# STATE OF CONNECTICUT

### DEPARTMENT OF EDUCATION



Series: 2008-2009 Circular Letter: C-12

**TO:** Superintendents of Schools

FROM: Mark K. McQuillan, Commissioner

**DATE:** May 20, 2009

SUBJECT: Statutory Requirements in Health and Safety; Alcohol, Nicotine, Tobacco

and Drugs; and Acquired Immune Deficiency Syndrome

The following information is a reminder to ensure adherence with Connecticut's education laws related to health education content and the certification requirements for teachers of health education.

## **Health Education Statutory Requirements**

There are three state statutes relating to health education instructional content. The primary requirement is found in Section 10-16b of the Connecticut General Statutes (C.G.S.) which prescribes courses of study in public schools. A program of study in health and safety education must be offered Grades K-12 in a planned, ongoing and systematic fashion and include, at a minimum: human growth and development; nutrition; first aid; disease prevention; community and consumer health; physical, mental and emotional health, including youth suicide prevention; substance abuse prevention; safety, which may include the dangers of gang membership; and accident prevention. Health and safety education is included as a planned program of study and must be treated like any other content area with regard to quality of curriculum and instruction.

C.G.S. Section 10-19(a) requires instruction regarding the use of alcohol, nicotine, tobacco and drugs every academic year to all students in Grades K-12 in a planned, ongoing and systematic fashion. Required content includes teaching about the knowledge, skills and attitudes required to understand and avoid the effects of alcohol, of nicotine or tobacco and of drugs on health, character, citizenship and personality development.

C.G.S. Section 10-19(b) requires that instruction in Acquired Immune Deficiency Syndrome (AIDS/HIV) be offered during the regular school day Grades K-12, in a planned, ongoing and systematic fashion. Parents/guardians have the right to opt their child out of such instruction.

### **Teacher Certification**

Certification to teach health education at the primary or secondary level requires a PK-12 health education teaching certificate endorsement (043) or school nurse/teacher certificate endorsement (072). At the primary level (Grades K-6), an elementary teacher may deliver health education, but cannot be the sole provider per Section 10-145d-435(a) of the certification regulations. Elementary classroom teachers may provide a part of health education instruction, but a certified teacher in health education must also provide a portion. At the middle and secondary level (Grades 7-12), teachers must be certified in health education or hold a school nurse/teacher certificate in order to teach health education.

Statutory Requirements in Health and Safety; Alcohol, Nicotine, Tobacco and Drugs; and Acquired Immune Deficiency Syndrome
May 20, 2009
Page 2

# **Implementation**

For a program to be planned it should have curriculum that contains written goals and learning objectives. An ongoing program ensures continuity with learning objectives that evolve from one grade, or group of grades, to the next. A systematic planned program ensures that implementation is equitable for each specific grade, or group of grades, or course, e.g., all third-grade students receive instruction for the same agreed upon learning objectives in every third-grade classroom in every school within the district. The Connecticut State Department of Education (CSDE) has developed the *Healthy and Balanced Living Curriculum Framework* that provides guidance on content standards and developmentally appropriate performance indicators in comprehensive health education and physical education. The *Framework* defines what students should know and be able to do in Grades PK-12.

It is especially imperative that health education remain a prominent program of study due to the myriad of health and mental health issues such as asthma, obesity, unplanned teen pregnancy and depression which confront our students. These and other factors contribute to loss of instructional time as well as absenteeism, dropping out of school and chronic illness. Research consistently concludes that student health status and student achievement are directly connected and that student health is one of the most significant influences on learning and achievement.

For districts facing challenges meeting statutory and certification requirements, the following strategies, though not ideal, may serve to ensure that your district complies with the law:

- School districts may share a certified health educator to provide instruction in health education.
- 2. Certified health education teachers can assist in delivering instruction among school buildings within a district.

In addition to the Framework, the CSDE has developed guidelines that may assist local districts with policy development and implementation in health education. The Guidelines for a Coordinated Approach to School Health offers recommendations to districts on policy, practice, programs, services and recommended number of instructional hours in health education content areas. The Guidelines and Framework documents can be downloaded at <a href="https://www.ct.gov/sde/healthyconneCTions">www.ct.gov/sde/healthyconneCTions</a>.

If you have questions or would like additional information, please contact Dr. Bonnie J. Edmondson at 860-807-2077 or <a href="mailto:bonnie.edmondson@ct.gov">bonnie.edmondson@ct.gov</a> or Dr. Jean Mee at 860-807-2050 or <a href="mailto:jean.mee@ct.gov">jean.mee@ct.gov</a>.

MKM:bee