

# sophe

## 2019 HEALTH EDUCATION TEACHER PREPARATION STANDARDS:

Guidelines for Initial Licensure  
Programs



# SOPHE 2019 Health Education Teacher Preparation Standards: Guidelines for Initial Licensure Programs

**The program standards and resource materials are available on the CAEP website:  
caepnet.org. Inquiries on this document and SOPHE’s Health Education Teacher  
Preparation Standards should be directed to: Email: [schoolhealthspa@SOPHE.ORG](mailto:schoolhealthspa@SOPHE.ORG)  
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*Note: The complete SOPHE 2019 Health Education Teacher Preparation Standards: Guidelines  
for Initial Licensure Programs is available from [www.sophe.org](http://www.sophe.org)*

## SOPHE 2019 Health Education Teacher Preparation Standards

There are six Health Education Teacher Preparation Standards comprised of 28 components. The standards are written for health education teacher preparation programs and represent competence expected of candidates who have completed their initial teacher licensure program and are prepared to begin professional practice as health education teachers. The following provides a summary that includes the title and full text of each standard statement, and component statement. SOPHE's *2019 Health Education Teacher Preparation Standards: Guidelines for Initial Licensure* available on SOPHE's website, contains supporting explanations, exemplars, and other resources related to SOPHE's SPA.

**STANDARD 1: FUNCTIONAL KNOWLEDGE.** Candidates possess functional health education knowledge about effective curricula, health behavior theories, health education standards, the whole child approach, risk and protective factors, ways to prevent chronic and communicable diseases, and the multidimensionality of health plus the literacy skills of an informed consumer that helps them create meaningful learning experiences.

<sup>1</sup>\***Component 1a:** Candidates describe characteristics of effective health education curricula, including the theoretical foundations of health behavior.

\***Component 1b:** Candidates use the National Health Education Standards or state health education standards as a framework for health education curriculum and identify how health education fits into a systemic approach that addresses the whole child.

\***Component 1c:** Candidates describe factors that promote or compromise health or safety, including social determinants such as race, ethnicity, socio-economic status, and family life.

\***Component 1d:** Candidates explain illness and disease etiology and prevention practices that enhance learners' health.

**Component 1e:** Candidates analyze the multidimensional nature of health, including intellectual, mental/emotional, social, physical, environmental, occupational, and spiritual well-being.

**Component 1f:** Candidates describe and provide examples of the health literacy skills of an informed consumer of health products and services.

**STANDARD 2: ASSESSING NEEDS.** Candidates assess needs and assets of learners, learning, and the learning community in order to inform their practice.

**Component 2a:** Candidates explain expected patterns of human growth and development across cognitive, linguistic, social, emotional and physical areas.

\***Component 2b:** Candidates describe how individual differences in learning styles influence learning.

\***Component 2c:** Candidates assess individual learners' assets, strengths, needs and interests in order to differentiate learning and enable each learner to advance and accelerate his or her

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<sup>1</sup> \*Indicates a Component required for determining that a Standard is met.

learning regardless of factors such as race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English language proficiency, and physical or cognitive ability.

**Component 2d:** Candidates synthesize data about school and community assets and deficits and their context including culture in support of developing a healthy school environment.

**STANDARD 3: PLANNING.** Candidates use needs assessment data, health education standards, and principles of learning to plan cohesive, sequential lessons and units that include ways to accommodate students' differing strengths and needs and that use 21<sup>st</sup> Century technology in order to support students' acquisition of functional health knowledge, health-related skills, and health beliefs.

**\*Component 3a:** Candidates apply data to guide prioritizing and planning health instruction that addresses identified strengths and needs of learners within the classroom, school, and home or community context.

**\*Component 3b:** Candidates apply principles of learning when designing individual, small group, and whole class learning activities and assessments.

**\*Component 3c:** Candidates plan a health education curriculum scope and sequence aligned with National and/or state health education standards.

**\*Component 3d:** Candidates design and align measurable learning outcomes, assessments and instructional practices that support acquisition of functional health knowledge, health-related skills, and health beliefs.

**\*Component 3e:** Candidates select and create developmentally appropriate, culturally appropriate, inclusive and challenging instructional experiences that engage learners regardless of their race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English language proficiency, and physical or cognitive ability.

**\*Component 3f:** Candidates incorporate 21st century technology skills into instructional strategies and assessments.

**STANDARD 4: IMPLEMENTATION.** Candidates employ a variety of research/theory-based instructional strategies in a well-managed classroom that encourages all learners regardless of race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English-language proficiency, and physical or cognitive ability to adopt healthy behaviors and to interact positively with others; candidates reflect on their practice and adapt practice in order to meet students' and instructional needs.

**\*Component 4a:** Candidates demonstrate multiple research/theory-based instructional strategies that help learners adopt healthy behaviors.

**\*Component 4b:** Candidates create a positive learning environment through competence in classroom management that stimulates engagement, collaborative learning positive social interaction, inclusivity, and self-motivation among learners.

**Component 4c:** Candidates evaluate their own health education instructional practice and make necessary adaptations to meet the needs of each learner.

**STANDARD 5: EVALUATION.** Candidates use multiple assessment methods that are aligned with standards and learning objectives to measure students' achievement, document their progress and guide instructional practice.

**\*Component 5a:** Candidates select and create multiple methods designed to assess changes in functional knowledge, health-related skills, and health beliefs.

**\*Component 5b:** Candidates align formative and summative assessments with educational standards, learning objectives, and instructional practice.

**\*Component 5c:** Candidates interpret assessment results and use them to improve future instruction for diverse learners.

**STANDARD 6: PROFESSIONALISM.** Candidates demonstrate professionalism and ethical practices; make the case for the value of health education to academic success as well as wellness; advocate for both programs and students' welfare; make appropriate referrals; engage students' families regardless of race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English language proficiency and physical or cognitive ability; engage colleagues within the school and community as well as the community at large using a variety of media including social media; and demonstrate a life-long learner disposition.

**\*Component 6a:** Candidates can explain how school health education and students' health contribute to academic achievement and wellness across the lifespan.

**\*Component 6b:** Candidates advocate for learners' health and well-being and make referrals to other school and community professionals when appropriate.

**\*Component 6c:** Candidates can plan how to engage diverse families including those of differing race, ethnic origin, religion, gender, gender identity, sexual orientation, family structure, English language proficiency, and physical or cognitive ability, as partners in supporting healthy practices and communicating with their children about sensitive issues using culturally relevant strategies.

**\*Component 6d:** Candidates demonstrate a variety of ways that include social media and other forms of technology to engage colleagues, and the community-at-large when promoting, planning and implementing best practices in health education.

**\*Component 6e:** Candidates can apply the Health Education Code of Ethics and other major responsibilities of a health education specialist to professional practice.

**Component 6f:** Candidates identify and engage in professional learning opportunities including ones that enhance skills in working with students from a diversity of backgrounds and abilities as well as with using up to date technology offered through health- and education-related organizations.