

*Public District School Board Writing Partnership*

# Course Profile

## Health for Life

Grade 11  
Open  
PPZ30

• *for teachers by teachers*

This sample course of study was prepared for teachers to use in meeting local classroom needs, as appropriate. This is not a mandated approach to the teaching of the course. It may be used in its entirety, in part, or adapted.

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Course Profiles are professional development materials designed to help teachers implement the new Grade 11 secondary school curriculum. These materials were created by writing partnerships of school boards and subject associations. The development of these resources was funded by the Ontario Ministry of Education. This document reflects the views of the developers and not necessarily those of the Ministry. Permission is given to reproduce these materials for any purpose except profit. Teachers are also encouraged to amend, revise, edit, cut, paste, and otherwise adapt this material for educational purposes.

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## Course Overview

### Health for Life, Grade 11, Open, PPZ3O

#### Course Description

This course helps students develop a personalized approach to healthy living. Students examine the factors that affect their own health and the health of individuals as members of the community. They learn about the components of the *Vitality* approach to healthy living – an initiative that promotes healthy eating, an active lifestyle, and a positive self-image. Throughout this course, students develop the skills necessary to take charge of and improve their own health, as well as to encourage others to lead healthy lives.

#### Units: Titles and Times

* Unit 1	<i>Vitality</i> in Action	27 hours
Unit 2	Determine Your Health	20 hours
Unit 3	Health: At Your Service	16 hours
Unit 4	Detect and Protect	13 hours
Unit 5	Health Surrounds You	14 hours
Unit 6	Celebrate Your Health	20 hours

\* This unit is fully developed in this Course Profile.

#### Course Notes

*The Ontario Curriculum, Health and Physical Education, Grades 11 and 12* focuses on healthy active living for all students. In order to incorporate this philosophy into a quality program, teachers need to address several key elements when planning learning opportunities.

A quality health and physical education program directly links what is happening in the classroom to the curriculum expectations. This ensures that students are engaged in relevant and purposeful activities related to what they are to know and be able to do. Teachers should ensure that students are aware of why they are doing what they are doing, thereby initiating the development of the commitment and the capacity to lead a healthy active life. Throughout the course, teachers should frame each lesson by identifying the learning expectations and connecting them to the overall learning expectations.

By the end of the course, students will:

- analyse the role of individual responsibility in enhancing personal health;
- analyse the social factors that influence personal health;
- analyse the value of health information and health-promoting products and services;
- analyse how the environment influences the health of the community;
- demonstrate an understanding of concepts and approaches related to health promotion and disease prevention;
- demonstrate an understanding of the *Vitality* concept and use strategies to promote the *Vitality* concept.

Matching the assessment strategy and tool to the cluster of learning expectations and categories ensures the evidence collected is relevant to the expected learning. Teachers should clarify the assessment/evaluation strategies and provide students with the assessment tools to provide them with clear targets to work towards.

Assessment of health and well-being is a life-long preoccupation. Students need to be made aware of their strengths and areas that require improvement and take an active role in setting personal health and well-being goals. Positive and constructive feedback (assessment) related to the expected learning from teachers and peers will influence students' positive self-image as a physically active individual. It is human nature to continue participating in things that one enjoys, that gives one a sense of accomplishment, and that you can perform at a level of competence. Throughout the course, teachers should assess students to support the development of daily, healthy, active behaviours that will last a lifetime.

A quality health and physical education program provides many opportunities for students to be successful. The likelihood of success is enhanced when skills are taught in a logical progression and when there are numerous opportunities for practice and application. Teachers should include opportunities for students to learn basic information and strategies, to build and improve skills, and then to apply these skills through relevant and authentic tasks. The amount of time spent on each component varies based on whether it is the introductory lesson or final lesson of the activity. Throughout the course, teachers should focus on providing maximum participation opportunities for students to learn, practise, and demonstrate their knowledge and skills.

## Unit Organization

### Unit 1: *Vitality* in Action

**Time:** 27 hours

#### Unit Description

This unit emphasizes a personalized approach to health. Through the development of a *Vitality* Action Plan, students analyse their current health behaviours and set goals to make changes related to eating habits, level of physical activity, and self-concept. This unit is the foundation for the rest of the course. The *Vitality* Action Plan is revisited in each subsequent unit and at the end of the course with the Community Health Advocacy Task.

#### Strand(s) & Learning Expectations

**Strand(s):** Determinants of Health, Vitality

**Overall Expectations:** VIV.01, VIV.02.

**Specific Expectations:** VII.01, VII.02, VII.03, VII.04, VI2.03.

#### Unit 1 Overview Chart

Activity	Expectations and AC Category	Assessment/Evaluation (strategies and tools)
1: <i>Vitality</i> Concept	VIV.01, K/U; VII.01, K/U	Formative assessment of the information collected on the Personal <i>Vitality</i> Record (Appendix B), using the Personal <i>Vitality</i> Observation Checklist (Appendix D) Formative assessment of Personal <i>Vitality</i> Action Plan – Phase One (Appendix E) to determine students' understanding of the components of <i>Vitality</i> (i.e., healthy eating, physical activity, and self-concept). The teacher should look for the relationship between the recording of behaviour, goals set, and action to be taken. Focus on the Knowledge/Understanding category of the Achievement Chart to assess students.

2: Health Continuum	VIV.01, K/U; DH1.01, C; VII.01, K/U; DHV.01, T/I	Formative assessment of the health continuum placements and justifications, using an observation checklist Summative evaluation of the interrelationship of health realms, using a short-answer quiz and the Communication category of the Achievement Chart (see Appendix J) Formative assessment of the Personal <i>Vitality</i> Action Plan revisions, using the Personal <i>Vitality</i> Observation Checklist from Activity 1 (Appendix D)
3: Behaviour Change Theory	VII.03, C; VIV.01, K/U	Formative assessment of the stages identified in behaviour change theory as they relate to modifying personal lifestyle, using the Personal <i>Vitality</i> Action Plan Phase Two (Appendix F) and the Communication category of the Achievement Chart (see Appendix J)
4: Healthy Decision-Making	VIV.01, K/U; VII.04, C	Formative assessment of the decision-making process, using a decision-making rubric and communication rubric (see Appendix J)
5: <i>Vitality</i> Action Plan	VIV.01, K/U; VIV.02, A; VII.01, K/U; VII.02, C	Formative assessment of the Personal <i>Vitality</i> Action Plan Phase Four, using an observation checklist Formative peer assessment of the personal philosophy of health model, using a communication rubric (see Appendix J) and providing peers with anecdotal comments as feedback
6: Health Promotion Strategies, Theory, and Tasks	VIV.01, K/U; VIV.02, A; VI2.01, A; VI2.02, C; VI2.04, A	Formative assessment of the health issues debate, using a communication rubric (see Appendix J) Formative peer assessment of the health issues, using a communication rubric and providing peers with anecdotal comments as feedback Formative assessment of the Health Promotion Planning Steps, using an observation checklist
Ongoing throughout Unit 1	VII.01, K/U; VIV.02, A	Formative evaluation of students' knowledge of <i>Vitality</i> concept and strategies to promote the <i>Vitality</i> concept, through the promotion of physical activity, self-concept, and healthy eating, in their fitness break leadership, using an observation checklist

## Unit 2: Determine Your Health

**Time:** 20 hours

### Unit Description

Students investigate the physical, social, and mental determinants that affect personal health. They apply understanding of these influences to their *Vitality* Action Plan and Community Health Advocacy Task.

### Strand(s) & Learning Expectations

**Strand(s):** Determinants of Health, Community Health, Vitality

**Overall Expectations:** DHV.01, DHV.02, CHV.02, VIV.01, VIV.02.

**Specific Expectations:** DH1.01, DH1.02, DH1.03, DH1.04, DH1.05, DH1.06, DH2.01, DH2.02, DH2.03, CH2.01, CH2.02, VI2.03.

## Unit 2 Overview Chart

Act.	Expectations and AC Category	Assessment/Evaluation (strategies and tools)	Focus (i.e., topic, concept)
1	DH1.04, T/I	Formative assessment of the investigation and analysis of statistics, using a thinking/inquiry rubric that will be used throughout the course. Rubric criteria should include formulating questions, planning, selecting strategies and resources, analysing and interpreting information, forming conclusions.	Factors that influence personal choices related to health products and services
2	DHV.01, T/I; DHV.02, T/I; DH1.01, C; DH1.02, C; DH1.05, C; DH2.01, C; DH2.03, C	Formative evaluation, using a take-home written assignment with a marking scheme (addressing the knowledge) and rubric (addressing Communication and Thinking/Inquiry)	Explaining the various factors that influence personal health and the individual's responsibility for enhancing it
3	DHV.01, T/I; DHV.02, T/I; DH1.03, T/I; DH2.02, T/I	Formative assessment and evaluation of students' responses to scenarios using the Thinking/Inquiry rubric	Analysis of the social factors and lifestyle choices that influence personal health
4	CHV.02, T/I; CH2.01, T/I; CH2.02, C	Formative assessment and evaluation of a group research project and presentation, using a rubric (addressing Communication and Thinking/Inquiry)	Environmental influences on global, community, and personal health
5	VIV.02, A	Formative assessment of students' progress on Community Health Advocacy Task, using the Health Promotion Planning Steps checklist	Promoting the <i>Vitality</i> concept, personal health, and healthy lifestyle
6	VIV.01, K/U; VIV.02, A; VI2.03, A	Formative assessment and evaluation of the Personal <i>Vitality</i> Action Plan, using an observation checklist (developed by the teacher in Unit 1)	<i>Vitality</i> concept

## Unit 3: Health: At Your Service

**Time:** 16 hours

### Unit Description

Students assess the quality and credibility of health promoting products, health information, and method of communication as well as the delivery of health services. This investigation is done in the context of meeting personal and community needs. The knowledge and skills developed in this unit are critical in enhancing their *Vitality* Action Plan and Community Health Advocacy Task.

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**Strand(s) & Learning Expectations****Strand(s):** Community Health, Vitality**Overall Expectations:** CHV.01, CHV.03, VIV.01, VIV.02.**Specific Expectations:** CH1.01, CH1.03, CH1.04, CH1.05, CH1.06, CH3.05, CH3.06, CH3.07, CH3.08, VI2.02, VI2.03.**Unit 3 Overview Chart**

<b>Act.</b>	<b>Expectations and AC Category</b>	<b>Assessment/Evaluation (strategies and tools)</b>	<b>Focus (i.e., topic, concept)</b>
1	VIV.01, K/U; VIV.02, A	Formative assessment and evaluation of the Personal <i>Vitality</i> Action Plan, using an observation checklist (developed by teacher in Unit 1)	<i>Vitality</i> concept
2	VIV.02, A	Formative assessment and evaluation of Community Health Advocacy Task, using the Health Promotion Planning Steps checklist and a rubric addressing students' commitment to promotion, influence, and support for others	Promoting the <i>Vitality</i> concept to influence and support others in making positive healthy choices
3	VIV.02, A	Formative evaluation of students' knowledge of <i>Vitality</i> concept and strategies to promote the <i>Vitality</i> concept, through the promotion of physical activity, self-concept, and healthy eating, in their health and physical education class (e.g., fitness break leadership), using an observation checklist	<i>Vitality</i> concept
4	CH3.08, K/U; CH3.06, K/U; CH3.05, A	Formative assessment of students' knowledge of individual's contributions to the health of others through small-group class presentations, using an observation checklist	Health career and volunteer opportunities that contribute to the health of others
5	CH3.05, A	Summative evaluation of students' skills to deal with emergency situations through certification (e.g., First Aid, CPR, Life Saving)	Emergency health situation skills
6	CH1.01, T/I; CH1.03, T/I; CH1.04, T/I; CH1.05, T/I; CH1.06, T/I; CH3.07, T/I	Formative assessment and evaluation of a class presentation that demonstrates students' ability to assess the quality and credibility of health-promotion products, health products, health information, and methods of communication and/or delivery of health services, using Thinking/Inquiry rubric. Rubric criteria should include formulating questions, planning, selecting strategies and resources, analysing and interpreting information, forming conclusions	Health-promotion products, health products, health information, methods of communication and/or delivery of health services
7	CHV.01, T/I; CHV.03, K/U	Summative evaluation through a written examination of students' ability to analyse the value of health information, and health-promoting-products and services, using a marking scheme and rubric (addressing Thinking/Inquiry) (see Unit 4)	Health information, health-promoting products, health services, and disease prevention

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## Unit 4: Detect and Protect

**Time:** 13 hours

### Unit Description

Students learn concepts and approaches related to the transmission and treatment of communicable, chronic, and food-borne diseases and ailments, which negatively affect optimum health in self and others. Students incorporate these concepts and approaches to making healthy choices in their *Vitality* Action Plan and Community Health Advocacy Task.

### Strand(s) & Learning Expectations

**Strand(s):** Community Health

**Overall Expectations:** CHV.01, CHV.02, CHV.03.

**Specific Expectations:** CH3.01, CH3.02, CH3.03, CH3.04, CH3.07, CH2.03, CH1.02.

### Unit 4 Overview Chart

Act.	Expectations and AC Category	Assessment/Evaluation (strategies and tools)	Focus (i.e., topic, concept)
1	CH1.02, K/U; CH2.03, C; CH3.01, C; CH3.02, C; CH3.03, T/I; CH3.04, C	Formative assessment of notes taken during guest speaker presentations Formative evaluation of response journal using a rubric (addressing communication of information/ideas presented by guest speakers)	Food-generated ailments, health problems, immune system, communicable diseases, and chronic diseases
2	CHV.01, T/I; CHV.02, T/I; CHV.03, K/U	Summative evaluation through a written examination of students' ability to analyse environmental influences and the value of health information, and health promoting-products and services, using a marking scheme and rubric (addressing Thinking/Inquiry) (see Unit 3)	Health information, health-promoting products, health services, environmental influences, and disease prevention

## Unit 5: Health Surrounds You

**Time:** 14 hours

### Unit Description

Students focus their attention on the health of their community, which is influenced and protected by government regulations, public health policies, and environmental health. Relevant community and school health issues are addressed in their Community Health Advocacy Task. Students make connections between community health and personal optimum health in their *Vitality* Action Plan.

### Strand(s) & Learning Expectations

**Strand(s):** Community Health, Vitality

**Overall Expectations:** CHV.02.

**Specific Expectations:** CH2.04, CH2.05, VI1.01, VI2.01, VI2.03.

### Unit 5 Overview Chart

Act.	Expectations and AC Category	Assessment/Evaluation (strategies and tools)	Focus (i.e., topic, concept)
1	CHV.02, T/I; CH2.04, T/I; CH2.05, K/U	Summative evaluation of students' analysis of health issues through a graphic organizer bulletin board display using a Thinking/Inquiry rubric (criteria should include formulating questions, planning, selecting strategies and resources, analysing and interpreting information, forming conclusions)	Health issues related to school/workplace, public health policies, and government regulations
2	VI2.01, A	Formative assessment and evaluation of Community Health Advocacy Task, using the Health Promotion Planning Steps checklist and a rubric addressing students' commitment to promotion, influence, and support for others	Promoting the <i>Vitality</i> concept to influence and support others in making positive healthy choices
3	VII.01, K/U; VI2.03, A	Formative assessment and evaluation of the Personal <i>Vitality</i> Action Plan, using an observation checklist (developed by the teacher in Unit 1)	<i>Vitality</i> concept and attaining personal health

### Unit 6: Celebrate Your Health

**Time:** 20 hours

#### Unit Description

Students demonstrate evidence of their learning in the course by the completion and presentation of their *Vitality* Action Plan and the Community Health Advocacy Task. The emphasis in both of these tasks is on the student's commitment to the promotion of personal health within a healthy community.

#### Strand(s) & Learning Expectations

**Strand(s):** Vitality

**Overall Expectations:** VIV.01, VIV.02.

**Specific Expectations:** VI2.01, VI2.03, VI2.04.

### Unit 6 Overview Chart

Act.	Expectations and AC Category	Assessment/Evaluation (strategies and tools)	Focus (i.e., topic, concept)
1	VIV.01, K/U; VIV.02, A; VI2.03, A	Summative evaluation of the Personal <i>Vitality</i> Action Plan, using an observation checklist (developed by the teacher in Unit 1)	<i>Vitality</i> concept and attaining personal health
2	VIV.02, A; VI2.01, A; VI2.04, A	Summative evaluation of Community Health Advocacy Task, using the Health Promotion Planning Steps checklist and a rubric addressing students' commitment to promotion, influence, and support for others	Promoting <i>Vitality</i> concept to influence and support others in making positive healthy choices

3	VIV.02, A	Summative evaluation of students' knowledge of <i>Vitality</i> concept and strategies to promote the <i>Vitality</i> concept, through the promotion of physical activity, self-concept, and healthy eating, in their health and physical education class (e.g., fitness break leadership), using an observation checklist	<i>Vitality</i> concept
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## Teaching/Learning Strategies

### Direct Instruction

Lecture – an oral presentation of facts or principles during which the learner is responsible for taking appropriate notes.

Demonstrations/modelling – performing a skill or activity in order to show how to do it.

Didactic Questions – guiding students to pre-determined learning through the use of lower order questions.

Drill and Practice – repetition of fundamental skills to enhance speed and accuracy of performance.

Guides for Reading, Listening, and Viewing – structured formats intended to direct students to appropriate learning expectations in reading, listening, or viewing.

### Indirect Instruction

Inquiry – an organized process for investigating a significant question.

Problem Solving – an organized process for solving a problem.

Research – gathering and interpreting data on a specific topic.

Case Studies – investigation of a specific event, situation, or person to develop an understanding of factors that can be generalized to other situations.

Concept Formation – an inductive thinking strategy in which the student sorts and classifies or groups items, ideas, and opinions into categories to draw inferences, make generalizations, and develop concepts.

Concept Attainment – clarifying a concept by providing positive and negative examples of that concept.

Reflection – process of thinking about and connecting ideas, experiences, and learnings.

Debate – presentation of opposing sides of an issue by two teams/individuals before an audience or judge.

### Interactive Instruction

Cooperative Group Learning – a variety of interdependent learning structures where students learn in small heterogeneous groups

- Jigsaw – Students are divided into “home” groups. Each student in the group moves into a different expert group to gather information (provided by the teacher or through research), then goes back to the home group to share information.
- Think/Pair/Share – Students begin thinking about a concept on their own, then they work with a partner to share and discuss ideas.
- Snowballing – Pairs of students begin sharing ideas. After a few minutes, the pairs join with another pair to form a group of four to share ideas. The groups continue to combine to form groups of 8 then 16. New ideas are added and discussed.

Learning Circles – Small groups discuss a common test, topic, or problem to deepen understanding.

Brainstorming – Participants in this group activity are encouraged to think uncritically about all possible ideas, approaches, or solutions.

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Role Play – Students assume the roles and act out a situation to develop understanding and insights.  
Peer Coaching – Students teach and learn from each other in a structured situation.  
Experiential Learning – A situation requiring a high level of active involvement in their own learning. These activities may include analysing, drawing inferences or conclusions, providing reasons and evidence for conclusions, or reflecting on experiences in analysing, inferring, decision-making, drawing conclusions, or reflecting on experiences.

### **Independent Instruction**

Independent Project – a formal assignment on a topic related to the curriculum.

Learning Centres – specially organized spaces containing specific resources and/or equipment.

Learning Contracts – plans of instruction allowing students to proceed at their own rate in learning specified material.

Access the ministry *Electronic Curriculum Unit Planner* for a complete collection of strategies.

### **Assessment & Evaluation of Student Achievement**

The process of moving from *The Ontario Curriculum, Grades 11 and 12* to completing the Provincial Report Card involves a number of steps:

- connecting the learning expectations and Achievement Chart categories to clarify the expected learning;
- gathering evidence relevant to the expected learning (learning expectations and learning skills);
- recording the evidence;
- making a judgement on the recorded evidence;
- reporting student achievement.

The following outlines key components of the first two steps.

#### **Connecting Learning Expectations to the Achievement Chart**

The learning expectations in the curriculum are the content standards and identify what the student needs to know and be able to do at each grade level. The verbs used in the expectations should prompt the teacher to make the connection to the appropriate knowledge and skills category in the Achievement Chart. The Achievement Chart identifies the performance standards and describes how well the student has achieved the curriculum expectations. This requires looking at the student's performance in relation to Knowledge and Skills.

The following are examples of verbs used in the health and physical education expectations:

- Knowledge/Understanding (identify, demonstrate an understanding);
- Thinking/Inquiry (assess, analyse, evaluate, determine);
- Communication (explain, describe);
- Application (demonstrate, apply, use, participate, maintain, improve, create, implement).

By examining the Achievement Chart, teachers can focus on the significant aspects of learning that they should be assessing. Is the learning expectation asking the student to demonstrate knowledge, thinking skills, application, or communication? Use this as the starting point and work with students to determine the specific criteria and performance indicators for demonstration of learning. (The above information has been adapted from *Getting Assessment Right: Health and Physical Education, Grades 9 and 10*.)

Teachers should collect evidence and make a judgement on both the achievement of expectations and the demonstration of learning skills. Learning skills include Works Independently, Teamwork, Organization, Work Habits, and Initiative. Learning skills are evaluated using a four-point scale (E–Excellent, G–Good, S–Satisfactory, N–Needs Improvement). Use the descriptions found in the *Guide to the Provincial Report Card, Grades 9-12* (Appendix C: Learning Skills, p. 27) for sample behaviours to develop assessment tools. (See *Getting Assessment Right*, p. 78 for recording sheets and learning skills rubrics.)

## Gathering Evidence of Student Learning

### Assessment Strategies

A critical professional judgement teachers must make is to appropriately match the assessment strategy to the type of learning being assessed. A variety of assessment strategies is available to teachers.

Assessment strategies are “what the teacher will have students doing to demonstrate their learning.” (The following list has been adapted from *Getting Assessment Right: Health and Physical Education, Grades 9 and 10.*)

Achievement Chart Categories	Methods		
	Performance	Personal Communication	Paper-and-Pencil
	Assessment Strategies		
<b>Knowledge/ Understanding</b>	Demonstrations, such as game play, movement skills, principles, and strategies Presentations, such as dance, gymnastics, fitness, and aerobics Fitness Components Safety Issues	In-class questions and answers In-class discussions Student-teacher conferences Peer-coach conferences	Quiz Test – multiple-choice, matching, fill-in-the-blank, short-answer, organizer (webs) Worksheet – in-class assignments (e.g., health facts) Health Continuum
<b>Thinking/ Inquiry</b>	Role play	In-class questions and answers In-class discussions Student-teacher conferences Oral examinations Response journal for fitness goals, nutrition, and health issues	Open-ended questions and tests Organizers (webs) Assignments (health – eating/body image, media and culture; effectiveness of various activities)
<b>Communication</b>	Role play Debate Cooperative group work – teams, health	In-class questions and answers Discussions and student-teacher conferences	Open-ended questions Tests (health) Personal Fitness Profile Worksheets Creation of scenarios for role plays, response journals, and discussions

<b>Application</b>	Active participation, social skills, and safety Presentations – dance/aerobics, fitness/gymnastics Role play Personal fitness level Game play Cooperative group learning work – teams Movement skill demonstrations	Interviews, discussions, and student-teacher conferencing	Profiles – fitness <i>Vitality</i> Action Plan Decision-making scenarios Goal setting, fitness, and <i>Vitality</i> Plan implementation
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### Assessment Tools

Assessment tools, such as marking schemes, checklists, and rubrics, may be used by teachers, peers, or students to gather the evidence of learning. Teachers should choose assessment tools appropriate to the task (e.g., a rubric for a performance task).

### Learning Evidence Management Considerations

Ongoing assessment of student involvement is critical in this course. Students need to have a clear picture of the behaviour they are expected to exhibit and consistently receive feedback on how they are measuring up to the criteria. Managing the assessment and evaluation of the learning expectations needs to be considered and then thoughtfully and purposefully planned.

In order to have adequate evidence of student learning, ensure self- and peer assessments are incorporated into the summary of evidence. Provide students with clear targets and request regular reflections (e.g., journal/log entries, rubric responses) from students related to the promotion of *Vitality* and their commitment to the promotion of personal health and a healthy lifestyle. Reflection and monitoring sheets should be focussed and easy for students to complete. Teachers may wish to develop methods of collecting evidence that reduce the amount of paper used (e.g., laminated target, checklist, or rubric charts that students jot their names on with dry erase markers).

Teachers should consider student assessments with their own observations. Teachers should try not to observe all students every day. Identify a few students each day to observe and jot down notes as part of the evidence to determine students' progress and achievement when making the judgement regarding final grades.

*The Ontario Curriculum, Grades 9 to 12, Program Planning and Assessment* document states:

The final grade for each course in Grades 9-12 will be determined as follows:

- Seventy per cent of the grade will be based on evaluations conducted throughout the course. This portion of the grade should reflect the student's most consistent level of achievement throughout the course, although special consideration should be given to more recent evidence of achievement.
- Thirty per cent of the grade will be based on a final evaluation in the form of an examination, performance, essay, and/or other method of evaluation suitable to the course content and administered towards the end of the course.

Consider using some of the assessment strategies throughout the program as building components that lead up to the final evaluation of the course (e.g., journal/log entries, fitness assessment, action plan, and monitoring). The student should recognize the value of monitoring and reflecting on their learning and how it impacts their achievement. Ensure that students know they are expected to use the data and thoughts they have collected throughout the course to demonstrate their learning in the final evaluation task(s).

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Consider using a *Vitality* Health Action Plan as one aspect of the final evaluation for the course. The plan should be a purposeful collection of student work that exhibits the student's efforts, progress, and achievements related to the key learnings. It should be a product that encourages self-directed learning by incorporating the student's ongoing recording, reflections, planning, and revisions to assist in maintaining the focus on demonstrating a commitment to the promotion of personal health and a healthy lifestyle.

## Accommodations

Accommodations are identified in the Unit 1 Overview. Additional modifications in Unit 1 activities specifically address each activity. Access the Special Education Companion from the ministry *Electronic Curriculum Unit Planner* for additional suggestions to ensure the success of exceptional students.

## Resources

### Print

Amos, Sue and Susan Orchard. *Getting Assessment Right: Health and Physical Education, Grades 9 and 10*. Barrie: Data Based Directions, 2001. ISBN 1-894369-03-3 – [www.databdirect.com](http://www.databdirect.com)

Carlip, H. *Girl Power: Young Women Speak Out*. New York: Warner Books, Inc., 1995. ISBN 0446670219

Crook, M. *The Body Image Trap*. Vancouver: Self-Counsel Press, 1992. ISBN 0889089752

Freedman, R. *Bodylove: Learning to Like Our Looks and Ourselves*. New York: Harper & Row, 1990. ISBN 0060916478

Friedman, Sandra. *Just for Girls*. Vancouver: Salal Communications Ltd., 1999. ISBN 0-9698883-1-7

Friedman, Sandra. *Nurturing Girl Power: Integrating eating disorder prevention/intervention skills into your practice*. Vancouver: Salal Communications Ltd., 2000. ISBN 0-9698883-2-5

Gregory, Kathleen, Caren Cameron, and Anne Davies. *Self-Assessment and Goal-Setting*. Merville, BC: Connections Publishing, 2000. ISBN 0-9682160-2-1

Harper, Mark, Ken O'Connor, and Marilyn Simpson. *Quality Assessment – Fitting the Pieces Together*. Toronto: OSSTF, 1999. ISBN 0-920930-47-6

Omichinski, L. *You Count, Calories Don't*. Winnipeg: Tamos Inc., 1993. ISBN 1895569222

The Ontario Milk Marketing Board. *The Eating Edge: The Guide to Healthy Eating for Teens, Partner's Guide, Grades 9-10*. Mississauga, 1992.

Pipher, M. *Reviving Ophelia: Saving the Selves of Adolescent Girls*. New York: Ballantine Books, 1995. ISBN 0345392825

Rice, Philip F. *The Adolescent: Development, Relationships, and Culture*, 8th ed. Massachusetts: Allyn and Bacon, 1996. ISBN 0-205-18444-8

Wolfe, N. *The Beauty Myth*. Toronto: Random House, 1992. ISBN 0385423977

### Videos

*The Famine Within*. McNab & Connolly, 1990. Tel: 905 278-0566

*Slim Hopes: Advertising and the Obsession with Thinness*. Kinetic Inc., 1996. Tel: 416 963-5979 (also recommended resource in Grade 10 Course Profile)

*Still Killing Us Softly*. National Film Board of Canada, 1987. Tel: 1 800 267-7710

*Talk 19*. McNab & Connolly, 1993. Tel: 905 278-0566

*Thin Dreams*. National Film Board of Canada, 1986. Tel: 1 800 267-7710

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## Websites

**Note:** The URLs for the websites have been verified by the writer prior to publication. Given the frequency with which these designations change, teachers should always review and verify the websites prior to assigning them for student use.

The Body Image Coalition of Peel – [www.region.peel.on.ca/health/commhlth/bodyimg/more](http://www.region.peel.on.ca/health/commhlth/bodyimg/more)

Canadian Women’s Health Network – [www.cwhn.ca](http://www.cwhn.ca)

The Centre for Health Promotion, University of Toronto Health Communications Unit – [www.utoronto.ca/chp/](http://www.utoronto.ca/chp/)

Kid’s Help Phone – [kidshelp.sympatico.ca](http://kidshelp.sympatico.ca)

Local Public Health Unit

MediaWatch – [www.mediawatch.ca](http://www.mediawatch.ca)

Ontario Prevention Clearing House, Links to Health Promotion – [www.web.net/~stirling/](http://www.web.net/~stirling/)

World Health Organization- Health Promotion Resources – [www.who.int/hpr/docs/index.html](http://www.who.int/hpr/docs/index.html)

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## Coded Expectations, Health for Life, Grade 11, Open, PPZ30

### Determinants of Health

#### Overall Expectations

- DHV.01 · analyse the role of individual responsibility in enhancing personal health;
- DHV.02 · analyse the social factors that influence personal health.

#### Specific Expectations

##### Personal Factors

- DH1.01 – describe the interrelationship of physical, social, and mental health in enhancing personal health;
- DH1.02 – describe the heredity factors that influence personal health (e.g., a family history of an illness such as diabetes, breast cancer, cardiovascular disease, or mental illness; body shape and size);
- DH1.03 – analyse how various lifestyle choices (e.g., decisions pertaining to nutrition, physical activity, and smoking) affect health;
- DH1.04 – evaluate the factors (e.g., personal responsibility; the influence of peers, culture, and the media) that influence personal choices with regard to health-related products and services;
- DH1.05 – explain how stress and one’s ability to cope with stress affect personal health;
- DH1.06 – implement a personal plan for healthy living.

##### Social Factors

- DH2.01 – describe how family, peers, and community influence personal health;
- DH2.02 – analyse the social factors that influence personal health (e.g., employment, education, socio-economic status, isolation, rural and urban settings, access to health and recreational services);
- DH2.03 – describe the influence of culture on health (e.g., foods eaten, methods of treating illness, gender roles).

### Community Health

#### Overall Expectations

- CHV.01 · analyse the value of health information and health-promoting products and services;
- CHV.02 · analyse how the environment influences the health of the community;
- CHV.03 · demonstrate an understanding of concepts and approaches related to health promotion and disease prevention.

#### Specific Expectations

##### Consumer Health

- CH1.01 – determine the validity of health information, products, and services (e.g., information on food labels, health and exercise equipment) based on research (e.g., Ministry of Health publications, scientific publications);
- CH1.02 – identify the factors (e.g., the consumption of foods after their expiration dates, certain food additives) that lead to food-generated ailments (e.g., food poisoning, food allergies);
- CH1.03 – analyse alternative health care practices and services (e.g., acupuncture, homeopathy, naturopathy);
- CH1.04 – analyse the cost and accessibility of health care services;

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- CH1.05** – evaluate the effectiveness of school and community health services (e.g., public health units, community agencies, mental health facilities) for themselves and others;
- CH1.06** – evaluate the effectiveness of the methods and means used to communicate health information and ideas (e.g., the Internet, print media, research journals).

### **Health and Environmental Factors**

- CH2.01** – analyse the environmental factors (e.g., air and water quality, living conditions) that affect personal health (e.g., increase in respiratory and communicable diseases);
- CH2.02** – describe environmental influences on health on the local, national, and global levels (e.g., pollution, industrial activity, weather);
- CH2.03** – describe the impact of specific health problems (e.g., malnutrition, skin cancer, lung cancer, cholera, typhoid) on personal health and the health of others;
- CH2.04** – analyse the impact of public health policies and government regulations on environmental health and community health (e.g., water treatment, waste disposal management, immunization program);
- CH2.05** – identify school and workplace health issues (e.g., air quality, occupational injuries).

### **Health Promotion**

- CH3.01** – explain the factors that contribute to the strengthening of the immune system (e.g., proper nutrition, physical exercise);
- CH3.02** – explain methods used to prevent the transmission of communicable diseases (e.g., abstinence from practices that may lead to contamination, avoidance of drugs);
- CH3.03** – evaluate the effectiveness of different types of treatment for the most common communicable diseases (e.g., hepatitis B, tuberculosis, STDs, HIV/AIDS);
- CH3.04** – describe how to reduce the risks and/or delay the onset of chronic diseases in adulthood (e.g., cardiovascular disease, cancer, arthritis, diabetes);
- CH3.05** – demonstrate specific skills that can help others in emergency health situations (e.g., CPR, first aid);
- CH3.06** – demonstrate an awareness of the contributions that individuals can make to the health of others (e.g., by giving blood, by consenting to be an organ donor, by participating in an anti-smoking campaign);
- CH3.07** – analyse how research and medical advances influence the prevention and control of health problems;
- CH3.08** – identify career opportunities in health promotion and disease prevention.

## **Vitality**

### **Overall Expectations**

- VIV.01** · demonstrate an understanding of the *Vitality* concept;
- VIV.02** · use strategies to promote the *Vitality* concept.

### **Specific Expectations**

#### **The Concept**

- VII.01** – demonstrate an understanding of the components of the *Vitality* concept (i.e., healthful eating, an active lifestyle, a positive self-concept);
- VII.02** – describe a model that reflects their personal philosophy of health;
- VII.03** – describe the stages identified in behavioural change theory (e.g., precontemplation, contemplation, preparation, action, maintenance) as they relate to modifying personal lifestyle;
- VII.04** – describe barriers to decision making with respect to the *Vitality* concept.

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**Personal Commitment**

**VI2.01** – demonstrate a commitment to the promotion of personal health and a healthy lifestyle within the school community (e.g., by conducting a school fitness survey or organizing a health fair; by conducting a violence prevention program for younger students);

**VI2.02** – explain facts, theories, and personal opinions related to health issues (e.g., by debating current issues, presenting information);

**VI2.03** – implement plans for attaining personal health that involve the components of the *Vitality* concept;

**VI2.04** – demonstrate an ability to influence and support others in making positive health choices.

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## Unit 1: *Vitality in Action*

**Time:** 27 hours

### Unit Description

This unit emphasizes a personalized approach to health. Through the development of a *Vitality* Action Plan, students analyse their current health behaviours and set goals to make changes related to eating habits, level of physical activity, and self-concept. This unit is the foundation for the rest of the course. The *Vitality* Action Plan is revisited in each subsequent unit and at the end of the course with the Community Health Advocacy Task.

### Strand(s) & Learning Expectations

**Strand(s):** Determinants of Health, Vitality

**Overall Expectations:** DHV.01, VIV.01.

**Specific Expectations:** DH1.01, VII.01, VII.03, VII.04, VI2.03.

### Activity Titles (Time & Sequence)

Activity 1	<i>Vitality</i> Concept	210 minutes
Activity 2	Health Continuum	150 minutes
Activity 3	Behaviour Change Theory	150 minutes
Activity 4	Healthy Decision-Making	210 minutes
Activity 5	<i>Vitality</i> Action Plan	500 minutes
Activity 6	Health Promotion Strategies, Theory, and Tasks	350 minutes

### Unit Planning Notes

The focus of this unit is to provide students with the opportunity to begin acquiring and discussing information related to healthy living. Consider the following when planning the unit:

- Due to the nature of the health topics (e.g., body image, self-concept), be aware of and sensitive to students' needs, individual life circumstances, cultural and religious beliefs, and values. Some topics (e.g., religious fasting) may be enhanced with additional resource support (e.g., cultural associations, public health department, community groups). Book and plan visits by community experts (e.g., speakers from agencies may make presentations or set up displays and/or information booths for students).
- Use media products (e.g., videos, articles) when appropriate and read/preview them carefully for the presentation of accurate, appropriate, and up-to-date information.
- All websites listed in the course profile were examined at the time of publication. Check the viability of websites prior to assigning student work. Review acceptable use policies and procedures for the Internet with students before any research/investigation assignments.
- Role plays and scenarios are useful tools for students to practise skills. Develop scenarios that are realistic and reflect students' needs.
- Where appropriate, be aware of the legal implications and the consequences of policies related to the health topics being presented.
- The teacher should frame each lesson by identifying the learning expectations and connecting and clarifying the assessment/evaluation strategies to ensure students have clear targets to work towards.
- Develop some tone-setting activities to help students get to know each other, identify classroom expectations, and establish rules for discussion at the beginning of each activity.

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## Prior Knowledge & Skills

Students require prior knowledge and experience to successfully accomplish the activities in this unit:

- knowledge and skills related to health topics as identified in the curriculum of previous grades (e.g., healthy eating, goal setting, and decision-making);
- group work (e.g., jigsaw activity), social skills, and learning skills;
- note-taking skills;
- research, investigation, and interview skills;
- self- and peer assessment (e.g., rubrics, observation checklists, anecdotal comments);
- safety guidelines related to equipment, facilities, and physical activities;
- debate procedures;
- components of health-related fitness.

## Teaching/Learning Strategies

Focus on providing students with opportunities to interact, communicate, think, and apply their knowledge with respect to healthy living. Strategies include Direct Instruction, Indirect Instruction, Interactive Instruction, and Independent Instruction, as described in the Course Overview.

## Assessment & Evaluation of Student Achievement

This unit provides students with the opportunity to reflect on, plan for, and act on personal choices related to developing a healthy active lifestyle. The thinking skills and the promotion strategies related to the role of individual responsibility in enhancing personal health and health promotion within the community are formatively and summatively assessed throughout the unit in connection with understanding the *Vitality* concept. A variety of assessment techniques that address the individual needs and different learning styles of students are used. They include Pencil and Paper (quiz, test, directed written, oral or visual assignment, daily *Vitality* record, health continuum), Performance Task (projects/assignments, presentations), and Personal Communication (instructional questions and answers, classroom discussion, journals/logs, debates, conferencing). The teacher and students use the following Assessment Tools: observation checklist, rubrics, answer sheet/checklist, marking scheme. Ongoing formative and summative assessment provide students with ample opportunity to demonstrate their knowledge and skills.

## Unit Synopsis Chart

Activity	Expectations and AC Category	Assessment/Evaluation (strategies and tools)
1: <i>Vitality</i> Concept	VIV.01, K/U; VII.01, K/U	Formative assessment of the information collected on the Personal <i>Vitality</i> Record (Appendix B), using the Personal <i>Vitality</i> Observation Checklist (Appendix D) Formative assessment of Personal <i>Vitality</i> Action Plan – Phase One (Appendix E) to determine students’ understanding of the components of <i>Vitality</i> (i.e., healthy eating, physical activity, and self-concept). The teacher should look for the relationship between the recording of behaviour, goals set, and action to be taken. Focus on the Knowledge/Understanding category of the Achievement Chart to assess students.

2: Health Continuum	VIV.01, K/U; DH1.01, C; VII.01, K/U; DHSV.01, T/I	Formative assessment of the health continuum placements and justifications, using an observation checklist Summative evaluation of the interrelationship of health realms, using a short-answer quiz and the Communication category of the Achievement Chart (see Appendix J) Formative assessment of the Personal <i>Vitality</i> Action Plan revisions, using the Personal <i>Vitality</i> Observation Checklist from Activity 1 (Appendix D)
3: Behaviour Change Theory	VII.03, C; VIV.01, K/U	Formative assessment of the stages identified in behaviour change theory as they relate to modifying personal lifestyle, using the Personal <i>Vitality</i> Action Plan Phase Two (Appendix F) and the Communication category of the Achievement Chart (see Appendix J)
4: Healthy Decision-Making	VIV.01, K/U; VII.04, C	Formative assessment of the decision-making process, using a decision-making rubric and communication rubric (see Appendix J)
5: <i>Vitality</i> Action Plan	VIV.01, K/U; VIV.02, A; VII.01, K/U; VII.02, C	Formative assessment of the Personal <i>Vitality</i> Action Plan Phase Four, using an observation checklist Formative peer assessment of the personal philosophy of health model, using a communication rubric (see Appendix J) and providing peers with anecdotal comments as feedback
6: Health Promotion Strategies, Theory, and Tasks	VIV.01, K/U; VIV.02, A; VI2.01, A; VI2.02, C; VI2.04, A	Formative assessment of the health issues debate, using a communication rubric (see Appendix J) Formative peer assessment of the health issues, using a communication rubric and providing peers with anecdotal comments as feedback Formative assessment of the Health Promotion Planning Steps, using an observation checklist
Ongoing throughout Unit 1	VII.01, K/U; VIV.02, A	Formative evaluation of students' knowledge of <i>Vitality</i> concept and strategies to promote the <i>Vitality</i> concept, through the promotion of physical activity, self-concept, and healthy eating, in their fitness break leadership, using an observation checklist

## Accommodations

Consider the following accommodations to address the needs of all students in your class:

- Provide a visual outline of lessons on the board, an overhead, or a handout.
- Provide key visuals or graphic organizers for assignments as an alternative.
- Partner students to work with appropriate people or resources.
- Provide key vocabulary or reference notes.
- Allow students to present written assignments orally or in another format where applicable.
- Be sensitive to cultural and religious norms.
- Assist students to recall prior knowledge before introducing new information.
- Use contemporary videos rather than print material to convey information.
- Provide adaptations as identified in student IEPs, including those for physical exceptions.

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## Resources

### Print

Health Canada. *Canada's Food Guide to Healthy Eating*. 1997.

<http://www.hc-sc.gc.ca/hppb/nutrition/pube/foodguid/foodguide.html>

Health Canada. *VITALITY Approach: A Guide for Leaders*. 2000. ISBN 0-662-28677-4

<http://www.hc-sc.gc.ca/hppb/nutrition/pube/Vitality/index.html>

Health Canada. *Physical Activity Guide to Healthy Active Living*.

<http://www.hc-sc.gc.ca/hppb/paguide/main.html>

Friedman, Sandra Susan. *When Girls Feel Fat: Helping Girls Through Adolescence*. Toronto: Harper Collins Publishers Ltd., 1997.

Pipher, Mary. *Reviving Ophelia: Saving the Selves of Adolescent Girls*. New York: Random House Inc., 1994.

Pope, Harrison G., Katherine A. Phillips, and Roberto Olivardia. *The Adonis Complex: The Secret Crisis of Male Body Obsession*. New York: Free Press, 1992.

### Websites

Ask the Dietitian – <http://www.askthedietitian.com>

Dietitians of Canada – <http://www.dietitians.ca>

Local Public Health Unit – [http://www.gov.on.ca/health/english/contact/phu/phuloc\\_mn.html](http://www.gov.on.ca/health/english/contact/phu/phuloc_mn.html)

TeenNet: Engaging Teens in Health Promotion Using Information Technology – <http://www.teennetproject.org/>

## Activity 1: *Vitality* Concept

**Time:** 210 minutes

### Description

Students examine the concept of *Vitality* through a personal investigation of participation in physical activity, eating behaviour, and self-concept.

### Strand(s) & Learning Expectations

**Strand(s):** Vitality

#### Overall Expectations

VIV.01- demonstrate an understanding of the *Vitality* concept.

#### Specific Expectations

VII.01 - demonstrate an understanding of the components of the *Vitality* concept (i.e., healthful eating, an active lifestyle, a positive self-concept).

### Planning Notes

- Provide a chart for students to record daily food intake, activity levels, and feelings about self (Appendix B – Personal *Vitality* Record).
- Become familiar with the Weight/Size-centred Approach and *Vitality* Approach (Appendix A)
- Inform students to come to class prepared to be active each day.
- Prepare a 5- to 10-minute fitness break.
- Provide copies of *Canada's Physical Activity Guide to Healthy Active Living*, *Canada's Food Guide to Healthy Eating*, and the Self-concept Fact Sheet (Appendix C).

- Emphasize with students that the *Vitality* Coach they select needs to be someone with whom they will be comfortable in sharing *Vitality* goals and follow-up actions.
- Provide each *Vitality* Coach with a copy of the Personal *Vitality* Observation Checklist (Appendix D).
- Stress that *Vitality* Coaches can approach the teacher for support and direction as needed.
- Emphasize confidentiality as an expectation of *Vitality* Coaches.
- Provide each student with a copy of the Personal *Vitality* Action Plan Phase One (Appendix E).
- Remind students to dress appropriately for the fitness break.
- Develop an observation checklist to formatively evaluate the daily fitness breaks (see Strategy 5).

### Prior Knowledge & Skills

Students require:

- experience in cooperative group learning (jigsaw);
- brainstorming skills;
- prior knowledge attained in previous grades (e.g., health-related components of fitness, FITT principles, *Canada's Food Guide to Healthy Eating*, SMART goal-setting).

### Teaching/Learning Strategies

1. The teacher directs and facilitates a discussion related to factors that contribute to the *Vitality* concept: healthy eating, participation in physical activity, and positive self-concept. Using a board outline (gingerbread person), ask the class to brainstorm factors that are necessary for this figure to “get in shape” (e.g., changing eating habits, exercise/activity program, weight loss or gain goals). List student responses under following headings: Physical Activity, Healthy Eating Behaviours, and Self-concept. Divide the class into three groups and assign each group one of the headings. Ask each group to further brainstorm specific and even radical traditional behaviours/actions that the gingerbread figure might demonstrate to get in shape (e.g., going on a crash diet, fasting, counting calories, high-protein diets, extensive exercise sessions – no pain, no gain philosophy; having drastically different body weight and body shape goals; aspiring to weight and shape ideals of role models in the media). Record ideas on chart paper. Post the list of ideas from each group. Connect the term “Weight/Size-centred Approach” to the ideas generated by the class.
2. The teacher introduces the concept of *Vitality* as an integrated approach to healthy living that shifts the focus away from rigid ideas, dieting, and prescriptive exercise towards an acceptance of various body shapes and sizes and an emphasis on healthy eating, active living, and positive self and body image.
3. Ask students to apply the “*Vitality* Approach” to the three headings. Have each of the three groups take responsibility for the same heading they were working on and list the behaviours and actions a person would demonstrate if they were taking a *Vitality* Approach. Build on the Weight/Size-centred Approach by adding additional ideas. Post and summarize students’ ideas in a column entitled *Vitality* Approach, opposite the Weight/Size-centred Approach. See Appendix A for a sample summary. Emphasize that the strategies used in the Weight/Size-centred Approach conflict with the strategies in the *Vitality* Approach. (This course promotes the preferred *Vitality* Approach strategies.)
4. The teacher leads students in a 10- to 20-minute fitness break. The activity should be fun and highly invigorating (e.g., a chair routine to music: sitting on chair – alternate high arm swings, rolling shoulders, ankle rotations, alternate knee tucks, high leg kicks; standing by chair – step up on chair seat and down, backward heel kicks, side leg swings). Students describe how they are feeling and changes that they have noticed as a result of participating in vigorous physical activity (e.g., increased breathing rate, increased heartbeat, impact on attention span, smiling). Indicate that this will be a daily routine for the class and students should come to class prepared to be active each day.

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5. The teacher explains what is involved in the task of leading a class fitness break. Students partner with one person (consider partnering *Vitality* Coaches, Strategy 9) and develop a fitness break activity for each class. Outline the criteria (e.g., 10 to 20 minutes, safe activity, limited space, engaging, vigorous, fun, and increased heart rate) and materials to be used (e.g., music). Consider the criteria used for the Fitness Blasts in the Grade 10 Course Profile (Unit 2, Appendix D, p. 14). Provide students with a list of session dates. Students should sign up for one session before the end of the class.

A formative evaluation of students' knowledge of the *Vitality* concept and strategies to promote the *Vitality* concept through fitness break leadership takes place during the unit. Fitness break leaders promote physical activity, self-concept, and healthy eating. Different students are evaluated when they present their fitness break. Develop an observation checklist and share it with students to assist them in developing appropriate and effective fitness breaks. The checklist is used for formative evaluation.

6. Divide the class into groups of three to participate in a jigsaw activity. Each member of the group is responsible for becoming an expert on one of the components of *Vitality* (i.e., Active Living, Healthy Eating, or Self and Body Image). Provide reference material for students to investigate and research the component. Example: Active Living should reference *Canada's Physical Activity Guide to Healthy Active Living*; Healthy Eating uses *Canada's Food Guide to Healthy Eating*; Self and Body Image should refer to the Self-concept Fact Sheet (Appendix C). Consider providing a note-taking template that includes three columns: component description, examples to illustrate the concept, and benefits.
7. Students report back to their home groups, describing the components with examples to illustrate the concept and benefits of Active Living, Healthy Eating, or Self-concept. Ask groups to discuss how their personal lifestyle relates and compares to the information they have researched/investigated.
8. Students complete the Personal *Vitality* Record each day for one week (Appendix B). Students describe foods consumed (meals and in between meals), noting food groups and quantities (according to measures in *Canada's Food Guide to Healthy Eating*). Students record the amount of time spent on each physical activity and indicate fitness components addressed. Each day, students describe feelings about self, how their thoughts and feelings affect behaviour, and ways they have contributed to the enhancement of the self-concept of another person. Ask the class to provide examples of how we enhance the self-concept of others. Discuss the examples before asking students to complete the Personal *Vitality* Record.
9. The teacher introduces the concept of a *Vitality* Coach and outlines roles and responsibilities (Appendix D). Students list the characteristics they would like to see in a *Vitality* Coach (e.g., maintains confidentiality, non-judgmental, active listener, positive, asks open-ended questions, stays focused on task, assertive). Ask students to identify one person in the class to act as their *Vitality* Coach. Every other class for the first week, the *Vitality* Coach sits down with his/her assigned peer and assesses the behaviours described in the Personal *Vitality* record sheet, using the Personal *Vitality* Observation Checklist (Appendix D) and the peer's *Personal Vitality* Record (Appendix B).
10. After one week, the teacher introduces Phase One of the Personal *Vitality* Action Plan. (Appendix E). Students work with their *Vitality* Coach to reflect on behaviours and set goals related to the *Vitality* concept. Students reference the following resources: Personal *Vitality* Record, The Personal *Vitality* Observation Checklist, *Canada's Physical Activity Guide to Healthy Active Living*, *Canada's Food Guide to Healthy Eating*, and The Self-concept Fact Sheet. Instruct students to list *Vitality* goals on the Personal *Vitality* Action Plan (at least one goal for each component). Students determine behaviours in general terms (e.g., be physically active by walking each day) that they will implement to address each goal. Consider the prior knowledge of students to determine whether SMART goal setting and FITT principles should be referenced (see Grade 9 and 10 Course Profiles, Unit 3) as part of the discussion. Have students record these behaviours in the Action Plan column of the Personal *Vitality* Action Plan chart.

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Students record actions they can take at school, at home, and in the community. For each physical activity, students indicate the fitness component(s) addressed. Inform students that the tracking sheets are built upon and used as part of their evaluation for the course.

### **Assessment & Evaluation of Student Achievement**

Students maintain a Personal *Vitality* Record for one week and participate as a *Vitality* Coach in order to provide support for the self-concept of a peer. The Personal *Vitality* Record is the foundation for the development of the Personal *Vitality* Action Plan, which is the critical assessment strategy used throughout the course. The teacher and students gather evidence of learning expectations:

- a formative assessment of the information collected on the Personal *Vitality* Record (Appendix B), using the Personal *Vitality* Observation Checklist (Appendix D);
- a formative assessment of Personal *Vitality* Action Plan Phase One to determine students' understanding of the components of *Vitality* (i.e., healthy eating, physical activity, and self-concept). The teacher should look for the relationships between the recording of behaviour, goals set, and action to be taken. Focus on the Knowledge/Understanding category of the Achievement Chart.

### **Resources**

#### **Print**

Carr, Rey A. *Peer Counseling Starter Kit*. Victoria, BC, 1980.

Carr, Rey A. *The Theory and Practice of Peer Counseling*. Victoria, BC, 1987.

Ontario Physical and Health Education Association. *You Can Make a Difference: Helping Young Women Choose a Tobacco-Free Lifestyle Facilitator's Guide*. 1996.

#### **Websites**

Mentors/Peers Resources – [www.peer.ca](http://www.peer.ca)

Peer Helping Brochure and National Standards – [www.mentors.ca/broch.html](http://www.mentors.ca/broch.html)

### **Appendices**

Appendix A – The Shift to *Vitality*

Appendix B – Personal *Vitality* Record

Appendix C – Self-concept Fact Sheet

Appendix D – Personal *Vitality* Checklist

Appendix E – Personal *Vitality* Action Plan Phase One

## **Activity 2: Health Continuum**

**Time:** 150 minutes

### **Description**

Students apply the components of *Vitality* to the World Health Organization's definition of "health" (Definition: Health is a state of complete physical, mental and social well-being not merely the absence of illness or disease.). They investigate the interrelationships among healthy eating, physical activity, and self-concept as well as the relationship between these components and the realms of health in general. Students use this information to determine their location on the health continuum and to make refinements to their goals in their Personal *Vitality* Action Plan.

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## Strand(s) & Learning Expectations

**Strand(s):** Vitality, Determinants of Health

### Overall Expectations

VIV.01 - demonstrate an understanding of the *Vitality* concept;

DHV.01 - analyse the role of individual responsibility in enhancing personal health.

### Specific Expectations

VII.01 - demonstrate an understanding of the components of the *Vitality* concept (i.e., healthful eating, an active lifestyle, a positive self-concept);

DH1.01 - describe the interrelationship of physical, social, and mental health in enhancing personal health.

### Planning Notes

- Provide students with a copy of the research statements and index cards for behaviour descriptions.
- Provide a health continuum worksheet that enables students to describe justifications for placement on the continuum.
- Remind students to dress appropriately for the fitness break.

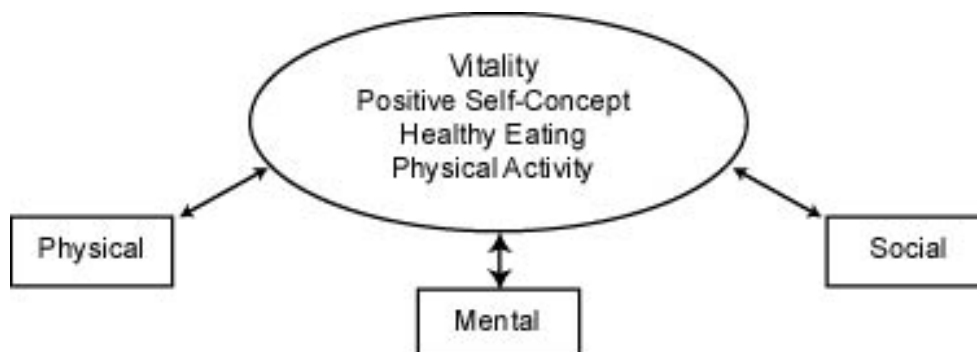
### Prior Knowledge & Skills

Students require:

- group-work skills (e.g., snowballing);
- prior learning attained in previous grades (e.g., healthy eating, physical activity, mental health).

### Teaching/Learning Strategies

1. The teacher provides students with the World Health Organization's definition of health. Students in groups describe at least one positive health behaviour for each realm of the definition (e.g., physical - jogging for 30 minutes a day; mental - quietly listening to music in stressful situations; social - talking to friends on the phone regularly).
2. Students match the three components of *Vitality* with the realms listed in the WHO definition. They create examples to illustrate the connections they have made (e.g., participating in physical activity helps cope with stress (mental) and is influenced by social factors: if your peer group is physically active, you are more likely to be physically active (social)). Students create more examples to demonstrate that the *Vitality* components fit into all the realms of health and that there are numerous interrelationships between healthy eating, physical activity, self-concept, and the realms of health.



- Students further explore the concept of interrelationships by examining connections among the *Vitality* components. In pairs, ask students to create a list of inter-relationships and post on chart paper. Using the snowball strategy, students form groups of four and then eight. Lists should take into consideration the following research statements and identify interrelationships with other *Vitality* components:

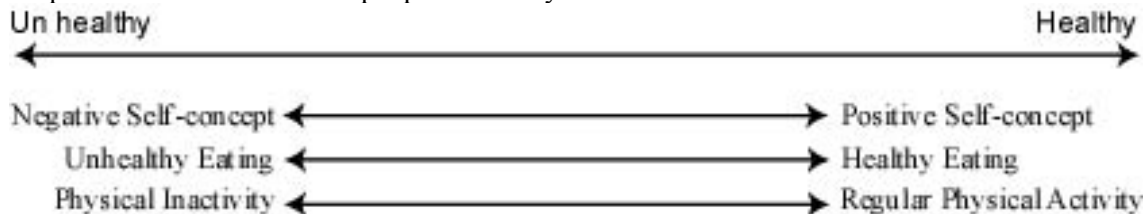
**Healthy Eating:** Nourishes the body for health, energy, and strength, enhancing feelings of well-being, and results in feeling good. Healthy eating is controlled by an internal system of hunger/satiety cues that regulates the balance of energy intake with expenditure. Healthy eating is flexible and includes eating for pleasure and social reasons. With healthy eating, a person usually follows regular habits, such as eating three meals and snacks to satisfy hunger (Berg, 1997).

**Physical Activity:** Is any bodily movement that is produced by the contraction of skeletal muscle and substantially increases energy expenditure (*Physical Activity and Health: A Report of the U.S. Surgeon General*, 1996).

**Self-concept:** Self-concept is the most inclusive “self” term. It describes how an individual perceives his or her characteristics and abilities and how an individual evaluates his/herself. Self-image is multifaceted and develops gradually as an individual matures and interacts with significant others. Understanding the self begins at a very young age, before language is developed. In adulthood, self-image is largely linked to job or career success and relationships with family and friends. Unemployment and relationship break-ups make some adults particularly vulnerable to feeling negatively about themselves (*VITALITY Approach: A Guide for Leaders*).

Students complete a short-answer quiz on the interrelationship of the *Vitality* health realms.

- The teacher provides student fitness leaders time to lead the class in a fitness break. See Activity 1, Strategies 4 and 5.
- The teacher introduces the Health Continuum by discussing with students the fact that there are a range of health choices and behaviours. Illustrate the health continuum on the board or an overhead. Emphasize with students that people are rarely at one end or the other of the health continuum.



- Students focus on the extreme ends of the continuum, describing specific behaviours that they would see in each of the three components of *Vitality* (e.g., positive self-concept means loving and accepting yourself, being assertive, establishing healthy relationships). With each response, students note behaviours that embrace two or more components of *Vitality* (e.g., power walking every other day – physical activity, makes one feel better about himself/herself – self-concept). Students describe specific behaviours that they would see midway on the continuum.
- In groups, students prepare index cards with one behaviour on each card (e.g., over-eating, purging, swimming, cycling, missing breakfast, diet/vitamin supplements, bulking up, describing self to a friend in a negative way). Students place index cards on the health continuum and justify the location.
- The teacher provides copies of the health continuum. Students situate themselves on the continuum with respect to the three components of *Vitality* and provide justification for each of the placements.
- Students determine where on the continuum they want to be, related to each *Vitality* component. They revisit their Personal *Vitality* Action Plan (Appendix E) and make revisions to goals and actions.

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## Assessment & Evaluation of Student Achievement

The teacher and students gather evidence of learning expectations outlined for this activity through:

- a formative assessment of health continuum placements and justification, using an observation checklist;
- a summative evaluation of the interrelationship of health realms, using a short-answer quiz and the Communication category of the Achievement Chart (see rubric in Grade 10 Course Profile, p. 42);
- a formative assessment of the Personal *Vitality* Action Plan revisions, using the Personal *Vitality* Observation Checklist from Activity 1 (Appendix D).

## Resources

### Print

The Body Image Coalition of Peel c/o Peel Health. *Every BODY Is A Somebody: Facilitator's Guide*. Brampton, ON: March 1999.

Berg, Frances M. *Afraid to Eat: Children and Teens in Weight Crisis*. North Dakota: Healthy Weight Publishing Network.

### Videos

*Get Real*. Port Credit, ON: McNabb and Connolly, 1995. Tel: 905 278 0566

### Websites

National Eating Disorder Information Centre – [www.nedic.on.ca](http://www.nedic.on.ca)

## Appendices

Appendix E – Personal *Vitality* Action Plan Phase One

## Activity 3: Behaviour Change Theory

**Time:** 150 minutes

### Description

Students identify the stages outlined in the behaviour change theory and relate the stages to changes in personal lifestyle behaviours.

### Strand(s) & Learning Expectations

**Strand(s):** Vitality

#### Overall Expectations

VIV.01 - demonstrate an understanding of the *Vitality* concept.

#### Specific Expectations

VII.03 - describe the stages identified in behaviour change theory (e.g., precontemplation, contemplation, preparation, action, maintenance) as they relate to modifying personal lifestyle.

### Planning Notes

- Be aware of the fact that behaviour changes for students may be slow and in very small increments.
- Provide an information sheet describing strategies to move through behaviour stages.
- Provide copies of Phase Two of the *Vitality* Action Plan (Appendix F).
- Remind students to dress appropriately for the fitness break.

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## Prior Knowledge & Skills

Students require:

- group-work skills;
- note taking from discussions;
- reflecting on the learning (e.g., sentence stems);

## Teaching/Learning Strategies

1. The teacher asks students to identify and describe a behaviour change they, a family member, or a close friend has made in their lives (e.g., quit smoking, reduce weekly spending, eat breakfast, regularly complete homework, arrive to class/school on time). Students list and describe what was involved when the person was attempting to make the change (e.g., motivation, information, determination, support).
2. The teacher provides students with the following definitions of stages in behavioural change:
  - Precontemplation:* Currently not engaging in the target behaviour and not seriously thinking of change.  
Physical Activity Example- In this stage, individuals do not intend to start exercising in the next six months. They are “couch potatoes”. People in this first stage may be demoralized about their ability to change, they may be defensive due to social pressures, or they may be uninformed about the long-term consequences of their behaviour.
  - Contemplation:* Currently not engaging in the behaviour, but seriously considering change.  
Physical Activity Example- In this stage, people seriously intend to exercise within the next six months. Despite their intentions, individuals usually remain in this stage, according to research, for about two years. So the “couch potato” has a fleeting thought about starting to exercise but is unlikely to act on it.
  - Preparation:* Currently not engaging in the behaviour, but planning to change in the next while.  
Physical Activity Example- People in this stage are exercising some, perhaps less than three times a week, not regularly. Hence, though our “couch potato” now exercises a bit, but it is not regularly enough to gain major benefits. In the preparation stage, individuals typically have a plan of action and have indeed taken action (in the past year or so) to make behavioural changes, such as exercising a little.
  - Action:* Currently engaging in the change behaviour, but for just a short time frame.  
Physical Activity Example- Individuals in this stage exercise regularly (three or more times a week for 20 minutes or longer) but have been doing so for fewer than six months. This is the least stable stage; it tends to correspond with the highest risk for relapse. It is also the busiest stage, in which the most processes for change are being used. So our couch potato is now an “active potato,” who could easily fall back into his or her old “couchly” ways.
  - Maintenance:* Have maintained change behaviour for long period of time.  
Physical Activity Example- Individuals in this stage have been exercising regularly for more than six months. Once they stay in this stage for five years, they are likely to maintain regular exercise throughout the life span except for time-outs because of injury or other health-related problems. At this stage, one is truly an “active potato” for a lifetime.
3. Using an example from Strategy 1, students describe the behaviour change at each stage.
4. The teacher introduces “relapse” and asks students to give relapse examples in behaviour change stages. Provide students with a behaviour change theory analogy, which includes relapse possibilities (e.g., think of the stages of change as climbing up a slippery, icy hill. Once one gets to the top he/she is at the maintenance stage. The process is a challenging task. The person may slip and fall backwards, but with support and persistence will make it to the top. Relapse is accompanied by feelings of discouragement and seeing oneself as a failure. One must expect relapses and learn from them).

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5. Students examine the following scenarios and determine the stage of change:
    - Jean Paul is not physically active and does not intend to start being physically active ever. PRECONTEMPLATION
    - Armance does not participate in physical activity but is seriously thinking about starting. CONTEMPLATION
    - Fernando is physically active sometimes and is planning to try out for the swim team to be physically active on a regular basis. PREPARATION
    - Linor has been playing volleyball four times a week for three weeks so far. ACTION
    - Kiyomi has been running or playing tennis four times a week for three years. MAINTENANCEHave groups of two make up their own examples for each of the stages.
  6. Students in groups brainstorm ways to progress through the stages to modify lifestyle behaviours:
    - Reward yourself for maintaining your behaviour change. (Token Economy)
    - Use a log to make sure that you are tracking what you do. (Positive Reinforcement)
    - Make the change with a friend. (Social Support)
    - Identify times when you are likely to slip. (Relapse Prevention)
    - Develop notes with tips to remind yourself to keep trying. (Positive Reinforcement)
    - Develop the skills to make the change easier. (Skills Development)
    - Replace a negative behaviour with a positive one. (Stimulus Control, Counter Conditioning)As a summary, provide students with each of the above strategies in order that students have a complete list of all of the strategy categories. Have students work in small groups to discuss ways of modifying their lifestyle and provide concrete examples for each.
  7. The teacher provides student fitness leaders time to lead the class in a fitness break. See Activity 1.
  8. Working with their *Vitality* Coach, students refer to their one-week Personal *Vitality* Record and identify a physical activity behaviour they want to change. They ensure that this change is on their list of goals (on the Personal *Vitality* Action Plan Phase One), on their list of related actions in their action plan, and on their revised actions list (on the Personal *Vitality* Action Plan Phase One). Students then work with their *Vitality* Coach to complete the Personal *Vitality* Action Plan Phase Two (Appendix F). They describe their present behavioural stage and at least one strategy to progress further along.
  9. Students repeat the process for one healthy-eating behaviour change and one self-concept change.
  10. Students, with the support of their *Vitality* Coach, revisit this process once a week or whenever needed in order to monitor the stage of change and the support strategies related to the behaviours. They may also want to include additional behaviours they want to focus upon. For additional behaviour changes, students require another blank copy of the Personal *Vitality* Action Plan Phase Two. Students need to consider whether they have moved forward, stayed in the same stage, or slipped back. Consider using sentence stems (e.g., “I learned...”) at the bottom of the page (dated) that would assist students in their reflections. See Appendix F.

### **Assessment & Evaluation of Student Achievement**

The teacher and students gather evidence of learning expectations outlined for this activity through:

- a formative assessment of the stages identified in behaviour change theory as they relate to modifying personal lifestyle, using the Personal *Vitality* Action Plan Phase Two (Appendix F) and the Communication category of the Achievement Chart (see Rubric in Grade 10 Public Course Profile, Unit 3, p. 42).

### **Resources**

Diclemente, C., John Norcross, and James Prochaska. *Changing For Good, Understanding and Using the Stages of Change*. New York: Avon Books, 1994.

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## Appendices

### Appendix F – Personal *Vitality* Action Plan Phase Two

#### Activity 4: Healthy Decision-Making

**Time:** 210 minutes

##### Description

Students investigate barriers to being physically active and strategies to overcome these barriers, through an interview assignment. They apply the decision-making process to a real-life scenario introduced by a guest speaker and determine the barriers that this person had to overcome in decisions that he/she had to make. Students apply the decision-making process to personal behaviour changes that will enhance the *Vitality* Approach in their lives.

##### Strand(s) & Learning Expectations

**Strand(s):** Healthy Living and Living Skills

##### Overall Expectations

VIV.01 - demonstrate an understanding of the *Vitality* concept.

##### Specific Expectations

VII.04 - describe barriers to decision-making with respect to the *Vitality* concept.

##### Prior Knowledge & Skills

Students require:

- group-work and social skills;
- working with case studies/scenarios;
- prior knowledge attained in previous grades (e.g., decision making, goal setting).

##### Planning Notes

- Review decision-making model (Grade 10 Public Course Profile Unit 2, Activity 2, p. 8).
- Book guest speaker and provide students with copies of the Interview Organizer (Appendix G).
- Provide students with copies of the decision-making scenarios.
- Provide copies of Phase Three of the Personal *Vitality* Action Plan (Appendix H).
- Remind students to dress appropriately for the fitness break.

##### Teaching/Learning Strategies

1. Students investigate physical activity trends. Using the organizer (Appendix G), students interview a peer, a person between the ages of 30 and 50, and a person between the ages of 60 and 80. The interview focuses on physical activity required in household chores, in jobs, in leisure activities, and in Health and Physical Education classes (if interviewee is a peer). In small groups, students report their findings and make observations as to the influences on people today to be less active than their counterparts from previous generations. Each group summarizes their findings and reports back to the class. Using class data, students draw conclusions on the daily challenges of being physically active.
2. Students brainstorm strategies to overcome barriers to be physically active (e.g., limit time on the computer/Internet, shovel the driveway instead of using the snow blower, walk to the store instead of getting a ride, take the stairs instead of the elevator, etc.).

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3. The teacher provides groups of students with the following scenarios and follow-up questions:
    - Jill loves watching TV. She unwinds every day after school by watching her favourite soap opera and eating a bag of potato chips. After her soap opera, she flicks the channel to the entertainment news to catch up on the latest celebrity gossip. Her parents do not arrive home from work until after seven o'clock, so Jill usually throws a frozen dinner into the microwave and eats in front of the TV. After dinner, Jill goes upstairs to check her e-mail. Her boyfriend is on an exchange in another country. After an hour of chatting on-line, Jill heads to her bedroom, turns on the stereo, and begins her homework.

Jill would like to be more physically active but unfortunately never seems to get around to it. What stage of behaviour change is Jill at? What barriers are in Jill's way to becoming more physically active? What could Jill do to overcome these barriers and become more physically active on a regular basis? Where would you place Jill on the health continuum related to physical activity?
    - Andrea is a figure skater who has grown a lot over the past year. Her Dad and some of her friends at school have teased her about her weight. Andrea has been skipping meals and "working out" in addition to skating three times a week. She is feeling very tired and hasn't had much time to study. Her parents are concerned about her drop in grades.

Andrea would like to feel better about herself. What stage of behaviour change is Andrea at? What barriers are in Andrea's way to becoming more positive about herself? What could Andrea do to overcome these barriers and have a more positive self-concept? Where would you place Andrea on the health continuum related to self-concept, healthy eating, and physical activity?
    - Jack is lifting weights every day. He dreams of having washboard 'abs' and much bigger biceps and triceps. However, his body still does not resemble that of the body builders in magazines. He is attracted to a girl in school and feels that if he looked better he might be able to build up the nerve to ask her out. He is eating a high-protein diet. His friend is using protein supplements and Jack thinks that he may try them too.

Jack would like to feel better about himself. What stage of behaviour change is Jack at? What barriers are in Jack's way to becoming more positive about himself? What could Jack do to overcome these barriers and have a more positive self-concept? Where would you place Jack on the health continuum related to self-concept, healthy eating, and physical activity?
  4. The teacher provides student fitness leaders time to lead the class in a fitness break. See Activity 1.
  5. The teacher reviews the decision-making model. See the Grade 10 Public Course Profile, p. 8.
  6. The teacher invites a guest speaker into the class to share a personal behaviour change and discuss barriers that he/she overcame (e.g., an individual who overcame a physical disability or a serious illness, a drug abuser who overcame drug use, someone who quit smoking, etc.). Students should be encouraged to consider the decision-making model as the guest explains his/her behaviour change.
  7. Students: a) write the steps in the decision-making process that the guest speaker went through in order to make his/her decision; b) highlight barriers that had to be overcome; c) list strategies used to overcome the barriers; and d) provide their personal opinion with an explanation about the decision made. Use a decision-making (see *Getting Assessment Right*, p. 33) and communication rubric (see Grade 10 Course Profile, p. 42) to provide students with feedback.
  8. Students complete Phase Three of the Personal *Vitality* Action Plan (Appendix H), describing a decision they need to make related to the goals that they described in Phase One. They use the decision-making and goal-setting models to address one physical activity goal, one healthy eating goal, and one self-concept goal. They list a barrier or barriers to making the changes involved in the decision and strategies to overcome the barriers. Students share their completed decision model with their *Vitality* Coach. Students incorporate any new actions that are required due to this process into their list of actions in Phase One of their plan.

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Use a decision-making (see *Getting Assessment Right*, p. 33) and communication rubric (see Grade 10 Course Profile, p. 42) to provide students with feedback.

9. As the course progresses, students repeat this decision-making process for other behaviour changes related to the *Vitality* approach that they wish to make.

### **Assessment & Evaluation of Student Achievement**

The teacher and students gather evidence of learning expectations outlined for this activity through:

- a formative assessment of the decision-making process related to Personal *Vitality* Action Plan, using a decision-making rubric and communication rubric (see Grade 10 Course Profile, p. 42).

### **Resources**

Amos, Sue and Susan Orchard. *Getting Assessment Right: Health and Physical Education, Grades 9 and 10*. Barrie: Data Based Directions, 2001. ISBN 1-894369-03-3

### **Appendices**

Appendix G – Physical Activity Interviews

Appendix H – Personal *Vitality* Action Plan Phase Three

## **Activity 5: *Vitality* Action Plan**

**Time:** 500 minutes

### **Description**

Students participate in a wide range of physical activities within the school setting and explore physical activity possibilities in the community. They investigate strategies to enhance healthy eating and self-concept. These new learnings are incorporated into the final stage of each student's *Vitality* Action Plan. Students begin to develop a graphic model that reflects their personal philosophy of health.

### **Strand(s) & Learning Expectations**

**Strand(s):** Vitality

#### **Overall Expectations**

VIV.01 - demonstrate an understanding of the *Vitality* concept;

VIV.02 - use strategies to promote the *Vitality* concept.

#### **Specific Expectations**

VII.01 - demonstrate an understanding of the components of the *Vitality* concept (i.e., healthful eating, an active lifestyle, a positive self-concept);

VII.02 - describe a model that reflects their personal philosophy of health;

VI2.03 - implement plans for attaining personal health that involve the components of the *Vitality* concept.

### **Planning Notes**

- Provide students with time (approximately five days) in the gym, the fitness centre, a weight room, or other facility within your school where physical activity can take place (e.g., pool).
- Review school board policies and procedures about preventing or minimizing the risk of injuries and accidents and for taking students off site.
- Book time in community facilities (e.g., racquet club, fitness club) or invite community physical activity providers into the class to discuss community physical activity possibilities.

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- Consider flexible timetabling/scheduling for the course to accommodate/incorporate physical activity.
  - Invite a nutritionist from the health department to speak to the class.
  - Invite the manager of the school cafeteria to describe cafeteria menus.
  - Invite a child psychologist, social worker, or other health professional to discuss adolescent self-concept issues.
  - Provide students with copies of the Personal *Vitality* Action Plan Phase Four (Appendix I).
  - Remind students to dress appropriately for physical activity.

### **Prior Knowledge & Skills**

Students require:

- group-work skills;
- self- and peer assessment;
- note taking from a speaker;
- prior knowledge and skills attained in previous grades (e.g., healthy eating, physical fitness, SOP Principles - specificity, overload, and progression, FITT Principles - frequency, intensity, time, type).

### **Teaching/Learning Strategies**

1. In order for students to implement the *Vitality* approach to health (e.g., the achievement of Physical Activity goals), they need access to healthy food, a positive environment, and a wide range of physical activity possibilities that they can pursue in school, in the community, and at home. The focus of this activity is to explore the range of physical activities. Teachers need to familiarize students with physical activities that they could participate in during class time. When developing a list of possibilities, teachers need to consider the range of facilities available and the needs/abilities of the class (e.g., pool, track, gym, weight room/fitness centre). Students will be selecting activities that meet their individual needs; numerous activities could be going on at one time. Therefore, teachers need to offer students a menu of physical activities that are not high risk and do not require constant visual supervision. Students, with teachers, select physical activities that enhance the components of fitness. Students provide input into physical activities in which they would like to participate. The following physical activities could be introduced at this time and can be pursued by students throughout the course: Gym: low organization games, 1-on-1, 2-on-2, or 3-on-3 basketball, soccer, floor hockey, volleyball, racquet wall games; Outdoors: in-line skating, power walking, jogging, cycling; Fitness Centre/Weight Room: weight program, step aerobics, dance, skipping; Pool: aquarobics, swimming.  
Students participate in these activities for 15 to 30 minutes of each class, approximately equivalent to the length of time that they have been and will be physically active in class sessions.  
Teachers may consider working with other health and physical education teachers to provide supervision for a variety of options within the same time block. Teachers could also consider flexible timetabling where students participate in physical activities outside of their regularly scheduled class time. Review the *Physical Education: Ontario Safety Guidelines: Secondary Curricular Guidelines* and Board Policies for supervision and safety information.
2. Homework assignment: In groups of two or three, students investigate opportunities to be physically active a) before, during, and after school; b) in the community; and c) at home. Students report their findings to the class.
3. Students participate in at least one activity offered in a community facility (e.g., skating at an arena, squash at a racquet club, yoga at a community centre).
4. A physical activity community provider visits the class to introduce activities at his/her facility. Students should take notes to incorporate the information into their Personal *Vitality* Action Plan and personal *Vitality* concept model (Strategy 13).

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5. Students examine their physical activity decision process in their Personal *Vitality* Action Plan Phase Three. They determine a list of physical activities that they will participate in during the course a) at school, b) in the community, and c) at home and provide a rationale for their choices (e.g., 3-on-3 basketball – Social, to be with friends; weight program – Fitness muscle strength). (Appendix I – Personal *Vitality* Action Plan Phase Four)
  6. A nutritionist speaks to the class regarding healthy eating behaviours and requirements. Students should take notes to incorporate the information into their Personal *Vitality* Action Plan and personal *Vitality* concept model (Strategy 13).
  7. A manager from the school’s cafeteria provides students with a range of food selections offered in the cafeteria. Students brainstorm a list of food outlets near the school, and groups visit these locations to gather menus and/or nutritional fact sheets. Students consider this information and record their healthy lunch/snack choices in their Personal *Vitality* Action Plan Phase Four.
  8. Students examine their healthy eating decision process in their Personal *Vitality* Action Plan Phase Three. They determine a list of healthy eating strategies that they will implement during the course, applying information they have learned from Strategies 7 and 8, as well as previous learning from *Canada’s Food Guide to Healthy Eating*. Students apply their learning when completing their Personal *Vitality* Action Plan Phase Four.
  9. A health professional (e.g., social worker, psychologist) speaks to students on issues related to enhancing a positive self-concept. Students should take notes to incorporate the information into their Personal *Vitality* Action Plan and personal *Vitality* concept model (Strategy 13).
  10. Students need to examine and assess their own self-concept through a guided process. Consider the following self-awareness and self-concept activities to support students in becoming more self-aware.  
*Self-awareness Personal Mandala*: A graphic symbol of your personal universe. Ask students to draw a circle and divide it into 12 equal pies. Each pie should be labelled with the headings:
    - My greatest strength
    - My greatest weakness
    - Three things that I am
    - Three things that I am not
    - What I would give my life up for
    - My greatest fear
    - My greatest hope
    - Something I must do before I die
    - Who and what I love
    - Things I do very well
    - My heroes
    - My favourite places

Students insert their responses into the Mandala and share it with their *Vitality* Coach.

Adapted from: *Life Skillbuilders*. Copy Kit Reproducible Resources, California: Parlay International.

#### *Valuing My Personal Strengths*

Students individually complete the exercise below to identify their strengths.

- Three things that I value about myself:
- Three things that make me interesting:
- Three things that I am good at:
- Three things that I believe about myself:
- Three things that are important to me and that I need to make me feel good:
- My friends can count on me because:

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Students then pair up with their Vitality Coach and share something positive about each other to generate self-confidence, sometimes it's hard for us to see ourselves as others see us. Have students consider the following: Did your coach mention any strengths that you didn't know you had? Students can refer to this list throughout the course to boost their self-confidence.

Adapted from: Friedman, Sandra. *Just for Girls*. Vancouver: Salal Books, 1999.

### *Curbing Your Inner Critic*

Provide students with a handout that includes the information, instructions, and reflection questions.

Discuss how we feel about ourselves depends a lot on self-talk about what we do, think, feel, and say. Much of this self-talk is negative. The first step is to become aware of your self-talk. If you were as perfect as you wanted to be, how would you describe yourself? Using ten words or less, write a statement that describes your ideal (e.g., I am a happy, loving, and valuable person). This statement is called an affirmation. What did your inner critic say when you wrote your affirmation? Write the criticism to the right of your affirmation. Write your affirmation again, listen to your inner critic, and write the negative comments. Repeat this exercise ten times (e.g., if the negative comment was "you're stupid and boring" write "I'm brilliant and a good friend"). Pick three or four of your negative phrases and turn them into affirmations. Choose the affirmation you like most, write it down, and tape it to your journal, locker or mirror.

Adapted from: *Life Skillbuilders*. Kopy Kit Reproducible Resources, California: Parlay International

11. Students examine their self-concept decision process in their Personal *Vitality* Action Plan Phase Three. They determine a list of strategies that they will implement during the course, applying information they have learned from Strategy 10 and previous learning from the Self-concept Fact Sheet. Have them apply these strategies to their Personal *Vitality* Action Plan Phase Four.
12. Students provide examples to define the term "model" (e.g., a manner of organizing thought, an image, an example, a representation such as Appendix C). The teacher shares a "representation" or graphic model of the elements of the *Vitality* concept that have been discussed. The model incorporates the concepts of *Vitality* Approach, Healthy Eating, Physical Activity, Self-concept, Self-awareness, Goal-setting, Positive Behaviour Changes, Decision-Making, and Action Plan.
13. Students modify the graphic to reflect their beliefs regarding aspects of the model that are personally more important to them than other aspects (e.g., placing 'Self' in the centre of the graphic, adding Support as an additional aspect). Students analyse and synthesize their notes from all of the guest speakers and draw conclusions to use in the creation of their own model.
14. Students share this graphic with their *Vitality* Coach and describe their rationale for the design of the model and the components of it.
15. Students have now begun to develop their personal philosophy (belief, vision) of health by means of a model. Teachers involve students in revisiting this model in each subsequent unit of the course, providing students with time to reflect on their personal vision and make modifications as needed.

### **Assessment & Evaluation of Student Achievement**

The teacher and students gather evidence of learning expectations outlined for this activity through:

- a formative assessment of the Personal *Vitality* Action Plan Phase Four, using an observation checklist;
- a formative peer assessment of the personal philosophy of health model, using a Communication Rubric (see Grade 10 Public Course Profile, Unit 3, p. 42) and providing peers with anecdotal comments as feedback.

### **Resources**

Ontario Physical and Health Education Association. *Physical Education: Ontario Safety Guidelines: Secondary Curricular Guidelines*. Toronto: OPHEA, 1997 – [www.ophea.org](http://www.ophea.org)

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## Appendices

Appendix I – Personal *Vitality* Action Plan Phase Four

Appendix C – Self-concept Fact Sheet

### Activity 6: Health Promotion Strategies, Theory, and Tasks

**Time:** 350 minutes

#### Description

Students explore the concept of “promotion”. They research and debate health issues in their community. They create a health-promotion product, develop a promotional plan for it, and promote it within the school/community. Students select one health promotion task that has a direct link to *Vitality*. They begin planning their promotional task, which is presented at the end of the course.

#### Strand(s) & Learning Expectations

**Strand(s):** Vitality

##### Overall Expectations

VIV.01 - demonstrate an understanding of the *Vitality* concept;

VIV.02 - use strategies to promote the *Vitality* concept.

##### Specific Expectations

VI2.01 - demonstrate a commitment to the promotion of personal health and a healthy lifestyle within the school community (e.g., by conducting a school fitness survey or organizing a health fair, by conducting a violence prevention program for younger students);

VI2.02 - explain facts, theories, and personal opinions related to health issues (e.g., by debating current issues, presenting information);

VI2.04 - demonstrate an ability to influence and support others in making positive health choices.

#### Planning Notes

- Provide copies of local newspapers and a selection of popular products (e.g., a brand name soft drink, a popular running shoe, a CD player, a candy bar, a box of detergent).
- Prepare students with procedures related to debating.
- Remind students to dress appropriately for the fitness break.

#### Prior Knowledge & Skills

Students require:

- group-work skills;
- debating skills;
- organizational and time-management skills.

#### Teaching/Learning Strategies

1. Students identify health issues in the school or community (e.g., smoking by laws, urban planning of park land, public activity spaces like in-line skating/biking/jogging paths, handicap access to physical activity sites). To assist in developing the list, students read local newspapers, audit local news shows, and interview school staff. After brainstorming a list of issues, students make connections to healthy eating, physical activity, and self-concept. In groups, students select one potentially contentious health issue. They research facts, establish personal opinions, and prepare to debate the health issue before the class (half of the group will support one side of the issue and the other half of the group will take the opposing side).

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Provide students with the rules of debate and a debating rubric (see Grade 9 Catholic Course Profile, Unit 3, Appendix 3C, p. 19) to assist students in their preparation. The debating rubric should be used by teacher, peers, and students to provide helpful communication skills feedback.

2. The teacher provides student fitness leaders time to lead the class in a fitness break. See Activity 1.
3. The teacher shares a variety of popular healthy lifestyle products with the class (e.g., vitamin supplements, running shoes, fitness centre, food product, particular piece of fitness equipment). Students in groups select one product and discuss ways it is promoted, organizing their ideas under:
  - What: is the product?
  - Who: does it appeal to (e.g., target group...age, gender)?
  - Why: must the public have this product (want, need)?
  - How: does the public learn about the product (e.g., media format-TV, symbols on T-shirts worn by role models)?
  - When: does the public hear most about this product (e.g., summer, before a holiday)?
4. In groups, students choose/create a health-promotion product. They must follow the What, Who, Why, How, and When model in developing their promotional plan for the product. Some groups may wish to actually make and package a product, while others may want to promote a health concept (e.g., Active Families, Active Schools). Each group shares its product or concept with the class, demonstrating the How portion of the plan.
5. Students generate a list of health promotional tasks, which could be developed to promote the *Vitality* concept as their Community Health Advocacy Task. Students choose from these examples to apply the Health Promotion Planning Steps:
  - Health Fair or School Campaign using media “Eat Breakfast every day”, “Be physically active most days”;
  - Promotion of Provincial/National Awareness Weeks. Nutrition Month (March), Summer Active (May), Winter Active (Dec; Jan);
  - Promotion of an existing website on *Vitality* components or Development of a *Vitality* website;
  - Health promotion calendar for schools;
  - Directory of *Vitality* resources in the community;
  - *Vitality* Education Session led by student to other classes;
  - Contest (physical activity);
  - Assembly with guest speakers;
  - Dance-a-thon or “Jump Rope for Heart”;
  - Modification of cafeteria menus to include healthy menu choices for two weeks;
  - Support groups or activity groups;
  - Intramural Tournaments or Fitness Session for elementary or Grade 9 students.
6. Students use the What, Who, Why, How, and When organizer to begin planning their task. Students require time throughout the course to continue the work on their promotional task.
7. The teacher provides a Health Promotion Planning Steps checklist (product, process, and people issues should be addressed) that will enable them to keep the project “on task” (e.g., GREAT).
  - G.** Goal Setting: What specifically are you trying to say/do related to the *Vitality* approach?
  - R.** Reality Check: Is the task appropriate for your audience? Is there a need?
  - E.** Evaluate: How will you know if your task is a success? Have you raised awareness of the *Vitality* approach?
  - A.** Attain: Can the task be accomplished in the time allotted? Have all the steps been set out and arrangements been made?
  - T.** Tell: Have you created ways to inform your audience? How are you promoting the task?

## Assessment & Evaluation of Student Achievement

The teacher and students gather evidence of learning expectations outlined for this activity through:

- a formative assessment of the health issues debate, using a communication rubric (see Grade 10 Public Course Profile, Unit 3, p. 42) and/or debate rubric (see Grade 9 Catholic Course Profile, Unit 3, Appendix 3C, p. 19);
- a formative peer assessment of the health issues, using a communication rubric and providing peers with anecdotal comments as feedback;
- a formative assessment of the Health Promotion Planning Steps, using an observation checklist.

## Appendix A

### The Shift to *Vitality*

The *Vitality* Approach requires a shift from negative to positive thinking regarding how to achieve and maintain healthy weights.

<b>A Weight/Size-centred Approach</b>	<b>The <i>Vitality</i> Approach</b>
<b>Dieting</b>	<b>Healthy Eating</b>
<ul style="list-style-type: none"> <li>• restrictive eating/high-protein diets</li> <li>• counting calories, prescriptive diets</li> <li>• weight cycling (yo-yo diets)</li> <li>• possible development of eating disorders</li> <li>• diet supplements</li> </ul>	<ul style="list-style-type: none"> <li>• enjoy eating a variety of foods</li> <li>• enjoy lower-fat and complex-carbohydrate foods more often</li> <li>• meet the body’s energy and nutrient needs through consistent healthy enjoyable eating for a lifetime</li> <li>• take control of how you eat by listening to your hunger cues</li> </ul>
<b>Exercise</b>	<b>Active Living</b>
<ul style="list-style-type: none"> <li>• no pain, no gain</li> <li>• high intensity, cardiovascular exercise and weight training</li> <li>• focus on calorie burning/body-building charts when exercising</li> <li>• short-term involvement</li> </ul>	<ul style="list-style-type: none"> <li>• value and practise activities that are moderate and fun</li> <li>• be active your way, every day</li> <li>• participate for the joy of being active</li> <li>• enjoy physical activities as part of your daily lifestyle</li> </ul>
<b>Dissatisfaction with Self</b>	<b>Positive Self-concept And Body Image</b>
<ul style="list-style-type: none"> <li>• unrealistic goals for body size and shape</li> <li>• obsession and preoccupation with weight/size</li> <li>• fat phobia and discrimination against overweight or underweight people</li> <li>• striving to maintain the impossible ideal (thin or muscular) body size and shape</li> <li>• accepting media’s emphasis on the ideal size and shape</li> </ul>	<ul style="list-style-type: none"> <li>• accept and recognize that healthy bodies come in a range of weights, shapes, and sizes</li> <li>• appreciate your strengths and abilities</li> <li>• relax and enjoy the unique characteristics you have to offer</li> <li>• be critical of messages that focus on unrealistic thinness (in women) and muscular bulk (in men) as symbols of success and happiness</li> </ul>

Health Canada’s *Vitality Approach – A Guide for Leaders*.

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## Appendix B

### Personal *Vitality* Record

Name:

**Instructions:**

- For each meal, indicate food item and quantity of each food (Q), according to measures in food guide, and name of food group (F) (e.g., grain products, vegetables and fruit, milk products, meat and alternatives).
- For each physical activity, record amount of time in minutes (T) and fitness component(s) (C) addressed (e.g., cardiovascular, flexibility, muscle strength, muscle endurance).
- For self-image, describe how you feel (e.g., emotionally: happy, confident; physically: strong, tired) and what you said or did to support another person's self-image.

	<b>Breakfast</b>	<b>Lunch</b>	<b>Supper</b>	<b>Snacks</b>	<b>Physical Activity</b>	<b>Emotionally I feel... I encouraged another by...</b>
	<i>Item: Q &amp; F</i>	<i>Item: Q &amp; F</i>	<i>Item: Q &amp; F</i>	<i>Item: Q &amp; F</i>	<i>Act: T &amp; C</i>	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

**Note:** Consider expanding this student worksheet by placing the above template on both sides of an 8" x 11" (landscape) sheet of paper.

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## Appendix C

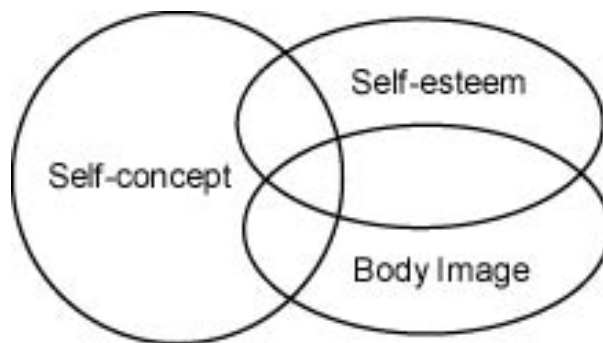
### Self-concept Fact Sheet

**Self-concept:** how an individual perceives his or her characteristics and abilities and how an individual evaluates him/herself. Self-esteem and body image are important components of self-concept.

**Self-esteem:** is the value someone places on himself or herself and the image that he or she has of him/herself measured against what he/she thinks it should be. The beliefs and attitudes about ourselves that we have learned from birth influence self-esteem. Our self-esteem determines how valuable, loveable, worthwhile, and competent we feel we are. When students have healthy self-esteem, they feel more positive about their bodies and find it easier to make good decisions for themselves that promote health, including taking care of the needs of their bodies.

**Body Image:** is a term used to describe how someone perceives and feels about his or her body. Body image involves:

- how you see or picture yourself;
- how you feel others perceive you;
- what you believe about your physical appearance;
- how you feel about your body;
- how you feel in your body.



Adapted from Sandra Susan Friedman, *Nurturing Girl Power: Integrating Eating Disorder Prevention/Intervention Skills Into Your Practice*.

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## Appendix D

### Personal *Vitality* Observation Checklist

The student will demonstrate an understanding of the *Vitality* concept.

Name of *Vitality* Coach

*Vitality* Partner:

#### Roles and Responsibilities of the *Vitality* Coach

Support your peer *Vitality* partner throughout the week (e.g., contact him/her once or twice during the week, listen to your partner, encourage him/her with respect to his/her healthy eating and physical activity goals, remind him/her about the benefits of healthy eating and physical activity, help him/her identify things that have made him/her feel good about him/herself). Interview your peer *Vitality* Partner two or three times this week using the questions below and his/her Personal *Vitality* Record. Use the sample responses as a guide when providing your partner with feedback. Responses indicate if the *Vitality* Partner is demonstrating an understanding of the *Vitality* concept.

#### Healthy Eating

1. Each day, have you been enjoying eating a variety of foods from the four food groups?
2. Are you making an effort to eat breakfast? What did you notice about your mood and energy level?
3. Are there other meals during the day that you are skipping?
4. Are you eating more than the required number of servings in any of the food groups?
5. Have you selected lower-fat foods more often?
6. Have you eaten the necessary servings from each food group each day?
7. Are there some eating behaviours that have started to change?
8. How did your thoughts and feelings affect your eating behaviour?

*Sample Responses:*

- a variety of foods from the four food groups are consumed each day, with evidence of consumption of required servings per day (i.e., at least five fruits and vegetables, three milk products, five grains, and two meat and alternatives)
- eating regular meals and snacks, including breakfast each day
- there is evidence of lower-fat food choices
- there is a connection between eating patterns and feelings

#### Physical Activity

1. Have you been physically active for 30 minutes most days?
2. What fitness components have you addressed and how many days have been dedicated to each?
3. How did your thoughts and feelings affect your participation in physical activity?
4. What did you notice about your moods/energy level when you did participate in physical activity?

*Sample Responses*

- participation in physical activity for 30 minutes most days of the week raises the heart rate, increases the rate of breathing, and causes the person to perspire
- participation in activities that address cardiovascular fitness and flexibility four to seven days per week
- participation in strength-building activities on two to four days a week
- there is a connection between participation in physical activity and feelings

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## Appendix D (Continued)

### Self-concept

1. What did you do or accomplish this week to increase comfort with your self-concept?
2. What do you like about yourself?
3. Who have you spent time with this week who has made you feel good about yourself?
4. Whose self-concept have you supported this week? How did you do it?
5. How did you cope with stress?

#### *Sample Responses*

- evidence of positive comments about self, body weight, and body shape
- evidence that person accepts self for the way he/she looks
- evidence that the person has done or said things to make another feel good about him/herself
- evidence of participation in physical activities that make him/her feel good
- evidence of healthy ways to cope with stress (e.g., physical activity, listening to music)

## Appendix E

### Personal *Vitality* Action Plan Phase One

Name \_\_\_\_\_

Healthy Eating Goals: SMART	Healthy Eating Action Plan:	Refinements: (Activity 2)
Physical Activity Goals: SMART	Physical Activity Action Plan: FITT	Refinements: (Activity 2)
Self-concept Goals: SMART	Self-concept Action Plan:	Refinements: (Activity 2)

## Appendix F

### Personal *Vitality* Action Plan Phase Two

Name:

Date:

Healthy Eating Behaviour to Change	Present Stage of Behaviour Change	Strategies to Assist in Making Positive Behaviour Change
Physical Activity Behaviour to Change	Present Stage of Behaviour Change	Strategies to Assist in Making Positive Behaviour Change
Self-concept Behaviour to Change	Present Stage of Behaviour Change	Strategies to Assist in Making Positive Behaviour Change

Date:

I learned (feel) that I have \_\_\_\_\_ in my progress in making a positive behaviour change in \_\_\_\_\_ because \_\_\_\_\_.

## Appendix G

### Physical Activity Interviews

Name:

For each person being interviewed, ask:

- As a teenager, what household chores do (did) you have to do that require(d) physical exertion?
- Describe a job that you have (had) as a teenager and what parts of the job require(d) you to be physically fit.
- Describe leisure activities that you participate(d) in as a teenager.
- How many times a week did you participate in Physical Education classes? Describe some of the activities in which you participated.

For each of the categories, what machines/appliances/tools do (did) you use as a teenager?

Categories	Peer	Person between the ages of 30 and 50	Person between the ages of 60 and 80
House-hold chores			
Job			
Leisure/Play			
Phys. Ed. Class			

Conclusions:

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## Appendix H

### Personal *Vitality* Action Plan Phase Three

Name \_\_\_\_\_

Using the decision-making and goal-setting models, describe one decision you wish to make related to a physical activity goal that you made in Phase One. List a barrier or barriers to acting on your decision and strategies to overcome the barriers. Repeat this process for one healthy eating goal and one self-concept goal. You will share your completed decision models with your *Vitality* Coach and will incorporate any new goals into your list of actions in Phase One of your plan.

<b>I.</b> Identify the decision to be made:
<b>D.</b> Describe alternatives and their consequences:
<b>E.</b> Evaluate the alternatives:
<b>A.</b> Act – describe the decision, barriers to making it happen, and strategies to overcome these barriers:
<b>L.</b> Learn from the experience:

## Appendix I

### Personal *Vitality* Action Plan Phase Four

<b>Actions</b>	<b>Reasons for Action Choices</b>
<b>Physical Activity</b> In School At Home In the Community	
<b>Healthy Eating Strategies</b>	
<b>Self-concept Strategies</b>	

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## Appendix J

### Developing a Communication Rubric

Some of the learning expectations require the teacher to assess the students' communication skills. Verbs at the beginning of the learning expectation that ask the student to "describe" or "explain" are asking the student to demonstrate communication skills in the context of the subject matter. Students may demonstrate their communication skills verbally, in written form, or through a presentation. By examining the Achievement Chart, teachers can focus on the significant aspects of communication that they should be assessing. Use this as the starting point and work with students to determine the specific criteria and performance indicators for the demonstration of learning.

<b>Achievement Chart Category</b> <i>Communication</i>	<b>Level 1</b> <b>(50 - 59%)</b>	<b>Level 2</b> <b>(60 - 69%)</b>	<b>Level 3</b> <b>(70 - 79%)</b>	<b>Level 4</b> <b>(80 - 100%)</b>
- communication of information and ideas	- communicates information and ideas with limited clarity	- communicates information and ideas with some clarity	- communicates information and ideas with considerable clarity	- communicates information and ideas with a high degree of clarity
- communication for different audiences and purposes	- communicates with a limited sense of audience and purpose	- communicates with some sense of audience and purpose	- communicates with a clear sense of audience and purpose	- communicates with a strong sense of audience and purpose
- use of various forms of communication (e.g., interview, short report)	- demonstrates limited command of the various forms	- demonstrates moderate command of the various forms	- demonstrates considerable command of the various forms	- demonstrates extensive command of the various forms

**Note:** A student whose achievement is below level 1 (50%) has not met the expectations for this assignment or activity.