



SUGGESTED PACING GUIDE

FOR HIGH SCHOOL COMPREHENSIVE HEALTH EDUCATION

*Using HealthSmart High School (2nd Edition),
Reducing the Risk (5th Edition) and the
NYC DOE HIV/AIDS Curriculum – 2012 Edition*

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HIGH SCHOOL HEALTH EDUCATION REQUIREMENTS

Comprehensive Health Education: The New York State Education Department (NYSED) requires “an approved one-half unit course” of daily health education in high school. See NYS Education Commissioner’s Regulation Subchapter G Part 135 at <http://www.p12.nysed.gov/sss/schoolhealth/schoolhealtheducation/CR135.pdf>. The New York City Department of Education (NYC DOE) strongly recommends that health education class take place in the 9th or 10th grade.

Sexual Health Education: Sexual health education is one component of a comprehensive skills-based health education course, not a stand-alone topic. In August 2011, NYC DOE announced that middle and high schools are required to include sexual health education as part of the comprehensive health education course already required by NYSED.

HIV/AIDS Education: NYSED also mandates instruction in the nature, transmission and prevention of HIV/AIDS for every student, every year. The NYC DOE requires six lessons per year for grades 9 through 12; all lessons are provided in the *NYC DOE HIV/AIDS Curriculum - 2012 Edition*. This Pacing Guide may be modified periodically to reflect updates in the *HIV/AIDS Curriculum*. For details as well as free online access to the entire curriculum, go to: [NYC DOE HIV/AIDS Curriculum](#).

Alcohol, Tobacco and Other Drugs Education: NYSED [issued updated health education curriculum requirements](#) to ensure students gain the knowledge and skills they need to make healthy decisions about tobacco, alcohol and other drugs, including opioids and heroin. The lessons recommended in the pacing guide provide age-appropriate lessons on these topics. Visit the [National Institute on Drug Abuse](#) for more information on [heroin](#), prescription drug abuse and [opioids](#). The [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) has a range of resources, including [Tips for Teens: The Truth About Heroin](#).

SUGGESTED PACING FOR A ONE-HALF YEAR COURSE OF HEALTH EDUCATION

The NYC DOE recommends the use of *HealthSmart High School*¹, *the Reducing the Risk (RTR) Curriculum* and the *NYC DOE HIV/AIDS Curriculum* for comprehensive health education in high school. This Pacing Guide is a suggested plan for a one-semester

¹ *HealthSmart High School 2nd Edition* teacher guides are provided for free to teachers who attend the HealthSmart 101 and 102 trainings offered by the Office of School Wellness Programs. The teacher guides and student workbooks are available for purchase through FAMIS.

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comprehensive health education plan that meets daily, preferably in 9th or 10th grade, and uses the recommended curricula. This recommended plan includes:

- 61 High School comprehensive health lessons, including lessons on sexual health, using High School *HealthSmart*;
- 18 *Reducing the Risk (RTR) Curriculum*; and
- 6 (Grades 9-12) HIV/AIDS lessons using the [NYC DOE HIV-AIDS Curriculum](#).

These curricula meet State and City requirements for high school comprehensive health education. For details, go to: <http://schools.nyc.gov/Academics/FitnessandHealth/StandardsCurriculum/ComprehensiveHealthEd.htm>.

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NYS HEALTH EDUCATION LEARNING STANDARDS AND GUIDANCE DOCUMENT

The three [NYS learning standards for health education](#) are:

- **Standard 1: Personal Health and Fitness**
Students will have the necessary knowledge and skills to establish and maintain physical fitness, participate in physical activity, and maintain personal health.
- **Standard 2: A Safe and Healthy Environment**
Students will acquire the knowledge and ability necessary to create and maintain a safe and healthy environment.
- **Standard 3: Resource Management**
Students will understand and be able to manage their personal and community resources.

For a detailed explanation of these Standards and examples of how to meet them at the intermediate level, visit NYSED's [A Guidance Document for Achieving the New York State Standards in Health Education \(Guidance Document\)](#).

NATIONAL HEALTH EDUCATION AND SEXUALITY EDUCATION LEARNING STANDARDS

The NYC DOE-recommended comprehensive health education curricula are aligned with:

- [The National Health Education Standards](#) and
- The National Sexuality Education Standards
- [Click here](#) to see how the *HealthSmart* lessons align with the National Sexuality Education Standards

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ELEMENTS OF EFFECTIVE HEALTH EDUCATION

In health education class, students learn skills, as well as factual information, and develop attitudes that can help them make healthy decisions. The three domains of health education are:

- 1. Functional Knowledge:** The NYSED [Guidance Document](#) defines functional knowledge as “content specific health knowledge that is essential for young people to know in order to be safe, healthy and achieve academically.” Given the vast amount of health information, the *Guidance Document* is helpful in narrowing the scope to the most important information for elementary, intermediate, and high school.
- 2. Health Education Skills:** The [Guidance Document](#) also delineates the seven developmental, personal and social skills, comprised of multiple sequential subskills, which, when mastered, enable individuals to enhance personal development, family communication and community health and safety. The skills are: 1) Self-management, 2) Relationship management, 3) Stress management, 4) Communication, 5) Planning and goal setting, 6) Decision making, and 7) Advocacy.
- 3. Attitude:** Lessons must cultivate attitudes that are conducive to understanding how to use functional knowledge and practicing health education skills. Such attitudes include students’ full engagement in lessons; a willingness to consider how the lessons apply to their own lives; and a recognition that they have a responsibility to themselves and others to practice healthy behaviors.
- 4. LGBTQ-inclusive Curriculum:** Studies show that implementation of an LGBTQ-inclusive curriculum may be one of the strongest predictors of students’ feelings of safety at school.²For example, students in schools with LGBTQ-inclusive curricula hear fewer anti-LGBTQ remarks and negative comments about gender expression than students in schools without such curricula. Teachers are encouraged to attend OSWPs’ free professional development on how to teach LGBTQ-inclusive lessons in the *HealthSmart* High School (2nd Edition) curriculum. Participants receive curricula and related materials. Teachers can register online through ProTraxx. Go to <http://tinyurl.com/25gqczx> for upcoming dates and enrollment information. Email wellness@schools.nyc.gov with any questions.

² Burdge, H Sinclair, K., Laub, C., & Russell, S. T. (2012). *Lessons that Matter: LGBTQ Inclusivity and School Safety*. (Gay-Straight Alliance Network and California Safe Schools Coalition Research Brief No. 14). San Francisco; Gay-Straight Alliance Network

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5. **Safe and Supportive Environment:** Research has shown that that LGBTQ youth and those perceived to be LGBTQ face hostile environments in schools.³ In professional development, OSWP will provide secondary schools with specific strategies that they can implement to improve school climate and promote stronger feelings of student safety in schools. It is recommended that schools establish and exercise anti-harassment policy, train teachers and staff to intervene when anti-LGBTQ slurs are used, and ensure students know where to go for information and support about sexual orientation and gender identity.

SUPPORT AND RESOURCES FOR IMPLEMENTING HEALTH EDUCATION

Free Professional Development: Teachers are encouraged to attend the Office of School Wellness Programs' free comprehensive health education, sexual health education and HIV/AIDS professional development workshops. Each NYC DOE teacher receives a free teacher set of the recommended curricula and related materials. A teacher set consists of: *HealthSmart High School: Abstinence, Personal & Sexual Health; Emotional & Mental Health; HIV, STD & Pregnancy Prevention; Nutrition & Physical Activity; Tobacco, Alcohol & Other Drug Prevention; and Violence & Injury Prevention* as well as *Reducing the Risk* and the *NYC DOE HIV/AIDS Curriculum*. Teachers can register online through ProTraxx. Go to <http://tinyurl.com/25gqczx> for upcoming dates and enrollment information. Email wellness@schools.nyc.gov with any questions.

HealthSmart Lessons Aligned with Common Core Learning Standards: Now teachers can see how the health lessons support the common core state standards. [Read more](#) about how *HealthSmart* activities align with CCLS for English Language Arts in the areas of Reading, Writing, Speaking and Listening, and Language.

Student Workbooks: A class set of Student Workbooks that reinforce each unit of *HealthSmart* lessons is available for purchase through FAMIS. The workbooks support students in acquiring the knowledge and skills that will help them assume responsibility for their own health behaviors. Student Workbooks can be purchased directly from [ETR](#) Associates, Inc. Send all purchasing requests and questions to nyhealthsmart@etr.org. It is possible that schools will be able to purchase bulk packages of student workbooks with other "Core Curriculum" student materials during the school year.

³Kosciw, J. G., Greytak E. A., Bartkiewicz, M. J. Boesen, M. J., & Palmer, N.A. (2012). The 2011 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN.

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SEXUAL HEALTH EDUCATION REQUIREMENTS

Sexual health education must be included in the high school comprehensive health education course. Sexual health education addresses factors that affect sexual behavior, such as self-esteem and perceived social norms, and helps young people develop a positive view of sexuality in the context of family and community values. Lessons must be age-appropriate, medically accurate and enable students to develop the necessary knowledge and skills to make healthy and responsible decisions throughout their lives. The DOE's recommended *HealthSmart High School* and *Reducing the Risk (RTR)* in combination with the *NYC DOE HIV/AIDS Curriculum* provide the necessary lessons for high school grades. For more detailed information about sexual health education and HIV/AIDS requirements, [click here](#) for high school health education requirements.

PREVENTION LESSONS AND PARENT/GUARDIAN OPT-OUT POLICY

Abstinence is the most effective method of HIV/STD and pregnancy prevention, and is discussed in many of the *HealthSmart* lessons. "Opt-out prevention lessons" are those that are about birth control and HIV/STD prevention methods. Parents/guardians may "opt" students out of some prevention lessons. Lessons about abstinence are not considered to be opt-out lessons. Prior to teaching sexual health education lessons, the principal should send the [Parent Notification Letter](#) home, which includes instructions on how parents/guardians can opt their children out of certain lessons. To do so, parents/guardians must write a letter to the principal requesting that their child not be in the classroom during lessons about birth control and methods of HIV/STD prevention, and stating that they will provide instruction on prevention with their child at home. Research has shown that students who participate in risk-reduction education may be less likely to engage in risk behaviors that can cause pregnancy or transmit HIV/STD. Throughout this document, lessons that meet opt-out prevention criteria are identified with a "■" symbol; however, schools should review lessons to decide how to best meet the educational needs of students.

NEW FEATURES OF HIGH SCHOOL *HEALTHSMART* (2ND EDITION) CURRICULUM

The *HealthSmart High School's* new features and improvements include:

- **Updated content.** All lessons were reviewed for accuracy and reflect health education as currently recommended by the National Health Education Standards, the CDC's Health Education Curriculum Analysis Tool (HECAT), and the USDA MyPlate food guidance system. Each lesson now addresses specific HECAT knowledge and skill expectations and identifies National Health Education Standards performance indicators, preparing the teacher to deliver lessons that research has shown to be effective.

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- **A new instructional design template with more guidance for teachers.** Lessons use a consistent structure and link objectives and standards to outcomes. Teachers will find an organized plan with clearly identified steps for teaching concepts and skills, and for assessing student progress. Each lesson includes an introduction that gets students ready for learning, a health literacy vocabulary list, advice on supporting varied learning styles, and guided teaching steps.
- **Emphasis on assessment.** Objectives for each lesson link to clear teaching steps, which carry through to student activity sheets and other performance tasks. New scoring rubrics provide guidance to ensure that students acquire expected knowledge and skills. Each subject module culminates with two overarching assessment activities: a written assessment of the module's content and concepts, and a creative individual or group project performance task that allows for authentic assessment of content and skills.
- **PowerPoint slides and blackline masters.** To reduce paper usage and make these tools more flexible, a CD of accessories comes with each teacher guide. Transparency slides are available in PowerPoint as well as PDF format.
- **Student journals and class discussion notes.** A guided journal for each subject module gives students a place to write and take lecture notes. Journals also list the important new health terms for each lesson. The journal can be found on the CD and on the *HealthSmart* website.
- **Health terms glossary.** Each teacher guide includes a glossary of all health terms from the module. The glossary is also located on the CD and on the *HealthSmart* website.
- **Online support.** Teachers who attend the OSWP *HealthSmart* 101 and 102 professional development training are invited to access the *HealthSmart* website for free. The site provides a close-up look at program elements free access to digital versions of teacher guide resources, the interactive curriculum planning tool, content updates, articles and professional development materials.

RECOMMENDATIONS FOR IMPLEMENTING EFFECTIVE SEXUAL HEALTH EDUCATION

Parent Notification Letter – High school principals will send each parent/guardian [a notification letter](#) prior to his or her child receiving sexual health lessons as part of comprehensive health education. Do not use the *HealthSmart* Family Letter, provided on the digital resources (CD) and as instructed on the *HealthSmart: Abstinence, Personal & Sexual Health (page 1) and HIV, STD & Pregnancy Prevention (page 2)* teacher guides. Parents who have questions about what their child will be learning in school should talk to their principal.

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Sexual Stereotypes – Sexual stereotypes are simplistic generalizations about the gender attributes, differences, and roles of individuals and/or groups. We see sexual stereotypes all around us. Stereotypes can be positive or negative, but they rarely communicate accurate information about others. There are many ways that teachers can help students challenge these stereotypes to help everyone, no matter their gender or gender identity, feel included. We recommend using *HealthSmart: HIV, STD & Pregnancy Prevention*, Lesson 2: Respecting Sexual Differences (page 19) to allow students to examine the benefits of promoting respect for all the different aspects of human sexuality.

Condom Demonstrations – As of the 2015-16 school year, condom demonstrations *are* permitted in NYC DOE classrooms. We recommend using Lesson 8 in *Reducing the Risk*. Further guidance is in Lesson 10, *HealthSmart High School 2nd Edition HIV/STD, and Pregnancy Prevention*.

Consider Attitudes - Concerns about sexual health education may derive from cultural traditions. Sometimes issues such as clothing, dating or patterns of male and female communication may be as significant as issues like virginity or sex without marriage. Teachers need to acknowledge that parent and guardian values vary and encourage students to consult with their parents or guardians about their values.

Role of the Guidance Counselor - Before beginning the sexual health education lessons, identify a guidance counselor who can assist you when a student requests a referral for reproductive health services. If your school does not have a guidance counselor the counselor is not available, you may give the student information about a school based health service provider or a free or low cost adolescent reproductive health provider recommended by the NYC Department of Health and Mental Hygiene. Here is the link to the [NYC Teens website](#) to search for a provider or to download a free app or booklet that lists providers. Although students are encouraged to communicate with parents, students have a [right to reproductive health care](#) without parental permission. Teachers are mandated reporters of child abuse, including sexual abuse. If you suspect that student is experiencing abuse or neglect, report it immediately to your guidance counselor, social worker, or principal, who is required to report the suspected abuse to the New York Statewide Central Register Child Abuse and Maltreatment Hotline (1-800-342-3720). Although, students are encouraged to communicate with parents, students have a [right to reproductive health care](#) without parental permission. Students may also receive free condoms, health information, and health referrals by trained [Condom Availability Program \(CAP\)](#) staff. Parents and legal guardians may exempt their children from receiving condoms. However, all students may receive information and referrals to health services.

Be Inclusive LGBTQ Students – Your students may be heterosexual, homosexual, bisexual, transgender or questioning. Students may be attracted to and date members of the opposite sex, the same sex, both – or neither. Make sure that discussions are inclusive and

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affirming of all students including those who may be lesbian, gay, bisexual, transgender or questioning (LGBTQ). Establish a tone and ground rules that affirm all students, regardless of race, nationality, age, gender, sexual identity or sexual orientation, and assure that students speak respectfully of each other. HIV/AIDS education offers an opportunity to help reduce the problems of racism and bigotry associated with this disease. For more information on DOE inclusion policies and trainings, visit <http://intranet.nycboe.net/DOEPortal/Principals/FamSvcs/YouthDevelopment/KeyLinks/Respect+for+All.htm> or search for “Respect for All Resources” on the NYCDOE Principals’ Portal. In accordance with the NYCDOE’s Statement of Policy on Multicultural Education and Promotion of Positive Intergroup Relations, remind students that all people deserve respect and to be treated fairly. Remind students that a bias against LGBTQ people is just as serious and damaging to society as other types of bias, and that expression of harassment or discrimination of any kind will not be tolerated in school. For additional materials, principals and teachers may go to <http://intranet.nycboe.net/DOEPortal/Principals/FamSvcs/YouthDevelopment/default.htm>

High school sexual health education classes should include students of mixed genders so that they can practice communication and other health education skills in a setting with their peers. Teachers should avoid gender stereotyping and encourage students to participate in role plays in the classroom that may not match their biological gender (or race, or ethnicity) so that students’ role play protective health skills outside of stereotypical, traditional gender roles. This strategy provides additional support in creating an inclusive environment for all LGBTQ students. Principals and teachers should also be proactive in creating a school culture that respects and values all students and fosters understanding of gender identity within the school community. For more information, see NYC DOE [Transgender Student Guidelines](#).

Set and Enforce Ground Rules – Involve students in setting ground rules or a “contract” in the classroom. *HealthSmart: Abstinence, Personal & Sexual Health*, Lesson 6: Understanding Sexuality, allows students to develop ground rules for discussion, then define and look at different aspects of social dimensions of sexual health. Establish ground rules that affirm all students, regardless of race, nationality, age, gender, sexual identity or sexual orientation and assure that students speak respectfully of each other. It is important to include ground rules for how classroom questions and discussions will be managed. Do you prefer that students raise their hands so you can call on them or would you prefer that students “pass the microphone” by speaking only when they are holding a designated object, such as a stuffed animal.

Classroom Management Strategies for Reinforcing Ground Rules

1. Post the ground rules where students can see them during the entire class period. Use newsprint or large poster paper so that students can refer to the list.

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2. Number ground rules so you can refer to them quickly: “Number 7!” This concise reminder saves time and prompts students to check back to the ground rules list.
3. Model the ground rules with the class. For example, ask students to raise sample questions using ground rule #2 for clarification. Be certain that students understand, practice and adhere to using third person statements for all questions and classroom discussions.
4. Adhere to the ground rules consistently. If you don’t, it may be difficult to enforce them later.
5. If ground rules are routinely broken, review the list with the class for understanding. If a student asks an inappropriate question (e.g., one that discloses personal information), allow the student to rephrase. However, if the behavior persists, have a private conversation with the student and follow the school’s ladder of referral in adherence to the *Discipline Code*.
6. Revisit the ground rules occasionally and add any new items to the list as necessary.

Tips for Responding to Students’ Challenging Questions

1. Reinforce the Ground Rules.
2. Inform the class that you will be asking yourself if all student questions are appropriate or related to the classroom discussion. When establishing ground rules, establish parameters such as “If a question is asked which I choose not to answer, it is not because it is a bad question. I may feel that it is not of interest to all students, or related to the class discussion. If you asked a question that was not answered, then please see me at the end of the class, and I will try to answer your question.”
3. Listen carefully. Provide direct, honest, and age-appropriate answers. Check back with the student: “Does that make sense to you?” “Does that answer your question?” It is legitimate to say the following and be sure to always follow through:
4. “I’m not sure. I will find out and get back to you.”
5. “Let’s talk about this after class so that I can have enough time to explain it to you.”
 - Check back again: “Let’s see if I explained that well. Can you answer the question for us now?”
 - If you hear students telling derogatory jokes or ridiculing people, intervene quickly and consistently to make clear to students that harmful language is not tolerated. Emphasize that jokes stigmatize and hurt people. In order to maintain a safe and positive classroom environment, refer to the classroom ground rules. Speak with the person who made the comment privately to explain the comment was inappropriate. If the behavior does not stop, issue a warning about expected behavior; consider disciplinary options, including involving a parent or guidance counselor to address the behavior. For more information, go to the NYC Department of Education’s (NYCDOE) Citywide Standards of Intervention and Discipline Measures at <http://schools.nyc.gov/NR/rdonlyres/3BE58537-D746-43B6-A7E7-BBF90B27C395/0/DiscCode2012English.pdf>

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Create a “Question Box” - A Question Box is a place where students can place anonymous questions they might be fearful or hesitant to ask in class. It also gives teachers time to think about or research answers to challenging questions. To create a Question Box, cut a slot in the lid of a shoebox. It’s nice to decorate the box (e.g., with wrapping paper, newsprint, comic strips, etc.) or ask for a student volunteer to decorate it. Display the Question Box in the classroom and inform students that they can drop anonymous questions in there at any time. If you have space in your classroom for multiple Question Boxes, you can label them accordingly, e.g., Question Box for Period 7, Ms. Smith. To encourage questions, you may wish to distribute index cards periodically to all students and ask each to write a question, fold the card, and place it in the box. Any students who don’t have questions should write “One thing that is important to know about [the topic being covered] is...” Thus all students contribute something to the discussion. It is helpful to tell students a day or so in advance that you will be asking for questions so they can think about what they want to write. Before the next class, sort the questions and consider how you want to handle them. Instead of answering all questions yourself, consider reading some of the questions aloud and asking the class how they would respond. Creating a “Question Box” is an optional but recommended activity.

Exercise Confidentiality - Concerns about confidentiality, and lack of trust, are the main barriers that interfere with students accessing sexual health services and treatment. All students are entitled to confidential reproductive and sexual health services. Improving access to confidential sexual health services, both in schools and in the community, is one of the ways in which schools help their students to stay safe and avoid health outcomes that have a negative impact on their health and learning. Sexual health teachers should also develop and discuss with students the procedures that they will use in their classroom related to recording and using personal information, especially if it is collected. Teachers should ensure that students are aware that if they disclose personal information that indicates they are at risk for harm, then that information cannot be kept confidential because teachers have legal reporting responsibilities for cases of sexual abuse and assault; as mandated reporters. Students should also be warned not to disclose personal information in the classroom that they do not want anyone to know because it is impossible to hold an entire class accountable for keeping a student’s secret.

Build a Safe and Supportive Environment - In order to maintain a safe and positive classroom environment, refer to the classroom ground rules. If a student makes a negative or disparaging comment, speak with the student who made the comment privately to explain why the comment was inappropriate. If the behavior does not stop, issue a warning about expected behavior; consider disciplinary options, including involving a parent or guidance counselor to address the behavior. For more information, go to the NYC Department of Education’s (NYCDOE) Citywide Standards of Intervention and Discipline Measures at <http://schools.nyc.gov/NR/ronlyres/3BE58537-D746-43B6-A7E7-BBF90B27C395/0/DiscCode2012English.pdf>

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Teachers are invited to complete the NYC DOE's Office for School and Youth Development's Respect for All - Supporting NYC DOE LGBTQ Students online training simulations for K-12 school personnel and youth advocates to create a supportive environment for LGBTQ students. [Click here to register for professional development.](#)

Prepare Courageous Bystanders - An important new strategy for bullying prevention focuses on the powerful role of the bystander. A bystanders' response, and decision whether or not to act, can either contribute to the problem *or* the solution. Bystanders rarely play a completely neutral role, although they may think they do. Teachers, themselves, are often bystanders and can follow steps in the previous section to more effectively address teasing and bullying. In addition, teachers can prepare students to become helpful bystanders by discussing with them the different ways bystanders can make a difference, and by letting them know that adults will support them, if and when they step forward. *HealthSmart: Violence & Injury Prevention*, Lesson 3: Preventing Bullying, allows students to examine actions teens can take to help prevent or stop bullying, with an emphasis on the role and responsibilities of bystanders. Students discuss the important role bystanders can play and work in groups to list strategies that bystanders can use to stop or prevent bullying and practice asking for help. Teachers can also provide examples of how helpful bystanders have shown courage and made a difference in real-life situations.

Provide Sexual Health Education Lessons in Sequential Order – The sexual health education lessons use a consistent format and link objectives and standards to outcomes. The lessons also draw upon previous lessons and activities and set the stage by preparing students for future activities and further knowledge and skill acquisition. Only through careful planning can we be certain that all the necessary knowledge and skills students need have been met.

Stress the Role of Health Educator – It is highly recommended that sexual health education teachers prepare all aspects of their of their health education course to align with the health core curricular standards. In addition teachers of sexual health should be comfortable discussing the material, make modifications that will support or respect the special needs of students, and be adept at using interactive teaching strategies such as role-playing and processing the learning experience with students.

Promote Parent/Guardian Involvement – Involving parents in health education has a number of benefits. These include: enhanced communication between parents and their children, reinforcement of health promoting messages, improved communications between the school and the home, and better student health outcomes and behaviors. Teachers must disseminate [parent notification letters](#) prior to teaching sexual health education and allow two weeks for parents to respond with any request to opt their child out of prevention lessons. The recommended curriculum offers homework activities that ask students to communicate with their parents about puberty and other aspects of sexual health.

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Host Guest Speakers - Guest speakers bring current events to life by telling students about their experiences, agencies, or programs. Students get the chance to talk to a person they might not otherwise get to meet, and to gain more insight into the issues they are studying. Guest speakers can be especially valuable when their visits supplement a specific sexual health education lesson. Guest speakers can enrich grade/age/developmentally appropriate instruction in some of the following ways:

1. A sexuality education professional can talk about why abstinence is the best protection against STD, HIV, and teen pregnancy.
2. A teenager or adult can tell what it is like to live with HIV or AIDS.
3. A counselor can report on how people with AIDS and their families cope and can introduce the class to a valuable community resource.
4. An activist can describe the process and experience of working for greater STD and HIV/AIDS awareness, advocacy, and resources, and discuss how students can become involved.
5. A doctor, nurse, or medical researcher can provide insight into a variety of aspects of sexual health.

Role-Plays in the Classroom – When properly set up, conducted and processed, role play can provide a microcosm where students can practice skills such as refusal, communication and negotiation in the classroom that they can apply to their lives. As such, role play is a highly authentic activity. Here are some role play tips for the classroom:

1. Prepare Students for Role-Plays

- a. State and explain the role-play goals and objectives.
- b. Align role-play ground rules to classroom discussion ground rules so that role-plays are done in a safe and supportive setting. For example, add to ground rules, “We will respect each other’s personal space while playing an assigned character or role, and refrain from physical contact.”
- c. Demonstrate role-play techniques and skills. For example, explain cues such as, “curtain, action, cut, freeze, rewind, pause, fast forward, etc.”
- d. Assign scenarios to groups and/or have students create role-play scenarios. Screen and approve the students’ scenarios, or request modifications.
- e. Specify that role-plays should culminate in a positive, healthy resolution.
- f. Assign roles for the participants.
- g. Give “audience” members a way to record their observations during the role-play. For example, the observers can complete a rubric on specific skills, interactions or responses to look for, and then use that to provide feedback after the role-play. Have students write questions they want to ask the actors at the end of the role-play, or have them ask questions of the characters as actors stay “in role.”
- h. Allow participants to practice their role-plays.

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- i. Set a time limit. Role-plays should be brief to allow time for processing and feedback, and to assure that other groups can demonstrate their role-plays. For example, allow students four to seven minutes to demonstrate role-plays, plus three to five minutes for processing.

2. Implement the Role-plays

- a. Set the scene and arrange the classroom and chairs so that everyone can see and hear the role-play.
- b. Involve as many students as possible. For example, have one student act as “narrator” to set the scene before the role-play, and have observers take notes as described above.
- c. Review communication goals and make certain that the actors are clear about their roles. For example, review delay tactics/refusal skills, using “I” messages, using assertive language, etc.
- d. Remind students that role-play is playing a character. Actors should use fictitious names for characters, not their own names or the names of anyone in the class.
- e. Begin the role-play with the word “curtain” (referring to a curtain rising on a stage) and say “end” when the role-play is over. Using these words will establish the role-play’s boundaries.
- f. Stop the role-play at any point; discuss and restart, if necessary. For example, freeze the role-play and model some skills for students, ask the characters to take a different path, or ask for a volunteer from the group to carry on where a character left off.
- g. End the role-play at the set time limit to allow time for processing/debriefing.
- h. Have students shake arms and legs after the role-play as if to “shake off the character” symbolically.

3. Process the Role-Plays

- a. During the processing phase or class discussion, refer to characters in the third person. For example, ask actors how their characters felt or how they felt playing the character, rather than asking, “How did you feel?” In addition, ask the observers to describe what occurred during the role-play, assess the interaction between the characters, list learning points, and ask open questions to the whole class. First have observers and actors focus on what went well during the role-play. Elicit positive highlights and hold your own comments for after the actors and observers have expressed their feedback.
- b. Ask the actors and other class members questions such as:
 1. What worked well in this role-play?
 2. Which statements or strategies were most persuasive?
 3. What are some other ways the characters could have responded?
 4. What effect might additional characters have on this scene, e.g., parents, teachers, friends, police officers, younger children, community members?
 5. What alternative choices could the characters have made?

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- c. In addition to class discussion, other ways to follow up on role-plays include:
 - 1. Creating sequels: As an in-class activity or as a homework assignment. Have students write a “sequel” to the role-play. This might be in the form of a paragraph, a dialogue involving the same and/or new characters, a soliloquy for one of the characters, a short story, a “news interview” of one or more characters by a fictitious reporter, etc. With the authors’ permission, share the “sequels” with the class, e.g., stories can be read aloud, dialogues acted out, etc. Follow up with class discussion.
 - 2. Changing Roles: In subsequent class sessions, have students suggest other situations involving the characters; the same actors can recreate their roles, or other students can be given a chance to perform.

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ORDER OF PACING GUIDE LESSONS

While this Pacing Guide includes a suggested order of units and lessons (below), teachers may wish to revise the order of units based on their students' needs. It is recommended that lessons on sexual health education be taught later in the semester after the teacher and students have established their relationship. Covering other subjects first increases students' comfort level and ability to discuss sensitive topics in a safe setting.

WEEK 1

<i>HealthSmart High School: Emotional & Mental Health</i>		
Lesson	Lesson Title	Page
1	Dimensions of Health	1
2	Exploring Emotional Health	15
3	Taking Responsibility	31
4	Optimism & Positive Self-Talk	45
5	Understanding Stress	57

WEEK 2

<i>HealthSmart High School: Emotional & Mental Health</i>		
Lesson	Lesson Title	Page
6	Ways to Manage Stress	71
7	Responding to Emotions in Healthy Ways	85
8	Skills for Effective Communication	97
11	Coping with Loss & Grief	149
12	Managing Anger	161

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WEEK 3

<i>HealthSmart High School: Emotional & Mental Health</i>		
Lesson	Lesson Title	Page
13	Skills for Conflict Resolution	175
14	Goal Setting for Emotional Health	189
15	Understanding Mental Health Disorders	199
16	Getting Help for Mental Health Issues	213
-	Use for Unit Assessment or Optional Lesson	-

WEEK 4

<i>HealthSmart High School: Violence & Injury Prevention</i>		
Lesson	Lesson Title	Page
1	The Consequences of Violence	1
2	Factors that Contribute to Violence	17
3	Preventing Bullying	37
4	Preventing Cyberbullying	57
5	Preventing Hazing	77

WEEK 5

<i>HealthSmart High School: Violence & Injury Prevention</i>		
Lesson	Lesson Title	Page
6	Preventing Hate Violence	97
7	Preventing Sexual Harassment	113
8	Preventing Dating Violence	133
9	Preventing Suicide	153
11	Getting Help	185

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WEEK 6

<i>HealthSmart High School: Violence & Injury Prevention</i>		
Lesson	Lesson Title	Page
12	Understanding Injury & Risk	203
13	Preventing Motor Vehicle injuries	219
14	Preventing Common Injuries	233
15	Responding to Emergencies	247
16	Making Decisions to Reduce Risk	261

WEEK 7

<i>HealthSmart High School: Violence & Injury Prevention</i>		
Lesson	Lesson Title	Page
17	Assessing Safety Hazards	277
-	Use for Unit Assessment or Optional Lesson	-
<i>HealthSmart High School: Nutrition & Physical Activity</i>		
Lesson	Lesson Title	Page
1	Nutrition & Health	1
2	Guidelines for Healthy Eating	13
3	What's on My Plate	25

WEEK 8

<i>HealthSmart High School: Nutrition & Physical Activity</i>		
Lesson	Lesson Title	Page
4	Reading Food Labels	41
5	Eating Healthy at Fast-Food Restaurants	57
8	Setting Healthy Eating & Physical Activity Goals	101
11	Finding Accurate Information	135
12	Analyzing Influences on Eating & Physical Activity	145

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WEEK 9

<i>HealthSmart High School: Nutrition & Physical Activity</i>		
Lesson	Lesson Title	Page
13	Influences on Body Image	155
14	Managing Weight in Healthy Ways	165
15	Disordered Eating & Compulsive Exercising	177
16	Food Safety at Home & Work	191
-	Use for Unit Assessment or Optional Lesson	-

WEEK 10

<i>HealthSmart High School: Tobacco, Alcohol & Other Drug Prevention</i>		
Lesson	Lesson Title	Page
1	Teens & Drug Use	1
2	Drug Misuse, Abuse & Addiction	15
3	Prescription	27
4	Tobacco: Get the Facts	41
6	Alcohol: Get the facts	67

WEEK 11

<i>HealthSmart High School: Tobacco, Alcohol & Other Drug Prevention</i>		
Lesson	Lesson Title	Page
7	Marijuana: Get the facts	83
8	Drugs & the Law	93
10	Analyzing Influences on Tobacco, Alcohol & Other Drug Use	117
11	Countering Media Influences	131
12	Making Decisions About Drugs	139

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WEEK 12

<i>HealthSmart High School: Tobacco, Alcohol & Other Drug Prevention</i>		
Lesson	Lesson Title	Page
13	My Drug-Free Future	155
14	Saying NO to Drugs	167
15	Resisting Drug Pressures: Roleplay Practice	179
16	Advocating for Being Drug Free	187
-	Use for Unit Assessment or Optional Lesson	-

WEEK 13: Begin Sexual Health Education Lessons

<i>HealthSmart High School: Abstinence, Personal & Sexual Health</i>		
Lesson	Lesson Title	Page
7	Review of the Reproductive System	89
8	Taking Care of Your Sexual Health	103
10	Influences on Sexual Choices	135
<i>HealthSmart High School: HIV, STD & Pregnancy Prevention</i>		
Lesson	Lesson Title	Page
4	Avoiding Pregnancy ■	51
14	Advocating to Keep Friends Safe & Healthy	189

Note: Lessons that best meet opt-out prevention criteria in this document are identified with a “■” symbol.

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WEEK 14:

<i>Reducing the Risk (RTR) Understanding Self Identity Building a Supportive Environment for LGBTQ Students</i>		
Class	Class Activities	Page
Part 1	Who We Are: Understanding Self-Identity	7
Part 2	Stories of Young People: Sexual Identity	15
<i>Reducing the Risk (RTR), 5th Edition</i>		
Class	Class Activities	Page
1A	Abstinence, Sex & Protection - Pregnancy Prevention Emphasis ■	11
2	Abstinence: Not Having Sex	41
3	Refusals	53

WEEK 15

<i>Reducing the Risk (RTR), 5th Edition</i>		
Class	Class Activities	Page
4	Using Refusal Skills	73
5	Delay Tactics	85
9	Knowing & Talking About Protection: Skills Integration-I ■	139
10	Skills Integration-II ■	149
6	Avoiding High-Risk Situations ■	97

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WEEK 16

<i>Reducing the Risk (RTR), 5th Edition</i>		
Class	Class Activities	Page
7	Getting & Using Protection – I ■	109
8	Getting & Using Protection – II ■	121
11	Skills Integration III ■	163
12	Preventing HIV & Other STDs ■	171
13	HIV Risk Behaviors ■	183

TEACH THE 6 APPROPRIATE GRADE-LEVEL LESSONS FROM THE HIV/AIDS CURRICULUM IF YOU ARE TEACHING THE MANDATED ½ YEAR OF HEALTH EDUCATION IN 9TH GRADE

WEEK 17 for 9th Grade

<i>Reducing the Risk (RTR), 5th Edition</i>		
14	Implementing Protection from STD & Pregnancy	191
15	Sticking with Abstinence & Protection	197
16	Skills Integration - IV	203
<i>NYC HIV/AIDS Curriculum, 2012 Edition</i>		
9.1	How Does HIV Impair the Immune System?	153
9.2	How is HIV Transmitted? ■	161

Note: Lessons that best meet opt-out prevention criteria in this document are identified with a “■” symbol.

SUGGESTED PACING GUIDE FOR HIGH SCHOOL COMPREHENSIVE HEALTH EDUCATION

WEEK 18 for 9th Grade

<i>NYC HIV/AIDS Curriculum, 2012 Edition</i>		
Lesson	Lesson Title	Page
9.3	How Can Young People Set Limits and Make Healthy Decisions About Sexual Activity and Abstinence?	169
9.4	How is Abstinence from Sexual Intercourse Both a Health Decision and a Reflection of a Person's Values?	174
9.5	How Can Abstaining from Drugs, Including Alcohol and Steroids, Reduce the Risk of HIV Infection? ■	179
9.6	How Can Sexual Transmission of HIV Be Prevented? ■	183
-	Use for review or assessment	-

IF YOU ARE TEACHING THE MANDATED ½ YEAR OF HEALTH EDUCATION IN 10TH GRADE

WEEK 17 for 10th Grade

<i>Reducing the Risk (RTR), 5th Edition</i>		
14	Implementing Protection from STD & Pregnancy	191
15	Sticking with Abstinence & Protection	197
16	Skills Integration - IV	203
<i>NYC HIV/AIDS Curriculum, 2012 Edition</i>		
10.1	How is the Immune System Affected When HIV Enters the Body?	191
10.2	What Are the Facts About HIV Transmission?	197

Note: Lessons that best meet opt-out prevention criteria in this document are identified with a "■" symbol.

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WEEK 18 for 10th Grade

<i>NYC HIV/AIDS Curriculum, 2012 Edition</i>		
Lesson	Lesson Title	Page
10.3	How Can We Improve Our Communication Skills When Talking About Risk Behaviors That Can Transmit HIV/STIs?	201
10.4	What Are the Advantages of Sexual Abstinence?	207
10.5	How Can We Reduce Our Risk of Acquiring HIV or Other STIs? ■	211
10.6	What Community Resources Are Available for HIV-Positive Individuals, Their Families, and Their Support Networks?	218
-	Use for review or assessment	-

IF YOU ARE TEACHING THE MANDATED ½ YEAR OF HEALTH EDUCATION IN 11TH GRADE

WEEK 17 for the 11th Grade

<i>Reducing the Risk (RTR), 5th Edition</i>		
14	Implementing Protection from STD & Pregnancy	191
15	Sticking with Abstinence & Protection	197
16	Skills Integration - IV	203
<i>NYC HIV/AIDS Curriculum 2012 Edition</i>		
11.1	What Happens When HIV Infects the Body?	225
11.2	How is HIV Transmitted?	231

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SUGGESTED PACING GUIDE FOR HIGH SCHOOL COMPREHENSIVE HEALTH EDUCATION

WEEK 18 for the 11th Grade

<i>NYC HIV/AIDS Curriculum, 2012 Edition</i>		
Lesson	Lesson Title	Page
11.3	How Can We Avoid Behavior That Can Lead to HIV Infection?	236
11.4	How Can We Reduce Our Risk of Getting or Transmitting HIV Infection or Other STIs? ■	241
11.5	What is the Role of Abstinence in Preventing Infection with HIV and Other Sexually Transmitted Infections (STIs)?	248
11.6	How Can School and Community Resources Help Educate Adolescents and Their Families About HIV Infection?	255
-	Use for review or assessment	-

IF YOU ARE TEACHING THE MANDATED ½ YEAR OF HEALTH EDUCATION IN 12TH GRADE

WEEK 17 for the 12th Grade

<i>Reducing the Risk (RTR), 5th Edition</i>		
14	Implementing Protection from STD & Pregnancy	191
15	Sticking with Abstinence & Protection	197
16	Skills Integration - IV	203
<i>NYC HIV/AIDS Curriculum, 2012 Edition</i>		
12.1	What Happens When HIV Infects the Body?	263
12.2	How is HIV Transmitted? ■	268

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SUGGESTED PACING GUIDE FOR HIGH SCHOOL COMPREHENSIVE HEALTH EDUCATION

WEEK 18 for the 12th Grade

NYC HIV/AIDS Curriculum, 2012 Edition		
Lesson	Lesson Title	Page
12.3	How Can We Learn to Make Effective Decisions? ■	275
12.4	What Factors Must Adolescents Consider Before Taking an HIV Antibody Test? ■	280
12.5	How Can We Avoid Behavior That Can Lead to HIV Infection? ■	289
12.6	What Are the Social and Economic Issues Related to HIV?	295
-	Use for review or assessment	-

Note: Lessons that best meet opt-out prevention criteria in this document are identified with a “■” symbol.

To access the NYC DOE HIV/AIDS Curriculum Guide go to

<http://schools.nyc.gov/Academics/FitnessandHealth/StandardsCurriculum/HIVAIDSoverview.htm>

HAVE QUESTIONS?

The Office of School Wellness Programs (OSWP) supports schools in achieving standards and implementing high quality health and physical education programs. For more information about Health Education requirements, additional instructional resources and access to live links, please visit the following web page: schools.nyc.gov/wellness or email us at: wellness@schools.nyc.gov