



Lexington Public Schools

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To: Dr. Paul Ash, Superintendent
Dr. Lynne Sarasin, Deputy Superintendent
Members of the Lexington School Committee
From: Kate Cremens-Basbas, Director of PE and Wellness
The Physical Education and Wellness Curriculum Review Committee
Re: **Executive Summary:**
Update on Year One of the Physical Education and Wellness Curriculum Review
Date: June 12, 2007

Health - a state of complete... well-being and not merely the absence of disease or infirmity.

Preamble to the Constitution of World Health Organization

The Physical Education and Wellness Curriculum Review Committee was formed in August 2006. The committee made great progress this year on a comprehensive and extensive task. Members of the committee¹ include Health Educators, Physical Educators, parents and a member of the Youth Services Board. The Committee met on 5 days (8/28, 10/18, 1/24, 3/13, 5/14) to address Year 1 of the Program Evaluation/Curriculum Review. Subcommittees on fitness, "windows and mirrors: welcoming schools," adapted physical education, and internet safety also met on an ongoing basis.² Additional subcommittees will be recruited to address the topics of puberty, child assault prevention, and wellness.

The review process began with the presentation of the philosophical framework and overview of the 3-year curriculum review process. The Committee's tasks begun in Year One were to:

- Summarize Research
- Collect and summarize data
 - 5. School Health Index, elementary and secondary, modules 1,2,3,8
 - Locally developed survey of K-5 teachers on existing integration of Massachusetts Health Curriculum Framework
 - Lexington Youth Risk Behavior Survey (9-12)
 - "Jump Up and Go" survey (6-8)
 - *Fitnessgram* - Health Related Fitness Assessment (4-8)
 - Visits to exemplary programs/classrooms
- Review the Massachusetts Health Curriculum Framework
- Review Health and Physical Education as addressed in the Massachusetts General Laws³ and suggest areas for alignment through an integrated model
- Recommend curriculum pilots for 07-08 based on data from curriculum alignment tools

I. The Process

The committee reviewed a national Wellness Model from the National Wellness Institute.⁴ This model has as its focus the balance of the six dimensions of wellness. They are physical, spiritual, social, emotional, intellectual, and occupational. The major shift in culture for Lexington will be to move from a model in which Physical Education has been aligned with Athletics, to a wellness model where Physical Education is aligned with Health. In conjunction with this, the committee began to frame the wellness model around the components of the Massachusetts Comprehensive School Health Education Program that is articulated in the Massachusetts Comprehensive Health Curriculum Framework.⁵ These components are also part of the Center for Disease Control and Prevention (CDC) Coordinated School Health Model.⁶ The Wellness model became the framework for our plan to integrate wellness into the K-12 school curriculum. It was refined and tailored to the Lexington Community. (appendix A) This model builds on the assets of the Lexington community.

II. Review of the Literature and Research

Literature Review (Appendix B)

The committee reviewed journals, books, curricula, programs and other references to begin the process. One must appreciate the magnitude and weight of the Massachusetts Comprehensive Health Curriculum Framework. Its broad core concept is articulated through five guiding principles, four strands, fourteen standards, and two hundred and forty-five learning standards. The Health Framework contains the most sensitive, personal, and at times controversial content taught in our schools. It is the only framework that involves guidance, regulation, and mandates of Massachusetts General Laws. The committee and sub-committees were diligent and attentive to these issues throughout the process.

As revealed in the literature, we, as most educators, practitioners, and researchers learned that there are particular challenges when selecting and implementing curricula in wellness and prevention. Evidence-based programs, though plentiful, are not always effective in meeting the needs of particular communities with particular needs, cultures, and values. We learned that selection of any single evidence-based program for Physical Education and Wellness may have many drawbacks.⁷

- The programs have generally been designed with specific audiences in mind.⁸ (for example urban, low income, high risk, ethnic or cultural groups, or rural populations)
- The programs frequently do not fully align with the standards in the Massachusetts Health Curriculum Framework. (for example they may be abstinence based only for sexuality, they may not include specific issues of diversity, or they may not focus on decision making, self management and health promotion)
- The programs often addressed only certain aspects of wellness (such as fitness, nutrition, violence prevention, tobacco control, or substance abuse prevention) to the exclusion of others.
- Some strategies work better in some communities and populations than others. (for example, some programs were designed to be presented through youth centers or faith-based organizations rather than schools or are directed to specific ethnic or cultural audiences)
- Time and resource constraints frequently preclude the adoption of a single evidence-based program that would achieve the same results as when evaluated.⁹ Fidelity and loyalty to a curriculum are keys to success. (For example, most tobacco education, character education, AIDS/HIV education, substance abuse prevention programs, and violence prevention programs are 16 -20 lessons each.) Therefore, more time than currently allotted in our program is necessary. In addition, the variety and sensitive nature of topics in the Massachusetts Health Curriculum Framework require professional expertise to assure fidelity and loyalty to any curriculum selected. Teachers' beliefs and practices about the importance of and the participation and involvement in curriculum implementation tasks (are) more pronounced for those who (are) most closely attending to the curriculum prescribed by the district.¹⁰

An integrated wellness model was selected because it addresses many of the shortcomings of a single evidence-based curriculum. It builds on the exemplary physical education, health, and classroom programs already in Lexington and coordinates the efforts of the entire community. In this model, Lexington can select appropriate curriculum and tailor it to our specific population and needs with attention to our resource availabilities.

In year one, we focused primarily on the K-5 program. The areas reviewed and selected for integration at the elementary level are Open Circle, Scott Foresman literacy program, science, social studies, library, health education, and other programs on fire safety, bicycle safety, bus safety, puberty and guidance. The model connects and coordinates the dimensions of wellness within the entire community to support the wellness of our students. It draws on multiple strategies to address one goal. (One recent example of the wellness model in action, albeit at the High School level, was the requirement of buses to this year's proms. The one goal addressing underage drinking at the event was coordinated by enforcing health and safety policies with the support of faculty, administration, physical education and wellness education, with family, social services, and community involvement.)

As we proceed, it will be important to strengthen and coordinate the complementary strategies of policy, education, enforcement, communication, collaboration, early intervention, and prevention.¹¹

Data Collection

The local data collection was thorough, though it has not been completely analyzed at this time. The CDC School Health Index was used as a self-assessment at targeted schools. The curriculum review committee selected four of eight modules that aligned with wellness to be used for survey purposes. Teams of parents, teachers and administrators from selected schools met, discussed and completed the survey. The data from the index was compiled and analyzed by the committee. (Appendix C)

They were:

- Module 1: School Health and Safety Policies and Environment
- Module 2: Health Education
- Module 3: Physical Education and Other Physical Activity Programs
- Module 8: Family and Community Involvement

The results of the survey using the index are summarized by level: elementary, middle, and high school.

Elementary

Module 1: Summary of Elementary School Health and Safety Policies Assessment:

Policies were assessed to be relatively sound with many recent areas of improvement. Some schools do not have a representative school health committee. Playground safety is a concern at several schools. Adequate maintenance to assure a safe physical environment is needed at several schools. Staff development on unintentional injuries, violence and suicide are needed annually. Older indoor facilities are not adequate in size for the “new” PE that favors fitness over athletics and includes high levels of activity with maximum participation. Withholding recess as punishment was a concern at several schools and was addressed by the Wellness Advisory Board in its recommendations to the Superintendent. The elementary principals were supportive and provided integral input to the recommendation.

Module 2: Summary of Elementary Health Education

Lexington currently has very little health programming in the elementary schools All six schools share a .25 health educator and students receive 2-3 lessons per year. In spite of these shortcomings, the faculty and staff continue to offer culturally appropriate examples and activities. The ongoing commitment to Open Circle is deemed positive and provides a related avenue for integration.

Module 3: Summary of Elementary Physical Education and Other Physical Activity Programs

The PE program is well developed at the elementary level at all the schools. There is an adequate teacher/student ratio. Sequential physical education curriculum is consistent with standards. Students are active at least 50% of class time. Teachers plan practices to assure maximum student activity. There is instruction available for special health care needs. All physical education teachers possess Massachusetts certification in the area they teach. Playground safety standards and promotion of community physical activities were areas to be addressed. Though Lexington does not offer 150 minutes of physical education per week, as recommended by the CDC, it is in line with nearby school districts.

Module 8: Summary of Elementary Family and Community Involvement

Family and Community Involvement is an area that needs more emphasis. It was the lowest scoring health index. All the schools scored in the 50th percentile. (100% representing “fully in place.”) There is a need to increase efforts to connect and educate families on wellness issues. This may be addressed through the Health Protection Advisory Council. The scarce gym space and the cost of renting it prohibit community access to school facilities. Parent and community involvement in programs was assessed low or non-existent.

Middle School

Module 1: Summary of Middle School Health and Safety Policies Assessment:

Most of the School Health and Safety Policies are securely in place and the middle schools scored well.

Increased communication of school health and safety policies to students, parents and staff is needed.

Tobacco-use policies need to be consistently enforced.

Withholding physical activity as a punishment is occasional, and recommendations will be made to the Wellness Advisory Board.

Increased staff development on unintentional injuries, violence and suicide is needed.

Health committees at each school are needed.

A policy prohibiting tobacco advertising or images should be considered.

Module 2: Summary of Middle School Health Education

The middle schools scored high in health education

Topics on preventing suicide need to be added to the curriculum.

Module 3: Summary of Middle School Physical Education and Other Physical Activity Programs

The middle school scored high in this area.

Though time in physical education classes per week does not meet the CDC recommendation of 225 minutes per week, it is in line with nearby school districts and the facility constraints.

Physical activity facilities are inspected annually, and some do not fully meet safety standards.

Module 8: Summary of Middle School Family and Community Involvement

Family and Community involvement was determined to be relatively high in the middle schools. Significant strengths are that school staff do a lot in promoting health strategies, and are proactive in helping students participate in sports and intramurals.

Efforts to improve parent involvement and parent awareness are being planned.

High School

Module 1: Summary of High School Health and Safety Policies Assessment:

LHS has a number of School Health and Safety Policies in place.

There is a great sense of connectedness between students, families and LHS staff.

A broad variety of enrichment experiences are offered to all students.

There are a variety of programs designed to help students overcome barriers to learning, e.g. nursing, social services, counseling, mentoring, mental health and special education programs.

Tobacco use is prohibited among staff and visitors.

Tobacco advertising is prohibited.

Access to physical activity facilities outside school hours, fund raising efforts that are supportive of healthy eating, and tobacco-use cessation services need development.

Module 2: Summary of High School Health Education

Health education is fully in place at LHS. It received a high score.

Professional development in health content, classroom management techniques, and in instructional practices has been compromised due to the budget restrictions. Scheduling has created some obstacles to instructional practices that build on relationship building with adults, a key to successful health education.

Module 3: Summary of High School Physical Education and Other Physical Activity Programs

Though Lexington does not offer 225 minutes of physical education per week, as recommended by the CDC, it is in line with nearby school districts.

The teacher/student ratio in particular classes can be inadequate at times due to particular scheduling needs of students.

LHS offers individualized fitness plans.

There are classes for students with special health care needs.

Consistent with CDC recommendations, LHS prohibits waivers or substitutions for physical education.

Module 4: Summary of High School Family and Community Involvement

Family and Community Involvement is an area LHS may seek to improve. It was the lowest scored module with 55%. (100% representing “fully in place.”)

Effective parenting education and parent involvement in programs is under developed.

Students are able to have input in school meals.

Community-based programs are promoted and the Lexington community has access to school facilities.

Massachusetts Comprehensive Health Curriculum Framework Alignment - K-5

K-5 teachers were surveyed to review where Massachusetts Comprehensive Health Curriculum Framework topics are currently being taught in the K-5 curriculum. The survey (Appendix E) that was designed locally articulated each standard and surveyed whether the standard was addressed, where it was addressed in the curriculum, and questioned the use of resources.

Preliminary findings from this survey indicate that:

- Science classes address some of standard 1, *Growth and Development*
- Physical Education classes address most of standard 2, *Physical Activity and Fitness*
- Health Education specialist addresses some of standard 3, *Nutrition*
- Human Growth and Development with nurses, guidance and classroom teachers, addresses some of standard 4, *Reproduction and Sexuality*
- Open Circle addresses most of standard 5, *Mental Health*
- Social Studies and Open Circle address some of standard 6, *Family Life*
- Social Studies and Open Circle address some of standard 7, *Interpersonal Relationships*
- Health Education specialist addresses some of standard 8, *Disease Prevention and Control*
- Open Circle and evacuation drills and practice address some of standard 9, *Safety and Injury Prevention*
- Substance Abuse Prevention Specialist and Peer Leaders address some of standard 10, *Tobacco, Alcohol and Substance Abuse Prevention*

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- Open Circle addresses some of standard 11, *Violence Prevention*
- Very little is addressed in standard 12 , *Consumer Health and Resource Management*
- Social Studies and the “Big Back Yard” program address very little of standard 13, *Ecological Health*
- Very little is addressed in standard 14, *Community and Public Health*

Youth Risk Behavior Survey – Lexington High School

The *Lexington Youth Risk Behavior Survey* was administered in early May to grades 9-12. The data, though collected, has not been analyzed at this time due to budget considerations, and will be analyzed this summer. The survey was updated from 2004 to refine questions, and to elicit responses from students about where they get accurate information on health issues, and what/who has the greatest influence on their decision making. This data will be important when considering the development of wellness initiatives for this level.

Middle School

A selected group of middle school students, as part of their participation in the Blue Cross/ Blue Shield and Dept. of Public Health “*Jump Up and Go*” program, also participated in a survey. The survey addressed activity and nutrition. The data on activity and nutrition habits will become available over the summer. This data was collected to determine the effectiveness of the pilot program of “*Planet Health.*” This curriculum is an interdisciplinary curriculum focused on improving the health and well being of sixth through eighth grade students while building and reinforcing skills in language, arts, math, science, social studies, and physical education. Through classroom and physical education activities, Planet Health aims to increase activity, improve dietary quality, and decrease inactivity.

Fitnessgram

Students in grades K-8 participated in the *Fitnessgram* assessment of health related fitness. The students were assessed in the areas of cardio-vascular fitness, flexibility, strength, endurance, and body mass index data was gathered in conjunction with health services. The data has yet to be analyzed, however preliminary results on the Body Mass Index revealed that:

- Of students measured in grades K-9, 24% were screened in as being at risk of overweight, or being overweight.
- Of elementary school students measured, 1.5-2.9%, depending on grade level, were screened in as at risk of being underweight . At the middle school this figure was 6%, and was closer closer to 1% in grade nine.

The Body Mass Index is a screening that measures the ratio of height to weight. It is not a measure of body fat percentage, however it is recommended as an initial screening tool by the Centers for Disease Control and Prevention. Education and consultation are critical to its successful use.

Visits to Exemplary Programs

As a final part of the research, committee members visited eight nearby communities (Andover, Arlington, Cambridge, Concord-Carlisle, Needham, Harvard and Lunenburg) and reviewed and shared information on the curricula. These communities were chosen because of

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their comprehensive programs or because there were educators recognized by the Massachusetts Association for Health, Physical Education, Recreation and Dance (MAHPERD). The results of these visits to exemplary programs and classrooms will help to frame our work in developing a wellness program. During these visits we learned the following:

- Programs vary from traditional PE, to the “new PE,” to Wellness.
- Lexington is in line with these districts for time and requirements in PE.
- Lexington trails some schools in “health” education in terms of time and grade levels taught.
- Grading varies vastly. (for example, P/F; A,B,C; effort)
- Assessments vary vastly. (for example, practical, written, rubrics)
- Lexington does comparably well in terms of class sizes.
- Lexington is superior in terms of qualified teachers.
- Lexington fares well in terms of budget.
- Topics and curriculum are in process of being developed in many districts and Lexington will complete the curriculum review in 2009.
- Most districts are not fully aligned with the Massachusetts Health Curriculum Framework, and are not or are only partially evidence- based programs.
- Sensitive topics, when taught, are taught in most districts by health educators, guidance, and/or health service staff.
- Adapted PE exists in some form in most programs.
- Fitness assessments are predominantly health-related, and vary in the home communication of the results.
- Schools vary widely in curricular leadership models.
- Most schools face the same or greater challenges in wellness programming ranging from budget, to scheduling, to class sizes, offerings, and requirements.
- The “new PE” is evident in several districts in conjunction with a skills-based model.

Full alignment of a wellness curriculum model with the Health Framework will require planned integration of lessons to address specific learning standards. The 245 learning standards addressed through such an integrated model will require expert support and coaching by wellness specialists.

III. Strengths

In grades K-5:

School, Health , Safety and Environment

PE teachers work in conjunction with the nurses to implement *Fitnessgram*
Policies are clearly articulated.

Health Education

The Open Circle program provides a clear avenue for integration of health curriculum topics, and there are some areas of alignment in literacy, science and social studies.

Physical Education and other Physical Activities

The Physical Education program is moving in the wellness direction with “new PE,” and has preserved activity and enjoyment as primary goals.

Family/Community

The parent organizations are beginning to support initiatives of the Health Protection Advisory Council, (HPAC) in terms of health promotion.

Policies are sound and are implemented for student health.

In grades 6-8:

School, Health, Safety and Environment

Existing policies are sound and are implemented for student health.

PE teachers work in conjunction with the nurses to implement *Fitnessgram*.

Health Education

The grade seven health curriculum and electives align to the Framework in the areas addressed.

The middle schools piloted “Planet Health” as part of the *Jump Up and Go* grant.

Physical Education and other Physical Activities

There are numerous offerings for physical activity.

Family/Community

Health promotion among staff for athletics is high.

Parent involvement is high.

In grades 9-12:

School, Health, Safety and Environment

Policies for student health exist.

Health Education

The grade nine and eleven health curriculum aligns to the Framework in the areas addressed.

There are a variety of support and counseling programs.

Health education aligns with standards in areas addressed.

Physical Education and other Physical Activities

There are a broad variety of activities offered in PE.

There is an extensive variety of enrichment experiences.

Family/Community

Community programs are promoted throughout the school.

There is a great sense of connectedness between students, families, and LHS staff.

There are a variety of support and counseling programs.

IV. Areas in Need of Improvement / Recommendations

School, Health, Safety and Environment

- Faculty input on facility renovations.
- Improve timeline for follow up repairs after inspections of facilities.
- Conduct effective building based policy updates annually.
- Improve professional development to meet specific needs of wellness integration as outlined in the curriculum review.
- Expand staff wellness and connect to town wellness initiatives.
- Action Research designed to meet specific objectives to measure effectiveness of programs.
- Organize a schedule of professional development that includes topics such as CPR, sexuality education, and wellness, annually.
- Renew Project Alliance membership that provides current information for districts with a coordinated school health model. These programs are relevant for administrators, specialists, teachers, nurses, guidance and school resource officer topics.
- Develop ability to report student progress through an online report card that includes wellness
- Provide for quality substitutes for Physical Education classes.

Health Education

- Pilot the Great Body Shop curriculum K-5 to integrate health education and improve home/school connection on wellness topics.
- Update specific topics such as fire safety, puberty, bike safety, child assault protection, and internet safety. (Chief William Middlemiss, Lexington Fire Dept. plans to review and update the fire safety lesson currently taught by Lexington firefighters to all students in grade one. The lesson will address standard 9.1, of the Massachusetts Comprehensive Health Curriculum Framework, "list rules for fire safety." The lesson will also include the flammable qualities of fabrics, and the prevention and treatment of burns. (required by MGL Ch. 71sec.1) along with other components that may be contained in recent burn reporting legislation. He also plans to review the bicycle safety pilot implemented in grade two physical education classes at the Harrington School this year. This will address standards 9.1 and 9.3 of the MCHCF. Consideration for expansion will in conjunction with the curriculum review process.)
- Support integration of elementary wellness with 3 FTE Health Educators to team teach sensitive topics, model, facilitate, train, organize, and support teachers and to plan for faculty wellness and to provide parent education.
- Review middle school health alignment for possible expansion to grade 6 students. 1 semester twice per week (Health Promotion Wave, Planet Health, Michigan Model appendix B) (1.0 FTE)
- Review Middle School and High School alignment by surveying teachers to review the Massachusetts Comprehensive Health Curriculum Framework and note where in the current curriculum these topics are taught.
- Schedule High School health 1 semester four times per week (3 FTE- no increase in staffing)
- Review High School program for PE and wellness and explore alignment, Michigan Model, and Health Promotion Wave. (Appendix B)

- Select and implement lessons on Internet safety Grades 1-7, and 9.

Physical Education and other Physical Activities

- Develop Staff Wellness Program.
- Provide Open Circle recess training to playground staff.
- Address the improvement of playground safety.
- Expand before/after school offerings at the elementary, maintaining reasonable costs.
- Expand use of school facilities for community activity
- Purchase software and technology to improve communication of health related fitness data to families.
- Address recess alternatives and introduce walking clubs, jogging clubs, and active games.
- Implement *Fitnessgram* K-12 with communication to home.

Family/Community

- Use List serves, newsletters, and articles to the press to expand the understanding of wellness in the community.
- Implement evidence- based elementary health curriculum with parent connections.
- Expand the integration of Community Resources into the schools.
- Select and promote "National Months" related to Wellness. (MPH calendar)

V. Next Steps

June 2007

- Conduct workshops that address components of the Physical Education and Wellness curriculum, puberty, child assault protection, internet safety, Windows and Mirrors, wellness, Great Body Shop, and fitness to prepare for pilot programs.

Summer 2007

- Conduct workshops to articulate the 9-12 curricula to the NEASC templates.
- Analyze data from the Lexington Youth Risk Behavior Survey and *Fitnessgram*.
- Conduct workshops to articulate and align existing Physical Education curricula in grades K-12

Year Two

- Pilot curriculum in fitness, Windows and Mirrors, child assault prevention, puberty, Internet safety, and Great Body Shop.
- Survey teachers in grades 6-12 to review the Massachusetts Comprehensive Health Curriculum Framework and note where in the current curriculum these topics are addressed in the current curriculum.
- Evaluate pilot of K-5 curriculum integration, and refine lessons for full implementation.

- Use Lexington Youth Risk Behavior Survey data to address the needs of students and to align to the Framework.
- Provide professional development for K-12 educators who will integrate wellness topics into the curriculum.
- Finalize recommendations for alignment of the Massachusetts Health Curriculum standards into the K-12 Curriculum.

Footnotes

1. *Members of the Physical Education and Wellness Curriculum Review Committee:*
Physical Education and Wellness Educators - Bowman School, M. Gloor; Hastings School, Lynne Kirouac; Harrington School, Nicole Rhodes; Estabrook School, Jim Banks; Clarke Middle School, Karen Boudreau; Diamond Middle School, Emmett O'Brien; Lexington High School, Anne Carey, Jason Rajotte, Jennifer Wolfrum; System wide, Julie Fenn, Russ Bosbach; Youth Services - Becky Rushford; Parents – Sarah Lane, Bowman; Saana McDaniel, Bowman; Director of Physical Education and Wellness, Kate Cremens-Basbas, Deputy Superintendent, Dr. Lynne Sarasin,.
2. *Participants on the Fitness subcommittee:* Jim Banks, Estabrook; Karen Boudreau, Clarke; Jason Rajotte, LHS and the K-12 PE staff
Participants on the Internet Safety subcommittee: Deeth Ellis, LHS; Kristin Foti, LHS; Karen Boudreau, Clarke; Jane Smith, Diamond; Harriet Wallen, LPS.
Participants on the Windows and Mirrors subcommittee:
Administrators: Kate Cremens-Basbas, Director Physical Education and Wellness; Martha Batten, principal; Barbara Manfredi, principal.
Counselors: Lucia Gates, Bridge; Amy Chamberlain, Harrington; Beth Glick, Bowman;
Teachers: Nancy Alloway, Hastings; Renae Stockton, Bowman; Rachel Quebec, Estabrook; Jesse Richardson, Estabrook
Specialists: Lynn Taber, nurse, Bowman; Sarah Widhu, librarian, Harrington; Jennifer Hayner Kuhn, librarian, Estabrook
Parents: Scott Bokun; Bonnie Brodner; Julie Fenn; Chris Kyle; Elisabeth Sackton; Leora Tec; Deb Strod; Maryanne Stewart; Jessie Steigerwald ; Rosemary Trowbridge; Rachel Cortez; Meg Soens.
3. MGL, Chapter 71, Sections 1 and 3; Chapter 69, Section 1D; Chapter 71, Section 32a; Chapter 85, Section 13a; Chapter 76, Section 5, Chapter 90, 7B (15).
4. National Wellness Institute, Steven Point, WI, www.nationalwellness.org
5. Massachusetts Comprehensive Health Curriculum Framework, MA DOE, Malden, MA, www.doe.mass.edu
6. Coordinated School Health Model, Centers for Disease Control and Prevention, Atlanta, GA, www.cdc.gov/healthyyouth/CSHP
7. "Science-Based Prevention Strategies", by Northeast Center for the Application of Prevention Technologies, 1999, EDC, Inc.
8. "Science-Based Prevention Strategies", by Northeast Center for the Application of
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- Prevention Technologies, 1999, EDC, Inc.
9. "Science-Based Prevention Strategies", by Northeast Center for the Application of Prevention Technologies, 1999, EDC, Inc.
 10. "Curriculum Fidelity and Implementation Tasks Employed by Teachers," Richard Kimpston, Paper presented at the Annual Meeting of the American Educational Research Association (Montreal, Canada, April, 1983).
 11. School Health Index, Centers for Disease Control and Prevention, Modules 1,2,3,8, elementary and secondary.

(Appendix B)

**Physical Education and Wellness Curriculum Review Committee
Summary: Review of Literature**

Curriculum and programs

**Adolescents Living Safely: AIDS Awareness, Attitudes & Actions
Catch Curriculum**

Fit Kids, by Dr. Kenneth Cooper

Freddie's Fire Smart Kids, by Clemson University

Fundamentals of Fitness by Leslie Baker and Judy Radley

Get Real about AIDS

Health Smart Virginia, <http://healthsmartva.pwnet.org>

Michigan Model, Educational Materials Center, Central Michigan University
Mt. Pleasant, MI

Middle Matters, by Sandee Bailey and Candice Furlan

Open Circle

Peace Builders by Heartsprings, Inc.

Physical Education Program, Alberta, Canada

Reducing the Risk

Resolving Conflict Creatively Program

Risk Watch, by National Fire Protection Association

Safe, Disciplined and drug Free Schools Promising Programs (2001)

Safe Passage, U. S. Army Corps of Engineers

Safer Choices

Second Step

Sport, Play & Active Recreation for Kids (Spark), Sportime

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Tandalay Curriculum for Physical Education and Recreation Programs

The Great Body Shop

Think First for Kids/Think First for Youth/ Think First for Teens, by National Injury Prevention Foundation

The Wellness, Academics and You (WAY) Program, Sportime

Welcoming Schools: A Guide for GLBT Inclusive Lessons and Resources on Family Diversity, Gender and Name Calling for Elementary Schools (draft)

Youth Violence: Lessons from the Experts by Rinehart, P., Borowsky, I., Stolz, A., Latts, E., Cart, C. U. Brindis, C. D.

Books

Exemplary and Promising Safe, Disciplined and Drug Free Schools Programs, 2001, U.S. DOE, Safe, Disciplined and Drug Free Schools Expert Panel

School Health: Findings from Evaluated programs, U.S. Department of health and Human Services, Public Health Service

Science Based Practices in Substance Abuse Prevention: A Guide, Center for Substance Abuse Prevention

Journal articles

“Abstinence-only sexual education should be abandoned,” Journal of Men’s Health & Gender
“BEEP” (Bicycle Education Enhancement Program), unnamed website, program of Philadelphia School District

“Dancing is for Boys!” by Marion Rose

“Effective Sex Education,” Advocates for Youth

“Helping Teens Develop Healthy Social Skills and Relationships: What the Research Shows about Navigating Adolescence,” by Elizabeth C. Hair, Justin Jager, Sarah B. Garrett, Child Trends Research Brief

“Safe Schools: Academic Success Depends on It,” A Publication of the Office of Safe and Drug-Free Schools

“Science-Based Prevention Strategies,” by Northeast Center for the Application of Prevention Technologies

“The Ethics of abstinence-only and abstinence-plus sexuality education,” by David C. Wiley, Journal of School Health

“The Importance of Play,” by Dan Laitsch, ASCD Research Brief

“What Health Educators Need to Know About Education Research,” by Patricia A. Lauer, Rocky Mountain Center

Other

“Curriculum Fidelity and Implementation Tasks Employed by Teachers,” Richard Kimpston, Paper presented at the Annual Meeting of the American Educational Research Association (Montreal, Canada, April, 1983).

Guidelines for Comprehensive Sexuality Education, 3rd Ed., Sexuality Information and Education Council of the U. S

Sex Education in America, an NPR/Kaiser/Kennedy School Poll

School Health Program Report Card for Massachusetts, Department of Health and Human Services, Centers for Disease Control and Prevention

School Health Index, elementary and secondary, Centers for Disease Control and Prevention

Lexington Youth Risk Behavior Survey 2007

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