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## **M.S.A.D. No. 75 – Health Education and Physical Education Program Evaluations 2014-2015**

### ***Introduction***

It is the district's mission to ensure that the school community provides its students with the tools necessary to become "fluent learners, critical thinkers and creative contributors to our society." This document represents the results of a thorough analysis of the Health Education and Physical Education programs in the district. The review was designed to evaluate whether or not the programs are meeting the needs of the students and if they are providing opportunities that encourage the success of all learners as stated in the district's mission. This report will identify strengths and weaknesses of the program in order to facilitate ongoing improvement.

### ***Context***

Historically, M.S.A.D. No. 75 has been a leader when it comes to teaching health education (HE) and physical education (PE). Almost 30 years ago, the district was one of the first in Maine to hire a health education consultant to write a comprehensive health education curriculum for grades K - 5. A few years later, in response to student risk behaviors, a full year of health education became a requirement to graduate from Mt. Ararat High School (MTA), along with a full year of physical education. Additional health education teachers were hired for both the high school (MTA) and middle school (MAMS). In 2006, the district received recognition from the Maine Departments of Education and Health and Human Services for excellence in health education programming. In 2009, MAMS received a National Blue Apple Award for outstanding health education programming in grades 6 - 8. Both of the current teachers at MTA have been named Maine Health Teachers of the Year. In addition, the American School Health Association named our School Health Coordinator the 2012 School Health Coordinator of the year.

When reflecting on past and current practice, however, there has consistently been one area of vulnerability: HE in grades K - 5. With competing initiatives for elementary classroom teachers' time, the attention on teaching health education in grades K-5 waned. In addition, the full year credit requirement to graduate from MTA was reduced to a half a credit.

In 2001, the district was awarded a Coordinated School Health Program grant, part of which focused on comprehensive HE and PE. Grant funds supported the development of a HE curriculum for grades K-5 which was aligned with the Maine Learning Results (MLRs) and designed to support outcomes for high school graduation. Professional development was provided to teachers in grades K - 5 and support materials were purchased. Health was added as a stand-alone subject on the report card and valid, reliable assessments were created for both HE and PE. HE was re-energized and taught once again. Grant funds made it possible for outside community resources to support HE with consumer health focused programs such as Media Smart. Snowshoes were purchased for several schools, expanding outdoor fitness programming options for PE.

Then in 2007, there was a shift in attention to address student literacy and numeracy needs. Less time was available for HE in grades K-5, as well as science and social studies. PE continued to be taught in grades K-5 at least one time a week. At the same time, student census began decreasing due in large part from the closure of the Brunswick Naval Air Station. Eventually, MAMS went from 3 full-time health teachers and 3 full time PE teachers, to 2 for each area. MTA decreased PE and HE teachers from 3 and 2 respectively to 2.5 and 1.5.

In 2015, there continues to be strong support and leadership for HE and PE in the district, however the demands of teaching all mandated content areas to students present challenges to everyone. To conduct this evaluation of the HE and the PE programs, a committee of health and physical education educators was formed. The committee reviewed current and past documentation, data on student achievement, data on health risk behaviors, and conducted staff surveys and interviews.

The report that follows is separated into two sections - one for HE, and one for PE. In the Maine Learning Results (MLRs), HE and PE are listed together for standards, but in this district we teach them as two stand-alone curricula, with their own set of national recommendations for each. Though over time changes have certainly occurred, there is a core commitment in the district - to do what is best for students. Adhering to this philosophy, MAMS and MTA have explored different ways to teach health and fitness together. MAMS may have made the most attempts at achieving this model but struggles with how to incorporate some of the unique concepts within HE that do not naturally blend well with PE, such as Human Sexuality and Substance Use/Abuse.

Finally, a unique aspect of HE and PE is that these subjects deal with more than knowledge gain; they also address student attitudes and skills that impact healthy behaviors. We must continue to consider the notion that any method of acquiring new skills requires time to process and practice.

### ***Program Overview - Health Education***

#### *Curriculum - Scope and Sequence/Units/Learning Targets/Lessons*

There is a spiraling scope and sequence for HE in the district that was designed beginning with what students need to know and be able to do when they finish their HE course and graduate from MTA. Although it may appear that units are repeated, they are crafted to be developmentally appropriate for the grade level taught, and they are sequential in order to provide students with a growing depth of knowledge and skill in critical areas.

HE teachers (and PE teachers) continue to examine behavioral risk data when considering instruction. We use the Maine Integrated Youth Health Survey (MIYHS) to inform us of current student health and risk behaviors. We tailor the instruction to meet specific needs if on-going risk factor data indicates unhealthy practices. For example, we might adjust the substance use prevention unit to specifically address inhalants or provide mental emotional health emphasis if the percent of students with suicidal ideations is elevated. The challenge is being able to effectively respond to our behavioral risk data while keeping within the MLRs.

There are six MLRs for HE and 10 content areas that need to be taught according to Maine Chapter 127: Instructional Program, Assessment and Diploma Requirements. These content areas are: community health, consumer health, environmental health, family life education, growth and development, personal health, nutrition, prevention and control of diseases and disorders, safety and accident prevention, and substance use and abuse.

In our district, specific units in HE were designed for each grade. Within these units, lesson plans are available that cite essential understandings and learning targets. An overview of the HE curriculum for each grade can be found in Appendix A of this report.

### *Learning Opportunities*

There is a multitude of learning methods for HE, which includes formal classroom instruction provided by teachers, school counselors, school nurses, and outside guest speakers. In grades K-5, the individual delivering the lessons varies depending on the sensitivity of the content and the comfort level of the classroom teacher. Classroom teachers are usually comfortable teaching units on personal hygiene, dental health, nutrition, friendship, and environmental health. Sensitive topics such as substance use, safe and unsafe touch, and even puberty can be uncomfortable for untrained staff to teach, as most elementary staff have not taken a health education course in their undergraduate or graduate studies. Instead, a school counselor, school nurse, or community education specialist usually teaches these areas, but the practice is not consistent across the district. Classroom teachers do informal instruction at impromptu “teachable moments” (i.e. a student falls and is hurt so the teacher does a quick reminder lesson about safety). Finally, there is experiential instruction (i.e. students see posters in the cafeteria with nutrition information about foods they can select).

There is consistent, planned delivery of HE content in grades 6 - high school because of the presence of certified health education teachers.

### *Assessment*

HE is listed on a student’s report card for each grade. In grades K-5, assessment varies from class to class. Responses on an HE survey given to teachers last fall indicate the majority of teachers in grades K - 5 use observation and note these on the report card, but formal assessments are rarely given. Reviewing information on a random sampling of 2013-2014 district report cards found:

- Grade 2 = HE information reported in almost all classrooms
- Grade 3 = HE information reported in ~ 50% of classrooms
- Grade 4 = HE information reported in ~ 33% of classrooms
- Grade 5 = HE information reported in almost all classrooms

In grades 6 - HS, assessments are aligned to the MLRs and are given to students to determine proficiency within the standards being taught.

- Grades 6, 7, 8 = Taught and assessed in each grade
- High School = Taught and assessed in half credit required course for graduation

### *Time*

It is extremely difficult to quantify how much time teachers spend teaching HE in grades K-5 without a formal delivery structure. For example, communication is the one unit that is taught and listed on the report card for grades K-5. Within this unit are topics that are critical for classroom management and student success, including: cooperation, conflict resolution, decision-making skills, feelings, teasing, friendships, bullying, peer pressure, and expressing emotions. In addition to communication, other units that are taught with variability among the elementary schools include: personal hygiene, nutrition, dental health, safety, substance use prevention, and puberty. In our best estimate, students are exposed to approximately 1 hour per week of combined formal and informal HE at each elementary grade.

At MAMS for SY 2014-2015 students have HE for two quarters. Quarters are approximately 9 weeks long and classes are approximately 45 minutes long. During these quarters, students have a rotating schedule, meeting four days one week and then five days the next week. At MTA, a semester is approximately 18 weeks long. Block scheduling has students meeting every other day for about 80 minutes. Students average 45 classes. However, the time at both schools does not factor in disruptions in the schedule due to such things as testing, school assemblies, school trips, snow days and other school activities. When these are considered at the High School, an estimate of about five to six 80 minute classes are lost out of the 45, which significantly impacts units of study in a half-year course.

### *Staffing*

In grades K-5, classroom teachers, and other professional staff including school counselors and nurses, address HE. At MAMS there are 2 full time certified health education teachers and at MTA there are 1.5 certified health education teachers.

### *Resources*

Respondents were unanimous on the elementary HE curriculum survey, indicating that materials in their schools need to be easier to access. In many cases, basic conceptual information is still accurate but audiovisual materials are outdated. At MAMS and MTA web-sources are costly for site licenses, and the current supply budget has been reduced over the past years.

### *Professional Development*

The district provides in-house workshops on topics that help improve pedagogical skills, literacy instruction, and other broad reaching areas that encompass almost all professional staff. Content specific professional development opportunities are usually found outside the district and include: Maine Association for Health, Physical Education, Recreation and Dance Conference; Comprehensive School Health Education Conference; Family Planning Conference; and the National Alliance on Mental Illness Workshops. Staff can also engage in self-directed courses.

### *Integration*

HE content lends itself to integration in a number of different areas. The district has worked to support students informally and experientially by syncing HE key messages in the cafeteria, through Advisor/Advisee, morning meetings in classrooms, and through community partners providing safety messages and special presentations (i.e. Topsham Fire and Rescue). The challenging issue associated with integration or any special presentation, is to ensure it is coordinated with the planned curriculum of study and there is some consistency among grades, in particular, at the elementary level.

The quality of programming will also be impacted based on the degree to which staff have been trained and are comfortable with specific content. For example, at the middle level, the decision-making/substance use prevention program called Stay On Track was introduced to the Advisory Period several years ago. Although Stay On Track is an evidence-based program that is recognized nationally, it did not succeed in part because of the varying comfort levels among the staff in relation to the discussions.

Due to increasing demands within each subject taught at the high school, there is little room to integrate health content in other subject areas.

### *Communication with Parents*

There are multiple methods used to communicate with parents about the HE curriculum. Parents receive letters, emails, and at the middle and high school levels, they can access the school portal to see how their child is doing in HE. Due to the sensitive nature of some content in HE, the district has developed a Controversial Issues Policy ( Policy INB: Controversial Issues Policy, <http://tinyurl.com/mthyubw>) which addresses the steps needed for students to meet MLR standards through alternate learning experiences.

## ***Program Overview - Physical Education***

### *Curriculum - Scope and Sequence/Units/Learning Targets/Lessons*

As with HE, there is a spiraling scope and sequence for PE in the district, which was created by beginning with PE outcomes for graduation in mind. In grades K-5 early skills are introduced and reinforced through repetition to gain proficiency. In grades 6-8, students are exposed to application of their skills through engagement in a variety of physical activities and games. Finally, at MTA students apply the information and skills they have learned to develop personal fitness plans that integrate all components of health-related fitness.

An overview of the PE curriculum in the district can be found in the Appendix B at the end of this report.

### *Learning Opportunities*

There are several different learning methods for the PE curriculum. At every grade there is a developmentally appropriate amount of time on direct instruction through a formal lesson. It may be very quick but it sets the tone for learning targets and expectations for student growth. This time for direct instruction and focus on outcomes underscores the importance that PE is not just physical activity (PA). Although physical activity is a critical element of any physical

education course, students are expected to do more than just play games in PE. One-on-one teaching takes place as students work on individual gross motor skills and PE teachers provide feedback. Students are engaged in games and activities providing an experiential element to PE that is both engaging and important for muscle memory, social interaction, and understanding “rules” in real situations.

### *Assessment*

PE is listed on a student’s report card in each grade. Students are assessed on the MLR standards. Overall, students are assessed via teacher observation, but teachers also assess students using nationally standardized health related physical fitness assessment tools such as FITNESSGRAM and/or the President’s Challenge.

### *Time*

In grades K-5, every student is scheduled for PE at least one time a week for an average class of 30 to 45 minutes. (Students at Harpswell Community School also participate in swimming lessons.) This is below the national recommendation of 150 minutes per week.

At MAMS for SY 2014-2015 PE is scheduled the same as HE, for two quarters. Quarters are approximately 9 weeks long and classes are approximately 45 minutes. During these quarters, students have a rotating schedule meeting four days one week and then five the next week. In general, students have 72 classes per year, which is well below the national recommendation of 225 minutes per week.

At MTA, students must pass two semesters (PE I and PE II), or a full year of PE to graduate. A semester is approximately 18 weeks long. During each semester, students average 45 (80 minute) classes and block scheduling has students meeting every other day.

### *Motor Breaks*

As previously noted, physical activity (PA) is not the same thing as physical education (PE). Both are critically important and scheduling regular PA throughout the day helps improve students’ brain function and ability to focus and learn. A daily motor break must be scheduled for all schools per the District Wellness Policy (Policy AEA: Wellness Policy, <http://tinyurl.com/n3f3eb9>). All schools vary in how and when their students engage in motor breaks with the exception of MAMS. At MAMS, the motor break is a planned part of the daily schedule.

### *Staffing*

In grades K-5 there are 4 certified physical education teachers. Two of them work full-time and two work half-time. At MAMS, there are 2 full time certified physical education teachers, and at MTA there are 2.5 certified physical education teachers.

### *Resources*

There is basic equipment at all schools to compliment the district PE curriculum but it has been difficult to allocate funds to support any upgrades or changes in programming. At MAMS there is a fitness center that contains cardiovascular equipment such as treadmills, weight machines such as biceps/triceps, free-standing weights, and space to work-out while watching exercise

videos. There have not been any significant funds to maintain and upgrade this equipment even though the fitness center is a pivotal element of the middle school PE curriculum.

Health and physical activity grants are often sought to augment purchasing of items with local funds. The challenge with grant funding is that it is specific to a particular piece of equipment. Recent grant funds helped some schools purchase snowshoes and canoes, but the funds could not be used to fix or replace three pieces of cardiovascular equipment that are currently out of order at MTA.

*Professional Development and Communication with Parents*

See sections above under Health Education

***Findings and Proposals for Health Education and Physical Education***

The Review Committee considered each of the following findings. Proposals were discussed using an interrelationship diagram (ID) to illustrate the relationship between each issue and prioritize next steps. Throughout this work, the Review Committee continually discussed the idea of a “wellness model” when teaching students health education and physical education and during the ID exercise, the wellness model stood out as an outlier, not aligning with a step by step process to impact programmatic change. Instead, the Review Committee recommends that wellness be viewed as a guiding philosophy.

1. Wellness means overall well-being and incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a student’s life. Aspects of wellness are interrelated and affect overall quality of life. This is especially important for students with mental health and substance use conditions (as noted below).

Initially, the Review Committee discussed searching for a wellness program that would incorporate aspects of health education and physical education. It became apparent that wellness is more than just either of those curricular areas.

***Proposal:*** Promote wellness as a guiding philosophy that is embraced throughout District policies and environment. All teachers are encouraged to use wellness as a lense when teaching any unit to help students see the different aspects and interrelatedness of health.

2. HE curriculum in grades K-HS does not adequately address all MLRs (see Appendix A). There are gaps or relatively weak areas as follows:

Grades K-2 = Weak in Standard F. Decision-Making and Goal-Setting Skills

Grades 3-5 = Weak in Standard B. Health Information, Products and Services  
Weak in Standard F. Decision-Making and Goal-Setting Skills

Grades 6-8 = Weak in Standard B. Health Information, Products and Services  
Weak in Standard E. Communication and Advocacy Skills

High School = Does Not Cover Standard F. Decision-Making and Goal Setting Skills

**Proposal:** Revise HE curriculum to ensure all MLR standards are adequately covered.

3. Instruction and assessment of HE units in grades K-5 are inconsistent among the 5 elementary schools. Curriculum notebooks with units, lessons, and assessment tools were created in 2002. There have been periodic updates to materials but they need to be updated and accessible to ensure consistency among all schools. At MAMS and MTA, materials need to be developed to address MLRs that are currently not being covered or minimally covered.

**Proposal:** Revise and/or create K-5 HE instructional materials (units, lessons, assessment tools) and post them electronically. HE teachers at MAMS and MTA need to develop instructional materials to fill gaps identified in Appendix A. This has implications for adequate student achievement of skills (see the next finding).

4. Student Skills in HE are not adequately and consistently developed.

- a. Instruction and assessment of HE units in grades K-5 are inconsistent among the 5 elementary schools. Teachers are given messages about the importance of teaching HE, but told to “figure out a way” to work lessons into an already full schedule. Students transition to the middle school with a variety of skill sets.

**Proposal:** Explore ways to employ consistent HE instruction that develops adequate student skills.

- b. At the middle level, current instructional materials are weak in addressing and developing skills in health information and services, and in advocacy skills.

**Proposal:** Examine current instructional materials and methods to determine if it is possible to weave more skill development into current units.

- c. At MTA approximately 40 classes or one semester is not enough time to provide learning opportunities in all ten content areas in HE. Mental/emotional health units are essential given the number of students with depression and anxiety but adding time for this content area pulls time away from other important topics.

Data from a survey of school counselors and social workers in 2012 indicated about 1 out of 3 students attending MTA had depression. MTA data from the 2013 Maine Integrated Youth Health Survey (MIYHS) indicated that during the year previous, 29% of students reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Data from this same survey indicated during the past 12 months, 21% of students reported they had seriously considered attempting suicide (both figures were significantly higher than the State averages at that time). In 2012, 1 in 3 students taking the Teen Screen suicide severity assessment tool from Columbia University as part of the HE class needed to be debriefed by a licensed mental health professional because of screening positive for risk of self harm. HE teachers refer an average of 5 students to the School-Based Health Center for clinical mental health counseling each semester.

**Proposal:** Explore different instructional models to allow for adequate skill development in all MLRs and 10 content areas.

5. At MAMS and MTA, the current HE supply budget has not kept pace with the cost of needed supplies and site licenses for web-based resources. Some PE equipment at MAMS and MTA Wellness Centers are no longer working and need to be either repaired or replaced.

**Proposal:** Consider budget implications based on needs.

As new lessons are developed for HE to meet identified gaps in the MLRs, support materials may need to be obtained.

**Proposal:** Conduct a HE resource inventory in grades K-5, and catalogue what is available in each school, posting this information electronically. If adequate materials are not available to support teaching the curriculum, explore ways to obtain them.

6. Most elementary staff have not taken a health education course in their undergraduate or graduate studies. Sensitive content such as substance use, safe and unsafe touch, and even puberty can be uncomfortable for untrained staff to teach. Even if staff do not directly teach these units because they are covered by a school nurse or counselor, students may ask teachers questions about the content at any time during the day and teachers need to be prepared to respond properly.

**Proposal:** When designing district professional learning days, consider sessions on HE curriculum for teachers in grades K-5, and sessions on how to discuss sensitive/controversial health topics, such as transgendered youth and non-suicidal self-injury, with teachers in all grades.

### **Review Committee Membership**

Elementary Health Education

Vicky Dow, Woodside Elementary School, Grade Five Teacher

Elementary Physical Education

Ann Martin, Williams-Cone School, Physical Education Teacher

Barry O'Neil, Harpswell Community School, Physical Education Teacher

Middle School Health Education

Doreen Swanholm, Health Education Teacher

Middle School Physical Education

Jack Rioux, Physical Education Teacher

High School Health Education

Jeanne Billings, Health Education Teacher

High School Physical Education

Clairlynn Roundtree, Physical Education Teacher

Matthew Cook, Physical Education Teacher

Helen Jolley, Physical Education Teacher

Parent/Community Member

Jennah Godo, ACCESS Health School Liaison

School Board Representative

Jane Scease, MSAD 75 School Board

Principals/Administration

Bill Zima, Principal, Mt. Ararat Middle School

District-Wide

Mary Booth, District Health Coordinator

Daniel Chuhta, Assistant Superintendent

Appendix A  
M.S.A.D. No. 75 Health Education Curriculum Overview and  
Maine Learning Results Gap Analysis  
May 2015

Core Units	MLRs Addressed	Performance Indicators	Essential Targets	Content Scope and Sequence
<b>Kindergarten</b>				
Communication	A1 C1 E1a E1b	-Students recognize that healthy behaviors impact personal health. -Students demonstrate age-appropriate healthy practices to maintain or improve personal health. -Students demonstrate healthy ways to express needs, wants, and feelings. -Students distinguish between verbal and nonverbal communication.	-It is important for family members to express needs, wants, and feelings in a respectful and positive way. -There are healthy ways for people to express their needs, wants and feelings throughout life. -Expressing feelings in a healthy way promotes personal well-being.	-Conflict Resolution  -Cooperation  -Decision-Making Skills
Personal Health	A2 A3 A4 C1b	-Students recognize that there are multiple dimensions of health. -Students describe the transmission and prevention of common childhood communicable diseases. -Students describe ways a safe and healthy school environment can promote personal health. -Students demonstrate personal hygiene skills, including hand-washing.	-Practicing proper hygiene (hand washing, cough or sneeze into tissue or arm/promotes personal and environmental health.	-Hand washing
Safety	A1 C2a C2b	-Students recognize that healthy behaviors impact personal health. -Students demonstrate a variety of safety skills for different situations. -Students differentiate between safe and harmful substances found at home and school.	-Following safety rules as a pedestrian and when riding in or on vehicles (ATVs, snowmobiles, bicycles, cars, buses, etc.) helps to prevent injuries. -Everyone's personal space and boundaries should be recognized and respected. -Students need personal safety skills to better protect themselves in different situations.	-Safety Rules
Dental Health	C1b F2	-Demonstrate personal hygiene skills, including hand-washing. -Students identify a short-term personal health goal and take action toward achieving the goal.	- Brushing and flossing remove plaque from tooth surfaces, helping to prevent tooth decay and gum disease. - Teeth should be brushed daily after meals and especially before going to sleep at night.	-Basic Oral Hygiene Skills
Nutrition	C1a D1a D1b F2	-Students choose healthy foods. -Students identify family influences on personal health practices and behaviors. -Students identify what the school can do to support personal health practices and behaviors.	-Messages from family members can influence personal health, including self-esteem. - MyPlate is a guide to help make healthy food choices. - Family lifestyle, school food programs and the availability of	-Healthy versus Unhealthy Food Choices  -Daily Nutrition Tips

		-Students identify a short-term personal health goal and take action toward achieving the goal.	food affect what we eat.	
Prevention and Control of Diseases	B1 E1e	-Students identify trusted adults and professionals who can help promote health.  -Students demonstrate ways to respond to an unwanted, threatening, or dangerous situation including telling a trusted adult if threatened or harmed.	-Community and school helpers can assist with personal and family health issues. - Situations that threaten personal safety should be communicated to a trusted adult.	-Healthy Helpers
Daily Motor Break	A2	-Students recognize that there are multiple dimensions of health.	- Physical activity benefits the physical, emotional, mental and social components of health.	
<b>Grade One</b>				
Personal Care	A3 A4 B1 C1b E1a E1b E1e	-Students describe the transmission and prevention of common childhood communicable diseases. -Students describe ways a safe and healthy school environment can promote personal health. -Students identify trusted adults and professionals who can help promote health. -Students demonstrate personal hygiene skills, including hand-washing. -Students demonstrate healthy ways to express needs, wants, and feelings. -Students distinguish between verbal and nonverbal communication. -Students demonstrate ways to respond to an unwanted, threatening, or dangerous situation including telling a trusted adult if threatened or harmed.	- Community and school helpers can assist with personal and family health issues. - Germs cause communicable diseases in people. - Situations that threaten personal safety should be communicated to a trusted adult.	-Germs and Cleanliness  -Hand washing  -Health Helpers
Safety	A1 C2a	-Students recognize that healthy behaviors impact personal health. -Students demonstrate a variety of safety skills for different situations.	- Following safety rules as a pedestrian and when riding in or on vehicles (ATVs, snowmobiles, bicycles, cars, busses, etc.) helps to prevent injuries. - Students need personal safety skills to better protect themselves in different situations.	-Bus  -Water  -Pedestrian  -Rabies  -Poison Prevention
Dental Health	B1 C1a C1b F2	-Students identify trusted adults and professionals who can help promote health. -Students choose healthy foods. -Students demonstrate personal	- Visiting a dental professional regularly is important in caring for teeth. - Foods that are rich in vitamins and minerals help teeth grow.	-Dental Health Helpers  -Healthy and Unhealthy Dental habits

		<p>hygiene skills, including hand-washing.</p> <p>-Students identify a short-term personal health goal and take action toward achieving the goal.</p>	<p>- Foods that are high in sugar are unhealthy for teeth, especially if they are eaten often or without other foods.</p> <p>- Tooth decay, which creates unhealthy teeth, can be prevented.</p>	
Communication	A6 E1a	<p>-Students identify basic health terms related to family life; nutrition; personal health; safety and injury prevention; and tobacco, alcohol, and other drug use prevention.</p> <p>-Students demonstrate healthy ways to express needs, wants, and feelings.</p>	<p>- There are healthy ways for people to express their needs, wants and feelings throughout life.</p> <p>- Expressing feelings in a healthy way promotes personal well-being.</p> <p>- Self-esteem and self-awareness can influence personal health.</p>	<p>-Feelings</p> <p>-Teasing</p>
Daily Nutrition Tip	A1	-Students recognize that healthy behaviors impact personal health.		
Daily Motor Break	A2	-Students recognize that there are multiple dimensions of health.	- Physical activity benefits the physical, emotional, mental and social components of health.	
<b>Grade Two</b>				
Nutrition	C1a D1a D1b D1c F2	<p>-Students choose healthy foods.</p> <p>-Students identify family influences on personal health practices and behaviors.</p> <p>-Students identify what the school can do to support personal health practices and behaviors.</p> <p>-Students describe how the media can influence health behaviors.</p> <p>-Students identify a short-term personal health goal and take action toward achieving the goal.</p>	<p>- MyPlate is a guide to help make healthy food choices.</p> <p>- Family lifestyle, school food programs and the availability of food affect what we eat.</p>	<p>-Food Guide My Plate</p> <p>-Six Basic Nutrients</p> <p>-Healthy Food Choices</p> <p>- Dietary Guidelines</p> <p>-Daily Tips</p>
Safe Touch	A6 B1 B2 C2a E1e	<p>-Students identify basic health terms related to family life; nutrition; personal health; safety and injury prevention; and tobacco, alcohol, and other drug use prevention.</p> <p>-Students identify trusted adults and professionals who can help promote health.</p> <p>-Students identify ways to locate school and community health helpers.</p> <p>-Students demonstrate a variety of safety skills for different situations.</p> <p>-Students demonstrate ways to respond to an unwanted, threatening, or dangerous situation including telling a trusted adult if threatened or harmed.</p>	<p>- There are safety strategies for dealing with abusive family situations.</p> <p>- A person's body belongs to him or her.</p> <p>- Situations that threaten personal safety should be communicated to a trusted adult.</p> <p>- There are individuals in your school and community who can help with unsafe situations.</p> <p>- Students need personal safety skills to better protect themselves in different situations.</p> <p>- Situations that threaten personal safety should be communicated to a trusted adult.</p>	<p>-Safe and Unsafe Touch</p> <p>-Everyday Safety Skills (BIKE SAFETY)</p> <p>-Assertiveness Techniques</p>
Communication	C3	-Students demonstrate coping strategies to use when feeling too excited, anxious, upset, angry, or out of control.	-Children cope with family change in various ways.	<p>- Friendships</p> <p>-Bullying</p>

Here's Looking At You	A6 C2b	-Students identify basic health terms related to family life; nutrition; personal health; safety and injury prevention; and tobacco, alcohol, and other drug use prevention. -Students differentiate between safe and harmful substances found at home and school.	-Drugs, including alcohol, are substances that change how the body works. -Medicines are used to control and cure disease and disorders, if they are used properly. - Tobacco use is harmful to health.	
Personal Health	E1a	-Students demonstrate healthy ways to express needs, wants, and feelings..	- There are healthy ways for people to express their needs, wants and feelings throughout life. - Expressing feelings in a healthy way promotes personal well-being.	-Self-Esteem
Daily Motor Break	A2	-Students recognize that there are multiple dimensions of health.	- Physical activity benefits the physical, emotional, mental and social components of health.	
<b>Grade Three</b>				
Communication Strategies	C2a C3 E1a E1b E1e	-Students demonstrate healthy and safe ways to recognize, deal with, or avoid threatening situations. -Students demonstrate strategies that can be used to manage stress, anger, or grief.  -Students demonstrate appropriate listening skills to enhance health. -Students demonstrate effective verbal and non-verbal communication skills including assertiveness skills to enhance health -Students demonstrate non-violent strategies to manage or resolve conflict..	- Conflict resolution strategies can be used successfully to solve problems within families. - Responding to different types of aggression (bullying, anger) requires utilizing effective response strategies. - Effective coping skills can help when dealing with loss, disappointment, trauma and stress. - Respectful verbal and non-verbal communication skills should be used. - Differentiate between aggressive and assertive behavior.	-Conflict Resolution Strategies  - Types of Conflict
Human Body	A1 A6 C1b	-Students explain the relationship between healthy behaviors and personal health. -Students define basic health concepts related to family life; nutrition; personal health; safety and injury prevention; and tobacco, alcohol, and other drug use prevention. -Demonstrate basic care of the human body.	- Personal health habits (sleep, diet, physical activity) impact attitudes and how people behave. - Healthy eating and regular exercise promote good health. - The most important function of teeth is to aid in digestion of food.	- Basic Care of Systems to Promote Health  -Digestive System and Nutrition  -6 Nutrients  -Selecting Health Foods When Away from Home  -Food Safety  -Table Manners

Nutrition Tips	A1	-Students explain the relationship between healthy behaviors and personal health.		
Daily Motor Break	C1b D1a	-Demonstrate basic care of the human body. -Students describe how family, school, and community influence and support personal health practices and behaviors.	- Daily physical activity maintains and improves body system functioning. - Physical activity opportunities are provided in school and by the community.	
<b>Grade Four</b>				
Here's Looking At You	A6 C1 D1a D1c F1b F1c	-Students define basic health concepts related to family life; nutrition; personal health; safety and injury prevention; and tobacco, alcohol, and other drug use prevention. -Students demonstrate age-appropriate healthy practices and/or behaviors to maintain or improve personal health. -Students describe how family, school, and community influence and support personal health practices and behaviors. -Students explain how media influences thoughts, feelings, and health behaviors. -Students list healthy options to health-related issues or problems and predict the potential outcomes of each option when making a health-related decision. -Students choose a healthy option when making a decision.	- Some advertisements try to persuade people to use alcohol. - Nicotine, contained in all forms of tobacco, is an addictive drug. - Tobacco use including cigarettes, cigars, pipes, and smokeless tobacco is unhealthy. - A person can develop strategies for staying tobacco-free. - Family members influence decisions about tobacco use.	
Talking About Touching (Safe Touch)	A1 A6 B2 C1b C2a C2b E1c	-Students explain the relationship between healthy behaviors and personal health. -Students define basic health concepts related to family life; nutrition; personal health; safety and injury prevention; and tobacco, alcohol, and other drug use prevention. -Students locate resources from home, school, and the community that provide valid health information. -Students demonstrate basic care of the human body. -Students demonstrate healthy and safe ways to recognize, deal with, or avoid threatening situations. -Students develop injury prevention and safety strategies for personal health. -Students demonstrate how to ask for assistance to enhance personal health.	- Love and/or affection should be expressed appropriately depending on the relationship and the situation. - Children can learn safety strategies for dealing with abusive family situations. - When any type of abuse (verbal, social, physical, emotional, cyber, sexual) occurs to self or others, tell a trusted adult. - A child is not at fault if someone touches him or her in a way that is inappropriate. - There are appropriate and inappropriate kinds of touch. - Everyone, including children, has a right to tell others not to touch their body. - Unsafe situations should be recognized and communicated to a trusted adult. - It is important to identify and practice personal safety skills.	- Personal Safety  - Touching Safety
Consumer and Community Health	D1a D1b	-Students describe how family, school, and community influence and	- Media and technology should be used in safe and appropriate ways	-Influences on Personal Health

	D2	<p>support personal health practices and behaviors.</p> <p>-Students describe how peers and culture can influence health practices and behaviors.</p> <p>-Students describe ways technology can influence personal health.</p>	<p>(social networking, cell phones, video, computers, music, etc...).</p> <p>- The media can affect and influence one's mental health.</p> <p>- Factors such as culture, economics, school, and marketing (e.g. advertising and packaging) influence food choices.</p>	<p>-Sources of Valid Health Information</p> <p>-Technology and Healthy Behaviors</p>
Mental and Emotional Health	A1 A2 A6 C2	<p>-Students explain the relationship between healthy behaviors and personal health.</p> <p>-Students identify examples of physical, mental, emotional, and social health during childhood.</p> <p>-Students define basic health concepts related to family life; nutrition; personal health; safety and injury prevention; and tobacco, alcohol, and other drug use prevention.</p> <p>-Students demonstrate a variety of behaviors to avoid or reduce personal health risks.</p>	<p>- Love and/or affection should be expressed appropriately depending on the relationship and the situation.</p> <p>- Recognizing and managing one's own emotions is important to personal health.</p> <p>- Everyone has a right to have feelings and opinions and to express them appropriately.</p> <p>- Positive self-esteem promotes one's well-being.</p>	<p>-Wellness Scale</p> <p>-Decision-Making Strategies</p> <p>-Character Development, Self-Statements</p> <p>-Expressing Emotions</p> <p>-Managing Stress</p>
Nutrition Tips	A1	-Students explain the relationship between healthy behaviors and personal health.		
Daily Motor Break	C1b D1a	<p>-Demonstrate basic care of the human body.</p> <p>-Students describe how family, school, and community influence and support personal health practices and behaviors.</p>	<p>- Daily physical activity maintains and improves body system functioning.</p> <p>- Physical activity opportunities are provided in school and by the community.</p>	
<b>Grade Five</b>				
Human Body	A6 C1b F1d	<p>-Students define basic health concepts related to family life; nutrition; personal health; safety and injury prevention; and tobacco, alcohol, and other drug use prevention.</p> <p>-Demonstrate basic care of the human body.</p> <p>-Students describe the outcome of a health-related decision.</p>	<p>- There are benefits of getting proper rest and sleep for healthy growth and development.</p> <p>- Nutrients in food affect how body systems function.</p> <p>- Maintaining a healthy body requires healthy foods, regular exercise, and adequate water intake and rest.</p> <p>- Healthy food choices can help prevent certain diseases or health related problems.</p>	-Disease Prevention
Preparing for Puberty	A5 A6 B2 C1b D1c	<p>-Students identify the general characteristics of human growth and development.</p> <p>-Students define basic health concepts related to family life; nutrition; personal health; safety and injury prevention; and tobacco, alcohol, and other drug use prevention.</p> <p>-Students locate resources from home, school, and the community that provide valid health information.</p> <p>-Demonstrate basic care of the human body.</p> <p>-Students explain how media influences thoughts, feelings, and</p>	<p>- The reproductive system enables a man and a woman to have a baby.</p> <p>- During puberty, adolescents experience significant changes.</p> <p>-A wide range of development is normal during puberty.</p> <p>- Adolescents should know where to acquire accurate information about puberty.</p> <p>- Personal body care is a responsibility throughout the stages of life.</p> <p>- Good hygiene practices are important for promoting health</p>	

		health behaviors.	and maintaining social relationships. - Media can influence adolescent behavior.	
Environmental Health	A4	-Students describe ways a safe and healthy school and community environment can promote personal health.		
Substance Use and Abuse Prevention	A6 E1d	-Students define basic health concepts related to family life; nutrition; personal health; safety and injury prevention; and tobacco, alcohol, and other drug use prevention. -Students demonstrate refusal skills to avoid or reduce health risks.		
Daily Nutrition Tips	A1	-Students explain the relationship between healthy behaviors and personal health.		
Daily Motor Break	C1b D1a	-Demonstrate basic care of the human body. -Students describe how family, school, and community influence and support personal health practices and behaviors.	- Daily physical activity maintains and improves body system functioning. - Physical activity opportunities are provided in school and by the community.	
<b>Grade Six</b>				
First Aid	C-1  C-2	-Demonstrate a healthy practice behavior to maintain or improve one's own health in each of the following areas: personal health -Demonstrate ways to recognize, avoid or change situations that threaten the safety of self and others and develop injury prevention and safety strategies including first aid for family and personal health.	-Understands the importance of being a skilled first Aid responder  -Is skilled at: Making a 911 call performing rescue for choking victim -Check, Call Care Car for various injuries	-First Aid: Check, Call, Care -How to check a victim and scene -How to Call 911 -Basic first Aid treatments, wounds, burns, shock, -Prevention strategies
Decision Making	F-1	-Apply the following decision making skills to enhance health -Determine when health related situation requires a thoughtful decision-making process...	-Understands that there are situations that require a decision making model  -Understands a decision making process and Is skilled at applying a decision making process	-FIND model -Define and practice
Puberty	A-1 A-5 D-1	- Examine the relationship between behaviors and personal health including personal; responsibility for	-Understands all of the reproductive body parts, internal and external	-Puberty: Physical social and emotional changes of

		<p>healthy and unhealthy behaviors and the barriers to practicing personal health.</p> <p>-Describe the specific characteristics of adolescent growth and development</p> <p>-Explain and analyze how the multiple factors influence adolescent health behaviors emphasizing how the perceptions of norms, culture, personal values and beliefs influence healthy and unhealthy behaviors.</p>	-Understand the physical, social and emotional maturation process	puberty for male and female
Nutrition	A-6 B-2	<p>-Explain essential health concepts related to family life: nutrition</p> <p>-Explain situations requiring the use of valid and reliable health information, products and services and locate them.</p>	-Understands a healthy balanced diet	<p>-What is “My plate”</p> <p>-Portions, Label reading Evaluating eating habits</p> <p>-Healthy snacks (pretzel baking lab)</p>
<b>Grade Seven</b>				
Nutrition	A-6 C-1 F-2	<p>-Explain essential health concepts related to family life: nutrition</p> <p>-Demonstrate a healthy practice behavior to maintain or improve one’s own health in each of the following areas: personal health</p> <p>-Develop and apply the following strategies to attain a short-term personal health goal: assess personal health practices, develop of short-term goal to adopt, maintain or improve a personal health practice, utilize strategies to monitor progress towards the goal.</p>	-Understands how nutrition impacts your health	<p>-Evaluating Eating habits</p> <p>-Healthy diet: what about fat, sugar, sodium</p> <p>-Tips for making healthy choices. RDI’s, Calories, Physical activity, WebQuest</p> <p>-Foods lab: Whole wheat pizza</p>
Substance Abuse	D-1	-Explain and analyze how the multiple factors influence adolescent health behaviors emphasizing how the perceptions of norms, culture, personal values and beliefs influence healthy and unhealthy behaviors.	-Understands the consequences of tobacco	<p>-Tobacco Effects</p> <p>-Long/Short term effects of tobacco use</p> <p>-Tobacco Myths</p>
Wellness	A-2	-Explain the interrelationship of physical, mental/intellectual, emotional and social health.	-Understands that health is multi-dimensional and that there are 7 dimensions of wellness and that they are inter-connected	<p>-What is wellness:</p> <p>-Wellness Inventory</p> <p>-Understanding the 6</p>

				dimension of Wellness -Interconnectedness of the dimensions
<b>Grade Eight</b>				
Stress	C-2 D-3	-Demonstrates ways to recognize, avoid or change situations that threaten the safety of self and others and develop injury prevention and safety strategies including first aid for family and personal health. -Describe how some health-risk behaviors, such as the use of gateway drugs, can influence the likelihood of engaging in unhealthy behaviors and how the use of drugs and alcohol can adversely influence judgment and self-control.	-Understands how stress impacts us physically, socially and emotionally.  -Understands stress management techniques and how to use a healthy stress management plan.	-Define Stress, stressors -How does stress impact us physically, socially, emotionally -Anxiety -Healthy and unhealthy ways to deal with stress -Develop a stress management plan
Substance Abuse	C-2 D-1 D-3	-Demonstrates ways to recognize, avoid or change situations that threaten the safety of self and others and develop injury prevention and safety strategies including first aid for family and personal health. -Explain and analyze how the multiple factors influence adolescent health behaviors emphasizing how the perceptions of norms, culture, personal values and beliefs influence healthy and unhealthy behaviors. -Describe how some health-risk behaviors, such as the use of gateway drugs, can influence the likelihood of engaging in unhealthy behaviors and how the use of drugs and alcohol can adversely influence judgment and self-control.	-Understands that substances are harmful  -Understands strategies to live a drug free life	-Physical, Social Emotional Economical impacts of Alcohol, marijuana  -How drugs impact the body and brain  -Addiction: basics connect to the brain  -Refusal Skills
Healthy Sexuality	C-1 D-1 E-2 F-1	-Demonstrate a healthy practice behavior to maintain or improve one's own health in each of the following areas: personal health. -Explain and analyze how the multiple factors influence adolescent health behaviors emphasizing how the perceptions of norms, culture, personal values and beliefs influence healthy and unhealthy behaviors.	-Understands the strategies to live a sexually healthy lifestyle  -Understands the prevention of pregnancy and sexually transmitted diseases.	-Abstinence  -Values  -Review Male/Female anatomy  -STD's/HIV

		<p>-Describe and develop the following ways to influence and support others to make positive health choices: health enhancing position on a health topic and the information to support it; health enhancing messages that target specific audiences; and work cooperatively to advocate for healthy individuals, families, and schools.</p> <p>-Apply the following decision making skills to enhance health: Determine when health related situation requires a thoughtful decision-making process; determine when individual or collaborative decision-making is appropriate; distinguish between healthy or unhealthy alternatives and predict the potential short-term impact on themselves or others; choose healthy alternatives; and analyze the outcome of their health-related decision.</p>		<p>-Birth Control basics, hormonal, barriers, spermicidal, natural, other</p>
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MTA - HE Course

Mental Health	A1	-Students predict how behaviors can impact health status.	-Analyze individual responsibility for enhancing health	-What mental health is and isn't
	A3	-Students explain causes of common diseases, disorders, and other health problems and propose ways to reduce, prevent, or treat them.	-Explain causes of common diseases, disorders, and other health problems and propose ways to reduce, prevent, or treat them	-Self-esteem and its impact on mental health
	B2	-Students access valid and reliable health information, products, and services.	-Determine when professional health services may be required	-Resilience and attitude
	C2	-Students demonstrate a variety of behaviors to avoid or reduce health risks to self and others.	-Develop ways to recognize, avoid, or change situations that threaten the safety of others.	-Eating disorders
	C3	-Students design, implement, and evaluate a plan for stress management.	-Design, implement and evaluate a plan for stress mgt.	-Suicide prevention education

Sexuality	A1	-Students predict how behaviors can impact health status.	-Analyze individual responsibility for enhancing health	-Introduction to sexuality and cultural shifts in attitudes
	A3	-Students explain causes of common diseases, disorders, and other health problems and propose ways to reduce, prevent, or treat them.	-Explain causes of common diseases, disorders, and other health problems and propose ways to reduce, prevent, or treat them	-Male/female anatomy
	B2	-Students access valid and reliable health information, products, and services.	-Access valid and reliable health products and services.	-Preventative screenings

		-Students demonstrate healthy practices and/or behaviors to maintain or improve the health of self and others in each of the following areas:	-Demonstrate healthy practices or	- Abstinence/contraception
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	C1  D3	healthy eating; physical activity; tobacco, alcohol, and other drug use prevention; and prevention of STDs, HIV and unintended pregnancy. -Students analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors.	behaviors to improve health in self and others -Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors	-STD's/HIV -Healthy vs unhealthy relationships -Avoiding exploitation, harassment, and violence in relationships
Nutrition	A3  C1	-Students explain causes of common diseases, disorders, and other health problems and propose ways to reduce, prevent, or treat them. -Students demonstrate healthy practices and/or behaviors to maintain or improve the health of self and others in each of the following areas: healthy eating; physical activity; tobacco, alcohol, and other drug use prevention; and prevention of STDs, HIV and unintended pregnancy.	-Explain causes of common diseases, disorders, and other health problems and propose ways to reduce, prevent, or treat them -Demonstrate healthy practices or behaviors to improve health in self and others	-Evaluating eating habits -Portion/serving sizes, understanding food labels, dietary guidelines -Healthy snack lab -USDA "My Plate" recommendations -Food production and government regulations -Analyzing one's nutritional intake as compared to dietary requirements
Substance Abuse	A3  C1  C3	-Students explain causes of common diseases, disorders, and other health problems and propose ways to reduce, prevent, or treat them. -Students demonstrate healthy practices and/or behaviors to maintain or improve the health of self and others in each of the following areas: healthy eating; physical activity; tobacco, alcohol, and other drug use prevention; and prevention of STDs, HIV and unintended pregnancy. -Students design, implement, and evaluate a plan for stress management.	-Explain causes of common diseases, disorders, and other health problems and propose ways to reduce, prevent, or treat them -Demonstrate healthy practices or behaviors to improve health in self and others -Develop ways to recognize, avoid, or change situations that threaten the safety of others.	-Stages of dependency -Family roles -Effects of drugs on the body, relationships, family -Legal issues with drug use -Club drugs/date rape -Trends in teen substance abuse -Where/how to get help
Personal Wellness	A2  A4  E1	-Students analyze the interrelationship of physical, mental/intellectual, emotional, and social health. -Students determine the interrelationship between the environment and other factors and personal health. -Students utilize skills for communicating effectively with family, peers, and others to enhance health.	-Interrelationship of physical, mental/intellectual, emotional, and social health -How genetics and family history can impact personal health -Demonstrate strategies to prevent, manage, or resolve conflicts.	-What is Health? -Understanding the 7 Dimensions of Health - Impact of family medical history on one's health -Passive, aggressive, and assertive communication -Communicating effectively – "I" messages

M.S.A.D. No. 75 HE Curriculum and MLR Gap Analysis - May 2015

Grade	MLR - A Health Concepts	MLR - B Health Information, Products, Services	MLR - C Health Promotion, Risk Reduction	MLR - D Influences on Health	MLR - E Communication and Advocacy Skills	MLR - F Decision-Making and Goal-Setting Skills
K	X	X	X	X	X	X
1	X	X	X	Not Covered	X	X
2	X	X	X	X	X	X
3	X	Not Covered	X	X	X	Not Covered
4	X	X	X	X	X	X
5	X	X	X	X	X	X
6	X	X	X	X	Not Covered	X
7	X	Not Covered	X	X	Not Covered	X
8	Not Covered	Not Covered	X	X	X	X
HS	X	X	X	X	X	Not Covered

Appendix B  
 MSAD 75 Physical Education Curriculum Overview and  
 Maine Learning Results Gap Analysis  
 May 2015

Core Units	MLRs Addressed	Performance Indicators	Essential Targets	Content Scope and Sequence
<b>Kindergarten -Grade 5</b>				
Fitness Components	G3 H1, H2, H3, H4 I2, I2, I3	Grades K - 2: G1 Students demonstrate positions that create stability and force. G2 Students demonstrate a variety of locomotor skills. G3 Students identify the skill-related fitness components of balance and coordination. H2 Students identify components of health-related fitness. H3 Students participate in physical activities to introduce the health-related fitness components of flexibility, cardiovascular endurance, muscular endurance, and muscular strength. H4 Students identify the physical benefits and bodily responses related to physical activities. I1 Students demonstrate taking turns and sharing while participating in physical activities. I2 Students follow procedures for safe behaviors, including maintaining appropriate personal space, while participating in physical activities. I3 Students identify safety rules and rule of play for games/physical activities.  Grades 3 - 5: G1 Students demonstrate a variety of movements that apply stability and force. G2 Students demonstrate a variety of locomotor skills and manipulative skills. G3 Students identify the skill-related fitness components of balance, coordination, agility, and speed G4 Students describe why practice is important to skill improvement. H1 Students participate in multiple health-related fitness assessments (including a cardiovascular assessment) and reassess to observe changes over time.. H2 Students describe and give examples of the five health-related components of fitness. H3 Students participate in physical activities that address each of the five health-related fitness components of including flexibility, cardiovascular endurance, muscular endurance,	-Participate in Presidential Fitness Test  -Introduce concepts of: o Cardiovascular Endurance o Muscular Strength o Muscular Endurance o Flexibility o Agility o Balance	
Football Skills	G1, G2, G4 H3, H4 I1, I2, I3			
Track & Field Athletics	G1, G2, G3, G4 H2, H3, H4 I1, I2, I3			
Group Games	G1, G2, G4 H2, H4 I1, I2, I3			
Jump Rope	G1, G2, G4 H4 I1, I2, I3			
Basketball	G1, G2, G3, G4 H4 I1, I2, I3			
Soccer / Kicking	G1, G2, G3, G4 H4 I1, I2, I3			
Tennis / Badminton	G1, G2, G3, G4 H4 I1, I2, I3			
Volleyball	G1, G2, G4 H4 I1, I2, I3			
Golf	G1, G2, G4 H4 I1, I2, I3			
Lacrosse	G1, G2, G3, G4 H4 I1, I2, I3			
Baseball	G1, G2, G4 H4 I1, I2, I3			
Floor Hockey	G1, G2, G4 H4 I1, I2, I3			

Frisbee	G1, G2, G4 H4 I1, I2, I3	muscular strength, and body composition. H4 Students identify physical and mental benefits and bodily responses related to regular participation in physical activity.. I1 Students demonstrate cooperative skills while participating in physical activities. I2 Students demonstrate safe behaviors and appropriate equipment use while participating in physical activities. I3 Students describe safety rules and rules of play for games/physical activities.		
Gymnastics	G1, G2, G3, G4 H2, H3, H4 I1, I2, I3			
<b>Grade Six - Grade Eight</b>				
Tennis	G2	-Students demonstrate motor skills and manipulative skills during drills or modified games/physical activities.	Students demonstrate motor skills and manipulative skills as well as the knowledge to successfully play the game of Tennis	
Indoor Soccer	G2	-Students demonstrate motor skills and manipulative skills during drills or modified games/physical activities.	Students demonstrate appropriate motor skills and the understanding of the rules of play	
Cooperative Games	I1	-Students demonstrate cooperative and inclusive skills while participating in physical activities.	Students demonstrate cooperative and inclusive skills while participating in physical activities.	
Fitness Testing	H1	-Students participate in a health-related fitness assessment that addresses a variety of health-related fitness components to establish personal fitness goals.	Students participate in a health-related fitness assessment that addresses the health-related fitness Components including muscle strength, muscle endurance, cardio-respiratory endurance, flexibility and body composition	
Fitness Unit	G3	-Students identify the skill-related fitness components of balance, coordination, agility, and speed.	Students describe the following skill-related fitness components: balance, coordination, agility, speed, power and the health-related fitness components including muscle strength, muscle endurance, cardio-respiratory endurance, flexibility and body composition. Students understand how to safely participate in a weight lifting unit	
Badminton	G2	-Students demonstrate motor skills and manipulative skills during drills or modified games/physical activities.	Students are able to successfully play the game of badminton following the rules of play .	

			Students can successfully serve that birdie and use various strategies while playing the game.	
Floor Hockey	G2	-Students demonstrate motor skills and manipulative skills during drills or modified games/physical activities.	Students demonstrate motor skills and manipulative skills during drills or modified games/physical activities. Students demonstrate their understanding of and ability to use, various offensive and defensive strategies	
Recreational Games	I1	-Students demonstrate cooperative and inclusive skills while participating in physical activities.	Students demonstrate cooperative and inclusive skills while participating safely in physical activities.	
Pickleball	G2	-Students demonstrate motor skills and manipulative skills during drills or modified games/physical activities.	Students demonstrate motor skills and manipulative skills during drills or modified games/physical activities.	

MTA - PE Courses

P.E. 1	H1  H2  H3  H4  I1	-Students participate in a health-related fitness assessment to establish personal fitness goals and reassess their fitness over time. -Students design and critique a personal fitness plan, from established goals, that applies the five health-related fitness components and the principles of training (specificity, overload, and progression). -Students select and participate in physical activities that address their personal fitness plans and apply the five health-related fitness components. -Students explain the interrelationship of physiological responses and physical, mental/intellectual, emotional, and social benefits related to regular participation in physical activity. -Students demonstrate collaborative skills while participating in physical activities. -Students demonstrate responsible and ethical personal behavior while participating in physical activities.	-Students participate in health-related fitness assessment to establish personal fitness goals and reassess their fitness over time  -Students design and critique their own fitness program, from established goals, that applies the five health related fitness components and the principles of training (specificity, overload, and progression) -Students participate in physical activities that align with their personal goals. -Students demonstrate collaborative skills while participating in physical activities by including peers respectfully in activities.	-Introduction to Physical Fitness -Types of Physical -Individual Fitness Plans -Principles of Training: -Flexibility Fitness: -Cardiovascular Fitness -Muscular Fitness -Body Composition
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	I2			
P. E. 2	G1 G2 G3 G4 I2 I3	<p>-Students change their motion and the motion of objects by applying the principles of stability and force to modify their performance in games/physical activities.</p> <p>-Students demonstrate a variety of specialized movement skills specific to a game/physical activity while participating in a game/physical activity.</p> <p>-Students explain the relationship of skill-related fitness components to specialized movement skills.</p> <p>-Students design appropriate practice sessions, utilizing fundamental movement skills to improve performance.</p> <p>-Students demonstrate responsible and ethical personal behavior while participating in physical activities.</p> <p>-Students predict how etiquette/rules improve games/activities.</p>	<p>-Apply the following principles of stability and force to modify their performance in games/ physical activities: how opposition, point of contact and point of release change the path of an object.</p> <p>-Demonstrate a variety of specialized movement skills specific to game/physical activity while participating in that game/ physical activity.</p> <p>-Explain the relationship of fitness skill components to specialized movement skills.</p> <p>-Design appropriate practice sessions, utilizing fundamental movement skills to improve performance.</p> <p>-Students demonstrate collaborative skills while participating in physical activities.</p> <p>-Students predict how etiquette / rules improve games / activities.-</p>	
Outdoor Education	Standard 1/ National grade level outcomes G1 G2 G4 I2 I3	<p>-Students change their motion and the motion of objects by applying the principles of stability and force to modify their performance in games/physical activities.</p> <p>-Students demonstrate a variety of specialized movement skills specific to a game/physical activity while participating in a game/physical activity.</p> <p>-Students design appropriate practice sessions, utilizing fundamental movement skills to improve performance.</p> <p>-Students demonstrate responsible and ethical personal behavior while participating in physical activities.</p> <p>-Students predict how etiquette/rules improve games/activities.</p>	<p>-Demonstrate competency or refines activity-specific movement skills in two or more lifetime activities.</p> <p>-Apply the following principles of stability and force to modify their performance in games/ physical activities: how opposition, point of contact and point of release change the path of an object; how adjusting movements to accommodate external forces decrease the risk of injury.</p> <p>-Demonstrate a variety of specialized movement skills specific to game/physical activity while participating in physical activity.</p> <p>-Design appropriate sessions, utilizing fundamental movement skills to improve performance.</p> <p>-Students demonstrate collaborative skills while participating in physical activities.</p> <p>-Students predict how etiquette / rules improve</p>	

			games / activities.	
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**MSAD 75 PE Curriculum and MLR Gap Analysis - May 2015**

<b>Grade</b>	<b>MLR - G Movement/Motor Skills and Knowledge</b>	<b>MLR - H Physical Fitness Activities and Knowledge</b>	<b>MLR - I Personal and Social Skills and Knowledge</b>
K	X	X	X
1	X	X	X
2	X	X	X
3	X	X	X
4	X	X	X
5	X	X	X
6	X	X	X
7	X	X	X
8	X	X	X
HS	X	X	X