



To: Dr. Kristine Gilmore
From: Dr. Thomas Johansen
Subject: Graduation Requirements Proposal
Date: 12/16/11

I have attached a packet of information for the School Board to review about the proposals for new high school graduation requirements that will be forwarded for approval at the upcoming School Board meeting. The packet includes the suggested recommendations from the study committee, supporting data, and documentation to clarify these proposals.

The study committee consisted of the curriculum coordinators and the school principals of the junior and senior high schools. Proposals drafted by this committee were evaluated at the administrative cabinet and forwarded for final approval by the School Board. Karen Wegge and I will present additional information at the Board meeting that supports these proposals and will answer questions asked by the Board members.

New Graduation Requirements Proposals

1. To include all credits from grade 9 as credits accepted toward graduation requirements
2. To increase the total graduation credit requirements by 2 credits to 23.5 credits
3. To increase the math credit requirements from 2 to 3 credits. Expectations are that the math department create new curriculum to meet the needs of the student population who currently do not advance beyond 2 math credits prior to the implementation of this graduation requirement.
4. To add a personal finance $\frac{1}{2}$ credit class as a graduation requirement (students would have options for completing this requirement in math, social studies, business, or FACE curriculums)
5. To increase the health requirement from $\frac{1}{4}$ credit to $\frac{1}{2}$ credit and to offer this class in grades 9-12. (7th grade health is still maintained as part of the health scope and sequence). Summer school and zero hour health class options will be available to increase scheduling flexibility for students.
6. To increase the health requirement from $\frac{1}{4}$ credit to $\frac{1}{2}$ credit and to offer this class in grades 10-12 only (7th grade health is still maintained as part of the health scope and sequence). Summer school and zero hour health class options will be available to increase scheduling flexibility for students.
7. To reduce physical education requirements from 2 credits to 1 $\frac{1}{2}$ credits. ($\frac{1}{2}$ credit required in grade 9.
8. To phase-in new graduation requirements beginning with the current 8th grade class. Graduation requirements for students currently in grades 9 – 12 would remain at 21 $\frac{1}{2}$ credits with 4 English credits, 2 math credits, 2 science credits, 3 social studies credits, 2 physical education credits, and $\frac{1}{4}$ health credit.
9. To not adopt graduation policies in line with Senate Bill 95 which allows the granting of credit in physical education for participation in interscholastic sports or allows the substitution of physical education graduation requirements with other core academic curricula by participating in an organized physical activity.
10. To maintain the 6.5 minimum credit requirement in grade 9 to promote elective credit exploration
11. To maintain the 4.5 credit maximum of core academic credits in grade 10 to promote elective credit exploration
12. To record math and English doubled classes as 1 core academic credit and 1 elective credit (9-12)
13. To not count CWD, ELL, and at-risk resource credits toward GPA and class rank standings (9-12)

Senate Bill 95

The bill permits a school board to adopt a policy granting a pupil credit in physical education for completing a season in an extracurricular sport if the sport is sanctioned by the Wisconsin Interscholastic Athletic Association.

The Substitute Amendment: The substitute amendment permits a school board to allow a pupil who participates in sports or in another organized physical activity, as determined by the school board, to complete an additional 0.5 credit in English, social studies, mathematics, science, or health education in lieu of 0.5 credit of physical education.

POSITION STATEMENT AGAINST SENATE BILL 95 PROVISIONS

It is the position of the D.C. Everest Administrative Team that physical education is critical to educating the whole child and that all students in grades K-12 should receive physical education as part of the coordinated and comprehensive curriculum approved by the school board. Senate Bill 95 allows participation in sports or other organized physical activities to replace physical education graduation requirements. The bill limits a student's ability to reach their full potential by narrowing their educational exposure to a single sport rather than a balanced, varied and comprehensive physical education program.

The goal of education is to develop students who possess a broad foundation of knowledge and experience which they can rely upon for future growth and positive decision making. Comprehensive physical education programs develop that strong base of intellectual, emotional, social, and physical skills.

Physical Education Academic Standards and Learning Priorities have been designed by the Wisconsin Department of Public Instruction to guide school districts in planning a comprehensive K-12 physical education curriculum. Learning priorities include;

- a.) demonstrates increasingly complex physical skills to impact success in various physical activities
- b.) demonstrate cognitive understanding to develop personal activity plans
- c.) demonstrates the scientific principles as they related to various physical activities
- d.) demonstrates the skills, knowledge, and interest to lead to a healthy lifestyle
- e.) demonstrate an awareness of the intrinsic values and benefits of participation in physical activity that provides personal meaning.

A graduate of D.C. Everest will go through a learning continuum in high school physical education that provides the opportunity to include CPR certification, water safety, cave exploration, rock climbing, martial arts, Zumba dance, kayak and canoe safety, rugby, disc golf, personal fitness assessment, health literacy, independent fitness workouts, back-yard games, nutrition education and problem solving initiatives. These are examples of physical education components that cannot all be accomplished through a single athletic team practice or a recreational activity.

Sports are about performance and winning, with a focus on mastery of a specific, narrow skill set. The focus of physical education is to gain knowledge of how participation in each activity and experience can be beneficial to one's future health.

If a policy were adopted under the provisions of Senate Bill 95 to grant physical education credit for participation in a WIAA sanctioned sport, our athletic code would be invalid, as all students would have a property right to engage in athletics under the provisions of current school law. Our coaches and administrators who work with athletics adamantly oppose this provision of the Senate Bill.

Senate Bill 95 will create significant educational inequity. Current athletic programs have a participation fee. Not all students are able to participate based on cost and other socio-economic factors. If Senate Bill 95 becomes policy, it will create greater inequity within our population of athletes and non-athletes, adding in the credit option for those who can financially afford to be in athletics.

Senate Bill 95 brings to question the ability and qualifications of non-certified teachers (coaches) providing graduation credit coursework. All physical education teachers are Wisconsin certified teachers with 530 licensure. Several athletic programs do not have certified teachers as coaches. "Organized physical activity" substitutions are not under the direction of a certified 530 teacher. Physical education is an academic subject, requiring licensure and certification. Coaching a sport or directing a recreational activity does not meet these requirements.

Proposal to keep health education at grade 10

- We currently have an outstanding health education class. It is appropriate to expand on what we have to meet the students' needs in grade 10.
- Opportunity already exists with the open ¼ credit (drivers education slot).
- Physical Education will be giving up ½ credit requirement at the high school. I would like it to go towards health education credit increase at the high school.
- By reducing required PE credits to graduate, students will have more flexibility in taking other courses, more AP selection and more elective areas.
- We will provide different options and choices for students to meet their ½ credit health requirement- without the need to offer in grade 9. These will include- zero hour health class for grades 10, 11, 12; summer school option with blended learning (yes, it can be done- SPASH offers 6 week course, 2 hours 35 min classes); students with scheduling conflicts for grade 10 health may opt to take it in 11 or 12th grade. This is more than adequate flexibility and meets the needs of any student.
- 10th grade health fits into the K-12 comprehensive health scope and sequence for DCE. Over 170 schools in WI offer required health at grade 10, over 70 schools in WI at grade 11 (locally, Wausau School Dist.). The argument that 65% schools in WI teach required health in grade 9, does not mean it works best for DCE. Since when do we base our decisions on what the other schools are doing? That is not the sound decision making practice of DCE.
- I do not want a split curriculum offering for several reasons-
 - Pertinent information for students related to safe driving, decision making, driving under the influence of alcohol and other drugs, etc. should be taught when students are about to get their driver's license. Without driver's education offered, there is no other place this information is taught.
 - Community based drivers education curriculum is a video taught course, the curriculum does not have the rigor that D.C. Everest Drivers Education course did.
 - This course has been taught at DCE in grade 10. It is designed to be a 10th grade class, providing students with a valuable resource in a health educator- someone students can go to- another avenue for students to make a positive connection with an adult, as students transition to the high school.
 - Ongoing collaboration time between health teachers will be nearly impossible with a few sections of this class being taught at grade 9. To keep the integrity and soundness of the health education curriculum and to make appropriate expansion and changes in the curriculum, both health teachers should be located at the high school. Collaboration time has become a priority at DCE. It is time to back it up with important decisions to allow collaboration time to take place for health education and not fragment the curriculum.

- Local and state data indicate the greatest percentage increase for alcohol, tobacco, marijuana, prescription drug use and sexual activity for students is between grades 10 and 11. Placing the health class at grade 10 makes sense to address these risk behaviors at the most appropriate time. Of course we have high-risk behavior starting with younger students and ideally health education could be offered to address issues with every grade level.
- We already offer a two-week alcohol education unit in grade 9 PE classes. So if a student takes health in grade 9, they will also get the 9th grade PE alcohol education unit, and this student will get no additional health education before graduation.
- Providing health education as a choice for 9th grade, will affect the number of students taking elective classes at the junior high. Junior high is where we want to encourage students to try different introduction courses and expand their interests.
- Maintaining a study hall in 9th grade is a priority for all students. Current data shows that only 31% of current ninth grade students could add in health class and maintain a study hall.
- By keeping health at one location, we will be able to share classroom resources and develop a routine and time line for doing so. This will be more difficult and create a situation where purchasing a second set of all classroom resources, props, charts, DVD's, etc. will need to be purchased for grade 9.
- We have 100% support from the PE/Health department to keep health education at grade 10. **We have other staff support-who has not been given a voice in this decision- staff who are very passionate, knowledgeable in health and wellness, and understand the needs of our students.**

Proposal to change Physical Education and Health Graduation Requirements

Wednesday, October 5, 2011

This proposal will meet the needs of D.C. Everest Students and create the least conflict in changing graduation requirements. This proposal also addresses Dr. Johansen's two main concerns:

- a) More flexibility for students in scheduling classes
- b) Eliminate $\frac{1}{4}$ credit courses at the high school

We wish to keep the integrity and soundness of the health education curriculum. Appropriate placement of the course is based on risk behavior trends, ease of scheduling, flexibility, maintaining a heterogeneous classroom, and consideration of what is best for students in the K-12 comprehensive health scope and sequence. In addition, by giving up PE time at the high school, it seems most appropriate to add it back in the health curriculum at the high school.

Part I

Reduce physical education requirements in 9-12 grades from 2 to 1.5 credits. Credits must be earned over three separate years (per WI Stats. 121.02, Standard P).

- Create an open semester section for students to take additional courses at the high school allowing for more flexibility
- Promote and allow for more electives selection
- Keep all PE course selections .5 credits (versus offering .25 credit course)
- Provides for increased health education at the high school

Part II

Increase Health class requirement in grades 10-12 from .25 to .50 credits AND continue to offer required middle school health (.25 credit will no longer show on graduation requirements from 7th grade but still maintained at part of critical Health scope and sequence.).

- Eliminate the 7th grade/10th grade split $\frac{1}{2}$ credit graduation requirement
- Eliminate any issues with students moving to the district with no prior $\frac{1}{2}$ credit health (students can take health at 10, 11 or 12th grade)
- Eliminate parent phone calls regarding overscheduled study halls (current $\frac{1}{4}$ health $\frac{1}{4}$ study hall split)
- Summer school health (1/2 credit) option will be available and will give opportunity for those who still wish to overload their class schedule during the year.
- Zero hour health will be offered for schedule flexibility

Important data to consider

- The greatest percentage increase for marijuana use, tobacco use, alcohol use and sexual activity occur between 10th and 11th grade (WI Youth Risk Behavior Survey, 2009). Local data also supports this state trend.
- Alcohol education is already being provided for grade 9 students in the physical education class.
- The guidance department provides a suicide prevention program for all students at the end of eighth grade.

Overall, this proposal will reduce PE/Health FTE equivalent to .25 credit course- thus potential savings to the district.

Opposition to offering health ½ credit as 9th grade option

- Current data shows that 127/445 (31%) students have 6.5 or fewer credits in grade 9 (and not in doubled math AND reading, N=28). Potentially 31 % of students could fit health into their current schedule and maintain a study hall.
- Any other student choosing to take health in grade 9 would be giving up an elective course currently in their schedule. This is a 69% reduction in students taking electives if all 9th grade students choose to take health and maintain a study hall.
- All students are recommended to schedule at least one study hall at the junior high.
- Students who cannot fit health in their schedule become the 10th grade health class population. This contradicts the diverse classroom setting which is desirable to teach health education. There is something to be said for peer modeling, diversity, and a heterogeneous classroom. Creating this option for health would contradict District philosophy regarding movement towards more integrated classes.

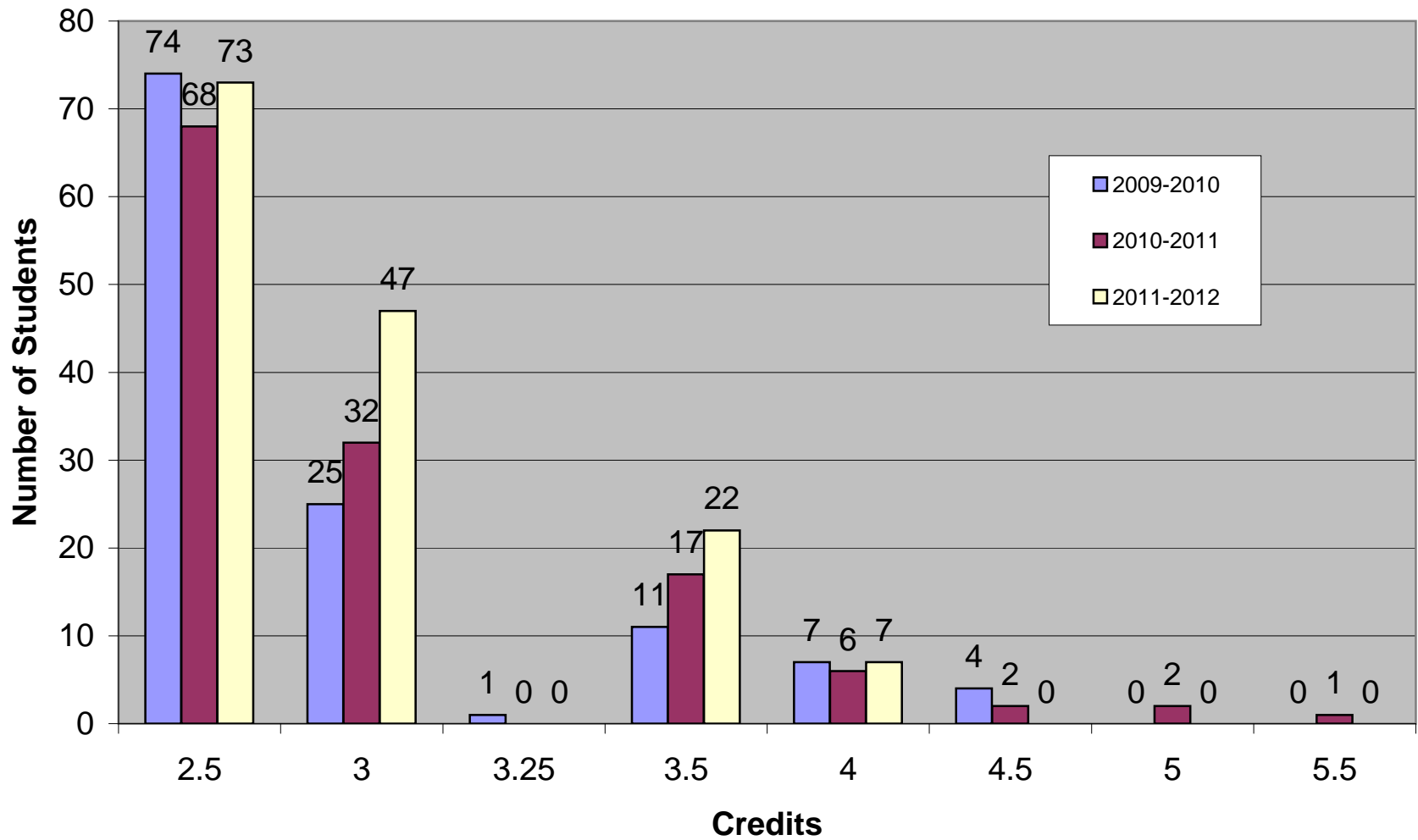
Other interesting data:

- Currently, only 15 /445 students in grade 9 choose to NOT utilize a study hall (8 credits).
- Number of AP students by grade 2011-12

Grade 9	Grade 10	Grade 11	Grade 12
24	119	151	129

- Doubled math AND reading students at the junior high = 28 students

Physical Education Stats Number of Credits Earned of PE Students Beyond Required 2 Credits

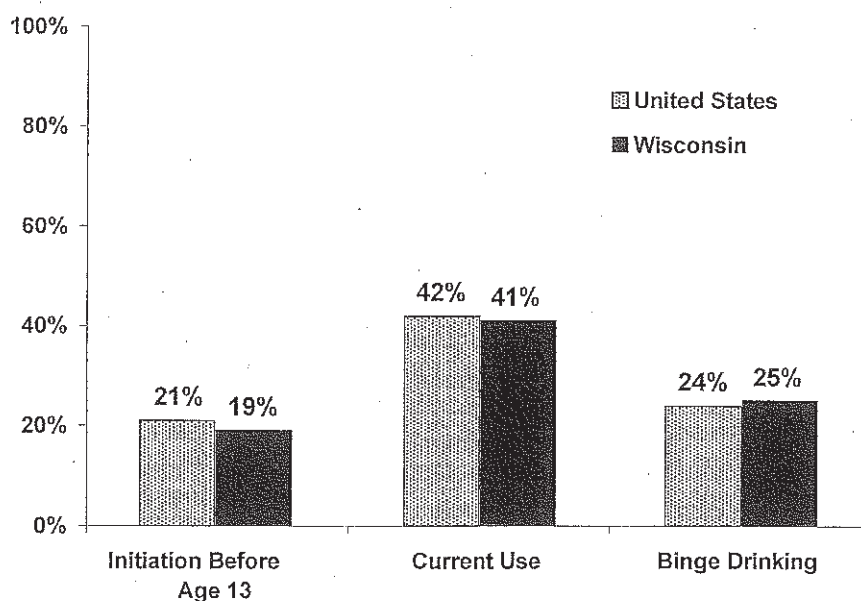


Alcohol Consumption

For many years, Wisconsin has arguably had the highest prevalence of alcohol use and over-consumption in the U.S., across all age groups and both sexes.³ In recent years, the state has had some success in reducing alcohol consumption among youth. For example, the percent of high school students who started using alcohol before age 13 has been similar to the national average and decreasing, and Wisconsin no longer has the highest rate of binge drinking among high school students. However, Wisconsin's rates of current use, heavy use and binge use of alcohol among adults remain the highest in the country.

In 2009, Wisconsin high school students reported the 11th highest rate of current alcohol use (41%) among all reporting states. This was an improvement over 2007, when Wisconsin ranked the highest in the U.S. for this measure (49%). Wisconsin high school students had the eighth highest rate of binge drinking in 2008 (25%), also an improvement from 2007, when they ranked third (32%).

Figure 24. Alcohol use among high school students, Wisconsin and the United States, 2009



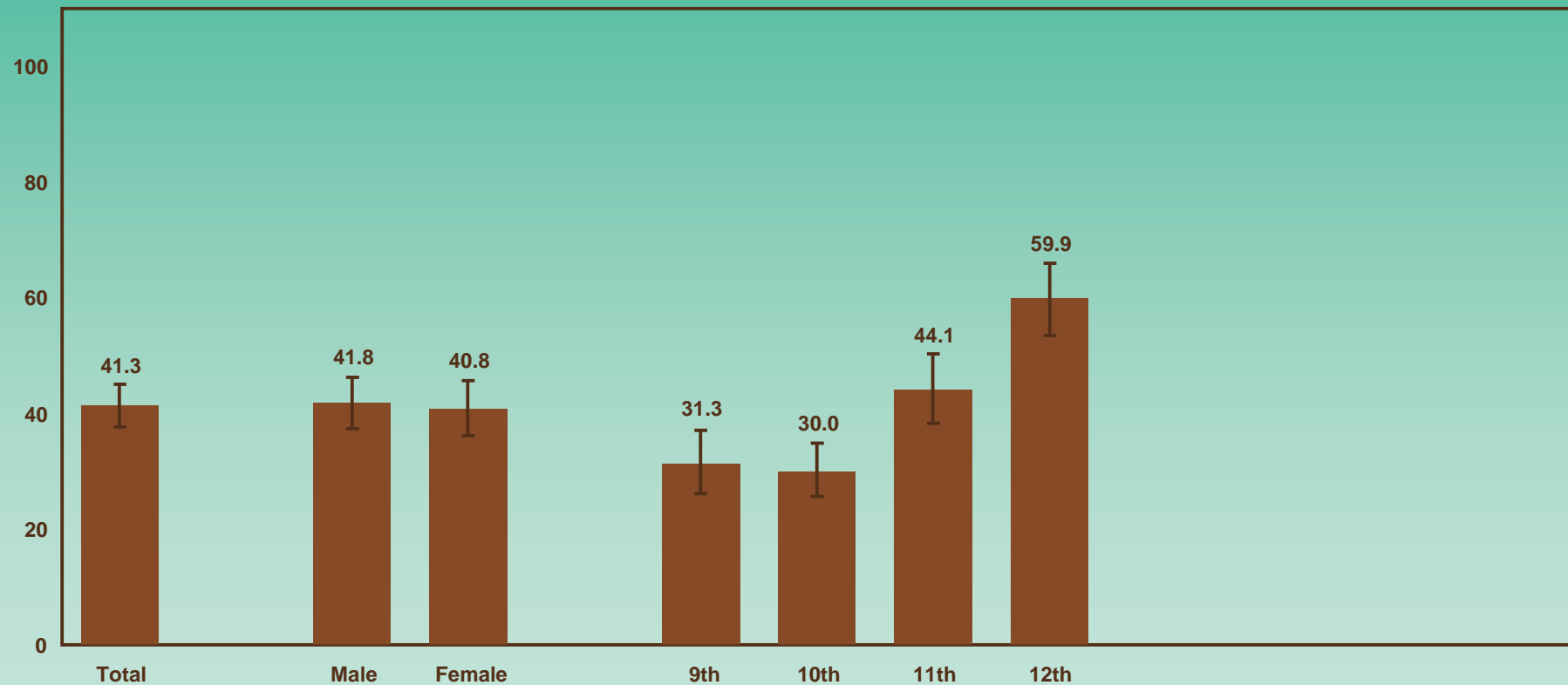
Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

³ Behavioral Risk Factor Surveillance System, Prevalence and Trends Data, Centers for Disease Control and Prevention. <http://apps.nccd.cdc.gov/brfss/>

2009 Youth Risk Behavior Survey Results

Wisconsin High School Survey

Percentage of students who had at least one drink of alcohol on one or more of the past 30 days



QN41 - Weighted Data

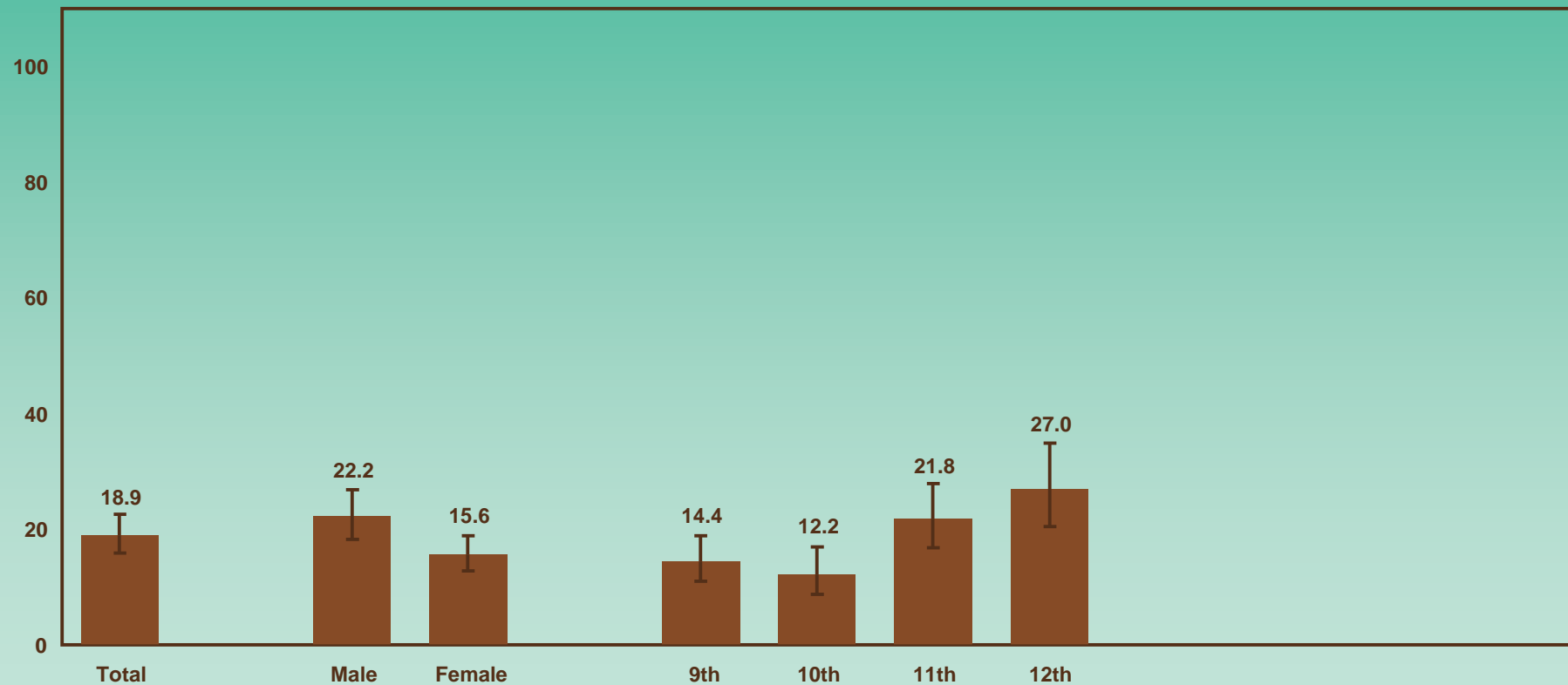
*Non-Hispanic.

Missing bars indicate less than 100 students in the subgroup.

2009 Youth Risk Behavior Survey Results

Wisconsin High School Survey

Percentage of students who used marijuana one or more times during the past 30 days

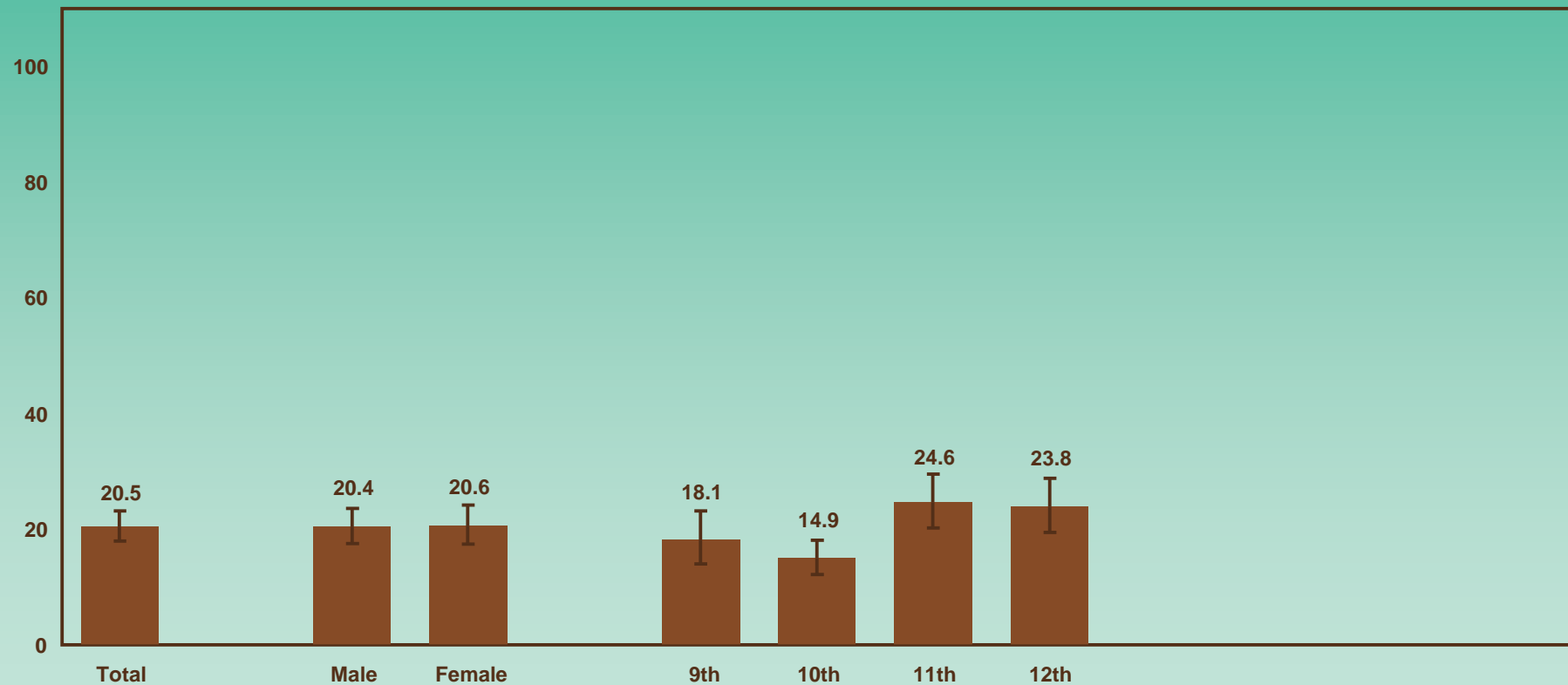


QN47 - Weighted Data
*Non-Hispanic.

2009 Youth Risk Behavior Survey Results

Wisconsin High School Survey

Percentage of students who have taken a prescription drug (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life

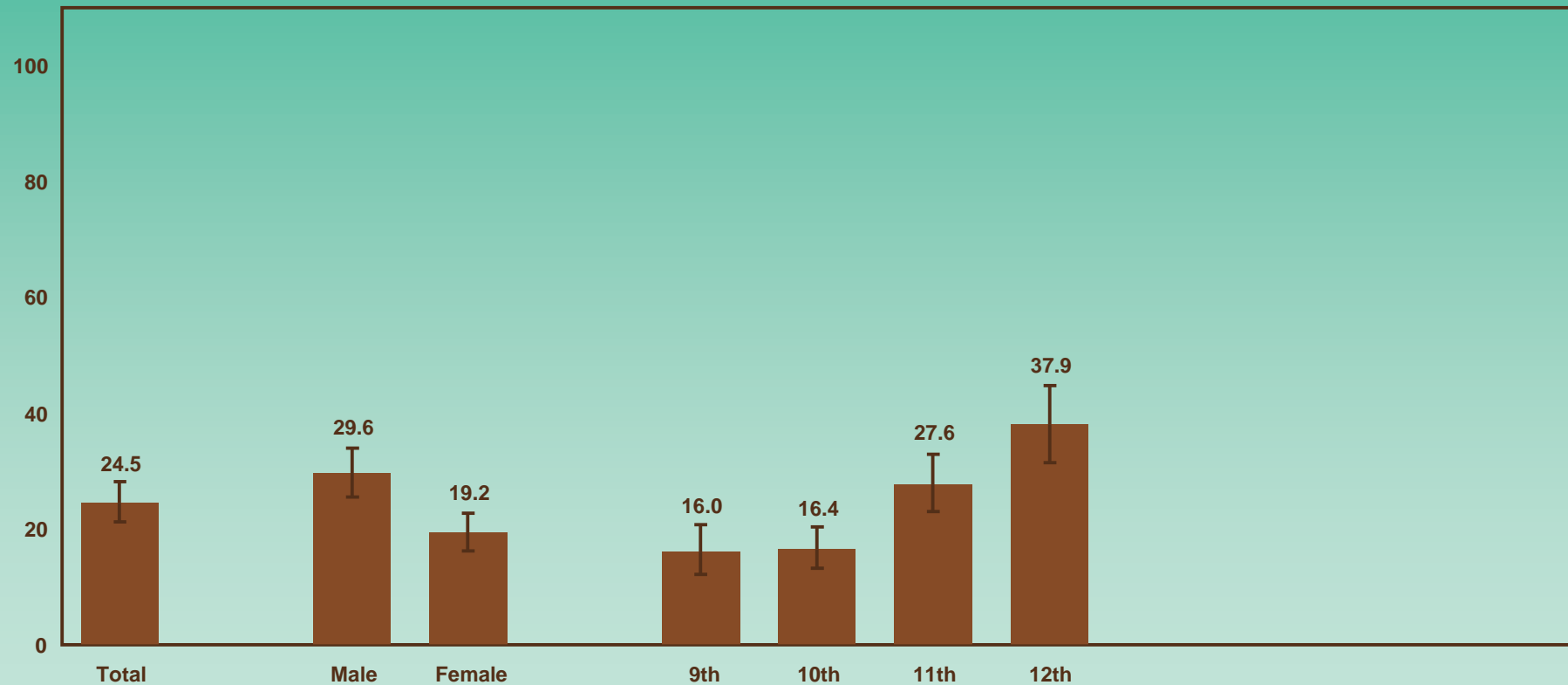


QN105 - Weighted Data
*Non-Hispanic.

2009 Youth Risk Behavior Survey Results

Wisconsin High School Survey

Percentage of students who smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days

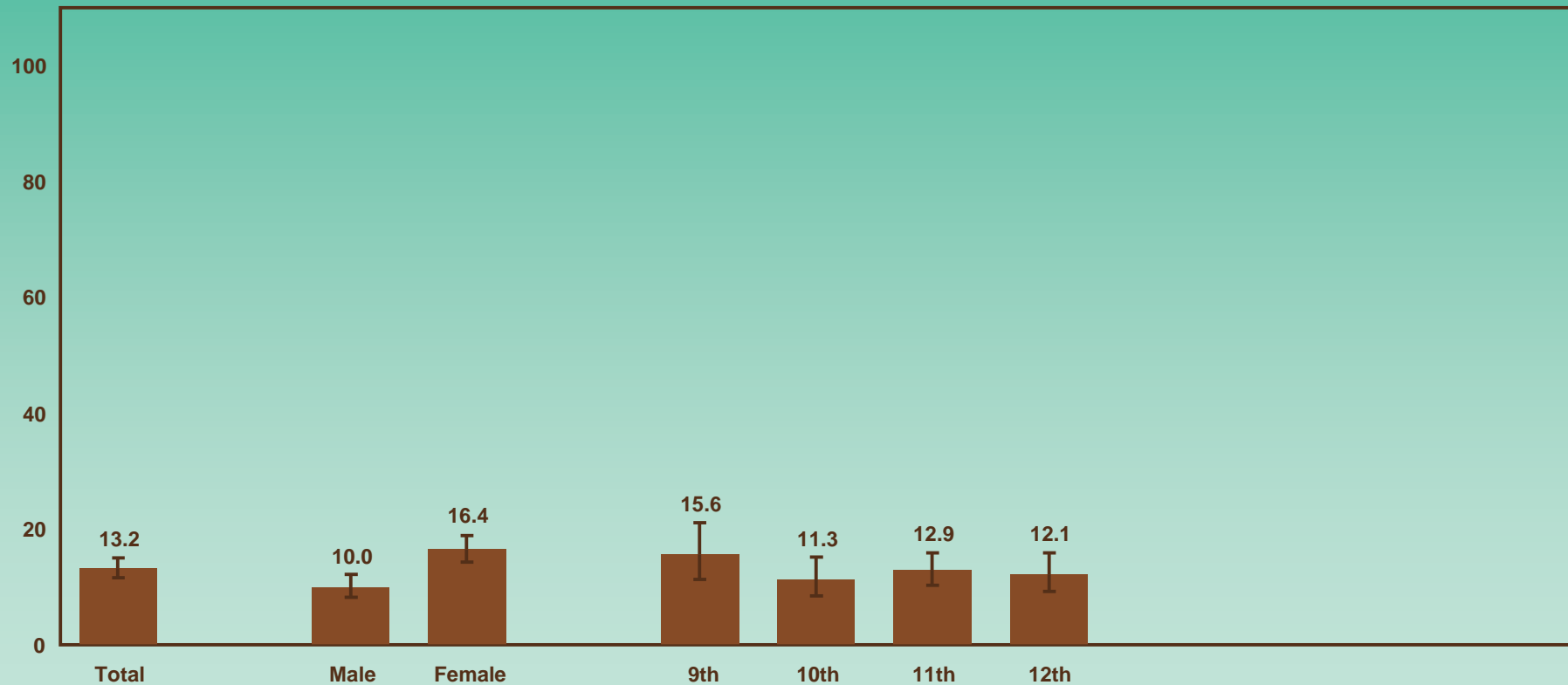


QNANYTOB - Weighted Data
*Non-Hispanic.

2009 Youth Risk Behavior Survey Results

Wisconsin High School Survey

Percentage of students who seriously considered attempting suicide during the past 12 months

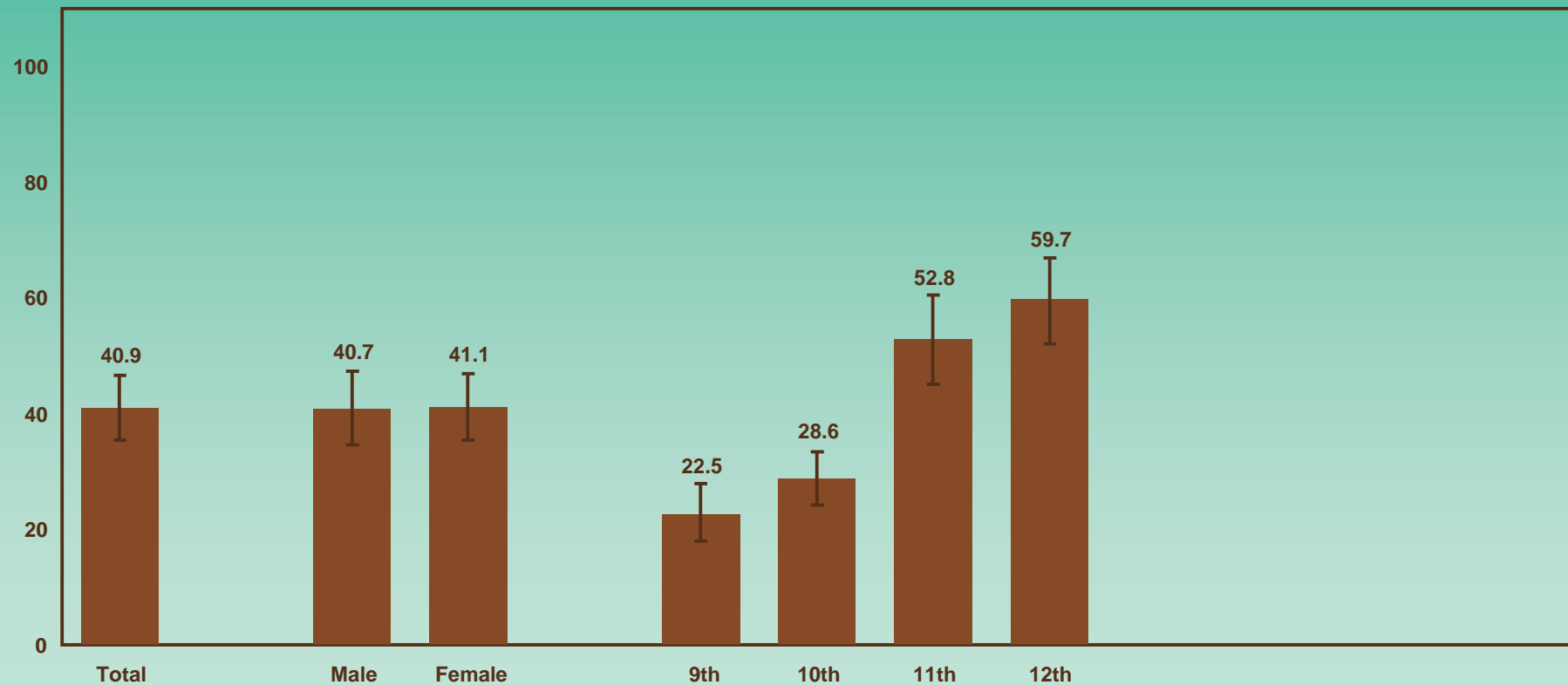


QN24 - Weighted Data
*Non-Hispanic.

2009 Youth Risk Behavior Survey Results

Wisconsin High School Survey

Percentage of students who ever had sexual intercourse



QN58 - Weighted Data

*Non-Hispanic.

Missing bars indicate less than 100 students in the subgroup.

Rationale for 9th Grade Health as an Option for Students

Offering health classes only in the high school severely restricts students from opportunities to enroll in elective curricula. Unlike the middle school and junior high that have 8 periods in the school day, the high school has only 7 periods. This limits opportunities for students to enroll in some of their desired classes. Most sophomore students (60%) enroll in study halls each semester during their sophomore year to allow for appropriate study time in this transitional year. Counselors recommend that sophomores select a study hall each semester to assure a smooth transition into high school curricula. The students who take the required core credits (English, math science, social studies, science, physical education, and health) and enroll in a study hall each semester have only 1½ credits of electives remaining to fill their schedules. If a student selects a full year course, such as world language, he/she cannot take another full year course (orchestra, band, choir, accounting, manufacturing, forestry, animal science, veterinary science, practical mechanics). These students are unable to enroll in desired courses or are forced to risk a semester without a study hall period. Offering students the flexibility to carefully plan their schedules and to take the health class during the year it provides the greatest opportunity for enrollment in their desired course sequences throughout high school is the foundation of this proposal. Students could select to take health in 9th grade to open up course opportunities in grade 10, take health in 10th grade if no course conflicts are anticipated, or as an example, double up in music courses in grades 9 and 10 and delay health until grade 11. Students would receive professional guidance from junior high counselors about the options that would best fit their career and educational interests.

Examples of Scheduling Conflicts that Occur with Full Year Courses

Music Classes (45% reduction in student enrollments)

	Grade 9 (2010)		Grade 10 (2011)
Concert Band	58	Adv/Int Band	36
Jazz	13	Jazz	6
Strings	16	Orchestra	12
Mixed Choir	54	Everest Singers	17
Girl's Choir	33	Concert Choir	17
		Song Spinners	8
Totals	174		96

World Languages (15% reduction in student enrollments)

	Grade 9 (2010)		Grade 10 (2011)
French	37	French	30
German	31	German	23
Spanish	255	Spanish	223
Totals	323		276

Business full year courses

One section of Accounting 1 is offered in the high school (3 sophomores). This course is required for students to enroll in the advanced accounting courses. We have not offered a section of advanced accounting for over 5 years.

Agriculture full year courses

The Agriculture program has been reduced to a 50% teaching position. Most courses in this program are full year classes. Ten years ago this program had 1.33 teachers needed to fulfill the teaching requirements. Currently we are offering 1 section of Forestry (3 sophomores), 2 sections of Animal Science (17 sophomores), and zero sections of Practical Mechanics and Intro to Veterinary Science.

Technical Education full year courses

The department has moved away from full year courses because of the conflicts that students encountered with scheduling these full year courses. Currently we are offering 1 section of Manufacturing/metalworking (10 sophomores). This course is a prerequisite course for Advanced Manufacturing that is a transcribed course with NTC.

Art full year courses

The art department restructured all courses for this school year to semester classes in large part because of the difficulties students were experiencing in enrolling in full year courses. Over the last few years we were unable to offer the full year courses of Advanced Drawing and Painting and AP Art because of low enrollment numbers in these classes. Students also experienced difficulty in enrolling in the Art 1 entry-level full year course. The high school has reduced the teaching staff in art over the last 15 years from 2.33 teachers to the current level of 1 teacher.

Wisconsin Youth Risk Data

The Wisconsin Epidemiological Profile on Alcohol and Other Drug Use (2010) reports that 19% of students initiate use of alcohol before age 13. Our own data from the Wisconsin 2009 Youth Risk Behavior Survey shows 31.3% of freshmen have experimented with the use of alcohol. The undeveloped adolescent brain is most at risk of long term and negative affects (learning disorders and alcoholism) from the use of drugs and alcohol at these early ages. For our district to ignore this high percentage of students who are engaging in risk behaviors and who are most at risk of long-term consequences in 9th grade is unacceptable.

Based on data from the Wisconsin 2009 Youth Risk Behavior Survey, our students in grade 9 exhibit risk behaviors at equal or greater levels than 10th grade students. Again this makes it difficult to understand why we would wait to offer health classes until a student is in 10th grade.

	9 th grade %	10 th grade %
Use of tobacco	16.0	16.4
Use of marijuana	14.4	12.2
Use of prescription drugs	18.1	14.9
Use of alcohol	31.3	30.0
Consider suicide	15.6	11.3

Critique of PE Department rationale for 10th grade health proposal

The physical education department has asked to place the health course in grade 10 based on the following criteria:

- *Risk behavior trends* - Our own data shows greater risk in grade 9 than in grade 10 for most risk factors. This data provides evidence of potential risks for a substantial population of grade 9 students to develop serious problems with alcohol, drugs, and other risk behaviors due to the more serious reactions of the underdeveloped brain with these types of stimulants. Data from national and state agencies, law enforcement, our own elementary level administrators, counselors, and psychologists indicate that student risk behaviors are becoming more prevalent and of greater risk at lower age levels. Compounding these risks factors is the increased access and unsupervised use of the Internet, enhancing younger students' abilities to find out about controlled substances and have greater exposure to gambling, pornography, and other violent behaviors.

Most high schools in the state offer students the opportunity to take health in the 9th grade. High schools with similar size and demographics show no significant differences in their risk data when compared to our high school, indicating no significant detriment to offering health in grade 9.

- *Flexibility* – allowing opportunity for students to schedule in grade 9 offers the most flexibility for students to enroll in their desired course sequences. Students will be able to make informed choices to best meet their post-secondary preparation needs.
- *Maintaining a heterogeneous classroom* – we have already pulled students from the health classroom mix by offering summer school health. These students who enroll in summer school health have typically been our top academic students who are looking for flexibility in their schedules to complete their planned curricular sequences at the high school. In all of our general track courses at the high school, classes lose opportunities for a heterogeneous mix because students are given opportunities to challenge themselves with upper level curricula in the lower grades. This should not be used as a rationale to limit opportunities for students to take course sequences that enable them to take advanced courses within their career pathways.
- *K-12 health scope and sequence* – the health scope and sequence does continue at the high school with the PE curricula and the elective FACE curricula. Health curricular topics such as the benefits of life long aerobic fitness, strength conditioning, flexibility, diet, hydration, and fitness targets are reinforced within the PE curriculum. Athletic and co-curricular programs also provide reinforcement about the potential harm of risk behaviors, including drug, alcohol, and tobacco use. Almost 80% of our students are engaged in co-curricular and athletic activities at the high school. Additionally, students are offered an advanced health class at the high school and advanced instruction in all content areas of the health curriculum within the high school FACE curricula. Finally, our counselors provide support services and resources for students requiring assistance.
- *The Health Curriculum is Inappropriate for Grade 9 Students* – Principals from other schools of similar size and demographics who were interviewed were confident that the curriculum offered to 9th grade students in their schools was appropriate to meet the educational needs of high school students. They were confident that 9th grade students could handle the strong content of the curriculum and would be able to retain the information throughout their high school years and beyond. Once again, the risk data from these schools show no significant difference with the risk data from our high school.
- *Not Having a Health Teacher at the High School Who Students Could Communicating With* – Because of the need for additional health sections (increasing to a ½ credit graduation requirement), health teachers could easily be scheduled to teach health classes at both the high school and junior high school. This would assure that students would have a health teacher that they knew and feel comfortable communicating with at the high school. In addition, our high school counselors effectively serve the role of listeners, providers of advice and support, and resources for external support if required.

Critique of PE Department rationale for 10th grade health proposal (continued)

- *Driver's Education* – all local programs vary in how they are taught, but all are required under regulations from the DMV to include education about the influences of alcohol and drugs on driving or riding in motor vehicles. I have supervised our drivers education program for multiple years and can assure you that a good share of our alcohol and drug educational program was film based. Our 2009 youth risk survey data also shows that 88% of students in grades 8 and 9 understand that people risk harming themselves (physically or in other ways) by drinking alcohol regularly.
- *Grade 10 Health in the K-12 Scope and sequence* – many of the 170 Wisconsin schools offering health in the 10th grade do so because of graduation requirement sequences, scheduling restrictions, and elective course requirements that do not allow health to be offered in 9th grade. As example, if our junior high only had a 7 period day, we could not offer this option to our students. We are not basing our recommendation on what other schools are doing; we are basing it on students being able to make sound decisions on the best sequence for their educational program.
- *Teacher collaboration Time* – the effects of a change to a ½ credit health requirement, doubles the sections and FTE requirements for this course. The most likely outcome is that the 2 teachers will be in the same building during some part of the school day teaching health. We have the ability to schedule these teachers during a timeframe that will allow participation in our collaborative opportunities.
- *Alcohol Unit in Grade 9* – if there is a need to reinforce the health curricular content beyond a 9th grade health class, we have the opportunity to do that within our PE curriculum at the high school as unit based instruction.
- *Affecting Numbers of Elective Courses* – currently there are no required elective courses at the junior high in 9th grade and students are only required to take 6.5 credits. By offering student choice for the health class, a student can make the best decision for their personal educational plan. This may result in more elective courses being taken throughout the high school years because these courses become more available to students within their personal plan. Students are basically being given the opportunity to make informed decisions about their courses and sequence of courses with the assistance and advice of a guidance counselor.
- *Grade 9 Study Halls* – if 31% of 9th grade students currently have the option to maintain a study hall and take the health class, why shouldn't we provide them this option? If this proposal has a positive effect on the schedules of 31% of our 9th grade students we should consider it a success.
- *Classroom Resources* – to offer this class as a semester, expands the section numbers to a level that will require additional resources, whether it is only offered at the high school or expanded to the junior high. It requires 2 rooms with either proposal. Budgetary allotments will be provided to accommodate these resource needs.

Other Factors of Consideration for Grade 9 Health

- *Impact of Increased Health FTE* – Adding the 9th grade as an option for a semester health class causes the impact of increased health FTE to be more gradual, over a 2 to 3 year time period. If it remains only as a 10th grade option, the impact of the increased FTE will occur completely in the 2013-14 school year.
- *Brain Research* – Recent research explains that the brain is 90% developed by age 6 but continues to undergo reorganization between the ages of 12 – 25 to become more efficient at complicated thinking processes. Teens think as well as adults and recognize risks as well as adults, but they weigh the risks vs. reward differently than do adults. In situations where risks can get teens something they want, they value the reward more heavily than adults do. Teens respond most strongly to social rewards. They do not take more chances because they downgrade the risks, but do so because they give more weight to the payoff. (Laurence Steinberg Temple University) These findings indicate a low significance of impact on the risk behaviors of youth, whether they participate in the health curriculum at the 9th or 10th grade levels.
- *Administrative Evaluation and Support* – The proposal to include 9th grade health as an option for students was discussed in a forum of curriculum coordinators and principals from the junior high and high school (12 administrators) and was forwarded to the Administrative Cabinet with a strong recommendation for implementation (10 supporting, 2 opposing). Information for and against the proposal was presented to the Administrative Cabinet for review. The Administrative Cabinet also discussed the proposal and unanimously forwarded the proposal to be considered for implementation by the School Board. Twenty administrators have evaluated the 9th grade health proposal and 18 have recommended it for approval by the School Board. As principals and central office administrators, we are expected to look at proposals and problems from a school-wide viewpoint. Decisions we make are not always popular with all teachers, parents, or students, but we forward those decisions with careful consideration and confidence that they are the best decisions for students. This proposal has been recommended by all principals and central office administration as the best option for students to provide greater flexibility for scheduling and as a viable option for health education.