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|  | **SECTION 1: Alignment to the 2016 Oregon Health Standards** |
| **Criterion 1 & 2: FOCUS**Materials focus on in-depth learning of health education core standards, performance indicators, and best practices. Materials provide differentiated instructional strategies and learning experiences built on researched-based and theoretical approaches that are multicultural, age-appropriate, and developmentally-appropriate.**4: Meets all criteria** **(12 points)****3: Adheres to the criteria** **(9-11 points, no zeros)****2: Sometimes adheres to the criteria** **(6-8 points)****1: Occasionally adheres to the criteria** **(3-5 points)****0: Does not meet the criteria****Final Comments and Suggestions for** **Improvement:** | Quality Indicators | EXAMPLES IN TEXT (PROVIDED BY PUBLISHER) |
| **1a.** In each K-5 grade level, materials focus on in-depth learning of health education core standards and performance indicators, and address best practices.  | Examples for Criterion 1:Click here to enter text.Examples for Criterion 2:Click here to enter text. |
| **1b.** Materials engage in the development of the knowledge and skills to develop confidence to become health literate individuals. |
| **1c.** Materials facilitate deeper understanding and application to experience healthful living. |
| **2a.** In each K-5 grade level, materials provide differentiated instructional strategies and learning experiences built on researched-based and theoretical approaches. |
| **2b&c.** Materials provide multicultural, age-appropriate, and developmentally-appropriate academic content. |

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|  | **SECTION I: Alignment to the 2016 Oregon Health Standards** |
| **Criterion 3 & 4: RIGOR**Supports and guides age-appropriate, in-depth instruction to develop health literate students. Materials support a conceptual understanding of health literacy through knowledge and skills. **4: Meets all criteria** **(8 points)****3: Adheres to the criteria** **(6-7 points, no zeros)****2: Sometimes adheres to the criteria** **(4-5 points)****1: Occasionally adheres to the criteria** **(1-3 points)****0: Does not meet the criteria****Final Comments and Suggestions for** **Improvement:** | Quality Indicators | EXAMPLES IN TEXT (PROVIDED BY PUBLISHER) |
| **3.** In each K-5 grade level, materials support a conceptual understanding of health literacy in the various dimensions of health (i.e., physical, mental, social, emotional, and environmental health) | Examples for Criterion 3:Click here to enter text.Examples for Criterion 4:Click here to enter text. |
| **4a.** Materials support a conceptual understanding of health literacy through knowledge and skills including **health-promoting decisions.** |
| **4b.** Materials support a conceptual understanding of health literacy through knowledge and skills including **health-enhancing behaviors.** |
| **4c.** Materials support a conceptual understanding of health literacy through knowledge and skills including **advocating for personal, family, and community health.** |
|  | **SECTION I: Alignment to the 2016 Oregon Health Standards** |
| **Criterion 5, 6, & 7: RIGOR**Health education materials reflect the growing body of research. Materials provide flexibility and differentiation for individual student needs. Materials provide multiple opportunities for students to practice, discuss, and reflect.**4: Meets all criteria** **(10 points)****3: Adheres to the criteria** **(7-9 points, no zeros)****2: Sometimes adheres to the criteria** **(5-6 points)****1: Occasionally adheres to the criteria** **(1-4 points)****0: Does not meet the criteria****Final Comments and Suggestions for** **Improvement:** | Quality Indicators | EXAMPLES IN TEXT (PROVIDED BY PUBLISHER) |
| **5a&c.** In each K-5 grade level, materials emphasize teaching functional knowledge and skills that shape and support group norms which value healthy lifestyles. | Examples for Criterion 5:Click here to enter text.Examples for Criterion 6:Click here to enter text.Examples for Criterion 7:Click here to enter text. |
| **5b&d.** Materials recognize individual values and beliefs that support healthy behaviors as well as developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors. |
| **5e&f.** Materials are medically, scientifically, and environmentally current and researched-based that provide opportunities for students to connect with adults and other resources in the community.  |
| **6.** In each K-5 grade level, materials provide flexibility and differentiation for individual student needs. |
| **7.** In each K-5 grade level, materials provide multiple opportunities for students to practice, discuss, and reflect. |
|  | **SECTION I: Alignment to the 2016 Oregon Health Standards** |
| **Criterion 8, 9, & 10: COHERENCE**Learning experiences form a coherent, age-appropriate, and developmentally-appropriate progression in which each K-12 student builds competencies and proficiencies within and between grade-levels, aligned with Oregon State Health Education Standards and Performance Indicators. Integrates the interdependence of health-enhancing knowledge and skills as they relate to responsible personal and social behaviors within society. Uses a variety of instructional strategies and sequencing that provide multiple developmentally-appropriate opportunities and adequate time for student learning.**4: Meets all criteria** **(6 points)****3: Adheres to the criteria** **(4-5 points, no zeros)****2: Sometimes adheres to the criteria** **(3 points)****1: Occasionally adheres to the criteria** **(1-2 points)****0: Does not meet the criteria****Final Comments and Suggestions for** **Improvement:** | Quality Indicators | EXAMPLES IN TEXT (PROVIDED BY PUBLISHER) |
| **8a&b.** Where appropriate, health education concepts are integrated with other content area instruction. Instructional content includes current data, trends, and information related to authentic examples in students’ lives.  | Examples for Criterion 8:Click here to enter text.Examples for Criterion 9:Click here to enter text.Examples for Criterion 10: Click here to enter text. |
| **9.** In each K-5 grade level, materials integrate the interdependence of health-enhancing knowledge and skills as they relate to responsible personal and social behaviors within society.  |
| **10.** In each K-5 grade level, materials use a variety of instructional strategies and sequencing that provide multiple developmentally-appropriate opportunities and adequate time for student learning. |

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| **SECTION II: Instructional Supports****Supporting Criteria** |
| Rate each indicator in Section II according to whether it is met, partially met, or not met. Award points for each indicator as shown.  |

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| **II – INDICATORS OF QUALITY: Student Engagement** |
| *11. Engages students in authentic and meaningful learning experiences that:*  | EXAMPLES IN TEXT (PROVIDED BY PUBLISHER) |
| 1. Reflect lifelong health education practices.
 | Click here to enter text. |
| 1. Support instruction to develop health literate students (i.e., physical, mental, social, emotional, and environmental health).
 |
| 1. Provide opportunities for students to personalize and internalize learning to support health literacy.
 |
| 1. Are student-centered.
 |
| 1. Provide opportunities for students to relate health behaviors to life, home, school, and careers as health literate citizens.
 |
| 1. Include representation of diverse people and cultures.
 |
| *Additional Indicators of Student Engagement:* | EXAMPLES IN TEXT (PROVIDED BY PUBLISHER) |
| 12. Facilitate deeper understanding of practices, skills, and functional knowledge by building upon prior knowledge.  | Click here to enter text. |
| 13. Provides frequent opportunities for students to recognize, develop, demonstrate, apply, and exhibit their knowledge and skills.  |

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| **SECTION II: Instructional Supports****Key Criteria** |
| Rate each indicator in Section II according to whether it is met, partially met, or not met. Award points for each indicator as shown. |

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| **II – INDICATORS OF QUALITY: Differentiated Instruction** |
| *14. Provides guidance for teachers to support learning activities that are culturally responsive/relevant. Supports could include:* | EXAMPLES IN TEXT (PROVIDED BY PUBLISHER) |
| 1. Suggestions for how to promote equitable instruction by providing materials free of culturally-biased information and making connections to culture, home, neighborhood, and community.
 | Click here to enter text. |
| 1. Appropriate scaffolding, interventions, and supports including integrated and appropriate reading, writing, listening, and speaking alternatives (e.g., translations, picture support, graphic organizers, diagrams) that neither sacrifice health education content nor ignore language development for English language learners, cognitive and emotional development as well as diverse learning capabilities and learning styles.
 |
| 1. Resources that allow digital and print materials to provide various levels of readability and accessibility.
 |
| 1. Modifications and extensions for all students, including those performing above their grade level, to develop a deep understanding of the practices, standards, best practices, and performance indicators.
 |
| 1. Technology and digital media to support, extend, and enhance learning experiences.
 |
| 1. Materials in multiple language formats including translation services for specific language needs.
 |
|  | EXAMPLES IN TEXT (PROVIDED BY PUBLISHER) |
| 15. Includes grade-level appropriate academic and content-specific vocabulary and visual representations when appropriate. | Click here to enter text. |
| 16. Includes grade-level appropriate informational text (e.g., digital and print resources) that supports conceptual understanding of the Oregon State Health Education Standards and Performance Indicators. |
| 17. Provides a well-articulated scope and sequence that aligns with Oregon State Health Education Standards and Performance Indicators.  |

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| **SECTION II: Instructional Supports****Supporting Criteria** |
| Rate each indicator in Section II according to whether it is met, partially met, or not met. Award points for each indicator as shown. |

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| **II – INDICATORS OF QUALITY: Extensions & Educator Supports** |
|  | EXAMPLES IN TEXT (PROVIDED BY PUBLISHER) |
| 18. Digital and print materials are consistently formatted, visually focused, and organized for efficient use. | Click here to enter text. |
| 19. Provides virtual lab, simulations, and video-based learning experiences. |
| 20. Allow teachers to access, revise, and print from digital sources (e.g., readings, activities, assessments, rubrics). |
| 21. Supplies and equipment, when provided, are high quality (e.g., durable, dependable) and organized for efficient use. |
| 22. Provide comprehensive lists that identify by learning experience all consumable and non-consumable materials aligned for both instruction and assessment. |
| 23. Use scientifically- and medically-accurate and grade-appropriate health education information, vocabulary, models, and representations to support health literate students. |
| 24. Adhere to safety laws, rules, and regulations. |
| 25. Provides ongoing and embedded professional learning for implementation and continued use of the instructional materials. |
| 26. Material outcomes/goals are aligned with the Oregon State Health Education Standards and Performance Indicators. |
| 27. Instructional materials are evaluated and revised with classroom instructor input, at least annually, and materials are updated and available to teachers and other facilitators. |
| 28. Material learning targets are aligned with Oregon State Health Education Standards and Performance Indicators. |
| 29. Materials are adaptable for different lengths of instructional time.  |
| **SECTION III: Monitoring Student Progress****Supporting Criteria** |
| Rate each indicator in Section III according to whether it is met, partially met, or not met. Award points for each indicator as shown. |

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| **III – INDICATORS OF QUALITY: Monitoring Student Progress** |
| The instructional materials support monitoring student progress:  | EXAMPLES IN TEXT (PROVIDED BY PUBLISHER) |
| 30. Elicits direct, observable evidence of student understanding of health literacy as it relates to content standards. | Click here to enter text. |
| 31. Includes customizable and aligned rubric scoring guidelines, and exemplars that provide guidance for assessing student performance to support teachers in planning instruction and providing ongoing feedback to students. |
| 32. Uses varied modalities of instruction and assessments that are developmentally-appropriate and reflect authentic experiences in students’ lives. |
| 33. Provides multiple opportunities for students to demonstrate, reflect, and receive feedback on development of health literacy practices and skills aligned to Oregon State Health Education Standards and Performance Indicators. |
| 34. Assesses student proficiency using vocabulary, examples, and applications that are accessible, diverse, and developmentally-appropriate for all students. |
| 35. Includes data and assessments which are available in digital form on multiple platforms, easy to customize and revise, and aligned to the Oregon Health Education Standards and Performance Indicators. |
| 36. Provides teachers with options for gathering, analyzing, and displaying data. |
| 37. Provides formative and summative assessments that are performance-based and designed to measure students’ health literacy and skill performance.  |