

Item 1

## Research Report : Curriculum Analysis

Teacher Name: Dr. Ainley

Student Name: [REDACTED]

CATEGORY	4	3	2	1
<b>Organization</b>	Information is very organized with well-constructed paragraphs and subheadings.	Information is organized with well-constructed paragraphs.	Information is organized, but paragraphs are not well-constructed.	The information appears to be disorganized. 8)
<b>Amount of Information</b>	All 5 criteria are addressed completely	4 topics are addressed completely	3 topics are addressed completely	Only two topics were adequately addressed
<b>Quality of Information</b>	Information clearly relates to the main topic. It includes several supporting details and/or examples.	Information clearly relates to the main topic. It provides some supporting details and/or examples.	Information clearly relates to the main topic. No details and/or examples are given.	Information has little or nothing to do with the main topic.
<b>Mechanics</b>	No grammatical, spelling or punctuation errors.	Almost no grammatical, spelling or punctuation errors	A few grammatical, spelling, or punctuation errors.	Many grammatical, spelling, or punctuation errors.
<b>Copy Ready</b>	The document is ready for the printer as presented	There are several minor changes needed	There are several major and minor changes needed	The paper needs to be redone.

Date Created: Nov 03, 2010 03:26 pm (UTC)

[REDACTED]

Excellent job, especially good attention to details.

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## HED 501 Assignment 2. Curriculum Analysis

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### Curriculum Aim

The curriculum being reviewed is issued by the Department of Curriculum and Instruction of

[REDACTED] It is a grade eight Mental Health curriculum which was revised and approved by the Board of Education in November of 2004.

✓ This Mental Health curriculum is written to be a grade level teaching tool which aims at achieving thirteen specific instructional outcomes by the end of the designated grade level.

([http://www.teachthefacts.org/Grade8 Field Test Revised.pdf](http://www.teachthefacts.org/Grade8_Field_Test_Revised.pdf), 10/23/10)

### Content Outline

The objectives of this mental health curriculum are broken down into thirteen areas outlined as:

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1. How Cultural Identity Affects the Expression of Emotion
  2. Measuring Emotional Growth
  3. Mechanisms for Dealing with Stress
  4. Reducing Unhealthy and Unpleasant Situations in Daily Life
  5. Personality Disorders That Come From the Inability to Cope
  6. Decision- Making as Life Skill
  7. Goal Setting Strategies and the Outcome of the Decision
  8. Positive Risk-Taking
  9. Liking One's Self and its Relationship to Taking Care of One's Self
  10. Developing Skills to Respond With Confidence
  11. Rejection, Separation and Loss Affect Relationships
  12. Life Threatening Self-Destructive Behaviors
  13. Giving and Receiving Equally in Relationships

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### National Health Standards

OK This program of mental health is aligned with the National Standards. Both share the common goal as stated in the National Standards, "Students will comprehend concepts related to health promotion and disease prevention to enhance health."

([www.cdc.gov/healthyyouth/sher/standards/1.htm](http://www.cdc.gov/healthyyouth/sher/standards/1.htm).10/28/2009)

OK The thirteen performance indicators listed above aim at the promotion of healthy behaviors as well as the reduction of high risk behaviors which is mirrored in the National Standards. Other similarities are found in the identification in positive influences and negative influences in family, culture and society which often affect behaviors regarding to health as well as in the use of effective communication skills. A third similarity to the National Standards is that the [REDACTED] Mental Health curriculum focuses on encouragement of self-confidence and ownership of one's own health status and setting and achieving self proclaimed goals.

Good Pt This curriculum is lacking as compared to some areas in the National Standards. One of these areas is in the ability to access valid health information and resources within the community. The [REDACTED] curriculum fails to cover this important area of mental health and thus comes up short as compared to the National Standards.


(<http://www.cdc.gov/healthyyouth/sher/standards/>, 10/23/10)

### Meeting Characteristics of Effective Health Education

As health educators we face many obstacles to delivering effective health education including ineffective educators. Along with elements which must be present to make up high quality school health programs there are characteristics which have been identified that are needed to comprise an effective health curriculum. These characteristics include:

1. The focus is on clear health goals and outcomes

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2. The information being taught is research based and theory driven
  3. The information addresses individual values and norms within a group
  4. Focus on personal perception of engaging in high risk behaviors
  5. Addresses social pressures and influences
  6. Builds personal competence, social competence and self efficacy by addressing skills
  7. Provides functional health knowledge that is basic, accurate and directly contributes to health, promoting decisions and behaviors
  8. Uses personalized information to engage students
  9. Provides age appropriate and developmentally appropriate information, learning strategies, teaching methods and materials
  10. Incorporates culturally inclusive learning strategies, teaching methods and materials
  11. Provides adequate time for instruction and learning
  12. Provides opportunities to reinforce skills and positive health behaviors
  13. Provides opportunities to make positive connections with influential others
  14. Includes information for teachers for professional development and training to improve performance and instruction

(Health Education 501, Course Readings, 7.5-7.8)

✓ In comparison to the above fourteen elements, this health curriculum being reviewed has met and also missed some key target elements. When addressing clear outcome based goals and/or objectives, this curriculum falls short. The instructional outcomes stated previously are not clear enough. They introduce key topic points but lack a clear consistent behavioral outcome. The information being taught does have a research based/ theory driven background. This curriculum stems from informational sources such as *Communication and Anger Management*, *Comprehensive Health for the Middle Grades*, ETR Associates, 1996, *Comprehensive Guidance and Counseling Program Handbook*, Middle Level Edition, Montgomery County Public Schools, 1998, *Self-Esteem and Mental Health*, *Health Facts*, ETR Associates, 1994, and *Fitness and Hygiene*, *Comprehensive Health for the Middle Grades*, ETR Associates, 1996. (Montgomery Curriculum, pp8). The curriculum does address individual values and norms within a group. One

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example of this is within the 13<sup>th</sup> instructional outcome under the topic of Giving and Receiving Equally in Relationships. The topic of the lesson is how to develop relationships and share equally and then incorporates sub topics such as respecting personal values, rights and needs as well as accepting individual differences such as ethnicity, religion and sexual identity. The curriculum addresses adequately the perception of risks within instructional outcome eight, Positive Risk Taking as well as in instructional outcome twelve, Life Threatening Self-Destructive Behaviors. Both encourage the student to identify positive and negative behaviors and the health outcomes of such behaviors. The information includes topics in relation to social pressures and influences such as stress and positive strategies to cope with stress as well as personal and social competences including positive communication skills and decision making tools. The informational topics include functional knowledge in which the student can use to benefit health status such as techniques for conflict resolution and time management skills. In addition the information uses strategies to personalize the topics and engage the students such as exercises to identify personal stressors and self identifying strengths and weaknesses. The curriculum is age appropriate for the eighth grade student. It challenges the student at the middle school level by requiring the students to define, describe, identify and examine information throughout the lessons. The curriculum addresses cultural differences including the use of verbal and non-verbal cues, the expression of emotions and acceptable as well as unacceptable behaviors towards authority figures. As stated previously, this curriculum is designed to be achievable by the end of the grade year. It does not specify a more exact time period. It is not evident if this curriculum provides opportunities to build upon information learned in previous grade levels however it does provide the opportunity to build upon previous information within the same grade year as evidenced by the identification of life stressors and then at a later lesson again introducing the effects on violent behaviors as a result of pent up stress and anger. The opportunity to make positive connections is briefly addressed in instructional outcome 7 under a sub heading, "Establish a Support Network", (Montgomery Curriculum, pp5), but lacks depth and direction to achieve this task. This topic of linking students to community and peer groups to benefit health status can be achieved within the

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school by engaging the students, families and other positive role models within the community. If this is being done it is not identified within this curriculum and therefore falls short of achieving this element of effective health education. The last element involving the professional development for teachers and staff to enhance the effectiveness of student instruction and learning also lacks depth within this curriculum. It fails to identify such professional development opportunities.

### Conclusion


✓ In conclusion, although this Mental Health Curriculum satisfies many elements of effective health education and aligns in many ways with the National Standards for Health Education, it lacks depth in some areas. These areas include; the lack of clear outcome based goals and/ or objectives. It also does not successfully link students to positive interactions with peers and other positive role models. The final element in which this curriculum falls short and could be argued as one of the most important is the lack of identified professional development offered for teachers and educators to evaluate the effectiveness of teaching strategies and opportunities to improve curriculum content. The framework of this curriculum is a sufficient beginning point and although it has gone through revision it is in need of future additional revision to be valued as an overall effective health education curriculum.

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### References

1. Department of Curriculum and Instruction Montgomery County Public Schools , Maryland Grade 8 Health Education Curriculum- Revised, Field Test- Spring 2005, Teacher's Edition. [http://www.teachthefacts.org/Grade8 Field Test Revised.pdf](http://www.teachthefacts.org/Grade8_Field_Test_Revised.pdf), 10/23/10
2. CDC's School Health Education Resources, National Health Education Standards <http://www.cdc.gov/healthyyouth/sher/standards/>, 10/23/10
3. Ainley, K.I. (2010) Instructional Planning and Curriculum Development, Rhode Island College, Providence, RI Course Readings Fall- 2010, sections 7.5-7.8.