

Oregon Instructional Materials Evaluation Toolkit (OR-IMET) for Alignment in Health Education, Grades 6-8

In alignment with Oregon educational goals, including the 40-40-20 initiative, evidence of best practices of equitable inclusion are embedded in the OR-IMET. The Oregon Health Education IMET is designed to help educators determine whether instructional materials will assist students and educators to see and understand the conceptual shift necessary for high-level health education. The [Appropriate Practices in School-Based Health Education](#) by SHAPE AMERICA is at the heart of the new vision for health education.

1. **Focus:** Instructional 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.
2. **Rigor:** Instructional materials reflect the growing body of research. Provide flexibility and differentiation for individual student needs. Provide multiple opportunities for students to practice, discuss, and reflect.
3. **Coherence:** Instructional materials should focus on 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.

The OR-IMET draws directly from the following documents:

- [Appropriate Practices in School-Based Health Education](#) (SHAPE AMERICA)
- National Health Education Standards (<https://www.cdc.gov/healthyschools/sher/standards/index.htm>)
- Centers for Disease Control and Prevention’s Health Education Curriculum Analysis Tool (HECAT) (<https://www.cdc.gov/healthyouth/hecat/index.htm>)
- Centers for Disease Control and Prevention’s Characteristics of an Effective Health Education Curriculum (<https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>)
- Oregon State Standards for Health Education (<http://www.oregon.gov/ode/educator-resources/standards/health/Documents/2016ORHEStandards.pdf>)

When to Use the IMET

This tool is designed to evaluate how closely aligned instructional materials are to the Oregon Health Education Standards. It also provides suggestions of additional performance indicators to consider in the materials evaluation and purchasing process. The OR-IMET can be used to highlight specific, concrete flaws in alignment. Even where materials and tools currently in use fail to meet one or more of these criteria, the pattern of failure is likely to be informative. Districts can use the evaluation to create a thoughtful plan to modify or combine existing resources in such a way that students’ actual learning experiences approach the focus, coherence, and rigor of Oregon’s State Health Education Standards. Additionally, those developing new materials can use this tool as guidance for creating aligned curricula. The OR-IMET is intended to be used when:

1. **Purchasing materials;**
2. **Evaluating materials currently in use; or**
3. **Developing district materials.**

Who Uses the OR-Physical Education IMET

Evaluating instructional materials requires both subject-matter and pedagogical expertise. Evaluators should be well versed in the Standards for all grades in which materials are being evaluated. This includes understanding of [SHAPE AMERICA’s definition of healthy literacy](#) and how the content fits into the progressions, and the expectations of the Standards. Evaluators also should be familiar with the CDC’s [Characteristics of an Effective Health Education Curriculum](#).

Please note this tool was designed for evaluating comprehensive curricula (including any supplemental or ancillary materials), but it was not designed for the evaluation of standalone supplemental materials.

<i>Team/Cat</i> _____	<i>Publisher</i> _____
<i>Evaluator ID</i> _____	<i>Score</i> _____
<i>Submission #</i> _____	

4	Exceeds the criteria
3	Adheres to the criteria
2	Sometimes adheres to the criteria
1	Occasionally adheres to the criteria
0	Rarely adheres to the criteria

Criteria for the Review and Adoption of Instructional Materials for:

Category 1, 2, and 3: Health Education – Grades K-5, 6-8, and 9-12

LEGAL REQUIREMENTS SECTION

A. BASAL INSTRUCTIONAL MATERIALS CRITERIA

The submitted materials must make up an organized system of instruction that align with adopted state standards.

Does the program meet the above requirements for basal instructional materials?

_____ **Yes** _____ **No**

B. EQUITY CRITERIA

Submitted materials must provide models, selections, activities and opportunities for responses which promote respect for all people described in ORS 659.850, OAR 581-021-0045 and support program compliance standards described in OAR 581-021-0046.

Does the program meet the above requirements for equity? ____

_____ **Yes** _____ **No**

C. National Instructional Materials Accessibility Standard (NIMAS)

Submitted materials must include assurance from the publishers agreeing to comply with the most current NIMAS specifications regarding accessible instructional materials.

Does the program meet the above requirements for NIMAS?

_____ **Yes** _____ **No**

D. Digital Manufacturing Standards and Specifications (MSST Form B and M):

Submitted materials must include assurance from the publishers agreeing to comply with the most current digital manufacturing standards and specifications.

Does the program meet the above MSST requirements?

_____ **Yes** _____ **No**

Categories 1-3: Health Education – Grades K-12

<p>Health literacy is an individual’s capacity to access information, resources, and services necessary to maintaining and promoting health.</p>		
<p>I. Alignment</p>	<p>II. Instructional Supports</p>	<p>III. Monitoring Student Progress</p>
<p>The instructional materials align with the conceptual shifts of the health education standards and grade level outcomes:</p> <p style="text-align: center;">Focus</p> <ol style="list-style-type: none"> 1. Materials focus on in-depth learning of health education core standards, performance indicators, and best practices: <ol style="list-style-type: none"> A) engages students in the development of the knowledge and skills; B) develops confidence to become health literate individuals; C) facilitates deeper understanding and application to experience healthful living. 2. Materials provide differentiated instructional strategies and learning experiences built on researched-based and theoretical approaches that are multicultural, age-appropriate, and developmentally-appropriate. <p style="text-align: center;">Rigor</p> <ol style="list-style-type: none"> 3. Supports and guides age-appropriate, in-depth instruction to develop health literate students (i.e., physical, mental, social, emotional, and environmental health) 4. Materials support a conceptual understanding of health literacy through knowledge and skills including: <ol style="list-style-type: none"> A) health-promoting decisions; B) health-enhancing behaviors; C) advocating for personal, family, and community health. 5. Health education materials reflect the growing body of research that emphasize: <ol style="list-style-type: none"> A) teaching functional knowledge and skills; B) recognizing individual values and beliefs that support healthy behaviors; C) shaping and supporting group norms that value healthy lifestyle; D) developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors; E) including medically, scientifically, and environmentally current and research-based; F) including opportunities for students to connect with adults and other resources in the community. 	<p>The instructional materials support instruction and learning for all students:</p> <p>Student Engagement</p> <ol style="list-style-type: none"> 11. Engages students in authentic and meaningful learning experiences that: <ol style="list-style-type: none"> A) reflect lifelong health education practices; B) support instruction to develop health literate students (i.e., physical, mental, social, emotional, and environmental health); C) provide opportunities for students to personalize and internalize learning to support health literacy; D) are student-centered; E) provide opportunities for students to relate health behaviors to life, home, school, and careers as health literate citizens; F) include representation of diverse people and cultures. 12. Facilitate deeper understanding of practices, skills, and functional knowledge by building upon prior knowledge. 13. Provides frequent opportunities for students to recognize, develop, demonstrate, apply, and exhibit their knowledge and skills. <p>Differentiated Instruction</p> <ol style="list-style-type: none"> 14. Provides guidance for teachers to support learning activities that are culturally responsive/relevant. Supports could include: <ol style="list-style-type: none"> A) suggestions for how to promote equitable instruction by providing materials free of culturally-biased information and making connections to culture, home, neighborhood, and community; B) 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; C) resources that allow digital and print materials to provide various levels of readability and accessibility; D) modifications and extensions for all students, including those performing above their grade level, to develop a deeper understanding of the practices, standards, best practices, and performance indicators; E) technology and digital media to support, extend, and enhance learning experiences; F) materials in multiple language formats including translation services for specific language 	<p>The instructional materials support monitoring student progress:</p> <ol style="list-style-type: none"> 30. Elicits direct, observable evidence of student understanding of health literacy as it relates to content standards. 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 to for students to demonstrate, reflect, and receive feedback on development of health literacy practices and skills aligned to Oregon State Health Education

<p>6. Materials provide flexibility and differentiation for individual student needs.</p> <p>7. Materials provide multiple opportunities for students to practice, discuss, and reflect.</p> <p style="text-align: center;">Coherence</p> <p>8. 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:</p> <p>A) where appropriate, health education concepts are integrated with other content area instruction.</p> <p>B) instructional content includes current data, trends, and informational related to authentic examples in students' lives.</p> <p>9. Integrates the interdependence of health-enhancing knowledge and skills as they relate to responsible personal and social behaviors within society.</p> <p>10. Uses a variety of instructional strategies and sequencing that provide multiple developmentally-appropriate opportunities and adequate time for student learning.</p>	<p>needs.</p> <p>15. Includes grade-level appropriate academic and content-specific vocabulary and visual representations when appropriate.</p> <p>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.</p> <p>17. Provides a well-articulated scope and sequence that aligns with Oregon Health Education Standards and Performance Indicators.</p> <p>Instructional Materials</p> <p>18. Digital and print materials are consistently formatted, visually focused, and organized for efficient use.</p> <p>19. Provides virtual labs, simulations, and video-based learning experiences.</p> <p>20. Allow teachers to access, revise, and print from digital sources (e.g., readings, activities, assessments, rubrics).</p> <p>21. Supplies and equipment, when provided, are high quality (e.g., durable, dependable) and organized for efficient use.</p> <p>22. Provide comprehensive lists that identify by learning experience all consumable and non-consumable materials aligned for both instruction and assessment.</p> <p>23. Use scientifically- and medically-accurate and grade-appropriate health education information, vocabulary, models, and representations to support health literate students.</p> <p>24. Adhere to safety laws, rules, and regulations.</p> <p>25. Provides ongoing and embedded professional learning for implementation and continued use of the instructional materials.</p> <p>26. Material outcomes/goals are aligned with the Oregon State Health Education Standards and Performance Indicators.</p> <p>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.</p> <p>28. Material learning targets are aligned with Oregon State Health Education Standards and Performance Indicators.</p> <p>29. Material are adaptable for different lengths of instructional time.</p>	<p>Standards and Performance Indicators.</p> <p>34. Assesses student proficiency using vocabulary, examples, and applications that are accessible, diverse, and developmentally-appropriate for all students.</p> <p>35. Includes data and assessments which are available in digital form on multiple platforms, easy to customize and revise, and aligned to Oregon State Health Education Standards and Performance Indicators.</p> <p>36. Provides teachers with options for gathering, analyzing, and displaying data.</p> <p>37. Provides formative and summative assessments that are performance-based and designed to measure students' health literacy and skill performance.</p>
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	Key Criteria (#1-10) (Scores 0-4)	Key Criteria (#14-16) (Scores 0-2)	Supporting Criteria (#11-13, #17-37) (Scores 0-2)
Exemplary	100% 3 or 4	100% 1 or 2	100% 1 or 2
Meets Standards	≥80% 3 or 4	≥80% 1 or 2	≥50% 1 or 2
Does not Meet Standards	<80% 3 or 4	<80% 1 or 2	<50% 1 or 2

SECTION I: Alignment to the 2016 Oregon Health Standards				
Criterion 1 & 2 : FOCUS	Quality Indicators	How to Find the Evidence	Rating	Specific Evidence from Materials
<p>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.</p> <p>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</p> <p>Final Comments and Suggestions for Improvement:</p>	<p>1a. In each 6-8 grade level, materials focus on in-depth learning of health education core standards and performance indicators, and address best practices.</p>	<p>Review both the student and teacher materials as well as in-class and homework assignments to determine if the following health education performance indicators are addressed:</p> <p>A. Standard 1 – Concepts 1.6.5, 1.7.5, 1.8.5 (SFA); 1.6.10, 1.7.10, 1.8.10 (SFA); 1.6.12, 1.7.12, 1.8.12 (NPA); 1.6.15, 1.7.15, 1.8.15 (SFA); 1.6.16, 1.7.17, 1.8.17 (CSE); 1.6.18, 1.7.19, 1.8.19 (CSE); 1.6.26, 1.7.27, 1.8.27 (CSE/SEL); 1.6.27,1.7.28, 1.8.28 (SEL/CSE); 1.6.28, 1.7.30, 1.8.30 (SEL); 1.6.29, 1.7.31, 1.8.31 (CSE/SEL); 1.6.34, 1.7.36, 1.8.36 (CSE); 1.6.35, 1.7.37, 1.8.37 (CSE/SEL); 1.6.42, 1.7.44, 1.8.45 (CSE); 1.6.46, 1.7.49, 1.8.52 (SUA); 1.6.50, 1.7.53, 1.8.56 (SUA); 1.6.51, 1.7.54, 1.8.57 (SUA); 1.6.53, 1.7.56, 1.8.59 (NPA)</p> <p>B. Standard 2 – Analyze Influences 2.6.6, 2.7.6, 2.8.6 (SUA); 2.16.16, 2.7.16, 2.8.16 (SUA); 2.6.17, 2.7.17, 2.8.17 (NPA); 2.6.21, 2.7.21, 2.8.21 (SEL/CSE)</p> <p>Look at the table of contents to see if the material covers a variety of core health content areas:</p> <ul style="list-style-type: none"> Wellness/Health Promotion (WHP) Social/Emotional Learning (SEL) Safety/First Aid (SFA) Nutrition/Physical Activity (NPA) Comprehensive Sexual Health (CSE) Substance Use/Abuse (SUA) <p>Questions to ask:</p> <ul style="list-style-type: none"> Do the materials reflect a holistic approach to health and wellness through the inclusion of functional information on a variety of health topics? 	0 1 2	

		<p>Review the Substance Use/Abuse, and Nutrition/Physical Activity units/chapters. Look to see if best practices in health education are emphasized.</p> <p>Questions to ask:</p> <ul style="list-style-type: none"> • Do the materials include learning activities that allow students to acquire the knowledge, attitudes and skills to address multiple health outcomes? • Do the materials facilitate mastery of skills by providing multiple opportunities for students to practice skills in a variety of topics and across multiple grades? • Do the materials use a student-centered approach? • Do the materials include collaborative and integrative opportunities within the school system and community? 	0 1 2	
	<p>1b. Materials engage in the development of the knowledge and skills to develop confidence to become health literate individuals.</p>	<p>Review a different unit/chapter to determine if the following health education performance indicators are addressed:</p> <p>A. Standard 3 - Access Valid Information 3.6.1, 3.7.1, 3.8.1 (SEL); 3.6.4, 3.7.4, 3.8.4 (SEL/WHP) 3.6.8, 3.7.8, 3.8.8 (CSE); 3.6.11, 3.7.11, 3.8.11 (CSE/SEL) 3.6.13, 3.7.13, 3.8.13 (CSE)</p> <p>B. Standard 4 - Communication Skills 4.6.1, 4.7.1, 4.8.1 (SEL); 4.6.2, 4.7.2, 4.8.2 (SEL) 4.6.5, 4.7.5, 4.8.5 (SEL/CSE); 4.6.9, 4.7.9, 4.8.9 (CSE) 4.6.10, 4.7.10, 4.8.10 (CSE/SEL)</p> <p>C. Standard 5 - Decision Making 5.6.1, 5.7.1, 5.8.1 (SEL); 5.6.5, 5.7.5, 5.8.5 (SEL/SUA)</p> <p>Questions to ask:</p> <ul style="list-style-type: none"> • Do the materials focus on the main skills within the standards (accessing information, analyzing influences, interpersonal communication, decision-making, goal-setting, self-management and advocacy)? • Do the materials engage students in gaining knowledge and skills to access information, resources and services necessary to maintain and promote their health? 	0 1 2	

	<p>1c. Materials facilitate deeper understanding and application to experience healthful living.</p>	<p>Review a different unit/chapter to determine if the following health education performance indicators are addressed:</p> <p>A. Standard 1 - Concepts 1.6.56, 1.7.59, 1.8.62 (SEL)</p> <p>B. Standard 6 - Goal Setting 6.6.1, 6.7.1, 6.8.1 (SEL); 6.6.3, 6.7.3, 6.8.3 (SEL/NPA) 6.6.4, 6.7.4, 6.8.4 (SEL); 6.6.9, 6.7.9, 6.8.9 (SEL/CSE)</p> <p>Questions to ask:</p> <ul style="list-style-type: none"> Do the materials include health education goals and student behavioral outcomes (i.e., objectives are written in the format “students will be able to....”)? 	0 1 2	
	<p>2a. In each 6-8 grade level, materials provide differentiated instructional strategies and learning experiences built on researched-based and theoretical approaches.</p>	<p>Review two different units/chapters with the following questions in mind:</p> <ul style="list-style-type: none"> Do the materials include instructional strategies that use interactive, experiential methods that actively engage students in learning and help them personalize the information, such as cooperative learning, group discussions, problem solving, role playing and skill practice? Do the materials provide multiple opportunities for students to practice the skills needed across multiple topic areas (opportunity = student taught the skill, practice and rehearse a health-promotion skill, and get feedback about their performance)? 	0 1 2	
	<p>2b&c. Materials provide multicultural, age-appropriate, and developmentally-appropriate academic content.</p>	<p>Review a different unit/chapter to determine if the following health education performance indicators are addressed:</p> <p>A. Standard 1 - Concepts 1.6.4, 1.7.4, 1.8.4 (SEL); 1.6.8, 1.7.8, 1.8.8 (SEL) 1.6.24, 1.7.25, 1.8.25 (SEL/CSE)</p> <p>B. Standard 2 - Analyze Influences 2.6.1, 2.7.1, 2.8.1 (SEL); 2.6.9, 2.7.9, 2.8.9 (SEL)</p> <p>C. Standard 3 - Access Valid Information 3.6.3, 3.7.3, 3.8.3 (SEL/NPA)</p> <p>D. Standard 5 - Decision-Making Skills 5.6.2, 5.7.2, 5.8.2 (SEL); 5.6.4, 5.7.4, 5.8.4 (SEL)</p> <p>E. Standard 7 - Practice Health-Enhancing Behaviors 7.6.6, 7.7.6, 7.8.6 (SEL)</p> <p>Questions to ask:</p> <ul style="list-style-type: none"> Do the materials include learning experiences that are culturally relevant to a wide variety of students? Do the materials provide positive multicultural depictions? Do the materials include an intentional sequence and reinforcement of concepts and skills from one grade to the next? 	0 1 2	

SECTION I: Alignment to the 2016 Oregon Health Standards				
Criterion 3 & 4: RIGOR	Quality Indicators	How to Find the Evidence	Rating	Specific Evidence from Materials
<p>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.</p> <p>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</p> <p>Final Comments and Suggestions for Improvement:</p>	<p>3. In each 6-8 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)</p>	<p>Review a different unit/chapter to determine if the following health education performance indicators are addressed:</p> <p>A. Standard 1 - Concepts 1.6.3, 1.7.3, 1.8.3 (SEL)</p> <p>Questions to ask:</p> <ul style="list-style-type: none"> Do the materials cover and support understanding the dimensions of health? 	0 1 2	
	<p>4a. Materials support a conceptual understanding of health literacy through knowledge and skills including health-promoting decisions.</p>	<p>Review a different unit/chapter to determine if the following health education performance indicators are addressed:</p> <p>A. Standard 4 – Communication Skills 4.6.3, 4.7.3, 4.8.3 (SEL); 4.6.4, 4.7.4, 4.8.4 (SEL) 4.6.7, 4.7.7, 4.8.7 (SEL); 4.6.8, 4.7.8, 4.8.8 (SEL)</p> <p>Questions to ask:</p> <ul style="list-style-type: none"> Do the materials promote personal health and wellness in a variety of topic areas?(Promoting alcohol/drug-free lifestyle; physical activity; healthy eating; safety; sexual health; mental and emotional health; promote a tobacco-free lifestyle; prevent violence) 	0 1 2	
	<p>4b. Materials support a conceptual understanding of health literacy through knowledge and skills including health-enhancing behaviors.</p>	<p>Review a different unit/chapter to determine if the following health education performance indicators are addressed:</p> <p>A. Standard 1 - Concepts 1.6.32, 1.7.34, 1.8.34 (SEL/CSE)</p> <p>B. Standard 6 - Goal Setting 6.6.1, 6.7.1, 6.8.1 (SEL)</p> <p>C. Standard 7 - Practice Health-Enhancing Behaviors 7.6.1, 7.7.1, 7.8.1 (SEL); 7.6.2, 7.7.2, 7.8.2 (SEL)</p> <p>Questions to ask:</p> <ul style="list-style-type: none"> Does the materials offer students opportunities to set personal health goals and practice health-enhancing behaviors? 	0 1 2	

	<p>4c. Materials support a conceptual understanding of health literacy through knowledge and skills including advocating for personal, family, and community health.</p>	<p>Review a different unit/chapter to determine if the following health education performance indicators are addressed:</p> <p>A. Standard 8 - Advocacy Skills 8.6.1, 8.7.1, 8.8.1 (SEL); 8.6.2, 8.7.2, 8.8.2 (SEL) 8.6.4, 8.7.4, 8.8.4 (SFA/NPA/CSE)</p> <p>Questions to ask:</p> <ul style="list-style-type: none"> • Does the material include opportunities for students to practice health-enhancing advocacy skills for self and others in a multitude of topic areas? 	<p>0 1 2</p>	
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SECTION I: Alignment to the 2016 Oregon Health Standards					
Criterion 5, 6, & 7: RIGOR Health education materials reflect the growing body of research. Provide flexibility and differentiation for individual student needs. 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	How to Find the Evidence	Rating	Specific Evidence from Materials	
		5a&c. In each 6-8 grade level, materials emphasize teaching functional knowledge and skills that shape and support group norms which value healthy lifestyles.	Review a different unit/chapter to determine if the following health education performance indicators are addressed: A. Standard 1 - Concepts 1.6.1, 1.7.1, 1.8.1 (SEL) B. Standard 2 - Analyze Influences 2.6.2, 2.7.2, 2.8.2 (SEL); 2.6.3, 2.7.3, 2.8.3 (SEL) 2.6.13, 2.7.13, 2.8.13 (SEL) Questions to ask: <ul style="list-style-type: none"> Do the materials provide a variety of social influences and norms worldwide, nationally and locally regarding health? 	0 1 2	
		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.	Review a different unit/chapter to determine if the following health education performance indicators are addressed: A. Standard 2 - Analyze Influences 2.6.1, 2.7.1, 2.8.1 (SEL) Questions to ask: <ul style="list-style-type: none"> Do the materials provide opportunities for students' to reflect on family values, and the contribution of those values (positive and negative) to their health and well-being in a respectful way? Do the materials provide opportunities for students to develop their own health-enhancing attitudes, values and beliefs regarding their own health? 	0 1 2	
		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.	Review a different unit/chapter to determine if the following health education performance indicators are addressed: A. Standard 3 - Access Valid Information 3.6.1, 3.7.1, 3.8.1 (WHP); 3.6.6, 3.7.6, 3.8.6 (WHP) Questions to ask: <ul style="list-style-type: none"> Do the materials include opportunities to interact with adults at home and within the community? Do the materials utilize reputable citations for data? (Examples: American Medical Association; CDC; American Pediatric Association) Do the materials encourage awareness and utilization of community resources? 	0 1 2	

	<p>6. In each 6-8 grade level, materials provide flexibility and differentiation for individual student needs.</p>	<p>Review a different unit/chapter with the following questions in mind:</p> <ul style="list-style-type: none"> • Do materials provide options of how students can complete assignments or demonstrate knowledge and skills? (Personalized Learning) • Do the materials encouraged independent, small and large-group work? (Sheltered Instruction) 	<p>0 1 2</p>	
	<p>7. In each 6-8 grade level, materials provide multiple opportunities for students to practice, discuss, and reflect.</p>	<p>Review a different unit/chapter with the following questions in mind:</p> <ul style="list-style-type: none"> • Do materials provide options of how students can complete assignments or demonstrate knowledge and skills? (Personalized Learning) • Do the materials encouraged independent, small and large-group work? (Sheltered Instruction) 	<p>0 1 2</p>	

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	How to Find the Evidence	Rating	Specific Evidence from Materials	
		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.	Look at the unit/chapter on Safety and First Aid, Nutrition/Physical Activity and Sexual Health. Questions to ask: <ul style="list-style-type: none"> Do the materials clearly indicate interdisciplinary connections? With which content areas? (ELA, Science, Math, etc.) Do the materials include/encourage the use of national, state and local statistics for a variety of topics? Do the materials encourage exploration of students' culture, environment, and experiences? 	0 1 2	
		9. In each 6-8 grade level, materials integrate the interdependence of health-enhancing knowledge and skills as they relate to responsible personal and social behaviors within society.	Review a different unit/chapter to determine if the following health education performance indicators are addressed: A. Standard 2 - Analyze Influences 2.6.2, 2.7.2, 2.8.2 (SEL) B. Standard 4 - Communication Skills 4.6.1, 4.7.1, 4.8.1 (SEL); 4.6.2, 4.7.2, 4.8.2 (SEL) Questions to ask: <ul style="list-style-type: none"> Do the materials make connections regarding interdependence of personal, family and community health? Do the materials stress skill development for students to have aspirations and plans for the future? 	0 1 2	
		10. In each 6-8 grade level, materials use a variety of instructional strategies and sequencing that provide multiple developmentally-appropriate opportunities and adequate time for student learning.	Review a different unit/chapter to determine if the following health education performance indicators are addressed: A. Standard 5 - Decision-Making Skills 5.6.1, 5.7.1, 5.8.1 (SEL) B. Standard 6 - Goal-Setting Skills 6.6.1, 6.7.1, 6.8.1 (SEL); 6.6.3, 6.7.3, 6.8.3 (SEL) 6.6.8, 6.7.8, 6.8.8 (SEL) Questions to ask: <ul style="list-style-type: none"> Do the materials ensure students are given multiple opportunities to access health knowledge and allow for adequate time to focus on performance expectations? Do materials provide students with opportunities for a progression of knowledge to learn more complex concepts across grade bands? 	0 1 2	

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.

II - INDICATORS OF QUALITY: Student Engagement	SCORE			EVIDENCE
	Does not meet	Partially meets/ Not sure	Meets	
<i>11. Engages students in authentic and meaningful learning experiences that:</i>				
a. Reflect lifelong health education practices.	0	1	2	
b. Support instruction to develop health literate students (i.e., physical, mental, social, emotional, and environmental health).	0	1	2	
c. Provide opportunities for students to personal and internalize learning to support health literacy.	0	1	2	
d. <i>Engages students in authentic and meaningful learning experiences that are Student-centered.</i>	0	1	2	
e. Provide opportunities for students to relate health behaviors to life, home, school, and careers as health literate citizens.	0	1	2	
f. Include representation of diverse people and cultures.	0	1	2	
<i>Additional Indicators of Student Engagement:</i>				
12. Facilitates deeper understanding of practices, skills, and functional knowledge by building upon prior knowledge.	0	1	2	
13. Provides frequent opportunities for students to recognize, develop, demonstrate, apply, and exhibit their knowledge and skills.	0	1	2	
Total (points possible)				

SECTION III: Instructional Supports

Key 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.

III - INDICATORS OF QUALITY: Differentiated Instruction	SCORE			EVIDENCE
	Does not meet	Partially meets/ Not sure	Meets	
<i>14. Provides guidance for teachers to support differentiated and culturally responsive/relevant. Supports could include:</i>				
a. Suggestions for how to promote equitable instruction by providing materials free of culturally-biased information and making connections to culture, home, neighborhood, and community.	0	1	2	
b. 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.	0	1	2	
c. Resources that allow digital and print materials to provide various levels of readability and accessibility.	0	1	2	
d. Modifications and extensions for all students, including those performing above their grade level, to develop a deeper understanding of the practices, standards, best practices, and performance indicators.	0	1	2	
e. Technology and digital media to support, extend, and enhance learning experiences.	0	1	2	
f. Materials in multiple language formats including translation services for specific language needs.	0	1	2	
<i>15. Includes grade-level appropriate academic and content-specific vocabulary and visual representations when appropriate.</i>				
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.	0	1	2	
17. Provides a well-articulated scope and sequence that aligns with Oregon Health Education Standards and Performance Indicators.	0	1	2	
Total (points possible)				

SECTION IV: Instructional Supports
Supporting Criteria

Rate each indicator in Section IV according to whether it is met, partially met, or not met. Award points for each indicator as shown.

IV - INDICATORS OF QUALITY: Extensions & Educator Supports	SCORE			EVIDENCE
	Does not meet	Partially meets/ Not sure	Meets	
18. Digital and print materials are consistently formatted, visually focused, and organized for efficient use.	0	1	2	
19. Provides virtual labs, simulations, and video-based learning experiences.	0	1	2	
20. Allow teachers to access, revise, and print from digital sources (e.g., readings, activities, assessments, rubrics).	0	1	2	
21. Supplies and equipment, when provided, are high quality (e.g., durable, dependable) and organized for efficient use.	0	1	2	
22. Provide comprehensive lists that identify by learning experience all consumable and non-consumable materials aligned for both instruction and assessment.	0	1	2	
23. Use scientifically- and medically-accurate and grade-appropriate health education information, vocabulary, models, and representations to support health literate students.	0	1	2	
24. Adhere to safety laws, rules, and regulations.	0	1	2	
25. Provides ongoing and embedded professional learning for implementation and continued use of the instructional materials.	0	1	2	
26. Material outcomes/goals are aligned with the Oregon State Health Education Standards and Performance Indicators.	0	1	2	
27. Instructional materials are evaluated and revised with classroom instructor input, at least annually, and materials are updated and available to teachers and facilitators.	0	1	2	
28. Material learning targets are aligned with Oregon State Health Education Standards and Performance Indicators.	0	1	2	
29. Materials are adaptable for different lengths of instructional time.	0	1	2	
Total (points possible)				

SECTION V: Monitoring Student Progress
Supporting Criteria

Rate each indicator in Section V according to whether it is met, partially met, or not met. Award points for each indicator as shown.

V - INDICATORS OF QUALITY: Monitoring Student Progress	SCORE			EVIDENCE
	Does not meet	Partially meets/ Not sure	Meets	
The instructional materials support monitoring student progress:				
30. Elicits direct, observable evidence of student understanding of health literacy as it relates to content standards.	0	1	2	
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.	0	1	2	
32. Uses varied modalities of instruction and assessments that are developmentally-appropriate and reflect authentic experiences in students' lives.	0	1	2	
33. Provides multiple opportunities for students to demonstrate, reflect, and receive feedback on development of health literacy practices and skills aligned to the Oregon State Health Education Standards and Performance Indicators.	0	1	2	
34. Assesses student proficiency using vocabulary, examples, and applications that are accessible, diverse, and developmentally-appropriate for all students.	0	1	2	
35. Includes data and assessments which are available in digital form on multiple platforms, easy to customize and revise, and aligned to the Oregon State Health Education Standards and Performance Indicators.	0	1	2	
36. Provides teachers with options for gathering, analyzing, and displaying data.	0	1	2	
37. Provides formative and summative assessments that are performance-based and designed to measure students' health literacy and skill performance.	0	1	2	
Total (points possible)				