment, sexual abuse, sexual assault, rape, domestic violence, and dating violence.**
- M-HS.3.1 Access **valid** mental, emotional, and social health information and services for self and others.
- M-HS.3.2 Explore **valid** resources for crisis-management and **resiliency**, including suicide intervention and prevention for self and others (e.g., hotlines, therapists).
- N-HS.3.1 Research **valid** information to explore local access to **healthy foods.**
- N-HS.3.2 Explain **valid** information and local options regarding physical activity.
- N-HS.3.3 Access community programs and services that help others gain access to affordable **healthy foods.**
- P-HS.3.1 Access local health care services, including oral health.

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## High School

**Standard 4:** “Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of high school. These performance indicators specify what students should know and be able to do by the end of grade twelve.

### Performance Indicators

The student will

- G-HS.4.1 Model effective verbal and nonverbal communication skills in peer and dating relationships, including effective strategies to avoid or end an unhealthy relationship.
- G-HS.4.2 Demonstrate **refusal and negotiation skills** to promote **abstinence** and to reduce **health-risk behaviors**.
- G-HS.4.3 Evaluate ways to communicate with parents, family members, peers, and other **safe adults** about sexual health and responsibilities.
- I-HS.4.1 Demonstrate communication, negotiation, and collaboration skills to establish and promote healthy **boundaries** and behaviors to decrease risk of injury (e.g., **ATOD** use and gang activity).
- M-HS.4.1 Articulate ways to communicate care, consideration, and respect for self and others.
- M-HS.4.2 Model skills for assisting someone who is in crisis or is exhibiting suicidal attitudes or behaviors.
- M-HS.4.3 Discuss scenarios that demonstrate **resiliency**.
- P-HS.4.1 Consider ways to seek assistance for enhancing personal health and offering assistance to enhance the health of others.

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## High School

**Standard 5:** “Students will demonstrate the ability to use decision-making skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of high school. These performance indicators specify what students should know and be able to do by the end of grade twelve.

### Performance Indicators

The student will

- D-HS.5.1 Explain ways that **ATOD** affects an individual’s thinking and decision-making, and increases the risk of violence and other illegal activities (i.e., opioid, prescription drugs, heroin).
- G-HS.5.1 Assess the types of situations when it is necessary to seek help and/or to leave an unhealthy relationship or environment.
- M-HS.5.1 Recognize the warning signs of anxiety, **depression**, and suicidal behavior.
- M-HS.5.2 Discuss situations that may require professional mental, emotional, and social health services.
- N-HS.5.1 Utilize the current federal Dietary Guidelines for Americans to compare and contrast food choices on a variety of menus.
- P-HS.5.1 Recognize barriers to healthy decision-making.
- P-HS.5.2 Justify when individual or collaborative decision-making is appropriate.\*
- P-HS.5.3 Integrate knowledge of body structure and function to make sound decisions related to personal and **community health** (e.g., disease prevention, injury prevention, oral health, organ and tissue donation).

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## High School

**Standard 6:** “Students will demonstrate the ability to use goal-setting skills to enhance health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of high school. These performance indicators specify what students should know and be able to do by the end of grade twelve.

### Performance Indicators

The student will

- D-HS.6.1 Predict ways that short and long-term goals can be affected by **ATOD** use.
- G-HS.6.1 Set a specific, measurable, attainable, realistic, and timely (**SMART**) **goal** to maintain reproductive health, including self-exams, and annual appointments with health providers.
- G-HS.6.2 Create a plan for communicating personal **boundaries** as they relate to intimacy and sexual behavior.
- I-HS.6.1 Develop **coping strategies** to avoid, manage, and minimize participation in violent activities, including gang involvement.
- M-HS.6.1 Review **resiliency** and develop a personal plan to increase or maintain one’s personal **resiliency**.
- N-HS.6.1 Set a **SMART goal** to achieve a healthy eating plan by limiting sugar, fat, and salt consumption.
- N-HS.6.2 Set a **SMART goal** to attain the federally recommended levels of physical activity and physical fitness for Americans.
- P-HS.6.1 Create a long-term personal health plan that is adaptable to changing health needs based on genetics, family history, and personal health behaviors.

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♦♦: Family life and pregnancy prevention instruction is permitted in grades six, seven, and eight at the option of local school boards; STD-prevention instruction is required in these three grades (§59-32-30(A)(2)).

++: Content must be taught separately to male and female students (§50-32-30(F)).

## High School

**Standard 7:** “Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of high school. These performance indicators specify what students should know and be able to do by the end of grade twelve.

### Performance Indicators

The student will

- D-HS.7.1 Practice strategies for dealing with family, peer, and cultural pressure regarding **ATOD** (e.g., opioid, prescription drugs, heroin).
- G-HS.7.1 Discuss respect for the **boundaries** of others as they relate to intimacy and sexual behavior.
- I-HS.7.1 Perform appropriate **first aid** and other emergency procedures for a given scenario (e.g., **CPR**, **AED**).
- M-HS.7.1 Implement a plan to increase personal **resiliency**.
- M-HS.7.2 Demonstrate strategies to develop and maintain a positive self-image.
- M-HS.7.3 Demonstrate effective strategies for resolving interpersonal conflicts (e.g., end or avoid unhealthy relationships).
- M-HS.7.4 Establish **boundaries** that promote safety, respect, awareness, and acceptance.
- N-HS.7.1 Implement a wellness plan that meets the current federal Dietary Guidelines for Americans and the federal physical activity guidelines for Americans.
- N-HS.7.2 Examine the relationship between personal nutritional intake and overall physical, oral, and mental health.
- P-HS.7.1 Implement a long-term personal wellness plan to maintain and improve healthy practices and behaviors.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

♦: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

♦♦: Family life and pregnancy prevention instruction is permitted in grades six, seven, and eight at the option of local school boards; STD-prevention instruction is required in these three grades (§59-32-30(A)(2)).

++: Content must be taught separately to male and female students (§50-32-30(F)).

## High School

**Standard 8:** “Students will demonstrate the ability to advocate for personal, family, and community health” (NHES, 2007).

The performance indicators that support this standard are intended to be taught in a developmentally appropriate manner from the beginning through the end of high school. These performance indicators specify what students should know and be able to do by the end of grade twelve.

### Performance Indicators

The student will

- D-HS.8.1 Encourage positive alternatives to **ATOD** use.
- D-HS.8.2 Promote intervention and outreach for those dealing with **ATOD** use or abuse (e.g., peers, family members).
- G-HS.8.1 Promote access to **valid** information and community resources that support **abstinence** and discourage risky sexual behavior.
- I-HS.8.1 Advocate for disaster preparedness in the home, school, and community.
- I-HS.8.2 Advocate for safe environments that encourage dignified and respectful treatment of everyone.
- M-HS.8.1 Promote intervention and outreach for others dealing with unhealthy relationships.
- M-HS.8.2 Promote intervention and outreach for those dealing with suicidal intentions or behavioral health problems (e.g., peers, family members).
- N-HS.8.1 Encourage others to choose **healthy foods**.
- N-HS.8.2 Advocate for self and others to increase their level of physical activity.
- P-HS.8.1 Advocate for the promotion and protection of a healthy and safe environment, including community, personal, and family environments.
- P-HS.8.2 Explain ways that peers, family, and community can participate in organ and tissue donations.

D: Alcohol, Tobacco, and Other Drugs

G: Growth, Development, and Sexual Health and Responsibility

I: Injury Prevention and Safety

M: Mental, Emotional, and Social Health

N: Nutrition and Physical Activity

P: Personal and Community Health

\*: Exact wording in *National Health and Safety Performance Standards* (NRC, 2011)

♦: Reproductive health instruction is permitted before grade six at the option of local school boards (§59-32-30(A)(1)).

♦♦: Family life and pregnancy prevention instruction is permitted in grades six, seven, and eight at the option of local school boards; STD-prevention instruction is required in these three grades (§59-32-30(A)(2)).

++: Content must be taught separately to male and female students (§50-32-30(F)).

## **Appendix A: Comprehensive Health Education Act**

To view the most updated version of the Comprehensive Health Education Program, also known as the Comprehensive Health Education Act, please go to <http://www.scstatehouse.gov/code/t59c032.php>.

As of the final approval date of this document as found on page 1, the Comprehensive Health Education Act reads as follows.

### **South Carolina Code of Laws Unannotated Title 59 - Education**

#### **CHAPTER 32**

#### **Comprehensive Health Education Program**

SECTION 59-32-5. Short title.

This may be cited as the "Comprehensive Health Education Act".

HISTORY: 1988 Act No. 437, Section 1.

SECTION 59-32-10. Definitions.

As used in this chapter:

(1) "Comprehensive health education" means health education in a school setting that is planned and carried out with the purpose of maintaining, reinforcing, or enhancing the health, health-related skills, and health attitudes and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention. It includes age-appropriate, sequential instruction in health either as part of existing courses or as a special course.

(2) "Reproductive health education" means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.

(3) "Family life education" means instruction intended to:

(a) develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of close personal relationships and an understanding of the physiological, psychological, and cultural foundations of human development;

(b) provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of marriage.

(c) provide instruction as to the laws of this State relating to the sexual conduct of minors, including criminal sexual conduct.

(4) "Pregnancy prevention education" means instruction intended to:

(a) stress the importance of abstaining from sexual activity until marriage;

(b) help students develop skills to enable them to resist peer pressure and abstain from sexual activity;

(c) explain methods of contraception and the risks and benefits of each method. Abortion must not be included as a method of birth control. Instruction explaining the methods of contraception must not be included in any education program for grades kindergarten through fifth. Contraceptive information must be given in the context of future family planning.

(5) "Local school board" means the governing board of public school districts as well as those of other state-supported institutions which provide educational services to students at the elementary and secondary school level. For purposes of this chapter, programs or services provided by the Department of Health and Environmental Control in educational settings must be approved by the local school board.

(6) "Board" means the State Board of Education.

(7) "Department" means the State Department of Education.

**HISTORY:** 1988 Act No. 437, Section 3.

**SECTION 59-32-20.** Selection or adoption of instruction units by state board required.

(A) Before August 1, 1988, the board, through the department, shall select or develop an instructional unit with separate components addressing the subjects of reproductive health education, family life education, pregnancy prevention education, and sexually transmitted diseases and make the instructional unit available to local school districts. The board, through the department, also shall make available information about other programs developed by other states upon request of a local school district.

(B) In addition to the provisions of subsection (A), before September 1, 2015, the board, through the department, shall select or develop instructional units in sexual abuse and assault awareness and prevention, with separate units appropriate for each age level from four-year-old kindergarten through twelfth grade.

**HISTORY:** 1988 Act No. 437, Section 3; 2014 Act No. 293 (H.4061), Section 1, eff June 23, 2014.

**Effect of Amendment**

2014 Act No. 293, Section 1, inserted subsection designator (A), and added subsection (B).

SECTION 59-32-30. Local school boards to implement comprehensive health education program; guidelines and restrictions.

(A) Pursuant to guidelines developed by the board, each local school board shall implement the following program of instruction:

(1) Beginning with the 1988-89 school year, for grades kindergarten through five, instruction in comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, and mental and emotional health. Sexually transmitted diseases as defined in the annual Department of Health and Environmental Control List of Reportable Diseases are to be excluded from instruction on the prevention and control of diseases and disorders. At the discretion of the local board, age-appropriate instruction in reproductive health may be included.

(2) Beginning with the 1988-1989 school year, for grades six through eight, instruction in comprehensive health must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, mental and emotional health, and reproductive health education. Sexually transmitted diseases are to be included as a part of instruction. At the discretion of the local board, instruction in family life education or pregnancy prevention education or both may be included, but instruction in these subjects may not include an explanation of the methods of contraception before the sixth grade. Beginning with the 2016-2017 school year, for grades six through eight, instruction in comprehensive health education also must include the subject of domestic violence.

(3) Beginning with the 1989-90 school year, at least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education.

(4) The South Carolina Educational Television Commission shall work with the department in developing instructional programs and materials that may be available to the school districts. Films and other materials may be designed for the purpose of explaining bodily functions or the human reproductive process. These materials may not contain actual or simulated portrayals of sexual activities or sexual intercourse.

(5) The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases.

(6) In grades nine through twelve, students must also be given appropriate instruction that adoption is a positive alternative.



(7) At least one time during the entire four years of grades nine through twelve, each student shall receive instruction in cardiopulmonary resuscitation (CPR), which must include, but not be limited to, hands-only CPR and must include awareness in the use of an automated external defibrillator (AED). Each school district shall use a program that incorporates the instruction of the psychomotor skills necessary to perform CPR developed by the American Heart Association, the American Red Cross, or an instructional program that is nationally recognized and based on the most current national evidence-based emergency cardiovascular care guidelines for CPR and awareness in the use of an AED. Local and statewide school districts shall coordinate with entities that have the experience and necessary equipment for the instruction of CPR and awareness in the use of AEDs; provided, however, that virtual schools may administer the instruction virtually and are exempt from any in-person instructional requirements. A school district must adopt a policy providing a waiver for this requirement for a student absent on the day the instruction occurred, a student with a disability whose individualized education program indicates such student is unable to complete all or a portion of the hands-only CPR requirement, or a student whose parent or guardian completes, in writing, a form approved by the school district opting out of hands-only CPR instruction and AED awareness. The State Board of Education shall incorporate CPR training and AED awareness into the South Carolina Health and Safety Education Curriculum Standards and promulgate regulations to implement this section.

(B) Local school boards may use the instructional unit made available by the board pursuant to Section 59-32-20, or local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district.

(C) The time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986-87 school year. Health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course.

(D) No contraceptive device or contraceptive medication may be distributed in or on the school grounds of any public elementary or secondary school. No school district may contract with any contraceptive provider for their distribution in or on the school grounds. Except as to that instruction provided by this chapter relating to complications which may develop from all types of abortions, school districts may not offer programs, instruction, or activities including abortion counseling, information about abortion services, or assist in obtaining abortion, and materials containing this information must not be distributed in schools. Nothing in this section prevents school authorities from referring students to a physician for medical reasons after making reasonable efforts to notify the student's parents or legal guardians or the appropriate court, if applicable.

(E) Any course or instruction in sexually transmitted diseases must be taught within the reproductive health, family life, or pregnancy prevention education components, or it must be presented as a separate component.

(F) Instruction in pregnancy prevention education must be presented separately to male and female students.

(G) Beginning with the 2015-2016 school year, districts annually shall provide age-appropriate instruction in sexual abuse and assault awareness and prevention to all students in four-year-old kindergarten, where offered, through twelfth grade. This instruction must be based on the units developed by the board, through the department, pursuant to Section 59-32-20(B).

HISTORY: 1988 Act No. 437, Section 3; 2014 Act No. 293 (H.4061), Section 2, eff June 23, 2014; 2015 Act No. 58 (S.3), Pt IV, Section 22, eff June 4, 2015; 2016 Act No. 152 (H.3265), Section 2, eff April 21, 2016.

#### Editor's Note

2016 Act No. 152, Sections 1, 3 to 5 provide as follows:

"SECTION 1. This act may be referred to and cited as 'Ronald Rouse's Law'."

"SECTION 3. Students who have already completed the requisite health course will not be required to take the course a second time.

"SECTION 4. The State Department of Education may include language from any section of this act in the South Carolina Health and Safety Education Curriculum Standards.

"SECTION 5. School districts must begin complying with the provisions of this act no later than the 2017-2018 school year."

#### Effect of Amendment

2014 Act No. 293, Section 2, added subsection (G).

2015 Act No. 58, Section 22, in (A)(2), substituted "1988-1989 school year" for "1988-89 school year", and added the last sentence, relating to the 2016-2017 school year.

2016 Act No. 152, Section 2, added (A)(7), relating to instruction in CPR and AED use awareness in high schools.

#### SECTION 59-32-40. Staff development.

As part of their program for staff development, the department and local school boards shall provide appropriate staff development activities for educational personnel participating in the comprehensive health education program. Local school boards are encouraged to coordinate the activities with the department and institutions of higher learning.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-50. Notice to parents; right to have child exempted from comprehensive health education program classes.

Pursuant to policies and guidelines adopted by the local school board, public school principals shall develop a method of notifying parents of students in the relevant grades of the content of the instructional materials concerning reproductive health, family life, pregnancy prevention, and of their option to exempt their child from this instruction, and sexually transmitted diseases if instruction in the diseases is presented as a separate component. Notice must be provided sufficiently in advance of a student's enrollment in courses using these instructional materials to allow parents and legal guardians the opportunity to preview the materials and exempt their children.

A public school principal, upon receipt of a statement signed by a student's parent or legal guardian stating that participation by the student in the health education program conflicts with the family's beliefs, shall exempt that student from any portion or all of the units on reproductive health, family life, and pregnancy prevention where any conflicts occur. No student must be penalized as a result of an exemption. School districts shall use procedures to ensure that students exempted from the program by their parents or guardians are not embarrassed by the exemption.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-60. Department to ensure compliance; annual district report.

The department shall assure district compliance with this chapter. Each local school board shall consider the programs addressed in this chapter in developing its annual district report.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-70. Applicability to private schools.

The provisions of this chapter do not apply to private schools.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-80. Penalty for teacher's violation of or refusal to comply with chapter.

Any teacher violating the provisions of this chapter or who refuses to comply with the curriculum prescribed by the school board as provided by this chapter is subject to dismissal.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-90. Restrictions on use of films, pictures or diagrams.

Films, pictures, or diagrams in any comprehensive health education program in public schools must be designed solely for the purpose of explaining bodily functions or the human reproduction process and may not include actual or simulated portrayals of sexual activities or sexual intercourse.

HISTORY: 1988 Act No. 437, Section 3.

## Appendix B: Glossary

abstinence	The act or practice of abstaining; the act or practice of refraining from indulgences, drinking alcoholic beverages or engaging in sexual activity (Merriam-Webster, n.d.a)
active bystander	Someone who not only witnesses a situation, but takes steps to speak up or step in to keep a situation from escalating or to disrupt a problematic situation (Loyola-Coordinated Community Response Team, n.d.).
addiction	Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors (National Institute on Drug Abuse [NIH], n.d.a).
AIDS	Acronym for acquired immunodeficiency syndrome, a condition that results from HIV infection and is marked by the presence of opportunistic infections that do not affect persons with healthy immune systems (Center for Disease Control and Prevention [CDC], 2017).
ATOD	Acronym for alcohol, tobacco, and other drugs (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015).
ATOD dependence	A state in which an organism functions normally only in the presence of a drug (particularly alcohol, tobacco, and other drugs), manifested as a physical disturbance when the drug is removed (withdrawal) (NIH, n.d.b).
blood donor	A person who gives blood for use in transfusion (Merriam-Webster, n.d.b)
boundaries	The physical, emotional and mental limits we establish to protect ourselves from being manipulated, used, or violated by others. They allow us to separate who we are, and what we think and feel, from the thoughts and feelings of others (Heford, n.d.).
bullying	Unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time (e.g. physical strength, access to embarrassing information, popularity, etc.) (U.S. Department of Health & Human Services [HHS], 2012a).
bystander	A person who is present at an event or incident but does not take part (Oxford Dictionary, n.d.a).
calories	The units of energy that measure how much energy food provides to the body. The body needs calories to function properly (Gavin, 2014).
communicable diseases	An illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector or the inanimate environment to a susceptible animal or human host (CDC, 2010).

community health	Community health tends to emphasize on geographic areas instead of people who demonstrate shared or similar characteristics. Individuals who are part of a community health setting strive to implement programs that focus on the promotion of healthy living and prevention of diseases. Their emphasis is primarily on reaching out to specific populations within a community through efforts such as counseling, education and events (Reference.com, n.d.).
community helpers	A community helper can be defined as any person who helps with [public] health and overall well-being (dentists, doctors, construction workers, grocery store workers, etc) (Linde, n.d.).
coping strategies	Methods of dealing with internal or external demands that are perceived to be threatening or overwhelming (American Psychological Association [APA], n.d.a).
consent	Voluntary, positive agreement between the participants to engage in specific sexual activity. Verbal communication prior to engaging in sex helps to clarify consent (Northwestern-Student Affairs, n.d.).
CPR/AED	CPR (Cardiopulmonary Resuscitation) It is an emergency lifesaving procedure that is done when someone's breathing or heartbeat has stopped. This may happen after an electric shock, heart attack or drowning. CPR combines rescue breathing and chest compressions (U.S. National Library of Medicine [NLM], n.d.). AED (Automatic External Defibrillator) A portable electronic device which is used to monitor cardiac rhythm, diagnose life threatening arrhythmias and automatically defibrillate by placing the pads directly on the patient's unclothed chest (The Free Dictionary, n.d.a).
crisis	An emotionally significant event or radical change of status in a person's life (Merriam-Webster, n.d.c).
cyberbullying	Bullying that occurs when people use the Internet, cell phones, or other devices to send or post text or images intended to hurt or embarrass another person. Cyberbullying is a problem that affects almost half of all American teens (HHS, 2012b).
dating violence	The physical, sexual, psychological, or emotional violence within a dating relationship, including stalking. It can occur in person or electronically and might occur between a current or former dating partner (United States Centers for Disease Control and Prevention [CDC], 2016a).
depression	Depression is characterized by persistent sadness and sometimes irritability (particularly in children) and is one of the leading causes of disease or injury worldwide for both men and women (CDC, 2016b).
disordered eating	Disordered eating is a disturbed and unhealthy eating pattern that can include restrictive dieting, compulsive eating or skipping meals. Disordered eating can include behaviours which reflect many but not all of the symptoms of feeding and eating disorders such as Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Other Specified Feeding and Eating Disorders (OSFED) or Avoidant/Restrictive Food Intake Disorder (ARFID) (National Eating Disorders Collaboration [NEDC], 2017).

distracted driving	Distracted driving is driving while doing another activity that takes your attention away from driving. Distracted driving activities include things like using a cell phone, texting, and eating (CDC, 2016c).
domestic violence	The willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by a current or former intimate partner against another (National Coalition Against Domestic Violence [NCADV], n.d.).
drug	A medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body (Oxford Dictionary, n.d.b).
emotional health	Emotional health is about being happy, self-confident, self-aware, and resilient. People who are emotionally healthy are able to cope with life's challenges and recover from setbacks (Helpguide.org, n.d.).
empathy	The ability to identify with or understand the perspective, experiences, or motivations of another individual and to comprehend and share another individual's emotional state (The Free Dictionary, n.d.b).
endocrine system	The endocrine system is the collection of glands that produce hormones that regulate metabolism, growth and development, tissue function, sexual function, reproduction, sleep, and mood, among other things. The endocrine system is made up of the pituitary gland, thyroid gland, parathyroid glands, adrenal glands, pancreas, ovaries (in females) and testicles (in males) (Zimmermann, 2016).
environment	The air, water, and land in or on which people, animals, and plants live; the conditions that people live or work in and the way that they influence how people feel or how effectively people can work (Cambridge Dictionary, n.d.).
environmental health	External physical, biological, social, and cultural factors that can influence health status in populations (A Dictionary of Epidemiology, n.d.).
evidence-based programs	Programs or interventions supported by credible scientific studies that find associated decreases in risk behaviors (e.g., delay in alcohol use, increase consumption of fruits and vegetables, delay in sexual initiation, or increase in condom-use) or adverse health outcomes (e.g., violence, alcohol-related motor vehicle accidents, HIV or other STD transmission) (CDC, 2012).
feeling	An awareness [of the human] body of something in it or on it; an emotional state or reaction; thoughts of wanting to help someone who is sick, hungry, in trouble, etc. (Merriam-Webster, n.d.d).
first aid	First-aid refers to medical attention that is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer. First-aid can include cleaning minor cuts, scrapes, or scratches; treating a minor burn; applying bandages and dressings; the use of non-prescription medicine; draining blisters; removing debris from the eyes; massage; and drinking fluids to relieve heat stress (United States Occupational Safety and Health Administration [OSHA], n.d.).

food label	A panel found on a package of food which contains a variety of information about the nutritional value of the food item. There are many pieces of information which are standard on most food labels, including serving size, number of calories, grams of fat, included nutrients, and a list of ingredients. This information helps people who are trying to restrict their intake of fat, sodium, sugar, or other ingredients, or those individuals who are trying to get enough of the healthy nutrients such as calcium or Vitamin C. The label provides each item with its approximate percent daily value, generally based on a 2,000 calorie diet (Business Dictionary, n.d.).
gateway drug	Drugs, such as alcohol and marijuana, whose use is thought to lead to the use of and dependence on a harder drug, such as cocaine or heroin (Merriam-Webster, n.d.e).
germ	A very small living thing that causes disease; the origin or basis of something; a very small amount of something (Merriam-Webster, n.d.f).
health (personal)	Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization [WHO], 1946).
health behaviors	Any activity undertaken for the purpose of preventing or detecting disease or for improving health and well-being (Conner, 2002).
health check-ups	A thorough physical examination; includes a variety of tests depending on the age and sex and health of the person (The Free Dictionary, n.d.c).
health risks	A disease precursor associated with a higher than average morbidity or mortality rate. Disease precursors include demographic variables, certain individual behaviors, familial and individual histories, and certain physiological changes (Mosby's Medical Dictionary, 2009).
health foods	Any natural food popularly believed to promote or sustain good health, as by containing vital nutrients, being grown without the use of pesticides, or having a low sodium or fat content (Dictionary.com, n.d.a).
health-related fitness	The components of physical fitness that are related to good health. The components are commonly identified as body composition, cardiovascular fitness, flexibility, muscular endurance, and strength (CDC, n.d.a).
HIV	HIV is a sexually transmitted infection. It can also be spread by contact with infected blood or from mother to child during pregnancy, childbirth or breast-feeding (Mayo Clinic Staff, 2015).
hormones	Hormones are special chemical messengers in the body that are created in the endocrine glands. These messengers control most major bodily functions, from simple basic needs like hunger to complex systems like reproduction, and even the emotions and mood (Hormone Health Network, n.d.).
human trafficking	Human trafficking is a modern-day form of slavery and involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act (United States Department of Homeland Security [DHS], n.d.).
hydration	The quality or state of being hydrated; especially the condition of having adequate fluid in the body tissues (Merriam-Webster, n.d.g).

immunizations	Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease (WHO, n.d.a).
medicine	A substance or preparation used in treating disease (Merriam-Webster, n.d.h).
mental health	Mental health includes emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how people handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Over the course of one's life, if one experiences mental health problems, one's thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including: Biological factors, such as genes or brain chemistry Life experiences, such as trauma or abuse Family history of mental health problems (HHS, n.d.).
negotiation skills	The ability to resolve disputes and conflicts through a willingness to work with other people to reach solutions that everyone can live with (Fiske & Clark, 1996).
opioid	Opioids are a class of drugs that include the illegal drug heroin as well as powerful pain relievers available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, fentanyl, and many others (United States National Institute of Health, National Institute on Drug Abuse [NIDA], 2016).
OTC drugs	Over the counter medicine is also known as OTC or nonprescription medicine. All these terms refer to medicine that you can buy without a prescription (United States Food and Drug Administration [FDA], 2016).
pathogens	Disease-causing microorganisms, including viruses and many bacteria, fungi, and protozoans (A Dictionary of Biology, n.d.).
peer pressure	A feeling that one must do the same things as other people of one's age and social group in order to be liked or respected by them (Merriam-Webster, n.d.i).
perinatal	Occurring during or pertaining to the phase surrounding the time of birth, from the twentieth week of gestation to the twenty-eighth day of newborn life (Dictionary.com, n.d.b).
postnatal care	The support provided to women and newborns for the first few months following birth (Reference MD, n.d.).
pregnancy prevention methods	Continuous abstinence, or any method, medicine, or device used to prevent pregnancy (Women's Health, n.d.).
prenatal	The health care a woman receives while pregnant (Office of Women's Health [OWH], 2012).
prescription drugs	A drug that can be obtained only by means of a physician's prescription (Merriam-Webster, n.d.i).



protective factors	Conditions or attributes in individuals, families, communities, or society that, when present, reduce the risk for disorders and increase the health and wellbeing of children and families (Child Welfare Information Gateway, n.d.).
puberty	The period of life at which the ability to reproduce begins. It is a stage of development when genitalia reach maturity and secondary sex characteristics appear (Mosby's Dictionary of Medicine, n.d.).
rape	The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim (Federal Bureau of Investigation [FBI], n.d.).
refusal skills	Communication strategies that allow individuals to remove themselves from unwanted or harmful activities or behaviors (Resource Center for Adolescent Pregnancy Prevention, n.d.).
resiliency	The ability to adapt well in the face of adversity, trauma, tragedy, threats, and other sources of stress (APA, n.d.b).
risk(y) behaviors	Risk(y) behaviors contribute to unintentional injuries and violence; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; alcohol, tobacco and other drug use; unhealthy dietary behaviors; and inadequate physical activity (CDC, 2016).
safe adult	An adult a child identifies as someone they can talk to if they come in contact with someone or something that makes them uncomfortable. Safe adults exhibit behaviors that make a child feel comfortable. Some examples may include: exhibiting appropriate boundaries with the child, respecting the child and their emotions, listening to the child and providing space for them to share these feelings, helping a child when needed, and respecting their boundaries (The Canadian Center for Child Protection, 2011).
screen time	The time spent viewing TV/video, computer, electronic games, hand-held devices or other visual devices (Healthy Michigan Plan, n.d.).
secondhand smoke	Secondhand smoke is the combination of smoke from the burning end of the cigarette and the smoke breathed out by smoker (United States Surgeon General [U.S. Surgeon General], n.d.).
self-concept	The conception and evaluation of yourself which includes physical and psychological skills, and qualities which make us who we are. Also called self-appraisal; self-assessment; self-evaluation. A strong opinion about one's self (Psychology Dictionary, n.d.).
sexual abuse	Unwanted sexual activity, with perpetrators using force, making threats, or taking advantage of victims not able to give consent (APA, n.d.c).
sexual assault	Any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities such as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape (United States Department of Justice [DOJ], 2017).
sexual harassment	Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature in the workplace or learning environment (Rape, Abuse & Incest National Network [RAINN], n.d.).

sexuality	The quality or state of being sexual. The condition of having sex (Merriam-Webster, n.d.k).
sexting	The sending of sexually explicit photos, images, text messages, or e-mails by using a cell phone or other mobile device (Dictionary.com, n.d.c).
six essential nutrients	Carbohydrates, fats, proteins, minerals, vitamins, and water – the chemical elements found in food and required for the body to perform essential functions (Successful Aging, n.d.).
skill-related fitness	Those components of physical fitness that are related to enhanced performance in sports and motor skills: agility, balance, coordination, power, speed, and reaction time (President’s Council on Physical Fitness and Sports, 2000).
SMART goal	Goals that are: Specific, Measurable, Achievable, Relevant, and Time Sensitive (The Teen Compass, n.d.).
social health	The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries (WHO, n.d.b).
social norms	The customary rules that govern behavior in groups and societies (Stanford Encyclopedia of Philosophy, 2011).
STIs/STDs	Acronym for sexually transmitted infections/sexually transmitted diseases, and refers to a variety of clinical syndromes and infections caused by pathogens that can be acquired and transmitted through sexual activity (CDC, 2015).
valid	Well-grounded or justifiable, being at once relevant and meaningful (Merriam-Webster, n.d.l).
wellness	<p>The term wellness has been applied in many ways. Although there might be different views on what wellness encompasses, the National Wellness Institute – along with the help of leaders in health and wellness – shared many interpretations and models of wellness. Through this discussion, there appears to be general agreement that:</p> <p>Wellness is a conscious, self-directed and evolving process of achieving full potential</p> <p>Wellness is multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment</p> <p>Wellness is positive and affirming</p> <p>The definition of wellness, long used by the National Wellness Institute is consistent with these tenets. Wellness is an active process through which people become aware of, and make choices toward, a more successful existence (Hettler, n.d.).</p>

withdrawal	<p>Withdrawal refers to the physical problems and emotions a person experiences if he/she is dependent on a substance (such as alcohol, prescription medicines, or illegal drugs) and then suddenly stops or drastically reduce his/her intake of the substance. Symptoms of withdrawal are caused by decreased amounts of alcohol or drugs in the blood or tissues of a person who has grown accustomed to prolonged heavy use and who then suddenly stops. Withdrawal syndrome is a set of symptoms that occur when one decreases or stops drinking or using drugs after using alcohol or drugs for a long time (WebMD, n.d.).</p>
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## Appendix C: References

Abstinence. (n.d.). In *Merriam Webster Dictionary online*. Retrieved from <https://www.merriam-webster.com/dictionary/abstinence>

Administration for Children and Families, Children's Bureau, Child Welfare Information Gateway (n.d.). Protective Factors to Promote Well-Being. Retrieved from <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/>

AED (Automatic External Defibrillator). (n.d.). In *The Free Dictionary online*. Retrieved from <http://medical-dictionary.thefreedictionary.com/AED>

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs [Internet]. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association; 2011 Aug [cited 2013 Jan 22]. Also available at <http://nrckids.org>.

American Psychological Association. (n.d.) Sexual Abuse. Retrieved from <http://www.apa.org/topics/sexual-abuse/index.aspx>

American Psychological Association. (n.d.). Glossary. Retrieved from <http://www.apa.org/research/action/glossary.aspx?tab=3>

American Psychological Association. (n.d.). Retrieved from <http://www.apa.org/helpcenter/resilience.aspx>

Blood Donor. (n.d.). In *Merriam Webster Dictionary online*. Retrieved from <https://www.merriam-webster.com/dictionary/blood%20donor>

Bystander. (n.d.). In *Oxford Dictionary online*. Retrieved from <https://en.oxforddictionaries.com/definition/bystander>

Center for Disease Control and Prevention. (2010, October 08). Menu of Suggested Provisions For State Tuberculosis Prevention and Control Laws. Retrieved from

<https://www.cdc.gov/tb/programs/laws/menu/definitions.htm>

Center for Disease Control and Prevention. (2017, January 25). HIV/AIDS. Retrieved from

<http://www.cdc.gov/hiv/basics/whatishiv.html>

Comprehensive Health Education Act, SC. Stat. §§ 59-32 (1998 & 2014).

Comprehensive Health Education Act, SC. Stat. §§ 59-10 (2005).

Conner, (2002). Health Behaviors. Retrieved from

<http://userpage.fu-berlin.de/~schuez/folien/conner2002.pdf>

Crisis. (n.d.). In *Merriam-Webster Dictionary online*. Retrieved from [https://www.merriam-](https://www.merriam-webster.com/dictionary/crisis)

[webster.com/dictionary/crisis](https://www.merriam-webster.com/dictionary/crisis)

Drug (n.d.). In *Oxford Dictionary online*. Retrieved from

<https://en.oxforddictionaries.com/definition/drug>

Empathy. (n.d.). In *The Free Dictionary online*. Retrieved from

<http://www.thefreedictionary.com/empathy>

Environment. (n.d.). In *Cambridge Dictionary online*. Retrieved from

<http://dictionary.cambridge.org/us/dictionary/english/environment>

Environmental Health. (n.d.) *A Dictionary of Epidemiology* (3rd ed.). New York: Oxford University Press.

Federal Bureau of Investigation. (n.d.) Rape. Retrieved from [https://www.fbi.gov/about-](https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/violent-crime/rape)

[us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/violent-crime/rape](https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/violent-crime/rape)

Feeling. (n.d.). In *Merriam-Webster Dictionary online*. Retrieved from [http://www.merriam-](http://www.merriam-webster.com/dictionary/feeling)

[webster.com/dictionary/feeling](http://www.merriam-webster.com/dictionary/feeling)

Fiske, C., & Clark, J. A. (1996). Negotiation Skills. Retrieved from

<http://extension.missouri.edu/p/GH6830>

Food Label. (n.d.). In *Business Dictionary online*. Retrieved from

<http://www.businessdictionary.com/definition/food-label.html>

Gateway Drug. (n.d.). In *Merriam Webster Dictionary online*. Retrieved from <http://www.merriam->

[webster.com/dictionary/gateway%20drug](http://www.merriam-webster.com/dictionary/gateway%20drug)

Gavin, M. L. (Ed.). (2014, October). Figuring Out Fat and Calories. Retrieved from

<http://kidshealth.org/en/teens/fat-calories.html>

Germ. (n.d.). In *Merriam Webster Dictionary online*. Retrieved from <https://www.merriam->

[webster.com/dictionary/germ](https://www.merriam-webster.com/dictionary/germ)

Health Check-Ups. (n.d.). In *The Free Dictionary online*. Retrieved from

<http://www.thefreedictionary.com/medical+checkup>

Health Risk. In *Mosby's Medical Dictionary*, 9th edition. (2009). Retrieved from <http://medical->

[dictionary.thefreedictionary.com/health+risk](http://medical-dictionary.thefreedictionary.com/health+risk)

Health-food. (n.d.). In *Dictionary.com online*. Retrieved from

<http://www.dictionary.com/browse/health-food>

Healthy Michigan Plan, (n.d.). Screen Time. Retrieved from

[http://www.michigan.gov/documents/healthymichigan/Pollicy\\_Examples\\_395988\\_7.pdf](http://www.michigan.gov/documents/healthymichigan/Pollicy_Examples_395988_7.pdf)

Heford, Z. (n.d.). Healthy Personal Boundaries & How to Establish Them. Retrieved April 04, 2017,

from <http://www.essentiallifeskills.net/personalboundaries.html>

Helpguide.org. (n.d.) Improving Mental and Emotional Health. Retrieved from

<https://www.helpguide.org/home-pages/emotional-health.htm>

Hettler, B. (n.d.) Six Dimensions of Wellness. Retrieved from

[http://www.nationalwellness.org/?page=Six\\_Dimensions](http://www.nationalwellness.org/?page=Six_Dimensions)

Hormone Health Network. (n.d.). What Are Hormones, And What Do They Do? Retrieved from

<http://www.hormone.org/hormones-and-health/what-do-hormones-do/hormones-and-what-do-they-do>

Hydration. (n.d.). In *Merriam Webster Dictionary online*. Retrieved from [http://www.merriam-](http://www.merriam-webster.com/medical/hydration)

[webster.com/medical/hydration](http://www.merriam-webster.com/medical/hydration)

Joint Committee on National Health Education Standards. (2007). National Health Education

Standards, Second Edition: Achieving Excellence. Washington, D.C.: The American Cancer

Society. Retrieved from <http://www.shapeamerica.org/standards/health/index.cfm>

Linde, S. (n.d.). Community Helpers for Kindergarten - Video & Lesson Transcript. Retrieved from

<http://study.com/academy/lesson/community-helpers-for-kindergarten.html>

Loyola University Chicago Coordinated Community Response Team. (n.d.). Active Bystander.

Retrieved from <http://www.luc.edu/ccrt/resources/bystander/>

Mayo Clinic Staff. (2015, July 21). HIV/AIDS. Retrieved from [http://www.mayoclinic.org/diseases-](http://www.mayoclinic.org/diseases-conditions/hiv-aids/basics/definition/con-20013732)

[conditions/hiv-aids/basics/definition/con-20013732](http://www.mayoclinic.org/diseases-conditions/hiv-aids/basics/definition/con-20013732)

Medicine. (n.d.). In *Merriam Webster Dictionary online*. Retrieved from [https://www.merriam-](https://www.merriam-webster.com/dictionary/medicine)

[webster.com/dictionary/medicine](https://www.merriam-webster.com/dictionary/medicine)

National Coalition Against Domestic Violence. (n.d.). What is Domestic Violence? Retrieved from

<http://ncadv.org/learn-more/what-is-domestic-violence>

National Eating Disorders Collaboration (2017, February 22) What is disorder eating and Dieting?

Eating Disorders Explained. Retrieved from <http://www.nedc.com.au/disordered-eating>

National Institute on Drug Abuse. (n.d.) Definition of Dependence. Retrieved from

<https://www.drugabuse.gov/publications/teaching-packets/neurobiology-drug-addiction/section-iii-action-heroin-morphine/8-definition-dependence>

National Institute on Drug Abuse. (n.d.). The Science of Drug Abuse and Addition: The Basics.

Retrieved from <https://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics>

Northwestern University Division of Student Affairs. (n.d.). Defining Consent. Retrieved from <http://www.northwestern.edu/care/get-information/sexual-assault-and-consent/defining-consent/index.html>

Pathogen. (n.d.). In *A Dictionary of Biology*. Retrieved from Encyclopedia.com  
<http://www.encyclopedia.com/doc/1O6-pathogen.html>

Peer Pressure. (n.d.). In *Merriam-Webster Dictionary online*. Retrieved from <http://www.merriam-webster.com/dictionary/peer%20pressure>

Perinatal. (n.d.). In *Dictionary.com online*. Retrieved from  
<http://www.dictionary.com/browse/perinatal>

Prescription Drug. (n.d.). In *Merriam-Webster Dictionary online*. Retrieved from <http://www.merriam-webster.com/dictionary/prescription%20drug>

President's Council on Physical Fitness and Sports, (2000, March). Retrieved from  
<http://files.eric.ed.gov/fulltext/ED470696.pdf>

Puberty. (n.d.). In *Mosby's Dictionary of Medicine, Nursing & Health Professions online*. Retrieved from <https://goo.gl/Z7If91>

Rape, Abuse & Incest National Network. (n.d.). Sexual Harassment. Retrieved from  
<https://www.rainn.org/articles/sexual-harassment>

Reference MD. (nd.). Postnatal Care. Retrieved from  
<http://www.reference.md/files/D011/mD011181.html>

Reference.com. (n.d.). What is community health? Retrieved from <https://www.reference.com/world-view/community-health-336640421677c4e1?qo=cdpArticles>



Resource Center for Adolescent Pregnancy Prevention. (n.d.). Refusal Skills. Retrieved from

<http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.YouthSkillsDetail&PageID=121>

Self-concept. (n.d.). In *Psychology Dictionary online*. Retrieved from

<http://psychologydictionary.org/self-concept/>

Sexting. (n.d.). In *Dictionary.com online*. Retrieved from [https://www.merriam-](https://www.merriam-webster.com/dictionary/http://www.dictionary.com/browse/sexting)

[webster.com/dictionary/http://www.dictionary.com/browse/sexting](https://www.merriam-webster.com/dictionary/http://www.dictionary.com/browse/sexting)

Sexuality. (n.d.). In *Merriam-Webster Dictionary online*. Retrieved from [https://www.merriam-](https://www.merriam-webster.com/dictionary/sexuality)

[webster.com/dictionary/sexuality](https://www.merriam-webster.com/dictionary/sexuality)

South Carolina Department of Education. (1986). Time Requirements for Health Instruction. In *1986*

*Defined Minimum Program for South Carolina School Districts* (p. 21, 37).

Stanford Encyclopedia of Philosophy. (2011 March 1). Social Norms. Retrieved from

<https://plato.stanford.edu/entries/social-norms/>

Substance Abuse and Mental Health Services Administration. (2015, October 30). Alcohol, Tobacco,

and Other Drugs. Retrieved from <http://www.cdc.gov/hiv/basics/whatishiv.html>

Successful Aging. (n.d.). Six Basic Nutrients Required for Good Health. Retrieved from

<http://www.successfulaging.ca/programs/nutrition/04.html>

The Canadian Center for Child Protection. (2011). The Door That's Not Locked. Retrieved from

[http://www.thedoorthatsnotlocked.ca/pdfs/TDTNL\\_SafeAdultsAndInternetSafety\\_5-12\\_en.pdf](http://www.thedoorthatsnotlocked.ca/pdfs/TDTNL_SafeAdultsAndInternetSafety_5-12_en.pdf)

The International Health Conference. (1946, June 22). Preamble to the Constitution of the World

Health Organization (Official Records of the World Health Organization, no. 2, p. 100).

Retrieved from <http://www.who.int/about/mission/en/>

The Teen Compass. (n.d.). Smart Goals Defined. Retrieved from

<http://www.theteencompass.org/explore/smart-goals-defined/>

- U.S. Department of Health & Human Services. (2012, February 29). What is Bullying. Retrieved from <https://www.stopbullying.gov/what-is-bullying/>
- U.S. National Library of Medicine. (n.d.). CPR (Cardiopulmonary Resuscitation). Retrieved from <https://www.nlm.nih.gov/medlineplus/ency/article/000010.htm>
- Understanding Over-the-Counter Medicines. Retrieved from <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/>
- United States Centers for Disease Control and Prevention, (n.d.). Monitoring Student Fitness Levels. Retrieved from [https://www.cdc.gov/healthyschools/physicalactivity/pdf/2014\\_09\\_12\\_14-249482-nihiser-collectingfitnessdata-final-508web\\_tag508\\_2.pdf/digest/docs/200006digest.pdf](https://www.cdc.gov/healthyschools/physicalactivity/pdf/2014_09_12_14-249482-nihiser-collectingfitnessdata-final-508web_tag508_2.pdf/digest/docs/200006digest.pdf)
- United States Centers for Disease Control and Prevention, Division of Adolescent and School Health. (2015, June 17). Characteristics of an Effective Health Education Curriculum. Retrieved from <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>
- United States Centers for Disease Control and Prevention. (2015, June 4). 2015 Sexually Transmitted Diseases Treatment Guidelines. Retrieved from <http://www.cdc.gov/std/tg2015/intro.htm>
- United States Centers for Disease Control and Prevention. (2016). HECAT Glossary. Retrieved from [https://www.cdc.gov/healthyyouth/hecat/pdf/hecat\\_glossary.pdf](https://www.cdc.gov/healthyyouth/hecat/pdf/hecat_glossary.pdf)
- United States Centers for Disease Control and Prevention. (2016, August 11). Youth Risk Behavior Surveillance System (YRBSS). Retrieved from <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
- United States Centers for Disease Control and Prevention. (2016, July 21). Violence Prevention. Retrieved from [https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen\\_dating\\_violence.html](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html)

United States Centers for Disease Control and Prevention. (2016, March 30). Depression. Retrieved from <https://www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm>

United States Centers for Disease Control and Prevention. (2016, March 07). Distracted Driving. Retrieved from [https://www.cdc.gov/motorvehiclesafety/distracted\\_driving/](https://www.cdc.gov/motorvehiclesafety/distracted_driving/)

United States Department of Health & Human Services, Office of Women's Health. (2012, July 16). Prenatal Fact Sheet. Retrieved from <https://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html>

United States Department of Health & Human Services. (2012, March 07). What is Cyberbullying. Retrieved from <https://www.stopbullying.gov/cyberbullying/what-is-it/>

United States Department of Health & Human Services. (n.d.). What is Mental Health?. Retrieved from <https://www.mentalhealth.gov/basics/what-is-mental-health/>

United States Department of Homeland Security. (n.d.). What is Human Trafficking? Retrieved from <http://www.dhs.gov/blue-campaign/what-human-trafficking>

United States Department of Justice. (2017, March 24). Sexual Assault. Retrieved from <http://www.justice.gov/ovw/sexual-assault>

United States National Institute of Health, National Institute on Drug Abuse. (2016, May). Opioids. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids>

United States Occupational Safety and Health Administration. (n.d.) What is First Aid? Retrieved from <https://www.osha.gov/SLTC/medicalfirstaid/recognition.html>

United States Surgeon General. (n.d.) The Health Consequences of Involuntary Exposure to Tobacco Smoke. Retrieved from <https://www.surgeongeneral.gov/library/reports/secondhand-smoke-consumer.pdf>

Valid. (n.d.). In *Merriam-Webster Dictionary online*. Retrieved from <https://www.merriam-webster.com/dictionary/valid>

WebMD. (n.d.). Alcohol or Drug Withdrawal. Retrieved from <http://www.webmd.com/mental-health/addiction/alcohol-or-drug-withdrawal>

Women's Health. (n.d.). Retrieved from <https://www.womenshealth.gov/a-z-topics/birth-control-methods>

World Health Organization. (n.d.). Immunization. Retrieved from <http://www.who.int/topics/immunization/en>

World Health Organization. (n.d.). What are social determinants of health? Retrieved from [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)

Zimmermann, K.A. (2016, March 11). Endocrine System: Facts, Functions & Diseases <http://www.livescience.com/26496-endocrine-system.html>