

Active Teaching Strategies and Learning Activities

While one person hesitates because he feels inferior, the other is busy making mistakes and becoming superior. —Henry C. Link

Striving for success without hard work is like trying to harvest where you haven't planted. —David Bly

OBJECTIVES

Readers will be able to:

1. Define and describe active teaching strategies and learning activities
2. Identify and describe the positive results of using active teaching strategies and learning activities
3. Name the language domains to be supported by active teaching strategies and learning activities
4. Describe and give examples of active teaching strategies and learning activities that are connected to content and language objectives
5. Demonstrate examples of active teaching strategies and learning activities in a diverse health education classroom
6. Describe how a teacher can modify lesson activities

Introduction

Scores of classroom observations and discussions by the authors with health education professionals around the country clearly indicate that far too many secondary health education classroom teachers continue to dominate their instruction with traditional methods. These include methods such as lecture (teachers talk and students listen), passive reading or watching a video, and independently completing worksheets. These methods are used despite the strong evidence that learning is often better achieved by using other methods of instruction (O'Malley & Chamot, 1990; Muth & Alvermann, 1999; Buehl, 2001; Marzano, Pickering, & Pollock, 2001).

As you may recall, there are eight National Health Education Standards (see Appendix A) (Joint Committee on Health Education, 2007). Look carefully at the third word in each standard.

Standard 1: Students will *comprehend* concepts related to health promotion and disease prevention to enhance health.

Standard 2: Students will *analyze* the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Standard 3: Students will *demonstrate* the ability to access information, products, and services to enhance health.

Standard 4: Students will *demonstrate* the ability to use interpersonal communication skills to enhance health and to avoid or reduce health risks.

Standard 5: Students will *demonstrate* the ability the use decision-making skills to enhance health.

Standard 6: Students will *demonstrate* the ability to use goal-setting skills to enhance health.

Standard 7: Students will *demonstrate* the ability to practice health-enhancing behaviors and to avoid or reduce health risks.

Standard 8: Students will *demonstrate* the ability to advocate for personal, family, and community health.

There are three different action (verb) terms used in the eight National Health Education Standards. They are: comprehend, analyze, and demonstrate. Each of these three terms suggests a very different level of student proficiency, and, therefore, require a different level of instruction.

1. Comprehend (used one time): to understand or to know
2. Analyze (used one time): to examine carefully and critically
3. Demonstrate (used six times): to explain by showing

These three terms were carefully selected by the Joint Committee on Health Education Standards to illustrate the essence of health literacy.

Health literacy is the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health-enhancing. (2007, 6)

Standard 1 is the only one of the National Health Education Standards that focuses on basic knowledge and comprehension (Joint Committee on Health Education, 2007). This level of proficiency typically requires the students to perform at a relatively low cognitive level by merely having to tell, list, name, repeat, recall, or label health information. Seven of the eight standards focus on students learning and demonstrating various skills and abilities. For example, athletes do not typically achieve proficiency by

merely reading about the sport (e.g., history or rules) or watching it played proficiently. Athletes achieve proficiency in a sport by actively practicing and participating in that sport. Likewise, students will learn the skills represented in the National Health Education Standards by practicing and participating in authentic (or near-authentic) activities designed to develop those skills. Simply reading about these critical skills (such as decision making, advocacy, and communication) will not develop them to the desired degree.

This chapter will describe teaching strategies and learning activities that are designed to increase health-related knowledge and skill. As you read about the various techniques, keep in mind the use of the four language domains—reading, writing, listening, and speaking—that are essential instructional elements in language diverse health education classrooms.

Question 9.1

What Are Active Teaching Strategies and Learning Activities?

Active learning refers to the level of academic student engagement in and out of the classroom. These teaching techniques are intended to make the students active (rather than passive) participants in learning. Learning important health knowledge and skill is not unlike learning many new skills, be it a physical skill (e.g., kicking a ball), a mental skill (e.g., decision making), or a social skill (e.g., communication). Many individuals learn best and become proficient in skills by practicing them rather than merely being a spectator to the skill, such as listening to teachers talk about the skill, reading about the skill, or watching others perform the skill (Hermin & Toth, 2006).

Active, hands-on teaching strategies and learning activities are designed to take students out of their books, sometimes out of their seats, sometimes out of the classroom, sometimes out of their school, and sometimes out of their familiar ways of thinking. Active, hands-on teaching strategies and learning activities are intended to make students active participants in their own learning (Silberman, 1996; Buehl, 2001).

Two important terms are frequently used in this chapter: **Teaching strategies** refer to the structure, system, methods, techniques, procedures, and processes that a teacher uses during instruction. These are strategies the *teacher* employs to assist student learning. **Learning activities** refer to the teacher-guided instructional tasks or assignments for students. These are *student* activities.

The terms teaching strategy and learning activity do not exclusively imply active or passive instruction. For example, a teacher may select a lecture teaching strategy where the students are expected (as their learning activity) to simply listen.

Conversely, a teacher may select a problem-based teaching strategy where the students are expected (as their learning activity) to discover that they need to learn something in order to solve the problem.

Question 9.2

What Language Domains Do Active Teaching Strategies and Learning Activities Support?

When creating or selecting teaching strategies and learning activities in language diverse classrooms, teachers should consider four language domains (Echevarria, Vogt, & Short, 2004):

1. *Reading*: Students are able to comprehend written or printed material/information, such as letters, numbers, figures, and signs.
2. *Writing*: Students are able to communicate information in written or printed words.
3. *Listening*: Students are able to actively comprehend oral language from a variety of speakers.
4. *Speaking*: Students are able to say words, talk, express ideas, and converse in a variety of settings.

In a language diverse classroom, teachers are encouraged, and expected, to select teaching strategies and learning activities that support multiple language domains. The active teaching strategies and learning activities listed at the end of this chapter in Question 9.5 offer several multiple-domain examples.

Here is an example of a multiple-domain health education learning activity that incorporates and requires student reading, writing, listening, and speaking:

Activity: Health vocabulary

Step 1: Students in small group teams complete a worksheet matching (writing) key vocabulary terms to the term's definition. (Target language domain: reading, writing, speaking, and listening)

Step 2: Students turn worksheets over (answers down). One student, randomly selected by the teacher (i.e., student wearing the most red) looks at the team's completed worksheet and orally quizzes the students, in turn. Repeat with another student conducting the team quiz. (Target language domain: reading, speaking, and listening)

Teacher Note: The teacher may, or may not, choose to provide correct answers after Step 1.

Step 3: The teacher randomly hands out slips of paper (i.e., 10) to 10 students and asks each to stand. There are 2 items on each slip of paper.

1. A key vocabulary word from the worksheet.
2. A key definition from the worksheet, but *not* the definition for the word above. (Target language domain: reading)

Step 4: The teacher randomly picks 1 of the 10 standing students to read the definition on the slip of paper. The student who has the paper with that definition says the term, reads the definition on his or her slip of paper, then sits down. Continue until all 10 students are seated. (Target language domain: reading, speaking, and listening)

Step 5: Repeat Steps 1 through 4 with 10 other students.

Teacher's Note:

1. The teacher may want to use a stop watch to determine the length of time it takes a group from start to finish (all students seated) to conduct some friendly competition between and among student teams and/or classes.
2. Create the 10 vocabulary definition slips of paper in a circular fashion so you can start with any student, and it will progress smoothly until the final student.

By focusing the teaching strategies and learning activities on one or more of the four language domains, teachers are able to provide both the necessary language assistance and content support simultaneously.

Question 9.3

What Are the Positive Results of Using Active Teaching Strategies and Learning Activities in the Diverse Language Health Education Classroom?

Research continues to consistently support and demonstrate that students learn better if they are actively engaged in the health education content they are being taught (Telljohann, Symons, & Pateman, 2004; Anspaugh & Ezell, 2007; Meeks, Heit, & Page, 2009). So, why then are there health educators who continually avoid engaging students with active learning activities?

Some of the reasons teachers choose to stay with lecture methods and other traditional teaching strategies rather than using active learning teaching strategies include the following:

1. If I spend time in class on active learning exercises, I will never get through the health education content that I am expected to cover.
2. If I do not lecture, I will lose control of the class.
3. I have difficulty getting my students to work in teams. Some students do all the work and some do none at all. How do I grade them?
4. My students do not know how to deal with higher-level questions. They just want to give simple, low-level answers.
5. My students do not like active learning; they would rather just listen and take notes.
6. I have some special education and ELL students in class. I do not know what to do with them during group or other active learning activities.

Nine guidelines are suggested to assist teachers on how to introduce and use active learning activities in their health education classrooms:

1. Vary the small group or partner teams. Some teachers choose to randomly identify teams, such as drawing names, to create the teams or partners; some teachers choose to have a systematic scheme for identifying teams, such as a specific rotation schedule.
2. Vary the required team techniques and tasks.
3. Clearly identify the role of each team member.
4. Clearly state the purpose and outcome of the team's task.
5. Clearly state the time allotment for the task.
6. Have all necessary instructional materials ready.



Student-to-student interactions support learning.

7. Determine how students will be graded on this task.
8. Start early and small. Begin some brief active learning activities early in the term.
9. Determine a signal indicating when students should stop talking.

One of the primary benefits of active learning is the opportunity for the integration of reading, writing, listening, and speaking. Some active learning activities may involve all four of these language and communication skills in a single activity. As with many teaching techniques, practice and repetition often result in greater teacher skill in delivering the technique. Planning and implementing active learning activities is no different. Teachers should not be afraid to alter or change the activity. Early on, many students often need practice to become more proficient at active learning.

Question 9.4

How Are Active Teaching Strategies and Learning Activities Connected to Content and Language Objectives?

All instruction should be guided by, and focused on, learning objectives. Learning objectives provide the instructional target for both the teacher and the student (Ames et al., 1995; Fodor, Dalis, & Giarratano, 1995; Marzano, Pickering, & Pollock, 2001; Echevarria, Vogt, & Short, 2004). There are styles, approaches, and techniques to active teaching strategies and learning activities. Teachers should select the teaching strategy and learning activity that is most likely to assist students in achieving the target learning objective.

Choose the active learning activity that best aligns with the content and/or language objectives.

Is the purpose of the activity:

1. To *clarify* the essence of the content and/or language objective?
2. To *discover* what the students need to know about a specific health-related topic?
3. To *generate* interest, enthusiasm, and/or motivation in the health-related topic?
4. To *build* content knowledge, skill, and/or deepen understanding?
5. To *assess* student knowledge and/or skill?

A word of caution: Teachers should be thoughtful when selecting active learning activities. Select only those that authenticate and support the lesson's learner objectives. Conversely, teachers should be careful not to select an active learning activity if the *active* part of the activity distracts from the *learning* part of the activity. For example, some competition or game activities may result in some students becoming distracted and, as a consequence, focusing more on the competition rather than the intended learning.

Guideline Questions for Creating Active Learning Activities

Health education teachers should consider five important steps and their corresponding questions when selecting or developing active learning activities in a health education language diverse classroom.

Step 1: Consider the language-ability class demographics.

1. What is the grade level?
Example: Grade 10
2. What are the students' ability levels?
Example: 21 students are on level, 2 students are above level, 5 students are level 3 ELL students, and 2 students are below level.

Step 2: Consider the health education content.

1. What is the content area? *Example:* communicable disease
2. What is the unit? *Example:* sexually transmitted diseases-infections
3. What is the topic? *Example:* prevention and risk reduction strategies
4. What is the title of the activity? *Example:* "Comparing Prevention and Risk Reduction Strategies"

Step 3: Consider the content standard(s), content objectives, and language objectives.

1. Using clear, concise, specific, relevant, attainable, and measurable terms, what are the lesson's content objectives? *Example:* The 10th grade students will be able to comprehend concepts related to disease prevention (from National Health Education Standard 1). Performance indicator: The 10th grade students will be able to propose three ways to prevent sexually transmitted diseases/infections.

2. Using clear, concise, specific, relevant, attainable, and measurable terms, what are the lesson's language objectives? Example: The 10th grade students will be able to accurately tell a partner three ways to prevent or reduce the risk of sexually transmitted diseases/infections.

Step 4: Consider the details of the teaching strategy and learning activity.

1. What is the overview description of the active learning lesson? This description should provide enough detail so that a substitute health education teacher could successfully implement the instruction.
2. How much classroom time will the students have to complete the lesson? This may be indicated in minutes (e.g., 35 minutes) or in classes (e.g., four class periods).
3. What materials are needed? Having the correct and sufficient number of instructional materials is vital to the lesson's success. Materials may include such items as computer needs (i.e., screen, adapters, wires, extension cords); printed materials (i.e., articles, worksheets); production needs (i.e., tape, scissors, magazines, markers, chart paper); and audio-visual equipment (i.e., DVD, VCR, TV).
4. How will the students be grouped or organized? Will students work independently or in groups? What will be the size of each group of students? Will students be grouped randomly, by language ability, or some other way? Chapter 11, Cooperative Learning, will provide detailed information on student grouping options.
5. If groups are used, how will students know their groups? Will they be posted, chosen at random (i.e., drawing numbers or counting off), or identified in some other way?
6. What is the suggested furniture arrangement for this lesson? Is there a need to move the student desks into another arrangement (i.e., small group circles, rows, teams, perimeter)?
7. What specific directions will be given to the students before the lesson begins? How will these be given? Giving clear student directions often is a more difficult process than teachers anticipate. Here are some suggestions for giving clear student directions:
 - Have the attention of the class while directions are being given.
 - Provide directions in both verbal and written form.
 - Make sure the students know what they are expected to learn.
 - Give the directions in sequential order.
 - Use visuals to help students follow a sequence of steps.
 - Refrain from over directing.
 - Be clear about the consequences of good work.
 - Ask selected students to repeat the directions.
 - Allow time for students to ask questions about the directions.
 - Do not allow students to start the activity until the process of giving directions is completed.

8. What specific directions will be given to the students after the lesson begins? How will these be given (written and orally is best)? How will the teacher stop the student activity to provide additional student information and/or directions?
9. What product is expected from the students at the completion of the lesson? Students should have a clear understanding of what demonstration of learning is expected at the end of the activity (i.e., completed worksheet, role-play, summary, problem solved, decision made, poster, brochure, PowerPoint, game, survey, report).
10. What are the students' and lesson's expectations, such as noise level, use of equipment and materials, time limit, sharing of responsibilities, and the return of materials? In addition to orally explaining, posting the student responsibilities often helps the students to have a clear understanding of their expectations.
11. What will be the teacher's role in this lesson? The teacher should have a clear understanding of what instructional role (i.e., assessing, evaluating, facilitating, coaching, encouraging) he or she will have while the students are actively engaged in their learning activity.
12. What additional information is needed to make this lesson successful? Some active teaching strategies and learning activities have unique components that require specialized equipment, time, or materials. For example, as compared to an in-class lesson, there are typically some unique instructional issues to consider when a teacher takes his or her health education high school students to a neighboring elementary school to conduct a cross-age teaching lesson.

Step 5: Consider the methods to assess and evaluate the learning and achievement of the students.

Gathering information to determine the degree of student learning, achievement, and success is a complex task. A language diverse classroom exaggerates this complexity. Assessments, or the gathering of information, can be informal or formal. Examples of informal assessments would include quick voting, thumbs up or thumbs down, raising hands, and random classroom and/or student observations.

Formal assessments typically fall into one of two categories:

1. Selected response includes items such as multiple choice, true or false, and matching questions. Lower level ELLs can point and circle correct responses.
2. Constructed response includes items such as completion, essay, projects, demonstrations, and performances. Constructed response, performance-based assessments, can be, and should be, effectively used in language diverse classrooms. Performance-based assessments should focus on reading, writing, listening, and speaking. Lower level ELLs can answer questions by retelling important content information.

For most teachers, constructing high-quality assessments is not an easy task. Please refer to Chapter 12, Assessment and Evaluation, for more detailed information and examples on constructing and using high-quality assessments.

As described in this chapter, there is a close alignment between and among content objectives, language objectives, teaching strategies, and learning activities. The more closely and comprehensively teachers are able to align these elements, the more productive the lesson. A productive lesson will result in higher student learning, achievement, and success.

Question 9.5

What Are Examples of Active Teaching Strategies and Learning Activities in a Diverse Language Health Education Classroom?

There are many active teaching strategies and learning activities that can be effectively used in a language diverse health education classroom. This chapter section names, describes, and gives examples of several active teaching strategies and learning activities that can support many health education learning objectives. The activities are listed in alphabetical order. Each activity includes a brief description and example. When necessary, teachers are encouraged to adjust and modify these activities to better meet specific student needs and their targeted student learning objectives (Bergs, 2005; adapted with permission).

Assignments with Choice strategies allow students to decide how they will demonstrate that they have learned the required health information and/or skill. Some students may choose to demonstrate their learning by writing, others by speaking, others by drawing or illustrating, and others by building. For example, there may be multiple ways that a student could demonstrate his or her knowledge of the circulatory system.

A–Z Taxonomy is a language strategy. In small groups, students list the 26 letters A through Z vertically on a piece of paper. Then, based on the health education content, students are asked to think of terms associated with that content that start with each of the letters. For example, in the content area of drugs students might list alcohol (A), barbiturates (B), chemotherapy (C), death (D), ethanol (E), and so on. This activity can be used as both a pre- and post-instructional technique.

Best Choice Debate is a strategy that asks pairs of students to first prepare either a pro or con position on a controversial health issue, such as abortion. A pro pair and a con pair then join to explain their position to each other and then to seek agreement on the group's best overall recommendation. The benefit of this type of strategy is that it provides speaking and listening opportunities as well as practice in the skill of negotiation and compromise.

Brainstorming is a simple strategy designed to draw out numerous, creative, original, imaginative, innovative, resourceful, and inventive ideas. These may be responses to health-related open-ended questions, issues, or problems. Teachers should encourage all students to participate. In language diverse

classrooms, some students may feel more comfortable responding as part of a small team of students. Because the intent of brainstorming is to solicit lots of ideas, no students should be criticized for their idea(s). Sometimes it helps to set an appropriate target number of ideas, such as eight, when asking, for example, what lifestyle habits can cause premature death. Another strategy to use when students are having difficulty generating ideas is to reverse the statement (e.g., premature death is caused by what lifestyle habits?)

Building Teamwork is a strategy that asks small groups of students to prepare a group resume consisting of items such as hobbies, talents, travel, awards, favorite classes, schools attended, siblings, and any other information a student wishes to share. This strategy is designed to show the diversity of experiences and abilities in the class. In addition to the general categories listed above, health-related questions focusing on items such as favorite foods, sports, other fitness activities, past injuries, and other related topics could be included.

Carousel Questions is a strategy where the teacher writes several questions about a health topic on large sheets of paper posted around the room. In small groups, students rotate (e.g., every 5 minutes) from one set of questions to the next. Each group of students has a different colored marker. At each station the team adds ideas/answers/responses to the paper that have not been previously listed. Share all responses when the activity concludes. For example, in what ways can aerobic and anaerobic exercise affect your body composition? Or, how can you determine your target heart rate?

Case Studies use real-life stories that describe what happened to a community, family, school, or individual to prompt students to apply their health education knowledge and skill to authentic, real-world health behaviors and consequences.

Character Maps are ideal for some health-related information and concepts. Students, individually or with a partner, draw a stick figure or snowman-shaped body on their paper. Students are asked to label or generate information related to the body. For example, draw and label the parts of the body that can be affected by cancer.

Cooperative Learning is a strategy that involves small groups of students working together to complete a health-related project or task. Teachers using this instructional strategy often assign specific roles, duties, and tasks to specific group members. The grouping configuration may be random, voluntary, or teacher assigned. Grouping configurations should change frequently throughout the term. Teachers should appropriately group students based on the group task and student abilities. See Chapter 11, Cooperative Learning, for additional information and examples.

Critical Explanation asks students to think about factors or reasons that might explain the cause of some health issue or problem. The key word is *might*. Do not use a word (such as *why*) that suggests that there are right or wrong answers or that there is just one answer. Question triggers could include the following: What might explain . . . ? Can you think of reasons . . . ? For example, what might explain the rise in childhood obesity?

Discussion Web is a teaching and learning technique where students consider a health-related problem (e.g., drinking and driving) in a small group and then regroup so each student can share his or her group's work with students who were in different task groups. After all groups have completed their work, students decide who is A and who is B. Teachers then ask the As to remain seated and the Bs to stand and find a new A to be your partner. A and B share information.

Field Studies provide students with an opportunity to learn about and study health-related issues in their community. Areas of study may include health care services, consumer health, environmental issues (e.g., air, water, land), safety issues, disease, nutrition (e.g., fast food), or tobacco use.

Forced Debate asks all students who agree with a health-related issue (e.g., dietary supplements or euthanasia) to sit or stand on one side of the room and all opposed on the other side. Often hanging a sign on each side of the room helps to keep the issue clarified. After students have selected their position, switch the signs and force them to argue for the issue with which they disagree. This strategy will force the groups to consider an opposing viewpoint. Avoid predictability by varying the times when you switch, or do not switch, the signs.

Games can often be used to reinforce health-related knowledge. Student generated games can be both fun to create and play. Games can follow any common board or TV format. Games can involve matching, mysteries, group or individual competitions, and puzzles or follow the format of games such as Pictionary, Jeopardy, Wheel of Fortune, Family Feud, Clue, and Scrabble.

Graphic Organizers are visual representations of important health facts, concepts, and vocabulary and how they are linked (or not linked) together. Graphic organizers can be effectively used as a focusing, primary, review, or assessment activity. Teach students how to create and construct their own graphic organizers. Ask students to identify the main health words, ideas, sections, or content and determine relationships between and among them; then determine the style-format of the graphic organizer that is most appropriate for the material and purpose. Students should use icons and pictures as well as words in their graphic organizer, and when possible, students should use a variety of colors to represent different aspects of their graphic organizer. See Chapter 8 for more detailed information and examples.

Group Summarizing is a strategy that asks students, in small groups, to summarize a health reading or observation (e.g., magazine article, text section, video). Younger students may need predetermined summarizing categories, such as major topics, concepts, facts, and time lines. Summaries may be described in text or graphic format.

Group Work allows every student the chance to speak, to share ideas and information, and to develop the skill of working with others. Cooperative work groups require all students to work together to complete a given task. Typical cooperative group tasks include articles to read, questions to answer and discuss, information to share, subjects to teach to other groups, the creation

of projects, problem solving, and decision making. Assigning, and rotating, various student roles are often helpful with this activity. See Chapter 11, Collaborative Learning, for more detailed information.

Guided Reciprocal Peer Questioning is a strategy where teachers provide students with several sentence starters. Each student selects one or two sentence starters and creates a complete question based on the health material covered in class. The students do not actually have to know the answer to the question they are creating. Group students to discuss the questions each student has created. The purpose is to generate discussion. Sentence starters may include what is . . . , where is . . . , what can you say about . . . , give reasons for . . . , what are the parts of . . . , what is another way . . . , what is your opinion of . . . , how can you use . . . , what is the main idea of . . . , or why do you think

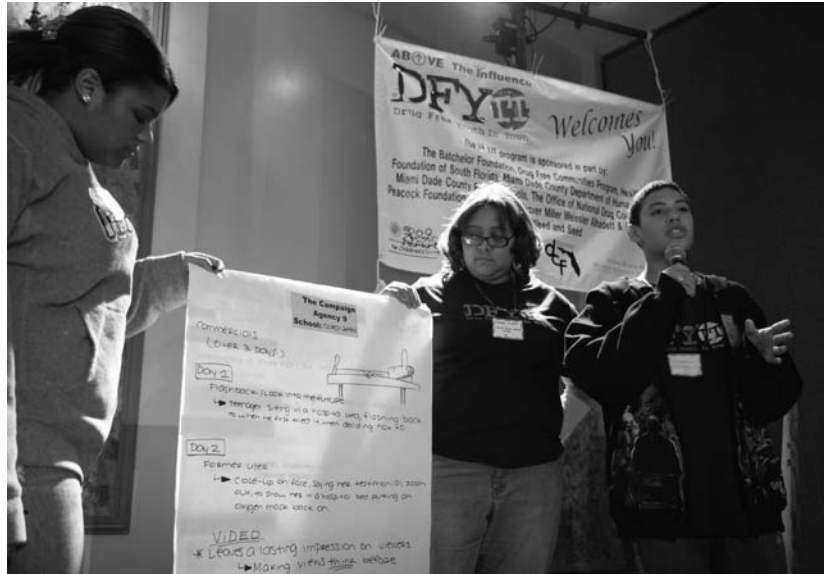
“I Say” Review is a strategy that asks pairs of students to share what they have to say about a health topic (such as water pollution) rather than what is the correct answer to a question. This can be used as a pre- or post-strategy. This strategy can also be used early in the term to create a more relaxed attitude toward speaking and sharing.

Inside–Outside Circle is a technique to encourage speaking about and listening to a health-related topic. Depending on the size of the class, 1, 2, or 3 circles can be used. Have 5 to 10 students stand in a circle facing outward. Match with 5 to 10 students in an outside circle facing a partner on the inside circle. First, for 30 seconds, outside circle students tell their partners some health information or their opinion (e.g., ways to reduce teen smoking). Next, for 10 seconds, the inside group summarizes the information received. Then, the outside circle moves 1 (or 2) students around the inside circle and repeats. (Hint: Vary which circle moves and which circle gives information.)

KWL is a common strategy that can be productive in health education classes. The teachers, or students, make a three-column graphic with the labels K (What I Know), W (What I Want to Find Out), and L (What I Learned). Students brainstorm what they know about a particular health education topic (e.g., sexually transmitted diseases/infections); next, individually, with partners, or in small groups, they generate questions about what they still want to know; and finally, they read and gather information that answers their questions.

Logical Analogies are a strategy where students try to find connections or analogies between a health fact or concept and a nonhealth fact or concept using this format: How is _____ like _____? For example, how is your nervous system like a telephone system? Ask students to generate the analogy statements. Here are some possible ending ideas: How is _____ like running for political office, running a marathon, having your first date, fighting a disease, going on a diet, building a house, going fishing, or learning a new language.

Minute Papers provide students with the opportunity to summarize their health knowledge and to ask unanswered questions. Give students a minute or two in the middle or at the end of class to answer questions (in writing)



A “one-minute club” student presentation.

such as the following: What was the most important thing you learned today? What can you say about . . . ? What is your opinion of . . . ? What important question remains unanswered? Use student answers to help plan upcoming lessons.

Music Memory is a strategy that uses familiar ballads and songs. Commercials often use familiar music and songs to promote their products. Many children remember the A, B, C song. Ask students to create a song, ballad, or jingle that will help them remember important health information such as health facts, dates, formulas, rules, names, vocabulary pronunciations, or sequences (e.g., respiration, circulation).

Numbered Students is a small group (3–5 students) activity where each student in the group is given a number (1, 2, 3, 4, 5). The teacher asks a question and randomly chooses a number. The student with that number answers the question to his or her group. The teacher should select a higher-order thinking question such as, what is the healthiest food you ate yesterday and how do you know?

One-Minute Club is a review strategy designed to support the language domain of speaking. Often at the beginning of the term, the one-minute club should be reduced and referred to as the “15 Second Club.” The time should then be gradually increased throughout the term. Teacher- and/or student-generated health words or questions are placed in a “hat.” Ask for student volunteers or select students to draw one out and talk about it for 1 minute (or 15 seconds). A pause of 3 seconds or more, or the use of “um” or “ah” for 3 seconds results in disqualification. Choose easier words or questions

Students provide
“cross-age tutoring.”



at the beginning of the term to instill confidence, especially for the ELL students. For example, how can drinking alcohol during pregnancy harm a developing fetus?

Outcome Sentences are often used following videos or guest speakers. Ask students to complete a couple of questions such as I learned . . . , I was surprised . . . , I'm feeling . . . , or I would like to learn more about . . .

Paired Discussions are designed as a quick strategy in which students quickly discuss with their partner information that summarizes the class health content recently presented. The activity prompt can be general or specific depending on the desired outcome or health content.

Pass the Q & A is a good strategy for ELL students. To emphasize important health information, the teacher suddenly announces a question and the answer. Then, all students pass the question and answer along, with one student asking the question, the next answering it. Sample question: What do the letters BMI stand for? Answer: Body Mass Index.

Peer or Cross-Age Tutoring can be done individually or in pairs. Students provide assistance to others in helping them to better understand health-related concepts. As the name implies, students assist students about the same age, younger students, older students, or students with other educational needs, such as ELLs. Student tutors should try to use graphic organizers whenever possible as a way to visually represent the health-related concepts.

Persistence Celebrations allow the students to relax for a few minutes to celebrate the completion of a successful assignment, challenge, or task.



Student presentations provide a means for active learning.

The celebration could involve a simple stand, walk around the room, stretch, class cheer, listening/singing to a popular song, shaking hands, giving high fives, or letting the class determine the unique way they want to celebrate their achievements.

Picture Making is similar to a graphic organizer. The teacher selects a health-related concept or information that could be visually illustrated. Small groups of students create a visual illustration of the information or concept on the board or paper. When completed, groups share and discuss their illustration with other groups or the entire class. For example, the health-related concept could be: children inherit genetic traits from their parents.

Practice Test Question is a strategy where the teacher gives the students a sample exam question for practice and then asks several students at random to report their answers to the class. Giving the students a chance to practice the type of questions they might see on your test will give them more confidence when they have to work them alone.

Prereading Predictions is a strategy that allows the students, individually or in small groups, to make predictions about an upcoming reading assignment. For example, a teacher may select and share a few unfamiliar words from the reading and ask students to predict what the reading is about. Terms such as pathogen, incubation, prognosis, host, and immune might be selected.

Problem-Based Learning is a strategy where a problem drives the learning. Students are presented with a problem prior to learning the problem-associated knowledge or skill. Students must then decide and find the

information they need to solve the problem. Sample problem: What are the best ways to reduce adolescent tobacco use?

Reaction Response is a quick strategy where the teacher, after presenting a controversial topic, asks students to write or orally respond to a question, such as the following: What information do you question? What information is new? Students can complete this individually or in small groups. Ask for volunteers to share their responses.

Role Playing is a common strategy where the teacher asks several students to take on the roles of participants in the health-related situations being studied. This strategy can be used to demonstrate problem-solving and decision-making skills. Depending on the topic, the role-play can be spontaneous, or students might need some time to prepare. In more elaborate role-plays, students may require a few days to research and prepare for their roles. It is often important to remind students of the specific purpose of this activity.

Rotation Questioning is a technique where the last student speaking calls on the next student to be the speaker. For example, student A selects and asks student B a question related to the focused health topic (e.g., communicable diseases). When student B completes his or her answer, he or she calls on student C to ask a question. Student C selects and asks student D a question and so on.

Roundtable Writing is a small group writing and speaking idea-seeking strategy in which students take turns writing on a single sheet of paper. Each student says their idea aloud as they write it on the paper, then the student passes the paper to the next student and so on. Sample question: How can the incidence of teen drinking and driving be reduced?

Sign Language is a strategy that often helps ELL students. Students are asked to generate hand or body signs for key health education vocabulary. Every time you or your students say the word, use the sign as well. Start with common terms such as *health*, *wellness*, *fitness*, *heart*, or *physical*. For example, every time the teacher (or student) mentions the word *heart*, the teachers (and students) place their hands over their hearts.

Silence Please involves a teacher giving directions to his or her students without speaking. These directions can be for an upcoming project, task, or assignment. As an option, ask students to respond to a question the same way—no speaking, actions only!

Speak or Pass is a quick strategy where students are presented with a health question such as, what things cause pollution? Ask each student, in turn, in a row or class section, to answer the question. Each student can answer the question or say “I pass.”

Question Starters, Prompts, and Triggers help students frame and provide answers to questions that go beyond yes–no responses. Question starters, prompts, and triggers can be low-level questions, such as define, label, name, tell, show, select, or underline. These question starters, prompts, and triggers can also be higher level, such as evaluate, design, defend, summarize, or predict.

Stay or Stray is a small group strategy where four to six small groups of students read, discuss, and write down information related to a different, but specific, component of a health issue, such as AIDS. One group might read, discuss, and write the cause of AIDS; another group, transmission; another, signs and/or symptoms; another, treatment. When groups are finished, one person (e.g., the student wearing the most red or the student who has a May birthday) is randomly selected to “stay.” The rest of the group “strays” to the next group. The remaining individual informs the new group about the topic. After a few minutes, the teacher announces which student from the new groups will stay (e.g., student who has a letter K in his or her name) and which students will stray. As you can see, each student must pay attention to the person speaking because he or she may be the next to stay and have to share the information with the new group.

Student Self-Evaluation is a strategy where the students write a brief evaluation of their assignments, projects, and/or learning. Depending on the activity to be evaluated, it may be helpful to use sentence triggers focusing on the activity, such as problems encountered, reasons, organization or learning process, opinions, or suggesting another way.

Student-Developed Case Studies allow for students, individually or in small groups, to develop a case study of a real or fictional health situation that presents a health issue or problem. Case studies can then be shared with other students or groups for reactions or solutions.

Test Questions allow students, individually or in small groups, to write test questions about the health content covered in class. To encourage a wide range of thinking, students should write several different question formats, such as multiple choice, true or false, essay, completion, or short answer. When completed, students or small groups exchange tests, or groups can present their questions to the entire class. Teachers can collect the questions and use the best ones on the real test.

Think Alouds help students in a thinking process. For example, the teacher, in reading or describing a health-related problem, illustrates the problem-solving thinking processes out loud (verbally) for all students to hear. This strategy can be especially helpful with new vocabulary terms or sequential processes. A teacher describing the formula for determining target heart range should say the thinking steps out loud, such as “First I want to determine maximum heart rate; I will write down my base number 220 (male) or 224 (female); next, I will write down my age; I will then subtract my age from my base number . . .”

Think–Pair–Share is a simple strategy you can use with many health education topics and in many classroom situations. Give students time to think about a health topic (e.g., why teens smoke) for a few minutes, then turn to their neighbor for a short discussion, and then share the results with the rest of the class.

Thirty-Second Sound Bite for a Radio or TV is an activity where, individually or in small groups, students prepare a 30-second announcement

designed to get students' and or listeners' attention about a health-related issue, such as healthy eating.

Three-Minute Pause strategies are often used when the teacher is presenting some detailed or complex health content. After a period of teacher presentation time (e.g., 10 minutes), have students pair with a partner and answer a sentence trigger such as, "Discuss with your partner the main ideas of the presentation." For example, discuss with your partner the functions of the vitamins described in the presentation, or how many heart disease risk factors can you list. After 3 minutes, return to presenting more health content.

Truth Statements is a strategy often used at the beginning of a new health unit or topic. Ask individuals or small groups of students to generate three facts they already know about a specific health topic (e.g., the common cold, HIV infection, aerobic exercise, contraception, heroin, blood cholesterol). Share the ideas and facts.

Value Continuums provide students with an opportunity to physically line up according to how strongly they agree or disagree with a health issue. To help students get accustomed to this strategy, it is often a good idea to first select a low-emotion issue such as, "I love strawberry ice cream." Ask for student volunteers to share their viewpoint and for the other students to listen to the differing viewpoints. After a while, the teacher can move to more emotionally intense topics, such as abortion, euthanasia, or drug testing.

Who Am I? is a strategy to help students learn health content. Students should be divided into two or more teams. Put several health-related names on a piece of paper. Examples include the following:

I am _____. Supply a health-related person such as William Harvey.

I am _____. Supply a health-related event such as the first human heart transplant.

I am _____. Supply a health-related skill such as CPR.

I am _____. Supply a health-related quotation such as "an apple a day keeps the doctor away."

I am _____. Supply a health-related formula such as determining target heart range.

I am _____. Supply a health-related risk factor such as tobacco use.

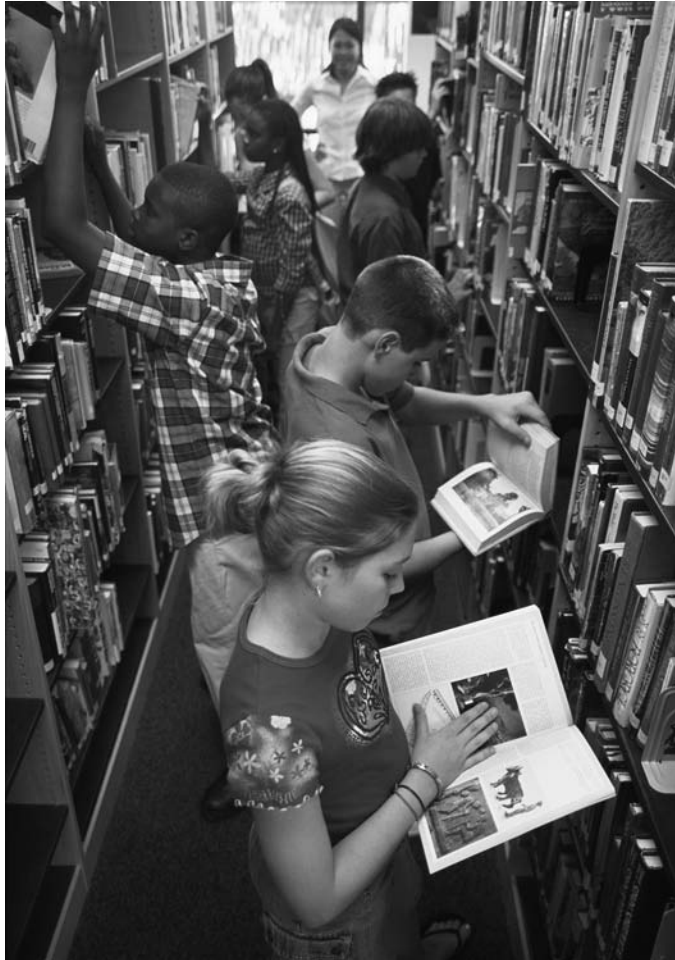
I am _____. Supply a disease or condition such as tuberculosis.

I am _____. Supply a nutrient such as Vitamin C.

I am _____. Supply a health-related specialist such as pathologist.

Select students to randomly select a piece of paper. Each team, in order, asks the student a yes or no question. The team that correctly identifies the health term wins that round of the activity. Repeat with other students. As a competition option, keep track of team points.

Word Sorting often helps students—especially ELL students—recognize relationships between and among health-related terms. Students are given several health-related terms and a few categories from a health unit or topic. Their task, individually or in small groups, is to group and place the terms in



The media center can be used for active learning student tasks.

the categories. As an option, students are given only the terms and then asked to group the terms in ways that make sense to them, and then to generate a category name for each group. For example, drug-related terms, fitness-related terms, and body system terms work well for this type of activity.

Write a Question is a strategy used following a health presentation by the teacher or student. Instead of asking “Are there any questions?” ask each student to write down two questions. The two questions may be questions the students still have about the health topic, or they may be two test questions on the topic. Ask students to share questions with a partner, a small group, or the entire class.

There are many teaching strategies and learning activities that can be employed to assist student learning. Not all strategies and activities are equally effective. Some will be more successful with some students and less

successful with others. Some will be more effective than others in providing content information. Some will support the development of health-related skills better than others. Some will offer more language support than others. And finally, some will be more conducive to providing assessment information. By learning and practicing the various teaching strategies and learning activities, teachers will soon realize which are most productive in given situations.

Question 9.6

How Can Teachers Modify Lesson Activities?

Lesson modification is the process of adjusting, altering, changing, or revising a lesson or portion of a lesson to make it more comprehensible and achievable for an individual student or group of students.

Having the ability to modify a lesson activity is of critical importance in a language diverse health education classroom. Many commercial school health education textbooks and curricula contain lesson activity suggestions for each of the chapters, units, and/or content areas. These lesson activity suggestions are typically geared to the on-level student.

As indicated in previous chapters, most U.S. health education classrooms are very diverse—and are becoming more diverse.

- English language learners, 10% (National Center for Education Statistics, 2005)
- Special education students, 13% (National Center for Education Statistics, 2002)
- Academically gifted students, 6% (National Association for Gifted Children, 2008)

The numbers listed above are national percentages. A specific school district or school building could have percentages much higher or lower than the national average.

It should be noted that modifying the students' learning activity is only one of several critical instructional strategies needed to promote high-level student learning and achievement in language diverse classrooms. Other critical instructional strategies include the following:

1. Providing clear and measurable content objectives
2. Providing clear and measurable language objectives
3. Providing comprehensible instructional language
4. Providing authentic learning activities
5. Providing instruction that incorporates student backgrounds and experiences
6. Providing bias-free instruction
7. Providing learning demonstration options

8. Providing instruction focused on content standards
9. Providing appropriate rigor
10. Providing multiple instructional visuals
11. Providing opportunities for student-to-student interaction
12. Providing opportunities for student-to-teacher interaction
13. Providing opportunities for student practice
14. Providing active and engaging teaching strategies and learning activities
15. Providing instructional focus on reading, writing, listening, and speaking
16. Providing frequent and diverse student assessment, feedback, and evaluation
17. Providing instruction that is fun and interesting

Teachers, when modifying lesson activities, should ask themselves three questions:

Question 1: What are the language levels of my students?

Recalling from previous chapter information, there are several levels of ELLs ranging from level 1 (low ELL proficiency) to level 5 (high ELL proficiency). It is instructionally important that teachers know the English proficiency levels of their students. Most commonly, classroom teachers can ascertain this information from district or school ELL specialists.

Question 2: Does my lesson need modification?

It may be unnecessary to modify a lesson activity. Due to the nature of the content or language objective, some commercial lesson activities may already be at an appropriate level, in which case no modification is warranted. When modification is needed, question 3 is critical.

Question 3: Do I modify the language, independence, and/or product?

Teachers now need to ask the following:

- Should I increase or decrease the *language* rigor?
- Should I increase or decrease the *independence* rigor?
- Should I provide additional *product* options?

Consider the verb when increasing or decreasing the language rigor.

Sample verbs:

- *Level 1:* Point, underline, circle, locate
- *Level 2:* Change, explain, draw, describe
- *Level 3:* Apply, solve, show, construct
- *Level 4:* Analyze, compare, classify, calculate
- *Level 5:* Invent, produce, judge, defend

By looking at the lesson activity's verb, the teacher should be able to increase or decrease the verb to more accurately align with the students' language proficiency. (See Chapter 4 for additional sample verbs.)

Separately or in combination with the language rigor, the teacher can increase or decrease the students' independence rigor. Chapter 7, Lesson

Scaffolding, provides the basis for this modification option. The levels of student independence can be placed into one of four slots:

- Whole class, teacher led
- Small group, teacher assisted
- Partners, peer assisted
- Independence, student autonomy

By looking at the lesson activity's student independence, the teacher should be able to increase or decrease the students' independence to more accurately align with the students' abilities. And lastly, in combination with the language and/or independence rigor, the teacher can consider more product options. A lesson activity may only indicate a report option. By adding additional and appropriate product options, the teacher may provide important options for students to demonstrate their learning. Possible lesson activity product options include the following:

1. Write a report
2. Draw
3. Orally explain
4. Make a game
5. Teach a lesson
6. Build a model
7. Construct a diagram
8. Create a poster
9. Create a cartoon
10. Survey
11. Create a commercial
12. Create a song
13. Conduct an experiment
14. Write a poem
15. Create a video

For example, read this student learning activity located in a health education textbook:

Have students write a two-paragraph description, illustrated with a labeled drawing, of how digestion works in the stomach. Explain that they should summarize what they read in their texts by including only the most important terms and processes (Bronson, 2009, 425).

The modified activity could change, substitute, and/or add terms, such as with a partner . . . , from the handout label . . . , orally explain . . . , or create a poster that Can you think of other ways to modify this student learning activity?

Learning to effectively modify lesson activities will create expanded opportunities for all students to be successful.

Conclusion

Active learning is all about student engagement in health education topics and issues. Active learning is almost any learning experience other than independently and passively reading, completing a worksheet, or listening to a lecture. During active student learning, the role of the teacher changes from leader and presenter to coach and facilitator. Active student learning implies that students are doing most of the work. They are taking a greater responsibility for their own work and learning. In language diverse classrooms, students should have frequent and multiple opportunities to read, write, listen, and speak in the context of health education content.

The National Health Education Standards inherently require active student learning. The standards require learning demonstrations focusing on several abilities, including problem solving, advocacy, decision making, analyzing, goal setting, communicating, and practicing health-enhancing behaviors.

Active student learning starts with the teacher. It is essential that teachers establish the classroom and instructional tone, environment, and excitement that provide opportunities and encourage students to become active learning participants. With careful planning, teachers can create a learning environment that is conducive to active teaching strategies and learning activities. This environment would include a safe physical environment, accessible resource materials, fairness by the teacher to all students, effective class management, and academically supportive student rapport.

Lesson activities can be modified to more appropriately meet student needs and abilities. Modification techniques include increasing or decreasing the language rigor, increasing or decreasing the independence rigor, and/or increasing product options.

Active student learning is not merely having students who are active in class. The teaching strategies and student learning activities must be carefully selected to support the students' achievement of the lesson's content and language objectives.

REVIEW ACTIVITIES

1. Describe the difference between an active teaching strategy and an active learning activity. Give examples of each.
2. Describe how the eight National Health Education Standards are divided between health-related knowledge and health-related skill.
3. Provide countering statements to several of the reasons and barriers as to why some teachers choose not to use active teaching or learning instructional techniques.
4. Provide four examples of an active learning activity—one for each of the four language domains.

5. Using the five-step model described in the chapter, create a health education lesson by answering each of the questions in Steps 1 to 4.
6. Generate a health education language objective. Describe one effective and one ineffective teaching technique linked with that language objective.

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