

Andover Regional School District 2020 New Jersey Student Learning Standards Health Overview



Presented by: Jennifer Reynolds

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Overview

2020 New Jersey Student Learning Standards: Comprehensive Health and Physical Education

In 2020, the New Jersey State Board of Education adopted the revised Comprehensive Health and Physical Education Standards.

These standards were intended to take effect in the fall of 2021, however, the implementation was delayed until the 2022-2023 school year as a result of the pandemic.

We encourage all community members to read through the standards.
[Link to full set of 2020 Comprehensive Health and PE Standards](#)

Standards Update Overview Process

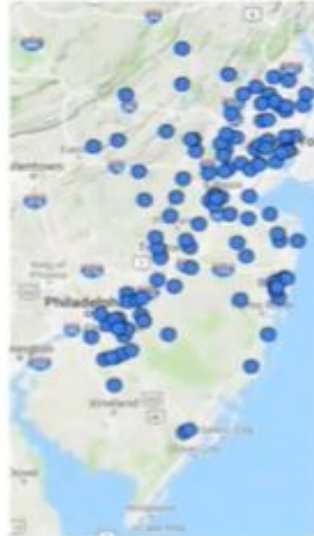
1. The state updates standards approximately every 5 years.
2. The NJDOE recruits professionals from throughout the state to work on the update process.
3. Their process includes the use of specialists, educators, and public comment.
4. The standards are approved at the state level.
5. The standards are shared with school districts.
6. School districts are in charge of writing a curriculum based on these standards; this involves deciding at what grade level in the given band that each standard is placed.
7. School districts present the curriculum to the BOE for approval.
8. Teachers are responsible for using the curriculum to develop their lesson plans.

Standards Update Overview, Cont.

Diverse Educator Teams Assisted in the Work



Over 100 districts, non-profit organizations, agencies, and military represented



Teachers, school leaders, higher ed, including charter & non-public from urban, suburban & rural communities



88% participants have Masters degree or higher



Standards / Curriculum / Resources Defined

Standards are a blueprint that describe expectations of what students should know and be able to do. They are mandated by the state. They guide the development of curriculum by each individual district.

Curriculum is typically developed by teachers and school district leadership. It is proposed to the local board of education, which must, by law, vote to adopt it.

Resources are materials utilized to deliver the learning experiences that are aligned to the standards. They are typically selected by teachers with the support of administration.

Individual districts have control over their curriculum and resources but **do not** have control over the standards.

Individual teachers use the curriculum as a blueprint to guide their daily lesson planning.

Basic Changes in Design to Comprehensive Health & PE Standards - 2014 Standards to 2020 Standards

- Competencies must be met by the end of 4 grade bands: 2, 5, 8, 12 (instead of 6 grade bands: P, 2, 4, 6, 8, 12)

2014: 6 Comprehensive Health and Physical Education Standards

- Wellness (2.1)
- Integrated Skills (2.2)
- Drugs and Medicines (2.3)
- Human Relationships and Sexuality (2.4)
- Motor Skill Development (2.5)
- Fitness (2.6)

2020: 3 Comprehensive Health and Physical Education Standards

- Personal and Mental Health (2.1)
- Physical Wellness (2.2)
- Safety (2.3)

Components of the Standards

- **3 Standards**
- **10 DISCIPLINARY PRACTICES**
- **13 DISCIPLINARY CONCEPTS**
- **CORE IDEAS**
- **PERFORMANCE EXPECTATIONS**

Standard 1: Personal and Mental Health

(Disciplinary Concepts within the standard)

- Personal Growth and Development
- Pregnancy and Parenting
- Emotional Health
- Social and Sexual Health
- Community Health Services and Support

Standard 2: Physical Wellness

(Disciplinary Concepts within the standard)

- Movement Concepts
- Physical Fitness
- Lifelong Fitness
- Nutrition

Standard 3: Safety

(Disciplinary Concepts within the standard)

- Personal Safety
- Health Conditions, Diseases and Medicines
- Alcohol, Tobacco and Other Drugs
- Dependency, Substances Disorder and Treatment

10 Health & Physical Education Practices: The “Backbone” of the New Standards

1. Acting as responsible and contributing member of society
2. Building and maintaining healthy relationships
3. Communicating clearly and effectively (verbal and nonverbal)
4. Resolving conflict
5. Attending to personal health, emotional, social and physical well-being
6. Engaging in an active lifestyle
7. Making decisions
8. Managing-self
9. Setting goals
10. Using technology tools responsibly

Each Disciplinary Concept has Core Ideas & Performance Expectations for each grade level band

Alcohol, Tobacco and other Drugs

Core Idea	Performance Expectations
<p>The use of alcohol, tobacco (including e-cigarettes, vaping), and other drugs (including cannabis products) can result in social, emotional, and physical harm to oneself and others.</p>	<ul style="list-style-type: none">• 2.3.8.ATD.1: Examine how the use of alcohol, tobacco, and other drugs by adolescents has impacted their lives and the lives of family members socially, emotionally, and physically.• 2.3.8.ATD.2: Relate the use of alcohol and other drugs to decision-making, consent, and risk for sexual assault and abuse.• 2.3.8.ATD.3: Determine the factors that contribute to different rules, laws, and policies in schools, communities, and states regarding alcohol, tobacco (including e-cigarettes, vaping, cannabis products), and other drugs.• 2.3.8.ATD.4: Explain the impact of alcohol and other drugs on areas of the brain that control vision, sleep, coordination, reaction time, judgment, and memory.• 2.3.8.ATD.5: Analyze how the influence of peers and different social settings (e.g., home, school, party) can result in positive and/or negative outcomes.

Facts vs. Values

Schools DO NOT replace parents; instead, it's a partnership.

Schools provide facts and teach standards; families provide values.

When values are discussed in a classroom, teachers are trained to be values neutral and to explore a range of values.

Not Every Child Is Having the Same Experience



Goal for our Andover Students

Our goal is to prepare students for a successful life outside of the classroom.

This requires our students to be aware of the diversity within our district community and aware of the diversity throughout our world.

We are committed to making sure that **all** students are in a comfortable learning environment where they are each respected, where they can ask questions, and learn the various lifestyles, perspectives, beliefs, and values of others.

Who Can Teach Health Instruction?

Teachers hired BEFORE September 2019 with an elementary certification can legally teach Comprehensive Health and PE in grades K-5.

Teachers hired AFTER September 2019 must hold a NJ teaching certification in Comprehensive Health and PE in order to teach Health education.

In Andover, **all** Health classes are taught by teachers who hold the NJ Comprehensive Health and PE certification.

Standards That Have Generated Questions

By the end of 2nd grade...

- **Personal Growth and Development:**

- 2.1.2.PGD.5: List medically accurate names for body parts, including the genitals.

Body parts to be covered: breast, nipple, penis, vagina, buttocks

This information is covered in one lesson.

- **Social and Sexual Health:**

- 2.1.2.SSH.2: Discuss the range of ways people express their gender and how gender-role stereotypes may limit behavior.

This is taught from the perspective that all children enjoy different interests and activities.

Standards That Have Generated Questions

By the end of 5th grade

- **Social and Sexual Health:**

- 2.1.5.SSH.2: Differentiate between sexual orientation and gender identity.

Students will be required to understand the difference between these two terms.

Sexual orientation~who someone is attracted to

Gender identity~a person's sense of being a woman, a man, or anywhere along the gender spectrum.

Standards That Have Generated Questions

By the end of 8th grade...

- **Social and Sexual Health:**

- 2.1.8.SSH.9: Define vaginal, oral, and anal sex.

- This was taught indirectly in the past when discussing STDs/STIs
- What was discovered by experts in the field is that students didn't explicitly know what the terms meant
- To protect their safety, the standard was added to help with a better understanding

Clarifying Statement:

This standard will be taught indirectly through the teaching of STDs/STIs. Students will be taught that STIs can be transmitted through infected semen, blood or vaginal fluids, skin-to-skin contact or genital touching.

Prevention Strategy



Educating young people about the names of their sexual anatomy at an early age normalizes talking about their bodies and **reduces their risk for sexual abuse.**

Goldfarb, E. S., & Lieberman, L. D. (2021). Three Decades of Research: The Case for Comprehensive Sex Education. *Journal of Adolescent Health, 68*(1), 13-27

Prevention Strategy



Studies prove that comprehensive sex education delays initiation of sexual intercourse, decreases frequency of sexual intercourse, decreases number of sexual partners, reduces risk-taking, increases use of condoms and increases use of contraception.

Goldfarb, E. S., & Lieberman, L. D. (2021). Three Decades of Research: The Case for Comprehensive Sex Education. *Journal of Adolescent Health, 68*(1), 13-27.

Research shows...

Educating young people about the diversity of sexual orientations, gender identities and expressions and creating an inclusive school climate reduces depression, suicidal ideations and attempts, lowers alcohol and marijuana consumption and reduces absences across **ALL** identities.

Sources: Birkett M, Espelage DL, Koenig B, LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth and Adolescence* 2009; 38:989-1000
Centers for Disease Control and Prevention, National Youth Risk Behavior Survey (YRBS), 2015 & 2017;
Centers for Disease Control and Prevention, School Health Profiles (Profiles), 2014 & 2016

Curriculum Overview at a Glance

- Once new curricula is approved, all content areas will contain curriculum overview documents on the website for public viewing.
- These overview documents will contain Unit Titles, Unit Timelines, Unit Summaries, and Standards assigned to each unit of instruction.
- Health Educators will keep parents apprised of upcoming topics.

[Health Curriculum at a Glance](#)

Opt Out Procedures

The Health Opt Out Procedure is not new

It is the only content area in the state of NJ that grants parents the option to opt out of a portion of the curriculum.

Pursuant to N.J.S.A 18A:35-4.7, the Parents Right to Conscience Act, *any child whose parent or guardian feels any part of instruction in health, family life education, or sex education is in conflict with his or her conscience or sincerely held moral or religious beliefs shall be excused from that portion of the course.*~Feb.11, 1980

The Opt-out letter is contained in the student handbook. Parents can complete and send to the respective building principal. The letter can also be accessed [here](#).

Students opting out of portions of the Health curriculum will be provided an assignment covering a different health topic from the curriculum.

Students will not be penalized for a parent choosing to opt out of a portion of the health curriculum.

Consultations/PD/References

New Jersey Department of Education

Judy Lobianco, Past President-Shape America, Consultant, Health and PE
Professor

Tazmine Weisgerber, Interim Executive Director, Answer

Lennie Parham, Comprehensive Health and Physical Education Coordinator,
Office of Standards, NJDOE

New Jersey Principals and Supervisors Association

Modifications Based on September Board Committee Meetings

1. Two particular standards will be covered on a day before a weekend or a holiday.
 - a. 2.1.5.SSH.2: Differentiate between sexual orientation and gender identity
 - b. 2.1.8.SSH.1 Differentiate between gender identity, gender expression, and sexual orientation
2. A decision was made to change the direct teaching of the provided definitions of oral, anal, and vaginal sex. Instead, this standard will be taught indirectly through the teaching of STDs/STIs. Students will be taught that STIs can be transmitted through infected semen, blood or vaginal fluids, skin-to-skin contact or genital touching.
3. Health Teachers will provide a consistent “Week at a Glance” communication home to parents on a Friday so they have time to review it. The template will look the same for all health teachers.
4. Health Teachers will consult with the Supervisor of Curriculum and the Building Principal as they approach the above standards to review lesson plans.
5. There is a mutual expectation that Health Teachers will consult with special education teachers regarding the developmental needs of particular students and parents will consult with Health teachers regarding developmental concerns for their children.