

Guidelines for Content Advisor Feedback on the Health Education Draft Recommendations

1. Does each grade level or course follow a complete and logical development of health education concepts? If not, what suggestions do you have for improvement?

See below for suggested changes.

2. Have the correct vocabulary and terminology been used throughout the TEKS?

Yes, except for the notations below

3. Is the level of rigor appropriate for each grade level?

Yes

4. Are concepts introduced at the appropriate grade level?

Yes I believe so.

5. Are the student expectations (SEs) clear and specific?

Yes, with exceptions noted below

6. Are the TEKS aligned horizontally and vertically? If not, what gaps should be addressed?

Yes, with exceptions noted below

7. Can all student expectations reasonably be taught within the amount of time typically allotted for the grade level or high school course prior to the end of the school year?

It seems virtually impossible to me that anyone could cover all of these topics in 12 years if including all other strands. The amount of detail in each of the strands that we have reviewed is daunting and teachers are to be celebrated as they pull this off.

8. Is there any unnecessary duplication of standards or concepts? Are there student expectations that can be eliminated in order to streamline the standards?

Not that I can determine

9. Are there any gaps or concepts missing that should be addressed? Are there specific areas that need to be updated to reflect current research?

Yes. There appears to be a gap of omission with regards to personal values as a function of mental health. Part of personal development is establishing a set of personal values and from those personal values, all of our actions and decisions are formulated. I would like to see a section added that helps students learn how to formulate their own personal values as a foundational part of "who they are"...their personal identity.

10. Do you have any other suggestions for ways in which the health education TEKS can be improved

See below

COMMENTS:

MENTAL HEALTH STRAND 3

4.3.A. analyze how emotions impact behavior (note: should include that it's thoughts that drive behavior rather than emotions. Behaviors are often the result of the emotional expression of underlying thoughts....see notes of cognitive behavioral therapy etc.).

5.3.A (note: it's actually the reverse of this SE..emotions follow thoughts rather than the way it's stated)

Guidelines for Content Advisor Feedback on the Health Education Draft Recommendations

6.3.A (should focus on understanding how to assess and perhaps modify personal thoughts and how they impact emotions and behaviors)

Self regulation section k-12

k-12 focuses on coping which suggests that the only aspect of self regulation relates to negative events and discounts the beneficial/enhancing elements of stress (eustress) cited in numerous research articles of recent; PERSONALITY PROCESSES AND INDIVIDUAL DIFFERENCES

Rethinking Stress: The Role of Mindsets in Determining the Stress Response

Alia J. Crum and Peter Salovey Yale University, Shawn Achor, Good Think, Cambridge, Massachusetts

Self regulation should also consider the positive aspects of neurological stress that induce creativity, focus, energy, drive, purpose, etc.. Each of these expressions also need attention when discussing self regulation

2.3.C should drop the word pressure and only speak to the influence of peers rather than couch all influence under term “pressure” when we are trying to help children understand the “influence” of others

2.3.F should include identify and “respond” to the feelings of others

6.3.E replace word “justify” with “acknowledge their feelings”...empathizing and understanding are very different than accepting another’s justification for their hypothesis.

Healthy and unhealthy relationships

Conflict resolution

Grades 1-4 should include sections on taking personal responsibility for personal behavior and learning how to appropriately apologize as well as forgive others for their inappropriate behavior

6.3.F should be moved to grades 2-4. Earlier learning of conflict resolution is critical to relational development

4.4.A should include teaching difference between self esteem and self confidence and how to build self confidence which enhances self esteem

5.4.A. Same as 4.4.A

6.5.A. Should include discussion of how to behaviorally modify genetic influences (such as alcohol and drugs and abstaining so as not to instigate a genetic trigger)

Health 1....5.B. Remove negative context and replace with “formulate strategies for enhancing environmental factors that contribute to mental health”

7-8.5.C needs more clarity around what socio-cultural topics are covered and the parameters for allowing critical thinking rather than “group think” or “social think”

Guidelines for Content Advisor Feedback on the Health Education Draft Recommendations

2.6.B. Should include discussion around positive aspects of stress as a motivator and performance enhancer, etc.. stress CAN NOT be cast as a constant negative. Current research contradicts this position as only being a negative factor.

COMMENTS REGARDING REPRODUCTIVE AND SEXUAL HEALTH STRAND

It would be helpful to also include expanded section on the mental emotional health strand as it relates to sexuality and healthy sexual relationships. The interconnectedness between the two is very significant and has a huge bearing on mental/emotional well being. Also, we want to note that there is considerable research emerging around the “avoid” or “don’t engage in” behaviors that suggest that the more effective approach to learning focuses on “what we want and who we want to be” rather than “just say no” which has been a failure. For example, rather than talking about avoiding pornography as a strategy, it is equally or more important that individuals define what they want and then focus their behaviors and strategies around that goal...which is also part of goal setting. What types of relationships do I want rather than what do I want to avoid. Research supports that the better we are able to identify what we want with an appropriate strategy to get there, the greater the likelihood of achieving that goal.

COMMENTS: INJURY AND VIOLENCE PREVENTION AND SAFETY STRAND

Sexting and digital pornography...grade 6 material should be moved to grade 5 due to earlier exposure and threat to younger children.

Sexting and digital pornography...Health 1 move to grade 7-8 due to exposure at younger ages