

## APPENDIX 6

### Understanding Health Education Assessment

For schools to be successful in achieving expected health education outcomes, it is essential to assess student learning, the instructional environment, and instructional programs. Assessment provides evidence that students are acquiring the knowledge and skills that contribute to healthy behavioral outcomes and that the delivery of instruction and learning strategies are contributing to students' achievement of health education standards.

Traditionally, health education assessment has focused on testing student knowledge through written examination. While this has been useful in helping assess what a student knows, it has served as a poor indicator of the student's level of understanding of health-related concepts, their ability to demonstrate health skills, and their ability to apply conceptual learning and skills in ways that improve their personal health.

In today's approach to health education assessment, educators set academic standards, or learning targets, indicating what students should know (content) and be able to do (skills) as a result of the instruction. With this approach, the student's goal is not to compete with and "beat" other students, but rather, to reach proficiency in meeting the target standards. The teacher's goal is not to sort and rank, but to assess student work over time and provide descriptive feedback so students have the opportunity to improve. All students, therefore, have the opportunity to succeed.

It is the ongoing assessment of student learning, related to meeting the standards that provides the teacher, student and parent with the necessary information to move the student toward proficiency. An effective classroom assessment process occurs over time, includes a variety of methods, offers a personalized record of student achievement, and provides timely and descriptive feedback to the student. It is essential that the student know the learning targets (standards) and the assessment criteria (e.g., a rubric or performance checklist), and have continuous access to evidence of progress. The student can then partner with the teacher to work toward proficiency. Students will have the information they need to take responsibility for their learning and teachers will have the information they need to improve their instruction.

At the national level, there are eight *National Health Education Standards*<sup>1</sup> and each is aligned with a set of performance indicators pre-K through 12<sup>th</sup> grade. For each standard, an exemplary health education curriculum should include two important aspects: 1) multiple strategies for assessing student performance in meeting the standard and 2) the instructional and learning activities developed to help the student meet the standard (health content and skills) – all aligned to promote maximum student learning. It is important to consider the depth and extent to which student assessment is included when appraising a health education curriculum.

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<sup>1</sup> The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence (2<sup>nd</sup> Edition)*. Atlanta: American Cancer Society; 2007.

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#### **For more information about health education assessment:**

Telljohann S, Symons C, Pateman B.  
*Health Education: Elementary and Middle School Applications*. NY: McGraw Hill; 2006.

The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence (2<sup>nd</sup> Edition)*. Atlanta: American Cancer Society; 2007. Order information available at  
[https://www.cancer.org/docroot/pub/pub\\_0.asp?productCode=F2027.27](https://www.cancer.org/docroot/pub/pub_0.asp?productCode=F2027.27).

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Wiggins, G. & McTighe, J. *Understanding by Design*. Alexandria, VA: Association for Supervision and Curriculum Development; 2005. Available at:  
<http://shop.ascd.org/productdisplay.cfm?productid=103055>.