

Criteria for the Review and Adoption of Instructional Materials for:

Category 1, 2, and 3: Oregon Health- Grades K-5, 6-8, and 9-10

Legal Requirements Section

1. Basal Instructional Materials Criteria

The submitted materials must make up an organized system of instruction that provides opportunities for teaching the 2023 Health Education Standards, includes the eight topic areas, and addresses all dimensions of health (physical, mental, social, emotional, and environmental),

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

Yes No

2. Equity Criteria

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

Does the program meet the above requirements for equity?

Yes No

3. 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. NIMAS files must be submitted

to the National Instructional Materials Access Center (NIMAC) by February 1, 2025.

Does the program meet the above requirements for NIMAS?

Yes No

4. Digital Manufacturing Standards and Specifications for Textbooks (MSST Form B and M):

Submitted materials must include assurance from the publishers agreeing to comply with the most current manufacturing standards and specifications (MSST Form B and M).

Does the program meet the above MSST requirements?

Yes No



Part 1: Oregon Health Education Baseline Criteria [K-HS]

Criterion	Description	Metric 1	Metric 2	Metric 3	Metric 4
Criterion 1.1 Alignment to Health Education Standards	Materials and instructional practices include regular opportunities to implement the Health Education standards throughout grade levels, including coverage of the topicareas.	TOPIC AREAS Materials cover all topic areas included in the Oregon Health Education Standards , scaffolded across K-12, using language and approaches that are inclusive of race, gender, ability, and sexual orientation. Materials are comprehensive and define health as multidimensional, impacted by socio-ecological factors, and changing throughout the lifespan.	SKILLS-BASED Materials reflect skills-based instruction included in the Oregon Health Education Standards, to equip and empower students to make informed and critical decisions that impact their health and well-being throughout their lives.	RESEARCH-BASED AND MEDICALLY ACCURATE Materials are grounded in medical and scientific accuracy and supported by peer-reviewed research and leading medical and public health professional organizations. Materials use qualitative and quantitative local, state and national data and studies to inform instruction.	KNOWLEDGE AND SKILL PROGRESSION Materials progress with rigor across the grades in both depth of knowledge and skill development.
Criterion 1.2: Strengths-Based Approach	Adopts a strengths-based approach, centering on both individual and systemic protective factors that enrich and advance health and wellbeing, while refraining from value judgments regarding health choices, behaviors, and status.	SELF-EFFICACY Materials emphasize the development of critical thinking and positive skill building that empowers learners to make the best decisions for themselves based on their own values and goals.	PROMOTING POSITIVE NORMS AND BEHAVIORS Materials build on students' sense of self-worth and avoid fear- or shame-based instruction that rely on scare tactics, stereotypes, and/or disparaging messages about student, family, and community identities and health decisions. Materials promote positive individual and social health enhancing behaviors and social norms, beyond risk reduction, that support and encourage healthy and safe interactions, relationships, and help young people to thrive.	COMMUNITY AND PEER CONNECTIONS Materials encourage students to identify their own individual, family, and community strengths, values, goals, and resources.	TRAUMA-INFORMED Materials provide opportunities for educators to create safer learning environments, approach sensitive subjects with care, acknowledge that students may have personal experiences with the topic, and maximize opportunities for individual and collective wellness and healing.



Criterion	Description	Metric 1	Metric 2	Metric 3	Metric 4
Criterion 1.3: Health Literacy and Analysis	Materials support a conceptual understanding of health literacy through knowledge and skills, and inspire critical analysis of a variety of cultural, historical, societal, and individual factors that influence health behavior.	ACTIVE HEALTH LITERACY Materials help students to access, comprehend, synthesize, and apply information that impacts their health.	DATA AND MEDICAL ACCURACY ANALYSIS Materials include opportunities for students to analyze current data, trends, and information related to health outcomes and social determinants of health.	CULTURAL INFLUENCES Materials inspire critical analysis of a variety of family, cultural, societal, and individual factors that influence health behavior.	
Criterion 1.4 Comprehensive Sexuality Education and Violence/Abuse Prevention	Materials include comprehensive sexuality education which refers to sexuality as a normal part of human development that provides space for each student to consider their own personal, familial, and cultural values, health history, and goals, while maintaining privacy.	INCLUSIVE Materials include strengths-based sexuality education that is affirming and inclusive of historically and currently excluded, underserved, and underrepresented communities and the lived experiences of students.	COMPREHENSIVE Materials refer to sexuality as a multidimensional and positive part of human development that changes throughout the lifespan. Materials present a comprehensive range of sexual and reproductive health practices that is not limited to abstinence and is communicated without value judgments.	VIOLENCE/ABUSE PREVENTION Materials include skill development opportunities to identify and respond to unsafe situations, accurately name body parts, define and promote consent, communicate boundaries, practice getting help from a trusted adult, analyze societal causes of violence, and emphasize that people are not to blame for the violence and abuse they experience.	AGE-APPROPRIATE Materials address age- appropriate instruction on healthy relationships, bodies, sexuality, and violence/abuse prevention in every grade covered.



Part 2: Equitable Student Engagement and Cultural Pedagogy Criteria [K-HS]

Criterion	Description	Metric 1	Metric 2	Metric 3	Metric 4
Criterion 2.1: Engagement & Motivation	Materials give opportunities for rigorous student-driven learning. Materials should focus on relevant topics, provide authentic contexts and experiences, be research-based, and give students the opportunity to make connections with their goals, interests, and values.	RELEVANCE Materials include topics that are relevant and interesting to students and provide strategic access to authentic contexts and tools that give students the freedom to make connections to their experiences, goals, and interests. Additionally, materials support the value of health education as an essential, useful, and worthwhile subject.	COLLABORATIVE LEARNING Materials include tasks that provide students opportunities to engage in the process of learning collaboratively, and opportunities to express their learning individually.	INDIVIDUAL STUDENT ADAPTABILITY Materials include instructional strategies to support prior grade-level learning and extensions for students who are ready to deepen their understanding of grade-level content.	
Criterion 2.2: Culturally Responsive Instructional Support	Culturally responsive instruction refers to the explicit recognition and integration of students' cultural knowledge, experience, and ways of being and knowing in teaching, learning, and assessment.	ASSET-BASED PERSPECTIVE Materials empower educators to identify, value, and maintain a high commitment to students' experiences from their homes and communities that are leveraged as resources for health education teaching and learning.	FRAMES OF REFERENCE Materials utilize multiple frames of reference for developing and demonstrating health skills that correspond to a variety of cultural perspectives and experiences.	INCLUSIVE CULTURAL VIEWS Materials include pathways to developing health knowledge and skills that leverage cultural perspectives that affirm student identities and reflect knowledge of students' background experiences and social realities.	



Part 3: Technical Usability Criteria [K-HS]

Criterion	Description	Metric 1	Metric 2	Metric 3	Metric 4
Criterion 3.1: Supports for Teachers	The materials include opportunities for teachers to effectively plan and utilize materials with integrity and to further develop their own understanding of the content.	SUPPORTING GUIDANCE Materials provide teacher guidance, including useful annotations and suggestions on effectively using student materials, visual models, and ancillary materials. The focus is on actively engaging students to enhance their health knowledge and skill development.	HEALTH EDUCATION KNOWLEDGE FOR TEACHING Materials contain adult-level explanations, examples, and resources for relevant health education concepts, so that teachers can improve their own knowledge of the subject.	HOME CONNECTION Materials provide strategies for engaging all partners—including students, parents, or caregivers—about the program and suggestions for how they can help support student progress and achievement.	CONTENT EDITABILITY Materials are designed to allow a teacher to differentiate content and vary modes of communication within lessons, tasks, or other activities for students.
Criterion 3.2: Supports for Students	Materials have explicit teacher support with suggestions (routines, strategies, etc.) for how they can meet the needs of individual learners. Support materials include live updates (data sources, current events, etc.).	STRATEGIES FOR SPECIAL POPULATIONS Materials provide scaffolds to support students from special populations in their regular and active participation in health learning (i.e. students who are multilingual, students experiencing disabilities, and/or students identified as TAG).	STUDENT DIFFERENTIATION Materials provide extensions and/or opportunities for all students to engage with grade-level health education at varied levels of complexity.	EMERGENT BILINGUAL STUDENT SUPPORT Materials provide strategies and support for students who read, write, and/or speak in a language other than English to enable their full participation in learning.	STUDENT EDITABILITY Digital materials include resources for students that are editable and allow students to show their understanding and comprehension.



Criterion	Description	Metric 1	Metric 2	Metric 3	Metric 4
Criterion 3.3: Digital Learning Design Elements *This criterion is not required. Quality indicators are provided for evaluation if digital components are present.	The materials are attentive to digital design elements specific to structure, support for users, and adaptability of materials.	MATERIALS USABILITY The organizational structure of the digital materials allows for intuitive navigation and meaningful interaction on a variety of devices.	LEARNING RESOURCES The digital materials provide support for users in a variety of settings, including: • Professional learning resources to support educators' use of the materials and content. • Robust supports to help families understand and utilize the materials while supporting their students at home • Support for students working independently.	MEDIA INTEGRATION Digital and multimedia elements support, rather than distract from, intended learning outcomes and instructional content.	ADAPTABILITY OF MATERIALS Digital materials allow teachers to adjust and adapt documents and other included resources to meet student needs.

Part 4: Assessment Criteria [K-HS]

Criterion	Description	Metric 1	Metric 2	Metric 3	Metric 4
Criterion 4.1: Formative Assessment Process	Instructional materials incorporate the formative assessment process: • Materials employ clear learning goals and performance criteria to elicit evidence of student thinking. • Feedback informs the teaching and learning process. • Students have agency to monitor and adjust their own learning.	CLARITY OF LEARNING GOALS Materials are designed around clear learning goals and written in grade-appropriate, student-friendly language.	ELICITATION OF EVIDENCE Instructional tasks and activities elicit a variety of evidence demonstrating student thinking, including opportunities for student self-assessment and reflection.	INTERPRETATION OF FEEDBACK Materials facilitate the provision of meaningful and strengths- based feedback to move learning forward. • Student-to-student • Educator-to-student • Student-to-educator	ACTION & ADJUSTMENT Materials guide educators and students to act on feedback and determine next steps for learning.
Criterion 4.2: Performance Assessments	Materials focus on health issues that affect personal, interpersonal and societal health and well-being, and align to the depth, breadth, and cognitive demand of the standards.	ALIGNMENT Materials include performance tasks that are comprehensive, inclusive, aligned with health education standards, and reflect the eight topic areas.	CULTURAL AFFIRMATION Performance assessments utilize and affirm students' interests and cultural backgrounds. Tasks are suitable for both group and individual engagement.	AUTHENTICITY Performance assessments allow students to work with relevant health issues that affect personal, interpersonal and societal health and well-being.	CLARITY & FEEDBACK Performance assessments use clear scoring criteria and allow for multiple iterations of student thinking based on feedback.



Criterion	Description	Metric 1	Metric 2	Metric 3	Metric 4
Criterion 4.3: Integrated Assessment System* *This criterion is not required. Quality indicators are provided for evaluation if an integrated assessment system is present.	Diagnostic, benchmark, and/or interim assessments are integrated into instructional materials in ways that support the learning process. Student results are interpreted relative to the performance expectations of the standards (i.e. criterion-referenced), as demonstrated by student evidence gathered in the learning environment, and recommend instructional next steps.	ASSESSMENT DESIGN Diagnostic assessments are well-designed, rigorous, connected to standards, and offer multiple opportunities to demonstrate knowledge and/or skills.	DATA QUALITY The assessment system provides clear and actionable data that allow educators to respond to specific student strengths and opportunities for growth.	RESPONSIVENESS The assessment system is connected to resources designed to meet students' specific opportunities for growth. Intervention and extension materials effectively accelerate student learning. (These resources serve to answer the question, "Now what?")	FAMILY ENGAGEMENT & COMMUNICATION If the assessment system provides reports and/or diagnostic information to families, those resources are accessible in multiple languages, allowing families to effectively partner with their child(ren) in the learning process.