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ABSTRACT

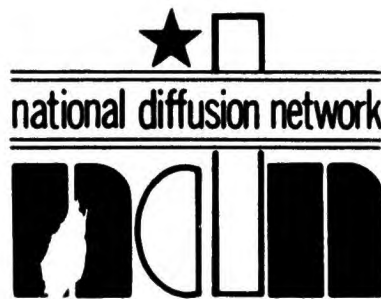
This booklet contains descriptions of 18 health and physical adult education programs that have been validated as successful by the Joint Dissemination Review Panel of the Department of Education (JDRP). The projects have been developed by individual school districts throughout the nation, in response to their local needs. The programs are indexed alphabetically, by categories, and by grade level. When a program has been used successfully at other grade levels it is noted in the program description. Each program description includes the age level for which it has been reviewed and validated by the JDRP, an abstract of the program's content, requirements for program implementation, program costs, and services offered by the program. Programs on a broad range of topics are presented, including alcohol education, cardiovascular fitness, staff development, weight control, mainstreaming and many others. (JD)

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Proven Exemplary Educational Programs and Practices:

A Collection from the



Health/Physical Education

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INTRODUCTION

The National Diffusion Network facilitates the exchange of information between the developers of successful projects and adopting districts. Many of the projects receive federal funding as Developer Demonstrators to provide teacher training, materials, and technical assistance to those who adopt their programs. Through the State Facilitator Project, the Michigan Department of Education is the principal link between Developer Demonstrators and those adopting new programs. The Department can help in the identification of programs to address current local needs, and in the adoption and implementation process.

The information contained in this booklet presents descriptions of educational programs that have been validated as successful. These projects have been developed by individual school districts throughout the nation, in response to their local needs. The Joint Dissemination Review Panel of the U.S. Department of Education has reviewed and validated the data presented by each project. These programs are available for adoption by other districts.

The following introductory pages contain an alphabetical table of contents, an index of programs by category and an index of programs by grade level(s) for which the programs have been validated. Some programs have been used successfully at other grade levels. This is noted in the abstracts. The Department of Education can assist in adoption of a program only at the grade level(s) for which it has been validated.

For further information about any of these programs, or for assistance in adopting or implementing one of the programs, please feel free to contact Mrs. Patricia Slocum, Michigan State Facilitator, Office of Grants Coordination and Procurement, Michigan Department of Education, Post Office Box 30008, Lansing, Michigan 48909, telephone (517) 373-1806.

HEALTH/PHYSICAL EDUCATION PROJECTS

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ACTIVE: All Children Totally Involved in Exercising. A diagnostic/prescriptive physical education program that provides teachers with the skills, strategies, and attitudes necessary to initiate a physical activity program for handicapped and normal individuals.

Audience Approved by JDRP for handicapped, ages 6-60, nonhandicapped, grades K-9, physical education teachers, special educators, recreation teachers, and para professionals. It has been used in other settings and grades.

Description Project ACTIVE has been developed to serve handicapped individuals, but is equally applicable to slow learners and normal and gifted children. ACTIVE offers a training program to provide teachers with those skills/strategies necessary to implement an adapted physical education program, diagnostic/prescriptive curriculum manuals and materials addressed to the entire gamut of handicapped conditions, and consultant services to assist implementers during the installation phase. Program strengths include extreme flexibility for adoption/adaptation, a total curriculum package that can be implemented immediately at minimal cost, compliance with the federal mandate requiring "written education programs for the handicapped population," unlimited support services at no cost to enhance successful implementation, and accountability features to enhance administrator/community support. Student instruction is based on instruction format (i.e. the program is structured to ensure that trainees acquire the skills, knowledge, and attitudes stressed), with emphasis on trainee exposure to handicapped individuals in a field setting. Participants are trained to diagnose and assess pupil strengths and deficiencies and to prescribe motor, perceptual-motor, physical fitness, posture, nutrition, and diaphragmatic breathing tasks accordingly. ACTIVE has developed low motor ability, low physical vitality, postural abnormality, nutritional deficiency, and breathing problem components for mentally retarded, learning disabled, and emotionally disturbed student populations. No special facilities are required. Comprehensive programs can be initiated in limited space. A 30' x 60' area removed from other teaching stations is ideal. If P.E. equipment is available, cost per school varies between \$50 and \$300. District commitment includes implementation of at least one aspect of the ACTIVE program in three or more classes that meet for a minimum of three 30-minute periods per week for one year, allocation of time for the trainee to train at least one staff member, and transmission of pre/post data and end-of-year evaluation report to project.

Requirements Program may be implemented in a single class, a school, or an entire district. Five discrete curriculum components enable the district/agency to adapt the program to students with varying abilities in grades pre-K through 12. Training programs are adapted to comply with needs of the teachers and schools. Existing personnel can be used to obviate the need for additional staff (e.g. by inclusion of the ACTIVE program in the special education curriculum or by use of the team teaching approach.) Instructional facilities may vary from 30' x 30' to 30' x 60'. Implementation schedules for each trainee must be submitted to the project prior to training.

Costs Complete training model kit (12 manuals and three packets of spirit masters), \$100. (Kit manuals provide guidelines for planning an individualized-personalized physical education program for students with any type of handicap. Other supplementary materials are available. Unit orders are available and must be prepaid). Installation costs are minimal. Personnel can be reassigned. Regular P.E. equipment can be used. Materials are available at the address below.

Services Awareness materials are available at no cost. Visitors are welcome at project site two days per month between October and May and at additional demonstration sites in home state and out of state. Project staff may attend out-of-state awareness meetings (all expenses must be paid). Training may be conducted at project site during the last two weeks of each month from October to May (adopter pays only its own costs plus cost of texts). Training is also available at adopter site (adopter pays own costs, including \$58 for mini-course or \$100 for maxi-course per trainee for cost of texts). Follow-up services are available to adopters.

Contact Joe Karp, Director; Project ACTIVE; Kelso School District #453, Kelso, Washington 98626. (206) 577-2463, or (206) 577-2410.

PROJECT ADVENTURE. An interdisciplinary program involving experience-based learning in academics along with group problem solving and an alternative physical education program out-of-doors and indoors as well.

Audience Approved by JDRP for students of all abilities, grades 6-12. Parts of the program have also been applied in therapeutic and camp settings.

Description Project Adventure is designed to add an experience component to standard high school and middle school courses. For many students, learning is essentially a passive process offering little opportunity to take responsible action or to test abstract ideas in the real world. Project Adventure represents a combination of Outward Bound techniques and philosophy with a group problem solving approach to learning and teaching. Small groups of students learn by actually working on specific reality-based tasks or problems in the community and the natural environment. The teacher's role is to state the problem and limits, giving students the responsibility for finding solutions. This approach has produced measurable improvements in self-concept, physical agility and competence. It encompasses and supports a wide variety of teaching and learning styles.

The project is made up of two separate components, which may be used singly or together: a physical education program involving initiative games, outdoor activities, and a Ropes Course apparatus that can be constructed by teachers and students; and an academic curriculum component designed to give hands-on experiences and a practical application of the basics. The program's aim is to educate the whole student through sound academics, physical activity, and learning activities that enhance self-concept. The project's strengths are its flexibility, the variety and quality of its curriculum models, and its ability to inspire and rekindle the enthusiasm of both teachers and students.

The project offers 3 different initial training programs: academic, counseling techniques, and physical education. These trainings give teachers and counselors skills in program management, teaching strategies, and techniques necessary for implementation. Ideally, a core group of teachers from a single school attends a 5-day workshop. Follow-up sessions and assistance with construction may also be part of the adoption process. Many of this project's adoptions have been in the area of environmental education.

Requirements Attendance at the four-day workshop is essential. Ideally, one or more teachers are trained in the physical education or curriculum workshop or in both. A supportive administration willing to incorporate new teaching styles and programs that may involve some flexibility in scheduling is also required. No special facilities are needed, although the Ropes Course apparatus for the physical education program calls for some open space around playing fields or in a wooded area. No special staffing is required.

Costs The four-day residential teacher-training program costs approximately \$330 per teacher, including room, board, and materials; travel costs are not included. For the physical education component, schools should allow a minimum of \$3,500 for Ropes Course materials (actual costs vary). For the academic component, costs may include transportation, substitutes, and camping equipment, depending on the curriculum developed.

Services Awareness materials are available at no cost. Visitors are welcome any time by appointment at project site and additional demonstration sites in home state and out of state. Project staff are available to attend out-of-state awareness meetings (costs to be negotiated). Training is conducted at project site (all expenses must be paid, including tuition, and room and board). Training is also available at adopter site (costs to be negotiated). Implementation and follow-up services are available to adopters (costs to be negotiated).

Contact Dick Prouty, Project Adventure, Inc.; Box 100; Hamilton, MA 01936. (617) 468-7981. Cindy Simpson, Project Adventure/SE; Box 6548; Atlanta, GA 30375. (404) 622-1360.

ATHLETIC HEALTH CARE AND TRAINING PROGRAM. A comprehensive system to prevent and manage athletic injuries in interscholastic athletic activity.

Audience Approved by JDRP for high school athletics—coaches, school nurses, certified athletic trainers, and student trainers.

Description This program provides the basics for high quality and safety in secondary school athletics. State-of-the-art sports medicine methods, adapted for the high school level, meet the educational, organizational, and recordkeeping requirements toward safer interscholastic athletic activities. The first step includes a 29-hour education session for the entire "health care team" comprised of all coaches, the school nurse, certified athletic trainer (if on staff) and approximately 10 high school student trainers. The course provides common sense and knowledge in the areas of injury prevention, injury recognition, first aid, supportive taping, rehabilitation, organization of the training room as well as the importance and skills of record-keeping. The laboratory portion of the course provides an ample 10 hours of demonstration by skilled health professionals who oversee the actual practice of the learned skills by participants. Coaches and students, after taking the course, show greater concern and ability to recognize injuries. The second step of need assessment considers the existing athletic program for safety and health care quality. School administrators and athletic staff receive a formal written report of the noted deficiencies and suggested corrective action plans. The third step of creating a central training room, serviced by student trainers under adult supervision (preferably a Certified Athletic Trainer), with proper equipment and design, provides services ranging from injury prevention, first aid, and rehabilitation for all student athletes. The Student Trainers Supervisor's Manual provides guidelines for selecting, utilizing and evaluating student trainers. The fourth step of standardized procedures institutes the daily use of written guidelines, checklists and protocols. Participating schools demonstrate knowledge in emergency preparedness as well as organized management of health-related problems in student athletics. The Communications Manual explains the importance and use of special forms. Computer generated reports of data analysis and observations of each sport permit informative seasonal and year-end evaluative summaries. An Administrative Manual explains the Athletic Health Care System philosophy and all procedures. The Continuing Education Committee of the American College of Sports Medicine has endorsed the efforts of the project developer.

Requirements Written support from school administration and local medical community; assessment of the entire athletic program; appointment of student trainer supervisor; required attendance by all coaches and student trainers at the educational session; formation of a central training room; use of daily system procedures; accurate recordkeeping; full participation in the evaluative component of the system; a school-wide commitment to change; and attention to detail ensure successful implementation.

Costs Adoption expenses are negotiable. Within Washington State, costs range from approximately \$5,000-\$7,000. Outside the state, \$7,000-\$9,750 for a single school. Training occurs at adoption sites. The cost figures include: training for all coaches and student trainers, system implementation services, travel and per diem for project staff, materials and manuals, evaluation services, follow-up visits. Teacher and student time to receive the education course requires school administrators to plan or provide substitutes or consideration. Recurring yearly costs are between \$1500-\$2500.

Services Awareness materials are available at no cost. Visitors are welcome by appointment at project site and additional demonstration sites. Project staff are available to attend out-of-state awareness meetings (expenses negotiable). Training is conducted at adoption site. An annual National Leadership Institute for becoming a "certified Administrator" for the Athletic Health Care System is conducted for one week in Seattle in July.

Contact *Stephen G. Rice M.D. and/or Chuck Marquardt, A.T.C.; Athletic Health Care System; Division of Sports Medicine GB-15; University of Washington; Seattle, Washington, 98195. (206) 543-1550 or 324-5116.*

CASPAR (Cambridge and Somerville Program for Alcoholism Rehabilitation) Alcohol Education Program. A curriculum to improve attitudes and cognitive knowledge related to alcohol and alcoholism.

Audience Approved by JDRP for all students in grades 7-12. This program has also been used with elementary and alternative school audiences.

Description Sociological studies of ethnic groups with high and low rates of alcoholism confirm the apparent transmission of drinking attitudes and behavior along family and cultural lines and link the incidence of alcoholism to the way in which children are acculturated to alcohol. In contrast to views of alcoholism based exclusively on psychological or physiological determinants, these studies suggest that alcohol use and abuse are learned behaviors and that attitudes toward drinking are prime factors in the development of alcoholism.

The *Decisions About Drinking* curriculum has units for elementary grades 3-6, junior high grades 7-9, and senior high grades 10-12. Each unit has sequential modules for each grade level which follow a spiral pattern, repeating similar concepts in progressively greater depth. Each module is designed for seven to ten 45-minute teaching periods, with flexibility for expansion or contraction to a minimum of five teaching periods. Alcohol use and decision making are covered during the first six or seven periods, with alcoholism covered only during the last one to three periods, when children who are experiencing family problems will be more ready to accept this information. The curriculum emphasizes high student involvement through participatory activities such as debates, role plays, polls, drawings, and small group discussions. Activities focus on real life issues and situations, and convey repeated and consistent messages about responsible decision making in relation to alcohol use. Trained teachers using the CASPAR model can produce classroom situations in which many children will exhibit atypical behavior, signalling their distress over alcohol-related concerns. At this point, the teacher can discuss problems with the students and refer them to appropriate community agencies. Besides facilitating referrals, evaluation evidence from a number of sites indicates that proper implementation increases knowledge and affects attitudes, and that these changes remain for at least a year. Published evidence also suggests that repeated exposure may affect rates of problem drinking.

Requirements Teacher training consists of a 24-30 hour workshop. At a minimum, a 3-day (18 hour) workshop is recommended. It is desirable to have an additional day as follow-up; the curriculum should be tried out in a 2-3 week interval before the follow-up session. Purchase of curriculum manuals (one per school) and resource materials is required. Although films which can be purchased or rented are featured in the curriculum, they are not required. For each curriculum activity based on a film, an alternative activity is provided. The program can be implemented by one teacher or by a total school district. No personnel or facilities are required.

Costs Personnel Training: an 18-hour workshop for a total of 15 participants—\$1500 first year; \$0 subsequent years. A maximum of 45 participants can be trained by three certified trainers at a given time. Equipment and materials: Films—optional. CASPAR'S *Decisions About Drinking* Curriculum, grades 3-12, costs \$125 and includes one set of pamphlets. Consumables for classes can be copied from curriculum manual.

Services Awareness materials available free. Project staff are available to attend awareness meetings in state and out-of-state with adopter to bear cost. Workshops are provided at the adopter site. Week-long workshops are held at the project site, \$350/person. Follow-up services are available at a cost of \$50/hour. Adopters must bear all costs.

Contact Ruth B. Davis, Ph.D., Director; CASPAR Alcohol Education Program; 226 Highland Avenue; Somerville, MA 02143. (617) 623-2080.

Developmental Funding:

JDRP No. 82-42 (10/28/82)

PROJECT CHOICE: A cancer prevention program for students grades K-12.

Audience Students grades K-12.

Description Project CHOICE is a cancer prevention and risk-reduction curriculum for students in grades K-12. The program lessons are taught during a two-week time period at each grade level.

The Project CHOICE curriculum consists of comprehensive, sequential units which promote three primary learning goals: 1) Students will learn cancer information and components of cancer risk; 2) Students will learn a rational process of information evaluation and decision making; 3) Students will assume the locus of responsibility for behaviors leading to cancer risk-reduction and wellness.

The curriculum kits include original filmstrips, experiments, decision-making scenarios, group work, classroom reports, debates and discussions. The overall program emphasis is on positive health promotion, personal responsibility for health, the role of health professionals, and an understanding of risk and risk-reduction concept. The lesson themes attempt to replace a fear of cancer with a positive and active approach to maintaining health. At different grade levels the units deal with seven broad areas of cancer risk: Host Factors; Drugs—including alcohol and tobacco; Occupational Hazards; Stress; Environmental Factors—including radiation exposure; Nutrition; and Sun Exposure.

Not all cancers can or will be eliminated by cancer risk-reduction practices; therefore students are taught to understand and recognize cancer warning signs, methods of early detection, appropriate treatment, and unproven methods of cancer treatment. By developing their own personal cancer risk-reduction plans, students enhance their awareness of their own responsibility for their health. Teachers are provided with complete lesson plans, student learning objectives, a Cancer Resource Guide with information that corresponds to lesson content, and all teaching materials.

Requirements Adopting districts are required to take part in a one-day inservice training. The adopting district must agree to teach all 10 lessons. The gathering of evaluation data by adoptors is optional but recommended.

Costs K-12 kits include all materials and teacher resource guides at approximately \$50-\$395 a grade level, or approximately \$1490 for a K-12 set.

Services Project staff are prepared to provide awareness, training, and follow up. Travel expenses will be negotiated with adopting districts. Sample kits are available for preview. Contact Project CHOICE Staff for details.

Contact *Connie Hansen, Project Director; Project CHOICE, 829 S. 22nd Street, Arlington, VA 22202. (703) 979-4679 or Sarah Miller, Curriculum Coordinator; Project CHOICE; Fred Hutchinson Cancer Research Center; 1124 Columbia Street; Seattle, Washington 98104. (206) 467-4679.*

EVERY CHILD A WINNER With Movement Education. An individualized movement education program providing mainstreaming and success experiences for all children regardless of physical or mental ability.

Audience Originally approved by JDRP for students grades K-6, reapproved 1985 by JDRP for grades 1-3. Components for grade 4-6 are still available and active.

Description The program design provides developmental movement experiences for children centered on themes of space awareness, body awareness, quality of body movement, and relationships. These themes are taught through creative games, creative dance, and educational gymnastics. Competition is found in the program only when child-designed. The project slogan, "Every Child a Winner," finds expression through the discovery learning approach to teaching movement. Students are encouraged to reach their personal potential, and "winning" occurs as each child does his or her best.

Every Child a Winner—Lesson Plans includes 31 behaviorally stated objectives, with lesson plans written to enable teachers to meet these objectives. Training is designed to help classroom teachers and physical educators implement the lessons. The lessons are designed to enhance the child's self-concept, to improve academic skills, and to improve physical fitness and motor skills.

Phase I Training (three days) includes an accountability model for program implementation, teaching techniques for Every Child a Winner movement lessons, and sessions on public relations related to successful implementation of the program. Phase II Training (two-day continuation) provides detailed information on refining students' movement skills and assistance in implementation in the upper grades. The program should be implemented first in K-3, with a plan for expanding to K-6.

Limited funds prevented a study of program effects on grades 4-6. Therefore, JDRP approval covered only grades 1-3. However, the program has been successfully implemented in grades K-6 since 1974 in over 800 schools in 48 states, the Virgin Islands, and Canada. An evaluation (1983) involving a random sample of 3,800 students, pre- and post-testing using the Washington State Fitness Test indicated significant gains (grades 1-3) in total fitness measures using a factor score composite.

Requirements Program can be conducted by classroom teachers and/or physical educators. Pupil-teacher ratio 1:30. Training is essential. Facilities needed are a multipurpose room or indoor area large enough for participation, as well as outdoor space to conduct movement lessons. Equipment needed for each child is supplied by project. Training materials and resource books are required.

Costs Training materials: one copy per training participant, *Every Child A Winner... A Practical Approach to Movement Education*, \$10 each. Resource book list and equipment list supplied by project. Costs vary depending on the number of students involved.

Services Awareness materials are available at shared cost. Visitors are welcome by appointment at project site and additional demonstration sites in home state and out-of-state. Project staff are available to attend out-of-state awareness meetings (costs to be negotiated). Training is conducted at project site (costs to be negotiated). Training is also available at adopter site (costs to be negotiated). Implementation and follow-up services are available to adopters (costs to be negotiated).

Contact *Martha F. Owens; Every Child a Winner; Irwin County Schools; Box 141; Ocilla, GA 31774. (912) 468-7098.*

GROWING HEALTHY (Incorporating the Primary Grades Health Curriculum Project and the School Health Curriculum Project). A comprehensive health education program designed to foster student competencies to make decisions enhancing their health and lives.

Audience Approved by JDRP for students of all abilities, grades K-7.

Description Growing Healthy includes a planned sequential curriculum, a variety of teaching methods, a teacher training program, and strategies for eliciting community support for school health education. It involves students, teachers, educational administrators, other school staff, community health personnel, and the families of participating students. Through group and individual activities, children learn about themselves by learning about their bodies. There is one 8-12 week unit for grades K through 6 and a semester course for grade 7. Each grade studies a separate unit specifically designed for that age group. The units include: An introduction of the five senses, feelings, caring for health, and general health habits; the senses of taste, touch, and smell and their roles in communicating health information; the emotions and communication methods with regard to sight and hearing; the skeletal and muscular systems; the digestive system; the respiratory system; the circulatory system; and the nervous system. Throughout all grades health information about safety, nutrition, environment, drugs and alcohol, hygiene, fitness, mental health, disease prevention, consumer health wellness, and lifestyle is explored and reinforced. Access to a variety of stimulating learning resources including audiovisuals, models, community health workers, and reading materials, is abundantly provided. The curriculum is designed to integrate with the lives and personality development of children by providing situations in which they may assume responsibility, research ideas, share knowledge, discuss values, make decisions, and create activities to illustrate their comprehension and internalization of concepts; attitudes and feelings. The curriculum has been developed to enhance other school subjects such as reading, writing, arithmetic, physical education, science, and the creative arts. As teachers become familiar with the subject matter during training, they simultaneously learn teaching arts and teaching methods. The teacher uses a learning center approach, which allows children to move about the room, explore resources, and work together in groups. Twenty-four separate studies were completed between 1964 and 1978 to ascertain effectiveness. A recent review and synthesis of these studies indicates that GROWING HEALTHY was effective in increasing health-related knowledge and providing positive health-related attitudes.

Requirements GROWING HEALTHY requires a school team comprised of two classroom teachers, the principal, and one or more curriculum support persons to: receive training in the grade level being adopted; utilize GROWING HEALTHY teaching materials; involve school administrators, parents, and representatives of community health organizations in the project; and offer a GROWING HEALTHY training workshop for others after the first year.

Costs Teacher training costs of approximately \$2,500 can be shared by as many as eight teams (32 members including 16 teachers): Nonconsumable instructional materials cost range from about \$900 to \$4,000 per district per grade level. Consumable instructional materials cost about \$500 per district per grade level.

Services Awareness materials are available at no cost. A Project Facilitator has been appointed in each state to supply information and assistance. Visitors are welcome by appointment at project site and additional demonstration sites. Project staff are available to attend out-of-state awareness meetings (all expenses must be paid). Training is conducted at project site (all expenses must be paid). Implementation and follow-up services are available to adopters (costs to be negotiated).

Contact *Kathleen Middleton, Director; School Health Programs, National Center for Health Education; 2190 Meridian Park Blvd., Suite G, Concord, CA 94520. (415) 676-2813.*

HAVE A HEALTHY HEART. A heart health curriculum and aerobic fitness program for regular classroom, physical education, science, and health teachers and their students.

Audience Approved by JDRP for students in grades 4-6. Additional components are offered and available for grades 7 through 8.

Description There is evidence to suggest that several factors associated with heart disease are related to habits acquired in childhood. The developers of this program assume that educating children about such relationships and teaching them health-promoting habits have great potential for reducing the impact of heart disease. Conducted either within the regular classroom or as part of a physical education, science or health period, this supplemental health course consists of separate fitness and lifestyle units, each with its own set of student materials. Developed in cooperation with sports medicine physicians and members of the American Heart Association's Heart, Health, and the Young Committee, the Fitness Book (third-grade readability level) contains information on setting up and maintaining a personal aerobic fitness program. Developed in cooperation with cardiologists, biomedical researchers and dieticians, the Lifestyle Booklet (fourth-grade readability level) conveys information on the effects of smoking, overweight, stress, heredity, exercise, cholesterol and hypertension on heart disease. Skillpaks containing mazes, puzzles, word scrambles, quizzes, and other activities reinforce concepts taught in the two student booklets. Student materials are used in the classroom for approximately 30 minutes two or three times a week. Students also participate in an aerobic fitness program. (No medical release was required for participating students at the project site. Local physicians determined that students healthy enough to take part in school physical education program activities could participate without risk.) They perform aerobic exercise at their target rate for approximately 20 minutes three times a week. Teachers supervise and participate in all student activities. Project-developed teacher materials include a teacher's manual, a fitness program kit, four videotapes, and resource/enrichment packets.

Evidence of Effectiveness—Six school districts participated in the pilot and field test of HAVE A HEALTHY HEART. Gains for all groups on the project tests were significant at the $p < .001$ level.

Requirements HAVE A HEALTHY HEART can be implemented in regular classrooms, science or health classes, physical education programs, or a combination of all of the above. No special materials are required. Participants should come to the workshop prepared to do aerobic dance, dissect beef hearts, and make smoking machines. Running shoes should also be worn.

Costs The cost for a one-day training workshop and required materials is \$125 per participant. Materials include the following: An implementation manual, fitness and lifestyle tests, beef heart dissection packet, smoking machine packet, relaxation packet, Fitness booklet, Lifestyle booklet, Heart Test booklet, student booklet skillpaks, sweatbands, heart decal, HHH button, and an HHH t-shirt.

Services Awareness materials are available at no cost. A color awareness videotape is available on loan. Training is usually conducted at a regional site. Follow-up services are available.

Contact Sherry Avena; *Have a Healthy Heart*; 4095 173rd Place, S.E.; Bellevue, WA 98008. (206) 746-0331.

INDIVIDUAL EDUCATION PROGRAM IN PHYSICAL EDUCATION (IEP/PE): Physical Education for Handicapped Children. A program to aid in the development of physical education and recreation components for handicapped children.

Audience Approved by JDRP for special and physical education teachers of handicapped children of any age, level, or degree of handicap who require an adaptive, specially designed, or participate in a regular physical education program.

Description In order to fulfill the requirements of P.L. 94-142, physical education components must be included in the education programs of handicapped children, when applicable. The IEP/PE Program trains special and physical education teachers to increase their proficiency levels in developing physical education and recreation components pertaining to the five basic motor movements.

The intervention process requires six to eight months to implement. Adopters are provided a two-day workshop which incorporates not only familiarization with the program, but also active participation in using the model curriculum design to assess student abilities, remediate ineffective movements, and develop IEP's in physical education. Objective referenced materials range from pre-skill levels to high level sport skills. The program was developed as a model to easily incorporate into the existing curriculum or be used independently.

A Teacher Training Package, including expansion and modification of activities and games as related to the IEP/PE Program are also incorporated into the training session. Training films of efficient and inefficient movements are utilized to further enhance teacher proficiency. Telephone and written communications are maintained between adopter and project throughout the school year.

An experimental vs. control group pre/posttest was used to determine program effectiveness. Experimental group gains were significant ($p < .05$) while control group had minimal or no gains. Yearly pre/posttest data collections are a part of the program. Greatest gains are made in students enjoying and enthusiastically participating in physical education and recreation.

Requirements The IEP/PE Program may be adopted by as few as one or a maximum of 50 special and physical education teachers. Each school district represented must designate a "contact" person to act as a liaison between the adopter and the project. Multi-district and/or multi-state training is available.

Costs A minimum of two days' release time must be provided for each teacher trainee. Teachers trained and utilizing the program must have a Model Program curriculum manual, \$35, and a Teacher Training Package, \$10, two teachers may share materials during the training session. Training films and adapted equipment are optional.

Services Awareness materials are available at no cost. Interested individuals are welcome at the project site at any time by appointment. Project staff are available to attend out-of-state awareness meetings, regional or national conferences, or training sessions (costs to be negotiated). Follow-up visits are available (costs to be negotiated).

Contact Mrs. Gay Clement, IEP/PE Program Coordinator; UAF/USC; Benson Building; Columbia, SC 29208. (803) 777-4465.

LEARNING FOR LIFE. Motivational, inventive nutrition/fitness curricula, with original materials for classroom, health, and physical education teachers. Approved by JDRP for students in grades 2 and 5.

Description This imaginative and challenging elementary health program is designed to help children learn how to make informed, healthy choices about food and fitness. It is built on the conviction that early positive experience with good food and physical activity will lead to a life-long commitment to good health. There are two courses: an early elementary curriculum, *The Doofus Stories*, and an upper elementary curriculum, *From the Inside Out*. *The Doofus Stories* is a 10-week daily classroom program designed and tested for second grade but used for grades 1 and 3 as well. Its core is a whimsical and informative story read aloud by the teacher. The storybook is accompanied by 52 worksheets and numerous nutrition and fitness activities that take place in class, at home, and in physical education classes. *From the Inside Out* is a 16-week daily classroom program designed and tested for fifth grade but appropriate for sixth grade as well. Its core is a student book that presents up-to-date nutrition and fitness information interwoven with challenging and fun activities, interesting and unusual facts, and lively illustrations. The two courses complement each other without duplication. Each curriculum includes a teacher's guide and resource manual with more than 200 pages of activities, concepts, background information, worksheets, and annotated bibliographies. In addition to the student books and teacher's guides, each program also includes student worksheets and posters.

Contact Carol Bershad, Project Director; Learning for Life/MSH; Dept. NDN; 165 Allandale Rd.; Boston, MA 02130. (617) 524-7799.

Developmental Funding: USOE ESEA Title IV-C

JDRP No. 80-43 (12/23/80)

THE ME-ME DRUG PREVENTION EDUCATION PROGRAM. A drug prevention education program aimed at improving self-concepts.

Audience Approved by JDRP for public and nonpublic elementary school personnel who work with children in grades 1-6. This program has also been adapted for use with children in kindergarten.

Description The ME-ME Program was developed to improve those conditions which seem to be common to most young people who abuse drugs and alcohol and is based on the premise that if these conditions can be dealt with early, children will have less need to turn to drugs. The ultimate goal of the ME-ME Program is to help children develop to their full potential. This is accomplished by providing activities which enhance children's self-concepts and providing them with the skills necessary to make decisions. Peer pressure is dealt with by presenting students with situations where they must decide whether to go along with their friends or with their own instinct. Children start out making simple decisions. As they progress through the grades, their decisions become more difficult. Drug information is taught in conjunction with children learning about themselves and how to make decisions. Children in the lower grades learn about Mr. Yuk and who is qualified to give them medicines. In the upper grades, children learn about prescription and over-the-counter medicines. The regular classroom teacher is the person who presents the program to children. Teachers are provided with teaching strategies that encourage positive feelings between students and teacher. The materials are student-oriented and are compatible with all areas of the curriculum. Although some of the activities can be used with all elementary level children, each grade level has activities which are unique to itself. Grade level activities are arranged in the proper sequence to assure that the continuity of the program is maintained. Training consists of a 1-day training session conducted by project staff or designated trainer. The materials and in-service training enable any teacher to effectively implement this program in the classroom. Use of the program is monitored by the project staff throughout the first year of implementation. Pretests and posttests were administered to experimental and control groups with matching socioeconomic and geographic backgrounds and ability levels. The project has proven that it increases students' feelings of self worth, decision-making ability, and factual information about drugs. There has been evidence of little drug abuse in schools where the program has been implemented. Discipline problems are fewer in classrooms where the program is being used.

Requirements Adopters must participate in training, use program activities weekly, and agree to the monitoring of activities used by teachers. Administrators must allow teachers time in their daily schedules for program activities. It is recommended that all grade-level teachers (1-6) from the adopting school implement the program.

Costs Costs to schools include training costs, travel expenses (including food and lodging) of the trainer, and the cost of materials. The materials cost \$38 for each teacher.

Services Awareness materials are available at no cost. Sample packets are available at \$10 per packet (postage included). Visitors are welcome any time by appointment at demonstration sites. Project staff are available to attend out-of-state awareness meetings (costs to be negotiated). Training is conducted only at adopter site (all expenses must be paid, including travel, lodging, meals, and material costs). Monitoring of program implementation is done throughout the first year.

Contact *Artie Kearney, Ph.D., Executive Director; ME-ME Inc.; 426 W. College Ave.; Appleton, WI 54911. (414) 735-0114.*

MUSCOGEE HEALTH PROJECT (Health Through Science). A comprehensive health education curriculum.

Audience Approved by JDRP for all students in a normal classroom setting in grades K-12.

Description The Muscogee Health Project is a comprehensive health education program which provides effective health instruction on each grade level. The program may be implemented by elementary, science, physical education or health teachers after only one day of teacher training. Adopting systems may elect to adopt from one to all grade levels. The curriculum guides are organized around clearly defined health objectives with a format which includes: general objective, measurable objective, content, activities, resources, student materials, and teacher materials. Primary emphasis is placed on building a health knowledge base which may be used to establish positive health behaviors. Student activities emphasize active learning and include the following process skills: observing, classifying, predicting, inferring, measuring, interviewing, experimenting, reporting, decision making, and examining relationships.

A series of tests were developed to measure the achievement of the student objectives found in the course of study. These tests may be used to determine the effectiveness of the program at the adopter site. Teachers implementing the program are strongly encouraged to make diagnostic use of the pretest results.

Requirements Implementation requires that the adopter/adaptor follow the Muscogee Health Project curriculum guides and devote 30 hours of instructional time for grades K-7, 45 hours to grade 8, and one semester to each of the high school courses. At least 85% of the objectives listed for the Muscogee Health Project must be addressed per grade level of implementation. Teachers implementing the program must receive one day of inservice training by project staff. The minimum commercial materials identified by the parent project must be provided to teachers implementing the program.

Costs The cost of implementing the Muscogee Health Project includes the following: teacher training fee of \$150, travel expenses for trainer, commercial student materials at \$50-\$225 per grade level, and courses of study at \$6.00 per grade level.

Services Awareness materials are available at no cost and will be sent upon request. The project staff is available to make awareness presentations to groups of educators (costs to be negotiated). Training is available to be conducted at the adopter site with the training fee and travel expenses being paid to the Muscogee Health Project. Project staff will assist local school systems in adapting the project to local needs. Implementation and follow-up services are available to adopters (travel expenses paid by adopter).

Contact *Dr. Carolyn Russell, Project Coordinator; Muscogee County School System; 1532 Fifth Ave., Columbus, GA 31901. (404) 324-5661, ext. 270.*

OMBUDSMAN. A school-based semester-long drug education/primary prevention program.

Audience Approved by JDRP for students of all abilities, grades 5-6. This program has been used in other settings with grades 7-8.

Description OMBUDSMAN is a structured course designed to reduce certain psychological and attitudinal states closely related to drug use. OMBUDSMAN does not emphasize information about drugs per se, although some drug topics are included for discussion as part of specific exercises.

The course has three major phases. The first phase focuses on self-awareness and includes a series of exercises permitting students to gain a wider understanding and appreciation of their values as autonomous individuals. The second phase teaches group skills and provides students with an opportunity to develop communication, decision-making, and problem-solving techniques that can be applied in the immediate class situation as well as in other important group contexts such as with family and peers. The third phase is in many ways the most important: the class uses the insights and skills gained during the first two phases to plan and carry out a project within the community or school. During this phase, students have an opportunity to experience the excitement and satisfaction of reaching out to others in a creative and constructive way.

The program must be presented to a given classroom of students for a minimum of two hours per week for a full semester.

Requirements The program can be conducted by classroom teachers or other professional or school personnel. A three-day training session for at least eight professionals is required prior to implementation. Two professionals must teach at least one OMBUDSMAN program per semester. Training takes place at the adoption site or the project site. Eight to 30 participants from one or more school districts can be trained simultaneously.

Costs One OMBUDSMAN teacher's manual must be purchased for each trainee. A supplemental package of related books and filmstrips can be purchased for each school implementing OMBUDSMAN. The cost of this material is approximately \$300 per school. Equipment required includes a filmstrip projector, a movie projector, and other normal materials. Daily consultant fee, negotiable. Evaluation service is also available from the Charlotte Drug Education Center. The Student Attitudinal Inventory is used to evaluate the OMBUDSMAN program.

Services Awareness materials are available at no cost. Visitors are welcome at project site any time by appointment. Project staff are available to attend out-of-state awareness meetings (travel and per diem must be paid). Training is conducted at project site (all expenses must be paid including cost of training materials). Training is also conducted at adopter site (all expenses must be paid including cost of training materials). Follow-up services are available to adopters (all expenses must be paid).

Contact Jay Keny, Dissemination Coordinator; Charlotte Drug Education Center; 1416 E. Morehead; Charlotte, NC 28204. (704) 336-3211.

PEOPEL: Physical Education Opportunity Program for Exceptional Handicapped Learners. A success-oriented P.E. program featuring supervised peer-tutors (student aides) and individualized learning and instruction.

Audience Approved by JDRP for handicapped students and nonhandicapped peer tutors, grades 9-12. This program has also been adapted for use in middle and elementary schools.

Description Project PEOPEL was developed to help schools meet the needs of both handicapped (exceptional) and nonhandicapped students through peer tutoring in a success-oriented physical education experience. PEOPEL is designed for students who because of some physical, mental, social, or emotional condition will benefit more from an individualized program than from general physical education. Through individualized learning in physical education, students develop mental, social, emotional, and physical abilities at their own pace. The emphasis on the individualized learning of a variety of physical activities is made possible by utilizing peer-tutors, called PEOPEL Student Aides, who have completed a special training/orientation class and are under the direct supervision of the physical education teacher. This provides a one-to-one instruction ratio in a coeducational setting with up to 30 students per class (15 exceptional learners and 15 student aides). Each student experiences fun and daily success in a variety of individual, dual, or team activities. The organization of PEOPEL Teacher's Guide has 35 separate Units of Instruction, which were developed with task-analyzed performance objectives. Unit of Instruction Performance Objectives are included for history, basic rules, etiquette, terminology, safety, and skill progressions. Other PEOPEL materials are the Administrative Guide and Student Aide (peer-tutor) Orientation Guide.

PEOPEL inservice training is designed to assist physical education teachers and support staff in implementing the peer teaching components of PEOPEL within their school. Training encompasses both administrative and instructional considerations, as well as short- and long-term planning. Staff training participants include an administrator, counselor, special educator, physical educator, and school nurse from each adopting school. One day of staff training is required. PEOPEL classes with the use of student peer-tutors, have demonstrated significantly better gains in physical fitness and attitude scores as compared to adapted P.E. classes without peer-tutors or student aides.

Requirements Program implementation is flexible according to the needs of students, a class, a school, or a district. Instructional procedures enable a school or district to implement PEOPEL with student aides and exceptional students with varying abilities in grades 9-12. No special equipment or facilities are required. Inservice training is designed to meet the needs of the participating teachers, programs, and schools. With inservice training, existing teaching personnel who have a sincere interest can implement the program.

Costs Training materials (PEOPEL guides, manual, and assessment charts) at no cost to participant. Training materials provide administrative and instructional guideline considerations for programming in physical education with trained student aides. Other materials and costs available upon request. Implementation costs based on teacher's salary at 30:1 student-to-teacher ratio. General physical education equipment is used.

Services Awareness materials are available at no cost. Visitors are welcome at project site during school year by appointment. Project staff are available to attend out-of-state awareness meetings (costs to be negotiated). Training is conducted at PEOPEL project site (adopter pays own travel costs). Training is also available at adopter site (all travel expenses must be paid). Follow-up services are available to adopter as needed.

Contact Dan Arrendondo, Director; Project PEOPEL; Phoenix Union High School System; 2526 W. Osborn Rd.; Phoenix, AZ 85017. (602) 251-3867. Larry Irmer, Coordinator; 3839 West Camelback Rd.; Phoenix, AZ 85019. (602) 841-3124.

PHYSICAL EFFICIENCY AND CORRECTIVE PHYSICAL EDUCATION (PECPE). Teaching the effects of proper exercise on the total functional capacity of the human organism. Approved by JDRP for grade 7.

Description The importance of good physical health and its positive contribution to mental and emotional well-being is well documented by research. The philosophy underlying PECPE is that a scientifically planned program is more likely to improve physical health and conditioning than less-structured, traditional physical education programs. PECPE seeks to add to an otherwise comprehensive physical education program component that will meet three important objectives: increased physical strength; an expanded range of motion for arms, legs, and hips; and improved cardiorespiratory efficiency. All children initially are assessed for strength and endurance and individual prescriptions are produced. Students have regular exercise sessions designed to meet program objectives. These include stretching, neuromuscular integration activities, an 11-station circuit on a multistation weight machine, and cardiovascular activities. An individual student record card showing daily progress is maintained.

Contact *Marvin R. Rexroad, Project Director; Jackson Junior High School; 34th St.; Vienna, WV 26105. (304) 295-4555.*

Developmental Funding: USOE ESEA Titles III and IV-C

JDRP No. 79-37 (9/26/79)

PHYSICAL MANAGEMENT: Adaptive physical education designed to meet the needs of overweight students.

Audience Approved by the JDRP for overweight students, grades 10-12. The program has been used in other settings with grades 7, 8, and 9.

Description The Physical Management Program was developed to give overweight students grades 10-12, the knowledge and opportunity to interrupt the cycle of obesity and inactivity that prevents a fully healthy and effective lifestyle. More specifically, PM seeks to:

1. Set the stage for positive change by providing structured practice in social skills, assertiveness, and goal setting.
2. Provide practical nutrition education to students by teaching good group selections, portion control, and caloric density of foods.
3. Enable students to evaluate their physical condition and body composition, and to design a conditioning program for themselves based on the principles of exercise prescription.
4. Replace inappropriate eating habits which have led to obesity and poor physical condition.

Enrollees may earn either a required or elective physical education credit for their participation.

Participants (grades 10-12 in the Physical Management Program) have demonstrated significantly greater reductions ($p < .05$) in body weight and percentage of body fat, and significantly greater increases in levels of physical fitness ($p < .05$) than comparable nontreatment students (enrolled in standard Physical Education) when assessed by selected fitness and body composition measures.

Requirements Physical Management can be implemented in schools of any size with minimal cost and adaptation. Testing may be as extensive as the materials that are available within the school. The minimum requirements are a balance beam scale, a set of skinfold calipers, a stopwatch, and a personality assessment instrument. All instructional materials and test protocols are included in the program training manual. A program administrator's packet contains the necessary parent/physician consent forms, curriculum guides, a resource bibliography and recordkeeping guidelines.

Costs No new staff or special facilities are required and testing equipment is minimal. Costs for a two-day training session, including materials, is \$850 plus travel expenses. Maximum enrollment is 30.

Services An awareness packet and a 15-minute video presentation of an existing program with administrator, parent, and student interviews are available at no cost. Project staff are available to attend awareness meetings (cost negotiable). Implementation and follow-up services are available to adopters at local sites. Visitors are welcome at the project site by appointment.

Contact Eileen Solberg, Project Director, Physical Management Project, P.O. Box 891, Billings, MT 59103; (406) 252-4822.

SEQUENTIAL PHYSICAL EDUCATION REFORM: The M-5 Project. A logical, sequential, self-directed program in physical education that fosters knowledge about P.E. and positive attitudes toward becoming and staying physically fit.

Audience Approved by JDRP for students of all abilities, grades K-6.

Description The project's mission is to give students and their teachers knowledge about physical education and positive attitudes toward becoming and staying physically fit. Activities are built around major skill areas through the use of a variety of techniques that include specially designed learning centers and individualized learning activities.

The program endeavors to enable each child to develop physically, emotionally, socially, and mentally through the medium of physical activity. At the beginning of each school year students are requested to complete a health appraisal form which aids teachers in recommending individual programs. As soon as the forms are returned, physical fitness testing begins, with each child being tested on the following skills: bench push-ups, curl-ups, squat-jumps, standing broad-jump, and the 30-yard dash. After testing, skill level needs are determined and the M-5 program begins.

All students visit six movement activity centers two days a week for approximately five minutes. The centers are designed to develop fitness and movement skills through sequential activities from lower to higher levels. As skills are developed, students progress to the next higher skill level, which allows students to gain the foundations needed in a logical and sequential manner. One day a week is spent in self-testing to determine improvement, the remaining two days in movement motivators: bean-bag activities, group and creative games, gymnastics, hoop activities, parachute activities, and yarn-ball activities. In addition, students are encouraged to be self-directive and to develop interest and proficiency in worthwhile recreational activities. It is expected that through this effort students will develop physically, emotionally, socially, and mentally as they engage daily in physical education.

Contact *Carolyn M. Morphy, Director; McBee Institute of Creative Education, Inc.; P.O. Box 1315; Marion, NC 28752-1315. (704) 756-4871.*

Developmental Funding: USOE ESEA Title IV-C

JDRP No. 78-172 (5/13/78)

UCLA ALLIED HEALTH PROFESSIONS PUBLICATIONS. A three-year student-oriented program designed to introduce secondary school students to allied health occupations. Approved by JDRP for secondary students.

Description The purposes of the program are to acquaint students with the allied health field and provide them with training in it; to offer students positive educational experiences to encourage and motivate them to continue their education; to give students skills and information with which they can compete and move upward in the world of work; to give students a better understanding of the health field to make them better consumers of its services; and to guide them into positions, occupations and training programs for further education. The sequenced series of student objectives is based on inventories of tasks requisite to specific health careers, ranging from biomedical photography to ward management.

Contact Miles H. Anderson; University of California Extension; Allied Health Professions; Sakin Bldg; 10962 LeConte Ave.; Los Angeles, CA 90024. (213) 825-2608.

Developmental Funding: USOE BOAE

JDRP No. 73-1 (12/13/73)

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