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ABSTRACT

This publication describes common characteristics that underlie effective curriculum and instruction strategies to prevent youth risk behavior and promote health and safety. In 1998, more than 50 teachers, staff developers, and prevention specialists from across Wisconsin came together to discuss what research and experience say about the content that should be included in effective school-based prevention curricula and how it should be delivered. This document identifies characteristics related to curriculum content and to instruction or delivery. Section 1 of the publication discusses Prevention: The Big Picture. Section 2, Purposes and Uses, describes the purpose of the publication. Section 3 focuses on Prevention: School-Based Curriculum and Instruction. Section 4, Prevention Curriculum Content Characteristics, offers: accurate, current information on health promotion and risk behaviors is essential; normative education is essential in shaping beliefs, attitudes, and behaviors; a strong focus on life skills development is essential; and key concepts that cut across many health and safety issues should be emphasized. Section 5, Curriculum Delivery Characteristics, includes: multiple instructional strategies are essential; it is better to take more time to teach fewer concepts; knowledge is the interaction between a student's prior knowledge and new information; a sense of safety and community in the classroom is basic to student learning; and clear, consistent messages are essential. (Contains 28 references.) (SM)

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Characteristics of

Effective Classroom Instruction

on Health and Safety Issues

THE WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

The Power of Teaching

Characteristics of Effective Classroom Instruction on Health and Safety Issues

Student Services/Prevention and Wellness Team



Wisconsin Department of Public Instruction
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Introduction

Wisconsin has a long history of providing comprehensive prevention education in Wisconsin schools. Over the last two decades, state and federal funds targeting specific youth risk behaviors have assisted schools in implementing a variety of prevention curricula. This publication represents an effort to tap into the rich knowledge and expertise of practitioners along with prevention education research to define a common set of prevention characteristics that cut across a variety of youth risk behavior curricula. On January 20, 1998, more than 50 teachers, staff developers, and prevention specialists from across the state came together to discuss four basic questions:

1. What does the research and literature tell us about the content that should be included in effective school-based prevention curricula?
2. What does the research and literature tell us about how it should be delivered?
3. What does our experience tell us about the content that should be delivered?
4. What does our experience tell us about how it should be delivered?

The characteristics contained within this document are a result of those discussions. They reflect the unique contributions of research, literature, and practice. In essence, we hope they provide the foundation for effective classroom instruction on health and safety issues. As national and state-level debates continue on program effectiveness and as funding sources call for increased accountability, this document can assist schools in developing instructional programs and activities that are grounded in research and best practice.

Prevention: The Big Picture

Increasingly, families, schools, and communities are recognizing their important and complementary roles in assisting children and young adults to develop into healthy, responsible, caring, and productive members of society. These shared responsibilities include efforts to help young people develop health-promoting behaviors and prevent or reduce behaviors which put them at risk for alcohol and other drug abuse, teenage pregnancy, transmission of AIDS/HIV, violence, and other causes of morbidity and premature mortality. Research findings and common sense suggest that a comprehensive, multi-faceted approach that includes the involvement of family, school, and community partners is critically important. More specifically, we know:

“Independent of race, ethnicity, family structure, and poverty status, adolescents who are connected to their parents, to their families, and to their school community are healthier than those who are not.”

Reducing the Risk: Connections that Make a Difference in the Lives of Youth

- 1. Risk behaviors among young people are highly correlated.**
Because many young people engage in multiple behaviors placing them at risk for negative outcomes, prevention approaches are needed to address more than single issues. Coordinated strategies addressing multiple health issues reinforced over time are more likely to be effective than single-issue approaches.
- 2. Multiple strategies are needed** to promote health and prevent or reduce risk behaviors. Because young people have diverse strengths and diverse needs which change over time, no single prevention strategy will be effective for all young people at all times.

- 3. Strategies must be coordinated within the school and within the larger community** so that consistent health-promoting values, attitudes, skills, knowledge, and other assets are developed and supported in all young people. Young people function not only in a

"In order to support educational achievement, schools need to promote the health of every child. School health programs are key to ensuring that children are ready to learn."

*John T. Benson
State Superintendent of Public
Instruction*

- school environment, but also in family and community environments with differing supports and influences.
- 4. Schools can and should play a significant role in promoting the health and well-being of children and reducing risky youth behaviors.** The mission of public education is to foster the development of caring, contributing, productive, and responsible citizens. To achieve this mission, schools must actively help children develop physically, socially, and emotionally as well as intellectually.

Purposes and Uses

The purpose of this document is to describe common characteristics that underlie effective curriculum and instruction strategies to prevent youth risk behaviors and promote health and safety. These characteristics

"To be truly educated means going beyond the isolated facts, it means putting learning in larger context; and, above all, it means discovering the connectedness of things."

*Ernest L. Boyer
Carnegie Foundation*

were drawn from the experience of more than 50 Wisconsin educators and health and human service professionals as well as the body of prevention education research and prevention program literature. This document identifies characteristics related to curriculum content as well as those related to instruction or delivery. It is our hope that the characteristics discussed

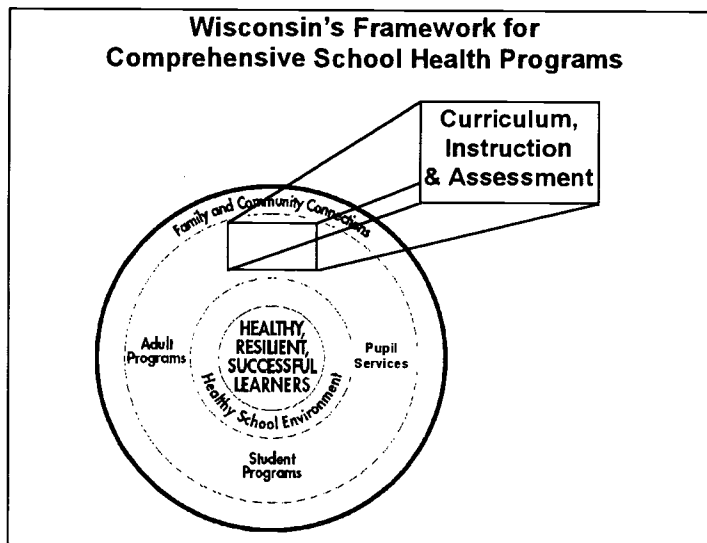
below will be used:

- a) to help develop, select, and implement curriculum; and
- b) as a component of staff development on curriculum and instruction on health and safety issues.

Prevention: School-Based Curriculum and Instruction

Wisconsin's Framework for Comprehensive School Health Programs describes an integrated approach to health promotion and risk behavior prevention. The framework specifically illustrates the critical role of family, school, and community as partners in preventing risk behaviors and enhancing health-

promoting behaviors of young people (see diagram). The framework identifies many ways in which the school can support the development of healthy young people by focusing on the school environment;



curriculum, instruction, and assessment; pupil services; student programs; adult programs; and family and community connections. Although the term "prevention" has many connotations, within the context of schools, the term refers to strategies implemented to support the healthy development of young people. The focus within this context is considered

primary prevention and does not refer to intervention and treatment to address negative health outcomes. This document focuses on one component of the comprehensive school health program framework: **school-based prevention curriculum and instruction**. However, the characteristics can apply to other educational settings.

Prevention Curriculum Content Characteristics

1. Accurate and up-to-date information on health promotion and risk behaviors is essential.
2. Normative education is essential in shaping beliefs, attitudes, and behaviors.
3. A strong focus on life skill development is essential.
4. Key concepts that cut across many health and safety issues should be emphasized.

Curriculum Delivery Characteristics

1. Multiple instructional strategies are essential.
2. It is better to take more time to teach fewer concepts and skills.
3. Knowledge is the interaction between a student's prior knowledge and new information.
4. A sense of safety and community in the classroom is basic to student learning.
5. Clear and consistent messages are essential.
6. Involvement of parents and guardians in the instructional process is critical.

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Prevention Curriculum Content Characteristics

These characteristics stress the essential content that should be delivered through well-planned, developmentally appropriate curriculum, instruction, and student assessment activities in the classroom.

- 1. Accurate and up-to-date information on health promotion and risk behaviors is essential.** In the past, a great deal of emphasis has been placed on information dissemination often to the exclusion of skill development. Educators at the local level must carefully decide which information is essential and which information is excessive. In general, however, educators must include content that deals specifically with the behaviors they are trying to eliminate or promote. For example, trying to prevent underage drinking means that some element of instruction must deal directly with alcohol and other drug abuse information in a complete and developmentally appropriate way. In addition, basic information on how the body works is essential to health promotion strategies.

“Teachers, administrators, and other school personnel should provide a new kind of health education at the earliest appropriate age, an education that assures students have the knowledge and skills to lead healthy lives and avoid health-risking behaviors.”

CODE BLUE: Uniting for Healthier Youth

- 2. Normative education is essential in shaping beliefs, attitudes, and behaviors.** For most people, perception is reality. Perceptions of what youth are doing related to behaviors such as alcohol and other drug abuse are often skewed to the negative. Helping students see that the majority of their peers are making healthy choices can help to change the perception that they are in the minority if they make healthy choices and reinforce positive behaviors.

3. **A strong focus on life skill development is essential** for students to take action on their own health choices and influence the health choices of others. Teaching skills is a positive approach to developing healthy behaviors as opposed to only emphasizing prevention content as a series of “don’ts.” Skill development promotes self-efficacy (you are in charge; you have a choice; you are the driver, not the passenger, in life; you can learn to plan and say what you want). Five personal and social skills form the basis for teaching health promotion, risk prevention, and youth development across all content areas related to health and safety. These skills are key to developing social and personal competence.

- *Critical-thinking skills* enable students to make wise decisions and actively solve problems that may arise in social situations.

Activities that build critical-thinking and decision-making skills help

“To protect their health and expand their options, adolescents need life skills such as problem solving, planning, decision-making, resisting negative influences of peers and the media, resolving conflict nonviolently, and coping with stress.

“Great Transitions: Preparing Adolescents for a New Century”

young people examine the internal and external influences on their choices as well as short- and long-term consequences of those choices. Strong critical-thinking and decision-making skills increase students’ sense of control; enhance their

self-esteem and self-efficacy; and build their capacity to communicate clearly, set realistic goals, and manage stress.

- *Communication skills* are essential for social competence and effective interpersonal relationships. These include the abilities to initiate conversations, express thoughts and feelings, actively listen

to others, agree or disagree with others' opinions, give clear verbal and nonverbal messages, and prevent or resolve conflicts. This includes assertiveness skills that help students say what they think and stand up for their beliefs and values without hurting or denying the rights of others. Instruction to increase assertiveness skills encourages students to express their thoughts and feelings honestly and openly while acknowledging the feelings of others. Refusal skills are communication skills that help students avoid trouble in a way that does not jeopardize relationships, avoid situations where they might be pressured, or delay doing something until they have had time to consider possible actions and consequences.

- *Stress-management skills* help students avoid making unhealthy choices in part as a result of stressful situations in school, at home, or with peers. Activities that build stress-management skills help students identify stressors, learn positive coping strategies, and build a support network. Physical activity, relaxation techniques, meditation, hobbies, and other alternative activities enable students to more effectively manage physical, mental, and social stress.
- *Goal-setting skills* assist adolescents who often make health-related decisions based on their perceptions of the immediate, rather than the long-term consequences of these decisions. Activities that build goal-setting skills help young people realize the importance of looking ahead and considering future goals when making decisions. Specifically, young people must identify short- and long-term goals, the steps necessary to achieve their goals, and the possible impact of health-related decisions on accomplishment of these goals.

"Nothing is more difficult, and therefore more precious, than to be able to make a decision."

Joyce Fetro in

"Personal and Social Skills"

- *Advocacy skills* address many of the risk behaviors as well as health-promoting behaviors of young people influenced by the social context in which decisions are made. Advocacy skills include those in which young people learn and practice skills and behaviors to change the social context or physical environment. Examples include efforts to reduce youth access to alcohol, tobacco, and other drugs in a community; efforts to improve school climate by reducing violence directed at gay and lesbian students; and efforts to increase opportunities for young people to demonstrate good citizenship outside school.

4. Key Concepts that cut across many health and safety issues should be emphasized. Emphasizing common concepts that relate to many health and safety issues helps students reinforce and build on prior learning. Stressing a few general core concepts helps learners make sense of the content of multiple issues. It also helps students better apply health-promotion and risk-prevention concepts in complex everyday life situations that involve multiple issues. Examples of such key concepts include, but are not limited to the following:

- *Influences.* Content in this area deals with the internal and external influences that shape individual beliefs about healthy and risky behaviors. It is important that lessons explore students' existing beliefs and the various sources of those beliefs. Students also examine the credibility of sources of information and the criteria they use to label sources as reliable or unreliable. An additional and sometimes neglected goal is to help students examine their role as sources of influence for others. Lessons in this area help students critically reflect on the manner in which they construct their beliefs about youth risk behaviors and health promotion and reflect on the

variety of influences (such as media, friends, or family) that impact on their beliefs.

- *Consequences.* This content area emphasizes the individual's understanding of the physical, emotional, and societal effects of engaging in risky behaviors. The consequences of decisions, both positive and negative, are explored in relation to short and long-term results for oneself and others. The lessons take the student beyond the traditional memorization of information to a deeper understanding of the role consequences have in the decision-making process.
- *Safety.* Students completing lessons related to this area develop the ability to evaluate the skills they possess or must develop to promote healthy behaviors and prevent risky behaviors. The lessons provide an opportunity for students to evaluate their use of personal skills and abilities and to identify new skills they are willing to practice and use in real life. Students should be able to relate the relevance of these skills to a variety of risk situations such as teen pregnancy, school violence, and suicide.
- *Responsibility.* Content related to clear and explicit boundaries is designed to help students understand limits that have been set by themselves; their family; peer groups; school; and local, national, and world communities in relation to behaviors. Furthermore, the student develops an ability to compare and contrast the various rules and norms these different groups establish at various points in time and among various cultures without bias or stereotyping. Students learn to judge the value of limits in terms greater than personal preference. They also consider the degree to which rules promote personal and societal well-being are within the realm of the law and contribute to the greater good of society. Students are

encouraged to explore the consequences of breaking rules or violating personal boundaries related to risky behaviors, to examine their personal ability to adhere to the limits established for them, and to begin setting limits for themselves.

Curriculum Delivery Characteristics

Whereas the content that is delivered in the classroom through a well-designed, applied, and integrated curriculum is important, the way the content is delivered is also an extremely important factor related to a student's ability to learn information and skills and take action with their knowledge.

"When my students and I discover uncharted territory to explore, when the pathway out of a thicket opens up before us, when our experience is illumined by the lightning-life of the mind -- then teaching is the finest work I know."

*Parker J. Palmer in
"The Courage to Teach"*

These characteristics are based on what we know about good teaching and how students learn. In essence, this is the art of teaching, and the importance of a well-prepared teacher who continually grows in the profession cannot be overestimated. The following characteristics of good teaching are based on what we know about learning:

- 1. Multiple instructional strategies are essential** to engage and accommodate all learners. The only thing we know for sure about children is that they differ in their abilities and styles of learning. No single instructional strategy can possibly meet the diverse learning needs of children. Examples of strategies in which teachers need to be skilled include but are not limited to:
 - interactive, hands-on experiences that include role playing, projects, simulations, and peer teaching;

- cooperative learning groups in which students share responsibility for helping one another accomplish group goals;
 - socratic questioning in which teachers facilitate effective group discussions and probe student thinking;
 - student self-assessment as part of instruction so that assessment becomes an opportunity for students to develop insight into their current abilities and progress in learning and development; and
 - critical thinking including problem solving, decision making, and creative thinking.
2. **It is better to take more time to teach fewer concepts** and skills that cut across many areas of health behaviors than a small amount of time to teach many concepts and skills. Sometimes prevention curriculum is a mile wide (many topics and concepts) and an inch deep covered in a short period of time. Good teaching is about helping students understand and apply a few key concepts and skills that have broad impact on their attitudes, choices, and behaviors.
3. **Knowledge is the interaction between a student’s prior knowledge and new information.** Teachers do not simply deliver existing knowledge as new information; rather they observe and listen carefully to what students already know and create new learning opportunities from that knowledge base. Teachers understand that students’ current attitudes, beliefs, and understandings influence their ability and willingness to accept new information related to health behaviors. Allowing students to explore their attitudes, beliefs, and understandings creates a learning environment for both teachers and students.

4. A sense of safety and community in the classroom is basic to student learning. Positive and safe school climates are a critical element in effective prevention programs in schools. Encouraging positive and safe atmospheres must be planned and supported just as other student outcomes are planned and supported. When the staff exerts a joint effort to increase the positive tone of the school, all students will feel safe, recognized, and welcome. It is important that classrooms create a climate of trust, establish a safe and orderly environment, and establish open-door communication between the classroom and the community. Predictability and consistency are hallmarks of security. Clearly understood policies, procedures, and guidelines must be in place. A positive climate is built through inclusion, sharing and caring, encouraging participation, and high expectations for each and every child. When schools and communities foster safe and secure environments, students are able to grow and succeed.

"Schools should become health-promoting environments,...teaching healthy behaviors and life skills, building on the interests of adolescents..."

Great Transitions: Preparing Adolescents for a New Century

5. Clear and consistent messages are essential. The curriculum content is illustrated through all aspects of the student's school experience. The messages taught in the classroom are modeled and supported throughout the school day and in the home and community.

For example, healthy-eating messages taught in the classroom can be

- a) shared with parents/families to keep them informed and to solicit their support and reinforcement at home;
- b) reinforced by pupil services through such activities as in-class instruction, guest presenters, or counseling students in one-on-one or group sessions;

- c) modeled by behavior of school staff;
- d) promoted in the school cafeteria and in vending machines through a wide variety of healthy food choices;
- e) supported by administration through enforced policies on fund-raisers, co-curricular food sales, and appropriate use of food in the classroom;
- f) reinforced through school staff development opportunities;
- g) a significant component of a staff wellness program;
- h) supplemented by student programs such as support or discussion groups, as desired; and
- i) encouraged in the larger community.

Connecting curriculum and instruction means that teachers in disciplines responsible for instruction about health, such as developmental guidance, family and consumer education, health education, and social studies, would develop cooperatively planned instructional units/lessons which focus on health content and other mutually achievable outcomes. The goal of connecting curriculum and instruction is to enable students to see how the knowledge and skills they gain in various disciplines can unite to give them a better, more comprehensive understanding of their world and how it works. This will also help students discover the connectedness of what they are learning in school, not only as it relates to subject matter being studied but to the world outside of school as well.

Clear and consistent messages that are constantly reinforced will motivate students to develop and maintain healthy habits and to make any desired behavior changes.

6. Involvement of parents and guardians in the instructional process is critical.

It acknowledges that families are the best primary prevention and youth development agents for their children. An effective curriculum will include opportunities for two-way communication between parents/guardians and teachers. All parties should have a common understanding of shared responsibilities and goals.

“Extensive, substantial, and convincing evidence suggests that parents play a crucial role in both the home and school environments with respect to facilitating the development of intelligence, achievement, and competence in their children.”

Rhoda Becher in

“Parent Involvement: A Review of Research and Principles of Successful Practice”

References

- The Asset Approach: Giving Kids What They Need to Succeed.* Minneapolis: Search Institute, 1997.
- Becher, R. *Parent Involvement: A Review of Research and Principles of Successful Practice.* Washington, DC: National Institute of Education, 1984.
- Benson, P. *All Kids Are Our Kids.* San Francisco: Jossey-Bass, 1997.
- Blum, R., and P. Mann Rinehart. *Reducing the Risk: Connections That Make a Difference in the Lives of Youth.* Minneapolis: Division of General Pediatrics and Adolescent Health, University of Minnesota, 1997.
- Boyer, E. From a speech given at the National Convention of the Association for Supervision and Curriculum Development, March, 1993.
- Carnegie Council on Adolescent Development. *Great Transitions: Preparing Adolescents for a New Century.* New York: Carnegie Corporation, 1995.
- Centers for Disease Control and Prevention. *Guidelines for School Health Programs to Promote Lifelong Healthy Eating.* Morbidity and Mortality Weekly Report, 45 (June 14, 1996): 1-41.
- _____. *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* Morbidity and Mortality Weekly Report, 43 (February 25, 1994): 1-18.
- _____. *Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People.* Morbidity and Mortality Weekly Report, 46 (March 7, 1997): 1-36.

- Drayer, D., and E. Roehlkepartain. *Learning and Living: How Asset Building for Youth Can Unify a School's Mission*. Minneapolis: Search Institute, 1995.
- Drug Strategies. *Making the Grade: A Guide to School Drug Prevention Programs*. Washington, DC: Drug Strategies, 1996.
- Drug Strategies. *Safe Schools, Safe Students: A Guide to Violence Prevention Strategies*. Washington, DC: Drug Strategies, 1998.
- Dusenbury, L., and M. Falco. "Eleven Components of Effective Drug Abuse Prevention Curricula." *Journal of School Health*, 65, (December, 1995): 420-25.
- Dusenbury, L., M. Falco, and A. Lake. "A Review of the Evaluation of 47 Drug Abuse Prevention Curricula Available Nationally." *Journal of School Health*, 67, (April 1997): 127-32.
- Dusenbury, L., et al. "Nine Critical Elements of Promising Violence Prevention Programs." *Journal of School Health*, 67, (December, 1997): 409-14.
- Ellickson, P., and R. Bell. "Drug Prevention in Junior High: A Multi-Site Longitudinal Test." *SCIENCE, The Global Weekly of Research*, 247, (March 16, 1990): 1299-1305.
- Elias, M., P. Gager, and S. Leon. "Selecting a Substance Abuse Prevention Program." *Principal*, 76, (March 1997): 23-24, 26-27.
- Fetro, J. *Personal and Social Skills: Understanding and Integrating Competencies Across Health Content*. Santa Cruz, CA: ETR Associates, 1992.
- Hill, H., D. Piper, and M. King. "The Nature of School-Based Prevention Experiences for Middle School Students." *Journal of Health Education*. November/December, 1993 supplement, pp. S-15-S-23.

Kim, N., et al. "Effectiveness of the 40 Adolescent AIDS-Risk Reduction Interventions: A Quantitative Review." *Journal of Adolescent Health*, 20, (1997): 204-15.

Kirby, D. *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*. National Campaign to Prevent Teen Pregnancy, 1997.

Palmer, P. *The Courage to Teach: Exploring the Inner Landscape of a Teacher's Life*. San Francisco: Jossey-Bass, 1998.

Wisconsin Department of Public Instruction. *Alcohol and Other Drug Abuse Programs: A Resource and Planning Guide*. Madison: DPI, 1991.

_____. *The Wisconsin Developmental Guidance Model: A Resource and Planning Guide*. Madison: DPI, 1997.

_____. *Wisconsin's Framework for Comprehensive School Health Programs: An Integrated Approach*. Madison: DPI, 1997.

_____. *Wisconsin's Model Academic Standards for Family and Consumer Education*. Madison: DPI, 1997.

_____. *Wisconsin's Model Academic Standards for Health Education*. Madison: DPI, 1997.

_____. *Wisconsin's Model Academic Standards for Physical Education*. Madison: DPI, 1997.

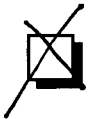


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