



Draft 2020 New Jersey Student Learning Standards - Comprehensive Health and Physical Education

Introduction

Comprehensive Health and Physical Education

Successful preparation of students for the opportunities, rigors and advances of the 21st Century cannot be accomplished without a strong and sustained emphasis on the health and wellness of all students. Today's students are continually bombarded with physical, mental, and social influences that affect not only learning in school, but also the lifelong health of the citizens that schools are preparing for graduation. To that end, the New Jersey Student Learning Standards - Comprehensive Health and Physical Education (NJSLs-CHPE) were revised to address the need for students to gain knowledge and skills in caring for themselves, interact effectively with others, and analyze the impact of choices and consequences. The NJSLs-CHPE mission and vision reflects this perspective:

Mission

All students will acquire the knowledge and skills of what is most essential to become individuals who possess health and physical literacy and pursue a life of wellness by developing the habits necessary to live healthy, productive lives that positively impact their families, schools and communities.

Vision

A quality comprehensive health and physical education program fosters a population that:

- Maintains mental health awareness and relies on social/emotional support systems;
- Engages in a physically active lifestyle;
- Maintains awareness of health and wellness and how to access resources;
- Recognizes the influence of media, peers, technology, and cultural norms in making informed health-related decisions as a consumer of health products and wellness services;
- Practices effective cross-cultural communication and conflict resolution skills;
- Builds and maintains healthy relationships;
- Accepts and respects individual and cultural differences; and
- Advocates for personal, family, community, and global wellness and is aware of local, national and global public health and climate change issues.

Spirit and Intent

The (NJSLS-CHPE) highlights the expectation that all students participate in a high-quality, K-12 sequential, health and physical education program that emphasizes 21st Century skills and interdisciplinary connections to empower students to live a healthy active lifestyle. The standards provide a blueprint for curriculum development, instruction, and assessment, and reflect the latest research for effective health and physical education programs. The primary focus of the standards consists of the development of concepts and skills that promote and influence healthy behaviors.

The foundation of the NJSLS-CHPE reflects three dimensions — health and physical education practices, disciplinary concepts and core ideas. The performance expectations are derived from the interplay of these three dimensions. It is essential that these three components are integrated in all learning experiences. Within each standard document, the three dimensions are intentionally presented as integrated components to foster healthy interaction, self-care, and choices and consequences. Because the NJSLS-CHPE is built on the notions of coherence and developing skills, each of the health and physical education practices and emphases on developing and building health related skills appear multiple times across topics and at every grade level. Additionally, the three dimensions should be an integral part of every curriculum unit and should not be taught in isolation.

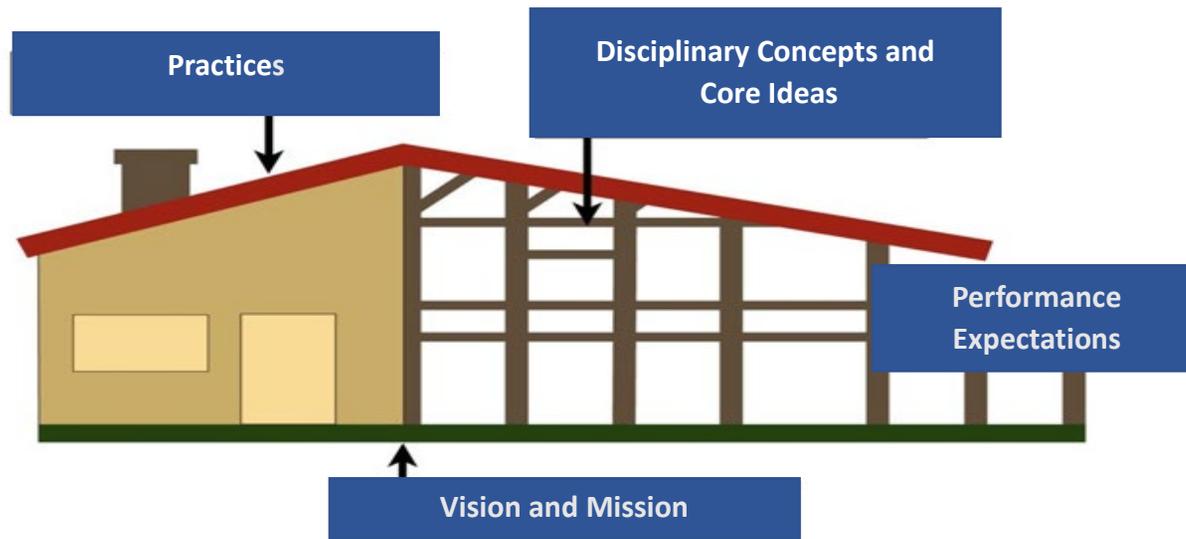
The NJSLS-CHPE revised standards incorporate rigorous evidence-based processes resulting in a focus on concepts that are essential for lifelong student wellness. This set of standards disaggregates disciplinary concepts of health and physical education into three standards, adds ten practices to promote student-centered learning, develops K-12 learning progressions for disciplinary concepts, and incorporates legislative requirements into the standards. In addition, the standards reflect the current thinking and best practices found in health and physical education documents published by national content-specific organizations as well as public health and other education organizations and agencies.

Revised Standards

Framework for NJ Designed Standards

The design of this version of the NJSLS – Comprehensive Health and Physical Education is intended to:

- promote the development of curricula and learning experiences that reflect the vision and mission of comprehensive health and physical education as stated in the beginning of this document;
- foster greater coherence and appropriate progressions across grade bands;
- establish meaningful connections among the major areas of study within comprehensive health and physical education;
- prioritize the important ideas and core processes that are central to comprehensive health and physical education and have lasting value beyond the classroom; and
- reflect the habits of mind central to comprehensive health and physical education that lead to post-secondary success.



In this diagram:

- The **Vision and Mission** serve as the foundation for each content areas' standards. They describe the important role of the discipline in the world and reflect the various statutes, regulations, and policy.
- The **Performance Expectations** are the studs and serve as the framework for what students should know and be able to do. They incorporate the knowledge and skills that most important for students to know to be prepared for post-secondary success.
- The **Disciplinary Concepts and Core Ideas** are the joists and play an integral role in the framing by making connections among the performance expectations. Core ideas help to prioritize the important ideas and core processes that are central to a discipline and have lasting value beyond the classroom. They provide clear guidance as to what should be the focus of learning by the end of each grade band level (i.e., end of grades 2, 5, 8, and 12).
- The **Practices** are the roof and represent two key ideas. Positioned as the top of the house, they represent the apex of learning. The goal is for students to internalize the practices (habits of mind) and be able to apply them to new situations outside the school environment. The practices span across all aspects of the standards and are integral part of K-12 students' learning of the disciplines.

Disciplinary Concepts and Core Ideas

Personal Growth and Development

Personal Growth and Development are lifelong processes of physical, behavioral, emotional and cognitive change throughout one's lifetime. Personal Growth and Development pertains to keeping your body healthy and understanding hormonal changes (all body systems) and their

impact on sexuality. It encompasses the human condition: who we are, how we grow or evolve, and how interaction with others affects the process of growth physically, mentally, socially and emotionally from infancy through advanced age.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> • Every individual has unique skills and qualities, which can include the activities they enjoy such as how they may dress, their mannerisms, things they like to do. • Personal hygiene and self-help skills promote healthy habits. 	<ul style="list-style-type: none"> • Health is influenced by the interaction of body systems. • Self-care is critical at all points during a person’s lifetime, but adolescence brings new challenges. 	<ul style="list-style-type: none"> • Human growth, development, and sexuality includes keeping your body healthy and understanding hormonal changes in all body systems. • Responsible actions regarding behavior can impact the development and health of oneself and others. 	<ul style="list-style-type: none"> • Healthy individuals understand the relationship of the whole person, and take regular action to contribute to their personal, emotional, and social wellbeing, regulating emotions, practicing self-care, and self-expression. • The decisions one makes will influence and impact the growth and development in all the dimensions of that person’s wellness.

Emotional Health

Mental and Emotional Health encompasses the views, feelings and expressions about oneself. Mental health includes a person’s emotional, psychological, and social well-being. It also helps determine how to handle stress and make choices related to others. Mentally and emotionally healthy people consciously develop coping mechanisms that are situationally appropriate to resolve and gather positive outcomes, develop strategies for mental health emergencies, respond to situations in a positive and appropriate manner, connect with resources and trusted individuals to assist, communicate feelings with confidence, and recognize support systems.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> • Many factors influence how we think about ourselves and others. • There are different ways that people handle stress, and some are healthier than others. 	<ul style="list-style-type: none"> • Self-management skills impact an individual’s ability to recognize, cope and express emotions about difficult events. • Resiliency and coping practices influence an individual’s ability to respond positively to everyday challenges and difficult situations. 	<ul style="list-style-type: none"> • Self-management skills impact an individual’s ability to cope with different types of mental, psychological, and emotional situations. 	<ul style="list-style-type: none"> • Self-confidence, personal traits, stress, limitations, and strengths impact the mental and emotional development of an individual. • Healthy individuals demonstrate the ability to prevent and resolve interpersonal conflicts in constructive ways.

Social Health

Social Health is a person’s ability to communicate and interact with others efficiently. They are able to form meaningful relationships with others and interact in healthy, appropriate ways. They encompass respect and accept differences of an individual’s race, religion, gender identity, gender expression, ethnicity, disability, socioeconomic background and perspectives of health- related decisions. The extent to which people connect with others in different environments, adapt to various social situations, feel supported by individuals, institutions, and experience a sense of belonging, all contribute to social health.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> • Families shape the way we think about our bodies, our health and our behaviors. • People have relationships with others in the local community and beyond. • Communication is the basis for strengthening relationships and resolving conflict between people. • Conflicts between people occur, and there are effective ways to resolve them. 	<ul style="list-style-type: none"> • Parents and guardians impact the development of their children physically, socially and emotionally. • People in healthy relationships share thoughts and feelings, as well as mutual respect. 	<ul style="list-style-type: none"> • Social behaviors are often learned from family, peers, personal experiences, and culture and influence an individual’s ability to establish and maintain healthy relationships with other people. • Peers can influence both healthy and unhealthy behaviors. • Technology can impact the capacity of individuals to develop and maintain healthy behaviors and interpersonal relationships. 	<ul style="list-style-type: none"> • Individual differences are advantageous in the pursuit of healthy social interactions at home, in school, in the community and globally. • Healthy individuals establish and maintain healthy relationships by utilizing positive communication and social skills to interact effectively with others. • Technology increases the capacity of individuals to communicate in multiple and diverse ways, which can complicate interpersonal relationships and self-esteem.

Community Health Services and Support

Community Health Services provide informational resources and assistance to communities and individuals to support disease and injury prevention, disaster relief, and improve the quality of services provided to all individuals. Community Health Services promote public health, health equity, healthy lifestyles and reduce health disparities. Services and support can include the provision of Culturally and Linguistically Appropriate Services (CLAS), medical/dental health services, nursing, clothing, shelter, hunger relief and allied health professional care to people in need, or people maintaining regular wellness screenings in the person’s home, other residential settings, or a community health care facility.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> • People in the community work to keep us safe. 	<ul style="list-style-type: none"> • Community professionals and school personnel are available to assist and address health emergencies as well as provide reliable information. 	<ul style="list-style-type: none"> • Potential solutions to health issues are dependent on health literacy and locating resources accessible in a community. • Advocacy for personal, family, community, and global health can influence and change the interaction of people and their health. 	<ul style="list-style-type: none"> • Healthy individuals demonstrate the ability to identify who, when and where or how to seek help for oneself or others. • Affordability and accessibility of health care impacts the prevention, early detection, and treatment of health conditions. • Local, state, and global advocacy organizations provide accurate and reliable resources and strategies designed to address common health and social issues.

Movement Skills and Concepts:

Movement Skills and Concepts include learning and investigating the fundamentals of movement (on land, water, snow, sand and ice) from one place to another and the understanding of biomechanics (how the body moves, grows and matures). Movement skills fall into three main categories: locomotor, non-locomotor, and manipulative skills. Concepts into categories such as spatial awareness (where the body moves), body awareness (what can the body do), qualities of movement (how the body moves and with whom/what does the body move).

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> • The body moves with confident in variety of the age appropriate performance of gross, fine, locomotor, non-locomotor, and manipulative skills as it relates to movements, concepts, games, aerobics, dance, sports and recreational activities. 	<ul style="list-style-type: none"> • Competent and confident age appropriate performance of gross, fine motor and manipulative skills, with execution of movement skills and concepts individually and groups enhance (intensifies) physical activities, free movement, games, aerobics, dance, sports and recreational activities. 	<ul style="list-style-type: none"> • Effective execution of movements is determined by the level of related skills, provide the foundation for physical competency and literacy to participate with confidence in a broad range of physical activities (e.g., games, sports, aerobics, martial arts and recreational activities). 	<ul style="list-style-type: none"> • Advanced technique and concepts will elevate student's confidence, performance, skills, and participation in physical activity (e.g., games, sports, aerobics, fitness activities). • The quality of feedback from others, self-assessment as well as, effort, and repetition

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> • Feedback impacts and improves the learning of movement skills and concepts. • Teamwork consist of effective communication and respect among class and team members. 	<ul style="list-style-type: none"> • Constructive feedback from others impacts improvement, effectiveness and participation in movement skills, concepts, sportsmanship and safety. • Teams apply offensive, defensive, and cooperative strategies in most games, sports and physical activities. 	<ul style="list-style-type: none"> • Feedback form others and self-assessment impacts performance of movement skills and concepts. • Individual and team goals are achieved when applying effective tactical strategies in games, sports and other physical fitness activities. 	<ul style="list-style-type: none"> influences movement skills, concepts and performance. • Individual and team execution requires interaction, respect, effort, positive attitude.

Physical Fitness

Physical Fitness is the ability to move, perform daily tasks and unexpected physical challenges effectively without losing energy reserves. Fitness activities can be performed at many levels (low, moderate, and high), which will impact how efficiently the body functions.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> • The ability to move and perform at different levels, types and amounts of physical activity, enhance personal health. 	<ul style="list-style-type: none"> • The components of fitness contribute to enhanced personal health as well as motor skill performance (e.g., speed, agility, endurance, strength, and balance). 	<ul style="list-style-type: none"> • A variety of effective fitness principles applied consistently over time, enhance personal fitness levels, performance, and health status (e.g., Frequency, Intensity, Time, Type (F.I.T.T)). 	<ul style="list-style-type: none"> • Physical and emotional growth often relies on taking personal responsibility for developing and maintaining physical fitness levels that also provide opportunities for self-expression, enjoyment, and emotional satisfaction.

Lifelong Fitness

Lifelong Fitness requires making fitness a part of a person’s daily life. It is about creating fitness habits that support an individual to plan and stay healthy throughout his or her lifetime. In addition, a person recognizes the medical consequences of a sedentary lifestyle and that the benefits of an active body and mind over time reduces diseases, injuries and pain. Lifelong fitness doesn’t focus on competition or high-level skill development, but rather on self- evaluation, personal goal setting, social engagement, sportsmanship, enjoyment of movement, and leisure-time fitness activities.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> • Exploring wellness components provide a foundational experience of physical movement activities. • Resources that support physical activity are all around you. 	<ul style="list-style-type: none"> • Wellness is maintained, and gains occur over time (dimensions and components of health) when participating and setting goals in a variety of moderate to vigorous age-appropriate physical activities. • Personal and community resources can support physical activity. 	<ul style="list-style-type: none"> • Effective Fitness principals combined with mental and emotional endurance over time will enhance performance and wellness. • Community resources can provide participation in physical activity for self and family members. 	<ul style="list-style-type: none"> • Healthy habits and behaviors are created by personal learning experiences, knowledge, beliefs and goals towards living and maintaining a healthy lifestyle of fitness, self-expression, social interaction and enjoying movement in a safe and healthy environment (e.g., golf, tennis, badminton, martial arts, bowling, kayaking, ping-pong, cricket, hiking, biking, swimming). • Community resources can support a lifetime of wellness to self and family members.

Nutrition

Nutrition is the intake of food, considered in relation to the body’s dietary needs. An adequate and well-balanced diet, in combination with regular physical activity, is a cornerstone of physical wellness (WHO). Nutritional wellness necessitates learning how to develop good eating habits, including choosing healthy foods and understanding the effects that portion size, sugars, fats, and high cholesterol foods have on a body. Additionally, balancing food intake with exercise, tempered by factors such as age, lifestyle and hereditary are vitally important components of nutritional wellness.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> • Nutritious food choices promote wellness and are the basis for healthy eating habits. 	<ul style="list-style-type: none"> • Understanding the principals of a balanced nutritional plan (e.g. moderation, variety of fruits and vegetables, limiting processed foods, etc.) assists in making nutrition-related decisions that will contribute to wellness. 	<ul style="list-style-type: none"> • Many factors can influence an individual’s choices when selecting a balanced meal plan, which can affect nutritional wellness. 	<ul style="list-style-type: none"> • The balance of food intake and exercise is a vitally important component of nutritional wellness, and is tempered by factors like age, lifestyle and family history.

Safety and Environment

Safety is being aware of your surroundings and understanding how certain situations or unhealthy behaviors could lead to injury, illness or death to yourself, others, in the community, and globally. Analyzing potential risks and by taking steps to prevent injuries by engaging with trusted adults, gaining knowledge in areas that harm could exist, using the right equipment in the correct manner and learning life-saving skills. Being informed about the effects of harmful substances to self and others both short and long-term. Recognizing the effects of the environment that lead to injury, diseases, illness and death. Knowing the hazards at home, in school, operating an automobile, in technology, in relationships, in the community and globally promotes wellness.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> The environment can impact personal health and safety in different ways. Potential hazards exist in personal space, in the school, in the community, and globally. 	<ul style="list-style-type: none"> Safety includes being aware of the environment and understanding how certain situations could lead to injury or illness. 	<ul style="list-style-type: none"> Awareness of potential risks factors and knowledge of strategies to evaluate choices and potential consequences can help to reduce negative impacts when confronted with difficult or unsafe situations. 	<ul style="list-style-type: none"> Consideration of the short- and long-term impact of decisions can assist individuals in determining whether a choice is likely to result in healthy or unhealthy consequences.

Health Conditions, Diseases and Medicines

Health conditions are acute or chronic illnesses and diseases, which can be either controllable or life threatening. People contract different types of diseases, such as communicable diseases, Vector-borne diseases and Zoonotic diseases to name a few. Access to care and facilities affect the conditions of health. Health-enhancing behaviors help a person avoid and reduce health risks, and diseases. Early detection, treatment, screenings and vaccines assist in preventing (personal, community and global) illnesses and outbreaks.

Medicines are substances that treat or relieve diseases and pain. Medications are prescribed by a physician or can be accessed over the counter. Medications can be misused and abused if not taken properly.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> People need food, water, air, waste removal, and a particular range of temperatures in their environment to stay healthy. 	<ul style="list-style-type: none"> Staying healthy depends on a variety of factors including the body's ability to fight diseases and respond to health conditions. 	<ul style="list-style-type: none"> Diseases can be contracted from a variety of sources and choices individuals make may contribute to or prevent a person from being susceptible to a disease or health condition. The degree to which an individual is impacted by a health condition or disease 	<ul style="list-style-type: none"> Health-enhancing behaviors can contribute to an individual reducing and avoiding health risks. Medicines are substances that treat or relieve diseases or pain and are prescribed by a physician or accessed over the counter.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
		can be affected by their immune system and treatment strategies.	<ul style="list-style-type: none"> Public health policies are created to influence health promotion and disease prevention and can have global impact. Mental health conditions affect individuals, family members, and communities.

Alcohol, Tobacco and other Drugs

Alcohol, other Drugs and Tobacco can be found in a lot of forms. The use of alcohol and other drugs has both short-term and long-term effects. Alcohol and other drugs use refer to all types of legal and illicit drugs. Over the counter medicines and prescription medications, when taken correctly are drugs used to treat pain and illness. These drugs have both benefits and risks. There are many types of tobacco products such as cigarettes, e-cigarettes and marijuana to name a few that can cause damage both physically and mentally. Tobacco, alcohol and other illicit drug products affect the user, family members and those in the community.

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> The use of alcohol, tobacco, and other drugs in unsafe ways is harmful to one's health. 	<ul style="list-style-type: none"> The use of alcohol, tobacco, and drugs may affect the user, family, and community members in negative ways and have unintended consequences. Drug misuse and abuse affect one's relationship with friends, family, and community members in unhealthy ways. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Long-term and short-term consequences of risky behavior associated with substance use and abuse can be damaging physically, emotionally, socially and financially to oneself, family members and others.

Dependency, Substances Disorder and Treatment

Dependency is when a person develops a tolerance and an increased need for a drug or substance. There are types of dependency such as physical, and psychological addictions. Disorder or a substance use disorder is when casual or experimental use of alcohol or other substances (including illegal drugs, medications prescribed or not) escalates. Treatment includes programs and facilities a person can enroll in, to seek assistance and to receive help to recovery.

There are many types of treatment facilities for a person to receive help to recovery. Students should know who to see and where to go for resources in the school and in the community (teachers, coaches, guidance counselor, SAC, school nurse, resource officer, peer leadership, mental health specialist, parents, and social workers).

By the end of grade 2	By the end of grade 5	By the end of grade 8	By the end of grade 12
<ul style="list-style-type: none"> Signs and symptoms of substance abuse are physical and mental. 	<ul style="list-style-type: none"> The short- and long-term effects of substance abuse is dangerous and harmful to one's health. 	<ul style="list-style-type: none"> A variety of factors can contribute to alcohol, tobacco, and drug disorders (e.g., mental health, genetics, environment) and a wide variety of treatment options are available depending on the needs of the individual. Individuals with alcohol and drug disorders are affected socially, emotionally, and physically and this condition can impact family members and friends in a variety of ways. 	<ul style="list-style-type: none"> Alcohol and drug dependency can impact the social, emotional, and financial well-being of individuals, families, and communities.

Comprehensive Health and Physical Education Practices

The ten Comprehensive Health and Physical Education practices describe the ways in which individuals in these field engage in their careers as well as reflect the actions and behaviors of active, informed, responsible individuals and contributing community members. Curriculum writers and educators will want to consider how they can design learning experiences that will enable their students to develop these skills in conjunction with the content knowledge reflected in the core ideas and performance expectations.

Practice	Description
Acting as responsible and contributing member of society	Individuals who possess health and physical literacy understand the obligations and responsibilities of being a member of a community. They demonstrate this understanding every day through their interactions with others. They are conscientious of the impacts of their decisions on others and on their environment. They consider the short-term and long-term consequences of their actions and seek to act in ways that contribute to the betterment of their families, teams, community and school. They are reliable and consistent in going beyond the minimum expectation and in participating in community outreach that serve the greater good.

Practice	Description
Building and maintaining healthy relationships	Individuals who possess health and physical literacy establish and maintain healthy relationships by utilizing positive communication and social skills to interact effectively with others. They are aware of others' feelings and ideas. They respect differences and identify ways to resist inappropriate social pressure. Students demonstrate the ability to prevent and resolve interpersonal conflicts in constructive ways. They Identify who, when and where or how to seek help for oneself or others when needed.
Communicating clearly and effectively (verbal and non-verbal)	Individuals who possess health and physical literacy communicate thoughts, ideas, emotions and action plans with clarity, using written, verbal and/or visual methods. They are excellent communicators who master movements, word choices, and use of effective tone and presentation. skills to articulate ideas and movements. They are skilled at interacting with others as they are active listeners who speak clearly and with a purpose. They demonstrate and perform movements and skills with accuracy and balance. They consider the audience and prepare accordingly to ensure the desired outcome.
Resolving conflict	Individuals who possess health and physical literacy acknowledge problems in school and in the community and develop skills to create strategies to resolve the issue. They are aware of the reason(s) of the conflict and quickly take positive action to address the problem. They thoughtfully probe the root cause of the conflict prior to introducing a resolution. They carefully consider the consequences both positive and negative to resolve the conflict. Once a resolution is agreed upon, they follow through to ensure the conflict is resolved, whether through their own actions, actions of others and or outside resources. They take the necessary steps to eliminate the conflict from recurring.
Attending to personal health, emotional, social and physical well-being	Individuals who possess health, emotional, social and physical literacy understand the relationship between the body and the mind. They create and implement a personal self-care plan that promotes a healthy lifestyle. They recognize the importance of a healthy diet, regular exercise, and promote mental health activities that lead to healthier behaviors. They also take regular actions that contribute to their personal, emotional, and social well-being by regulating emotions, understanding personal self-care, and engaging and appropriate self-expression. Establishing outlets that are safe and take place in healthy environments allow for positive social interaction for self and others. They recognize that an active body promotes an active healthy mind that contributes to their overall health.
Engaging in an active lifestyle	Individuals who possess health and physical literacy understand the importance of wellness and being active throughout their lifetime. They understand that daily activity is crucial to establishing and maintaining good health habits of regular exercise, a balanced diet, and healthy social and mental activities that encourage help seeking skills. They know that an active lifestyle lowers the risk of cardiovascular diseases by strengthening the immune system. They also take regular action to contribute to their active lifestyle with regular health exams, a personalized fitness plan, and balanced daily schedule that provides the peace of mind and satisfaction required to fully enjoy an active lifestyle.

Practice	Description
Making decisions	Individuals who possess health and physical literacy make informed, responsible decisions in order to lead a lifestyle that promotes wellness. Students examine their options and consider their values, their own beliefs, and consequences, that will impact their decisions. They develop, implement, and model effective critical thinking skills into in their decision-making process. They consider the impacts of the decisions to self and others and evaluate whether the results of their decision promote one’s health or presents a risk. They analyze if a decision can be made individually or collaboratively.
Managing-self	Individuals who possess health and physical literacy understand and practice strategies for managing one’s own emotions, thoughts and behaviors. They recognize the skills needed to establish and achieve success in situations. They identify and apply skills, such as self-regulating, self-control, asking questions, and setting goals to persevere and overcome barriers. They research reliable sources to inform and engage in healthy behaviors. They reflect on personal experiences, and recognize their strengths, traits and limitations to avoid risky dangerous behaviors and situations.
Setting goals	Individuals who possess health and physical literacy are focused with a plan in mind and a task to complete. They set high but realistic standards, prioritize responsibilities, utilize time wisely and think short and long-term to achieve the intended results. Goal-setters are organized, self-directed, highly motivated, curious and desirous of living healthy and productive lives.
Using technology tools responsively	Individuals who possess health and physical literacy find and maximize the productive value of existing with new technology to accomplish personal and professional. They are flexible and adaptive in acquiring and operating new technology. They are proficient with ubiquitous technology applications. They understand the laws, inherent risks - personal and organizational - of technology applications, and they take actions to prevent or mitigate these risks as responsible users.

Standards in Action: Climate Change

The impact of climate change on human health is a significant threat to our way of life. The human induced climate change is increasing nationwide. Rising greenhouse gas, increasing temperature changes, the changes of intensity of extreme weather events and the rising sea levels are endangering our food supplies, the quality of the air we breathe, and increasing diseases through our water, and through transmitted vector diseases from mosquitoes and ticks. No one is exempt, some people will be exposed by threats sooner and others are exposed to these threats not previously experienced in their region or location. This is also true to our Health and physical education students who are thrust into this complex issue in where they live. Through comprehensive health and physical education, students have opportunities in class and through design thinking programs to foster the skills associated with complex, creative problem solving and promote a work culture to build capacity for economic and social change. The goal is to raise awareness, understand how to leverage resources in their community and to create solutions for a healthier future of a lifestyle of wellness.

Structure of the NJSLS-CHPE

There are three Comprehensive Health and Physical Education standards:

- Standard 2.1 Mental Health: Social and Emotional Wellness
- Standard 2.2 Physical Wellness
- Standard 2.3 Safety

The **core ideas** are derived from the disciplinary concepts and students' understandings increase in sophistication over time as they engage with these ideas in new and varied contexts. The core ideas are what is most essential for students to learn and represent the knowledge and skills that they should be able to apply to new situations outside of the school experience. Curriculum writers and educators can use these core ideas as the basis for formative, summative, and benchmark assessments.

The **performance expectations** describe what students should know and be able to do. It is expected that curriculum writers and educators will bundle these performance expectations together in meaningful ways as a basis for classroom instruction and to guide the creation of formative, summative, and benchmark assessments.

Coding of Performance Expectations

To promote a unified vision of the NJSLS-CHPE, an abbreviated form of the disciplinary concepts is included in the alphanumeric code. The disciplinary concepts were abbreviated as follows:

- *Personal Growth and Development (PGD)*
- *Emotional Health (EH)*
- *Social Health (SH)*
- *Community Health Services and Support (CHSS)*
- *Movement Skills and Concepts (MSC)*
- *Physical Fitness (PF)*
- *Lifelong Fitness (LF)*
- *Nutrition (N)*
- *Safety and Environment (SE)*
- *Health Conditions, Diseases and Medicines (HCDM)*
- *Alcohol, Tobacco and other Drugs (ATD)*
- *Dependency, Substance Disorder and Treatment (DSDT)*

The performance expectation code should be interpreted as follows (e.g., 2.1.2.EH.1):

2.1	2	EH	1
Standard number	By the end of grade	Disciplinary Concept	Performance Expectation

New Jersey Legislative Statutes

The 2020 standards continue to incorporate New Jersey Legislative Statutes related to the health and well-being of students in New Jersey public schools, including those enacted from 2019:

- [Consent](#) (N.J.S.A. 18A:35) Requires age-appropriate instruction in grades six through 12 on the law and meaning of consent for physical contact and sexual activity as part of the district’s implementation of the New Jersey Student Learning Standards in Comprehensive Health and Physical Education. The instruction shall be designed to increase discussion and awareness that consent is required before physical contact or sexual activity, as well as the social, emotional, and relational impact surrounding sexuality, the right to say no to unwanted physical contact or sexual activity, and the virtues of respecting the right of others to say no.
- [Mental Health](#) (N.J.S.A. 18A:35-4.39) A school district shall ensure that its health education programs for students in grades kindergarten through 12 recognize the multiple dimensions of health by including mental health and the relation of physical and mental health so as to enhance student understanding, attitudes, and behaviors that promote health, well-being, and human dignity. The instruction in mental health shall be adapted to the age and understanding of the students and shall be incorporated as part of the district’s implementation of the New Jersey Student Learning Standards in Comprehensive Health and Physical Education. The instruction shall include, as appropriate, information on substance abuse provided pursuant to the implementation of these standards and to section 1 of P.L.2016, c.46 (C.18A:40A-2.1).The State Board of Education shall review and update the New Jersey Student Learning Standards in Comprehensive Health and Physical Education to ensure the incorporation of instruction in mental health in an appropriate place in the curriculum for students in grades kindergarten through 12. In its review, the State board shall consult with mental health experts including, but not limited to, representatives from the Division of Mental Health and Addiction Services in the Department of Human Services.
- [New Jersey Safe Haven Infant Protection Act](#) (N.J.S.A. 18A:35-4.40 & 18A:35-4.41) The Department of Education shall review the New Jersey Student Learning Standards for Comprehensive Health and Physical Education to ensure that information² on the provisions of the "New Jersey Safe Haven Infant Protection Act," P.L.2000, c.58 (C.30:4C-15.5 et seq.) ²shall be included therein to public school students in grades 9 through 12.
- [Sexting](#) (N.J.S.A. 18A:35-4.33) A Board of education shall include instruction on the social, emotional, and legal consequences of and resources designed to implement this requirement. distributing and soliciting sexually explicit images through electronic means once during middle school in an appropriate place in the curriculum as part as of the school district’s implementation of the New Jersey Student Learning Standards in Comprehensive Health and Physical Education. The Commissioner of Education shall provide school districts with age-appropriate sample learning activities.

- [Sexual abuse and assault awareness and prevention education](#) (N.J.S.A. 18A:35-4.5a.) Requires each school district shall incorporate age-appropriate sexual abuse and assault awareness and prevention education in grades preschool through 12 as part of districts implementation of the New Jersey Student Learning Standards in Comprehensive Health and Physical Education. The Commissioner of Education, in consultation with the Department of Children and Families, the New Jersey Coalition Against Sexual Assault, Prevent Child Abuse New Jersey, the New Jersey Children’s Alliance, and other entities with relevant expertise, shall provide school districts with age-appropriate sample learning activities and resources.

New Jersey Legislative Statutes Summary (Legislation enacted prior to 2014)

- **Accident and Fire Prevention** (N.J.S.A. 18A:6-2) requires instruction in accident and fire prevention. Regular courses of instruction in accident prevention and fire prevention shall be given in every public and private school in this state. Instruction shall be adapted to the understanding of students at different grade levels.
- **Breast Self-Examination** (N.J.S.A. 18A:35-5.4) requires instruction on breast self-examination. Each board of education which operates an educational program for students in grades 7 through 12 shall offer instruction in breast self-examination. The instruction shall take place as part of the district’s implementation of the Core Curriculum Content Standards in Comprehensive Health and Physical Education, and the comprehensive health and physical education curriculum framework shall provide school districts with sample activities that may be used to support implementation of the instructional requirement.
- **Bullying Prevention Programs** (N.J.S.A. 18A:37- 17) requires the establishment of bullying prevention programs. Schools and school districts are encouraged to establish bullying prevention programs and other initiatives involving school staff, students, administrators, volunteers, parents, law enforcement, and community members. To the extent funds are appropriated for these purposes, a school district shall: (1) provide training on the school district’s harassment, intimidation, or bullying policies to school employees and volunteers who have significant contact with students; and (2) develop a process for discussing the district’s harassment, intimidation, or bullying policy with students. Information regarding the school district policy against harassment, intimidation, or bullying shall be incorporated into a school’s employee training program.
- **CPR/ AED Instruction** (N.J.S.A. 18A:35-4.28-4.29) requires public high schools to provide instruction in cardiopulmonary resuscitation and the use of an automated external defibrillator to each student prior to graduation.
- **Cancer Awareness** (N.J.S.A. 18A:40-33) requires the development of a school program on cancer awareness.
- **Dating Violence Education** (N.J.S.A. 18A: 35-4.23a) requires instruction regarding dating violence in grades 7-12. Each school district shall incorporate dating violence education that is age appropriate into the health education curriculum as part of the district’s implementation of the Core Curriculum Content Standards in Comprehensive Health and Physical Education for students in grades 7 through 12. The dating violence education shall include, but not be limited to, information on the definition of dating violence, recognizing dating violence warning signs, and the characteristics of healthy relationships.
- **Domestic Violence Education** (N.J.S.A. 18A:35-4.23) allows instruction on problems related to domestic violence and child abuse. A board of education may include instruction on the problems of domestic violence and child abuse in an appropriate place in the curriculum of elementary school, middle school, and high school pupils. The instruction shall enable pupils to understand the psychology

and dynamics of family violence, dating violence, and child abuse; the relationship of alcohol and drug use to such violence and abuse; and the relationship of animal cruelty to such violence and abuse; and to learn methods of nonviolent problem-solving.

- **Drugs, Alcohol, Tobacco, Controlled Dangerous Substances, and Anabolic Steroids** (N.J.S.A. 18A:40A-1) requires instructional programs on drugs, alcohol, anabolic steroids, tobacco, and controlled dangerous substances and the development of curriculum guidelines. Instructional programs on the nature of drugs, alcohol, anabolic steroids, tobacco, and controlled dangerous substances, as defined in section 2 of P.L.1970, c.226 (C.24:21-2), and their physiological, psychological, sociological, and legal effects on the individual, the family, and society shall be taught in each public school and in each grade from kindergarten through 12 in a manner adapted to the age and understanding of the pupils. The programs shall be based upon the curriculum guidelines established by the Commissioner of Education and shall be included in the curriculum for each grade in such a manner as to provide a thorough and comprehensive treatment of the subject.
- **Gang Violence Prevention** (18A:35-4.26) requires instruction in gang violence prevention for elementary school students. Each board of education that operates an educational program for elementary school students shall offer instruction in gang violence prevention and in ways to avoid membership in gangs. The instruction shall take place as part of the district's implementation of the Core Curriculum Content Standards in Comprehensive Health and Physical Education, and the comprehensive health and physical education curriculum framework shall provide school districts with sample materials that may be used to support implementation of the instructional requirement.
- **Lyme Disease Prevention** (N.J.S.A. 18A:35-5.1) requires the development of Lyme disease curriculum guidelines. The guidelines shall emphasize disease prevention and sensitivity for victims of the disease. The Commissioner of Education shall periodically review and update the guidelines to ensure that the curriculum reflects the most current information available.
- **Organ Donation** (N.J.S.A. 18A:7F-4.3) requires information relative to organ donation to be given to students in grades 9 through 12. The goals of the instruction shall be to:
 - Emphasize the benefits of organ and tissue donation to the health and well-being of society generally and to individuals whose lives are saved by organ and tissue donations, so that students will be motivated to make an affirmative decision to register as donors when they become adults.
 - Fully address myths and misunderstandings regarding organ and tissue donation.
 - Explain the options available to adults, including the option of designating a decision-maker to make the donation decision on one's behalf.
 - Instill an understanding of the consequences when an individual does not make a decision to become an organ donor and does not register or otherwise record a designated decision-maker.The instruction shall inform students that, beginning five years from the date of enactment of P.L.2008, c.48 (C.26:6-66 et al.), the New Jersey Motor Vehicle Commission will not issue or renew a New Jersey driver's license or personal identification card unless a prospective or renewing licensee or card holder makes an acknowledgement regarding the donor decision pursuant to section 8 of P.L.2008, c.48 (C.39:3-12.4).
- **Sexual Assault Prevention** (N.J.S.A. 18A:35-4.3) requires the development of a sexual assault prevention education program. The Department of Education in consultation with the advisory committee shall develop and establish guidelines for the teaching of sexual assault prevention techniques for utilization by local school districts in the establishment of a sexual assault prevention education

program. Such program shall be adapted to the age and understanding of the pupils and shall be emphasized in appropriate places of the curriculum sufficiently for a full and adequate treatment of the subject.

- **Stress Abstinence** (N.J.S.A. 18A:35-4.19-20), also known as the “AIDS Prevention Act of 1999,” requires sex education programs to stress abstinence. Any sex education that is given as part of any planned course, curriculum, or other instructional program and that is intended to impart information or promote discussion or understanding in regard to human sexual behavior, sexual feelings and sexual values, human sexuality and reproduction, pregnancy avoidance or termination, HIV infection or sexually transmitted diseases, regardless of whether such instruction is described as, or incorporated into, a description of “sex education,” “family life education,” “family health education,” “health education,” “family living,” “health,” “self-esteem,” or any other course, curriculum program, or goal of education, and any materials including, but not limited, to handouts, speakers, notes, or audiovisuals presented on school property concerning methods for the prevention of acquired immune deficiency syndrome (HIV/AIDS), other sexually transmitted diseases, and of avoiding pregnancy, shall stress that abstinence from sexual activity is the only completely reliable means of eliminating the sexual transmission of HIV/AIDS and other sexually transmitted diseases and of avoiding pregnancy.
- **Suicide Prevention** (N.J.S.A. 18A: 6-111) requires instruction in suicide prevention in public schools. Instruction in suicide prevention shall be provided as part of any continuing education that public-school teaching staff members must complete to maintain their certification; and inclusion of suicide prevention awareness shall be included in the Core Curriculum Content Standards in Comprehensive Health and Physical Education.
- **Time devoted to course in Health, Safety and Physical Education** ([N.J.S.A. 18A: 35-5](#)). Requires each board of education shall conduct as a part of the instruction in the public schools’ courses in health, safety and physical education, which courses shall be adapted to the ages and capabilities of the pupils in the several grades and departments. To promote the aims of these courses any additional requirements or rules as to medical inspection of school children may be imposed. Every pupil, except kindergarten pupils, attending the public schools, insofar as he is physically fit and capable of doing so, as determined by the medical inspector, shall take such courses, which shall be a part of the curriculum prescribed for the several grades, and the conduct and attainment of the pupils shall be marked as in other courses or subjects, and the standing of the pupil in connection therewith shall form a part of the requirements for promotion or graduation ([N.J.S.A. 18A: 35-7](#)). The time devoted to such courses shall aggregate at least two and one-half hours in each school week, or proportionately less when holidays fall within the week ([N.J.S.A. 18A: 35-8](#)).

Legislation that can apply to all content areas:

- **Amistad Law** (N.J.S.A. 18A 52:16A-88) Every board of education shall incorporate the information regarding the contributions of African-Americans to our country in an appropriate place in the curriculum of elementary and secondary school students.
- **Holocaust Law** (N.J.S.A. 18A:35-28) Every board of education shall include instruction on the Holocaust and genocides in an appropriate place in the curriculum of all elementary and secondary school pupils. The instruction shall further emphasize the personal responsibility that each citizen bears to fight racism and hatred whenever and wherever it happens.
- **LGBT and Disabilities Law** (N.J.S.A. 18A:35-4.35) A board of education shall include instruction on the political, economic, and social contributions of persons with disabilities and lesbian, gay, bisexual, and transgender people, in an appropriate place in the curriculum of middle school and high school students as part of the district’s implementation of the New Jersey Student Learning

Standards. [N.J.S.A.18A:35-4.36](#) A board of education shall have policies and procedures in place pertaining to the selection of instructional materials to implement the requirements of [N.J.S.A. 18A:35-4.35](#).

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