

| Categories 1-3: Health Education – Grades K-12 | | |
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| Health literacy is an individual’s capacity to access information, resources, and services necessary to maintaining and promoting health. | | |
| I. Alignment | II. Instructional Supports | III. Monitoring Student Progress |
| <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; | <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; | <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 |

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| <ul style="list-style-type: none"> 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>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> | <ul style="list-style-type: none"> 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 needs. <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>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.</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> <ul style="list-style-type: none"> A) where appropriate, health education concepts are integrated with other content area instruction. B) instructional content includes current data, trends, and informational related to authentic examples in students' lives. <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 style="text-align: center;">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>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</p> |

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| | <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>summative assessments that are performance-based and designed to measure students' health literacy and skill performance.</p> |
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Oregon Definition of Instructional Material:

Units/lessons and materials that make up the major instructional vehicle for a given course of study as described in [OAR 581-011-0050](#).

Rating Scale for Each Criterion:

- 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

Overall Rating for the Instructional material:

- E: Exemplar - meets all the "must have" criteria (**) and most of the other criteria in the remaining dimensions (mainly 3-4's).
- E/I: Exemplar *if* Improved - meets all the "must have" criteria (**), needs some improvement in remaining dimensions (mainly 2-3's).
- R: Needs Revision - Does not meet all "must have" criteria (**) and requires significant revision in one or more dimensions (mainly 1-2's).
- N: Not Recommended - does not meet the criteria in the dimensions (mainly 0-2's).
- N/R: Not ready to review - use rubric criteria to revise and organize instructional material then resubmit for a quality review.

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

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| 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:

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**