



**VII. ALTERNATIVES**

If Secondary Health Curriculum Adoption is not approved, teachers will continue to have materials that are not well aligned with current Health standards, and significant time and resources will continue to be spent to provide supplemental materials.

**VIII. COMMUNITY ENGAGEMENT**

Community Engagement Required:  Yes  No

Please see the attached memo for details on community engagement.

**IX. ATTACHMENTS**

Secondary Health Curriculum Adoption Recommendation (for reference)



## M E M O R A N D U M

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To: School Board of Directors  
From: Dr. Laura Schneider, Director of Secondary Instruction; Bernard Koontz, Executive Director of Student Learning  
CC: Dr. Ivan Duran, Superintendent  
Date: March 31, 2025  
Re: Secondary Health Curriculum Adoption

### **I. Review of Process**

The secondary Health Curriculum Adoption started in fall 2023 as part of a K-12 adoption process. This process and recommendation followed Policy 2020 and Policy 6225.

The original adoption committee consisted of three elementary, one middle school teacher, one high school Health teacher, a school occupational therapist, a high school dean, and a community member, in addition to the Director of Secondary Instruction and the Physical Education (PE)/Health specialist. A Request for Proposals process was conducted twice. Three curricula in total were submitted for secondary Health: McGraw Hill, Red Comet, and Goodheart-Willcox. Of the three curricula reviewed, only Goodheart-Wilcox was recommended to pilot. Curricula were reviewed using rigorous criteria developed by the Committee and aligned with state standards. See the Appendix for information on the criteria and review findings.

While a secondary curriculum pilot was attempted in Spring 2024, it was delayed ensuring a robust number of secondary teachers participated. As part of the initial Health Curriculum Adoption process from 2023 – 2024, FLASH was reviewed and adopted as the official curriculum for Comprehensive Sexual Health, and it was determined that the remaining Health standards would be met through a separate secondary Health curriculum.

### **II. Pilot Timeline: 2024-2025**

The pilot process was re-initiated in the fall of 2025. A total of 11 middle school and 4 high school teachers participated in the pilot. All middle school PE teachers at all five comprehensive middle schools were asked to participate in the pilot. Training was provided to all teachers on January 17, 2025 and a scope sequence for Health instruction in the pilot process at middle school was developed to support trial of the curriculum.

Piloting of the curriculum began on February 3<sup>rd</sup>. Teachers were asked to implement one unit of six to eight lessons. A mid-pilot support meeting was held on February 21, 2025.

### III. Review of Pilot Process and Data Collected

The following survey tools were used to collect data from the pilot of the Goodheart Willcox curriculum:

- Teacher survey
- Student lesson survey
- Student end-of-unit survey
- Community input survey

The process included strong stakeholder engagement. All middle school PE teachers (11 in total) and high school Health teachers (4 in total) completed the pilot, and feedback was collected from students in pilot classrooms. Twelve teachers completed feedback surveys. A total of 201 students provided feedback on a lesson provided during the pilot and 185 students provided feedback at the end of the unit. In the feedback, teachers, students, and community members recognized the importance and relevance of Health as a focus of instruction.

Teacher responses to the materials were positive overall. When asked “To what extent does this learning experience support student understanding of the topic?” the responses predominantly ranged from average to very good. While some teachers noted the challenge of having lessons rely heavily on reading, others expressed appreciation for having access to high quality content and texts that supported their efforts to incorporate reading in alignment with the district’s literacy initiative. Teachers noted that the information and materials in the curriculum were strong, well organized, and that students understood and learned the content well. While feedback supported adoption, the teachers noted some overall limitations of the curriculum, including at times too many choices of activities or approaches, challenges with downloading and preparing materials, and less engaging activities. Teachers also noted some challenges with using the online platform. These concerns were shared with the publisher, who is working to address them.

In discussions with the Adoption Committee, it was noted that while the curriculum is text heavy, the materials provided a strong foundation for teaching the content and the instructional approaches and strategies for delivering the content could be the focus of professional development support for implementation. As many teachers in the pilot were middle school PE teachers who are new to teaching Health, the Committee, which contained both a middle school PE teacher and a high school Health teacher, recommends yearlong support for implementation in the 2025-26 school year to support teacher practice.

Student responses were also predominantly favorable. Students submitted a lesson survey. When asked how helpful the lessons were for learning new Health concepts, 79% of students responded positively with a rating that ranged from average to very helpful. 100% found the lesson to be important, interesting, or cared about it. When asked to rate the curriculum on a scale of 1 (low) to 5 (high), average responses indicated that students felt the content was relevant for them (3.41), that they were able to do the work (3.85), and that they were able to get answers to questions they had about the topics (3.7). Students rated as average the curriculum

overall (3.12) and the degree to which they felt the unit was interesting (3.04). Students thought the material mattered and understood the concepts.

Students also completed an end of unit survey. 83% responded positively when asked if they liked the G-W unit. 74% of students found the unit helpful in making informed decisions. Students rated as average the curriculum overall (3.12) and the degree to which they felt the unit was interesting (3.04). In response to the question of whether students were able to get answers to their questions about the topics, students rated the curriculum as above average (3.7). When asked what they would change about the unit, most students answered “nothing” although some suggested in be “more engaging.” When asked about what we the committee should know about G-W most had nothing to add while a few remarked that “it was good.”

Parents of students who participated in the pilot received information about the pilot and digital access to the curriculum to review it. Community input was invited and collected through the district website for a two-month period, with access to the curriculum provided and a survey link for feedback. Sixteen responses were collected, with an 87% favorability rating for the content, materials and quality of lessons in the curriculum. Overall, 79% of respondents voted in favor of adopting the Goodheart Wilcox curriculum for health.

#### **IV. Recommendation from Health Adoption Committee**

The Health Adoption Committee met on March 12<sup>th</sup> to review the data, discuss findings, and make a recommendation. Based on the Committee’s review and discussion, members voted unanimously to recommend adoption. Additional considerations and recommendations for adoption and implementation were discussed and are noted below.

#### **Accessibility and Supports for Multi-lingual and Special Education Students**

As noted above, the curriculum was reviewed for key criteria, including alignment to Health and to Social Justice standards. The curriculum is fully available in Spanish, but not in Vietnamese.

While the strengths and liabilities of the text-rich curriculum were noted above, the Committee also reviewed supports that are aligned with Universal Design for Learning and support multilingual learners and students with IEPs, including: visual aids for each chapter, key terms definitions, graphic organizers, an audio glossary and audio summaries, and strategies for teaching to different learning styles and abilities. Teachers noted a strong emphasis on learning through reading and expressed some concern that this mode was challenging for some of their students.

#### **Implementation Plan**

Initial plans for implementation include training during August of 2025 to introduce teachers to the curriculum and plan for the first month of instruction. Ongoing support would be provided by the

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district PE/Health Specialist during district Job-alike days. Areas of focus, based on initial data, would include: How to structure time for Health instruction in PE (middle school), how to use the curriculum in support of the district scope and sequence, how to effectively support student reading in the curriculum, how to design and deliver engaging lessons with G-W content, and how to assess student learning and use standards-based grading in Health.

**Cost**

One time expenditure \$312,000.00