

## Provides Age-Appropriate and Developmentally Appropriate Information, Learning Strategies, Teaching Methods, and Materials

**Description:** An effective curriculum addresses students' needs, interests, concerns, age, developmental and emotional maturity levels, experiences, and current knowledge and skill levels. Developmentally appropriate practice does not mean making things easier for students. Rather, it means ensuring that healthy behavior outcomes (HBOs), functional health knowledge, skills, and experiences are suited to students' learning and development and are challenging enough to promote progress and interest. In addition, concepts and skills should be taught in a logical sequence through reinforcement, but not repetition, at each grade level.<sup>1</sup>

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<sup>1</sup> Centers for Disease Control and Prevention, *Health Education Curriculum Analysis Tool* (Atlanta, GA: CDC, 2021).



**Directions:** Click on the grade-level icon below for examples of how to support this characteristic in a lesson.

Grades  
**K - 2**  
EXAMPLE



Grades  
**3 - 5**  
EXAMPLE



Grades  
**6 - 8**  
EXAMPLE



Grades  
**9 - 12**  
EXAMPLE





## Grades K–2 Examples

### Example 1

For this teaching example, the lesson being taught is the importance of eating breakfast every day.

1. The teacher reviews the developmentally appropriate food and nutrition knowledge expectations listed in the Health Education Curriculum Analysis Tool (HECAT) (<https://www.cdc.gov/healthyyouth/hecat/index.htm>) for students in grades Pre-K–2 that support eating breakfast every day. The teacher focuses on the knowledge expectation of describing the benefits of eating breakfast every day when designing this lesson.
2. The teacher starts the lesson by asking students to raise their hands if they ate breakfast this morning. The teacher asks students to share some of the foods they ate.
3. The teacher then shares some of the benefits of eating breakfast (e.g., energy, focus, or not being hungry during school). The teacher asks students to share how they feel when they eat breakfast and when they don't eat breakfast. The students compare their answers.
4. The teacher ends the lesson by asking students to draw a picture of themselves when they eat breakfast and when they don't eat breakfast.



### Example 2

For this teaching example, the lesson being taught is setting goals for physical activity, and the HBO for the lesson is *PA-1: Engage in moderate to vigorous physical activity for at least 60 minutes every day* ([HECAT Appendix 3](https://www.cdc.gov/healthyyouth/hecat/index.htm)).

1. Prior to this lesson, students have learned the developmentally and age-appropriate physical activity knowledge expectations listed in the HECAT (<https://www.cdc.gov/healthyyouth/hecat/index.htm>):
  - a. Identify the recommended amount of physical activity for children.
  - b. Describe how being physically active can help a person feel better and the importance of selecting appropriate, enjoyable activities.
  - c. Describe the benefits of being physically active, including the physical, emotional, academic, and mental health benefits.



2. When designing this lesson, the teacher reviews the developmentally and age-appropriate physical activity goal-setting skill expectations listed in the HECAT (<https://www.cdc.gov/healthyyouth/hecat/index.htm>) for students in grades Pre-K–2. The goal-setting skill expectations include the following:
  - a. Identify a realistic personal short-term goal to be physically active.
  - b. Take steps to achieve the personal goal to be physically active.
  - c. Identify people who can help achieve a personal health goal to be physically active.
3. The teacher discusses with the students the steps for setting a physical activity goal by asking the following questions:
  - a. What is my goal? (e.g., 60 minutes of enjoyable physical activity every day)
  - b. Who can help? (e.g., parents, family members, teachers, or friends)
  - c. What are my steps? (e.g., a chart to keep track of daily physical activity)
4. The teacher distributes a chart for the students to keep track of their goal of 60 minutes of daily physical activity.
5. Every day for the next 2 weeks, the teacher asks students to share how they did on meeting their physical activity goal.
6. The teacher also distributes an information sheet for parents and guardians with the following talking points:
  - a. The benefits of physical activity for children
  - b. The recommended amount of physical activity a day for children
  - c. Examples of activities for children to increase vigorous physical activity<sup>2</sup>
  - d. Tips for supporting developmentally and age-appropriate physical activities for their children as well as helping the students track their progress toward meeting their physical activity goals<sup>2</sup>

RETURN TO  
Navigational Grade Icons

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<sup>2</sup> Vigorous physical activity, such as jogging, fast walking, or bicycling uphill, produces large increases in breathing or heart rate.

## Grades 3–5 Examples

### Example 1

For this teaching example, the lesson being taught is designing a breakfast for healthy growth and development, and the HBO for the lesson is *FN-1: Follow a healthy eating pattern that meets individual preferences and needs for growth and development* ([HECAT Appendix 3](#)).

1. The teacher designs the lesson, designing a breakfast for healthy growth and development, to reinforce students' learning of the knowledge expectation of explaining why breakfast should be eaten every day.
2. The teacher writes the following two prompts on the whiteboard and has the students write responses on a sheet of paper:
  - a. Why should breakfast be eaten every day?
  - b. What are the components of a healthy breakfast?
3. The teacher then has each student find a partner to compare responses to the first question.
4. The teacher and the students discuss responses and create a list of reasons why breakfast should be eaten every day (e.g., focus, energy, and feeling full).
5. The teacher has each pair of students work with another pair of students to compare responses to the second question (What are the components of a healthy breakfast?) and writes the groups' responses on the whiteboard.
6. The teacher and students compare the groups' responses to the components of a healthy breakfast (e.g., fruits, vegetables, whole grain, protein, nutrient dense, low sugar, or low salt).
7. The students work in groups to draw a healthy breakfast on the whiteboard.
8. The teacher and the students then review and provide feedback related to the groups' pictures of a healthy breakfast.



### Example 2

**Note: This activity is developmentally appropriate for 5th grade students.**

For this teaching example, the lesson being taught is healthy growth and development, and the HBO for this lesson is *SH-1: Recognize developmental changes experienced by self and others during childhood and adolescence* ([HECAT Appendix 3](#)).

1. The teacher reviews the developmentally and age-appropriate sexual health knowledge expectations listed in the HECAT (<https://www.cdc.gov/healthyyouth/hecat/index.htm>) for students in grades 3–5. The teacher uses the following two knowledge expectations aligned with this HBO to design this lesson:
  - a. Describe the physical, cognitive, emotional, and social changes that occur during puberty.
  - b. Explain how puberty and development can vary greatly and be normal.



2. The teacher starts the lesson by distributing a journal worksheet to students and asking them to complete it. The worksheet includes the following items:
  - a. When I think of the word “puberty,” I . . .
  - b. “Puberty” is defined as...
  - c. Facts related to puberty
    - i. Puberty is normal.
    - ii. Puberty and development vary greatly from one person to another.
    - iii. It is normal for puberty to vary greatly from one person to another.
  - d. Changes associated with puberty
    - i. Physical changes
    - ii. Cognitive (how you think) changes
    - iii. Emotional changes
    - iv. Social changes
3. The teacher shows and reads to the students the definition of “puberty”: puberty is the time of life when a child experiences physical and hormonal changes that mark the changes into adulthood. The teacher asks the students to compare their definition of “puberty” and the definition of “puberty” provided by the teacher. The teacher reassures the students that although puberty can be an uncomfortable topic to discuss, it is important for everyone to understand that puberty is a normal part of growth and development.
4. The teacher also explains that there are physical, cognitive, emotional, and social changes associated with puberty, then asks the students to write down at least one puberty-related change that happens
  - a. in their body,
  - b. in the way they think,
  - c. in their emotions, and
  - d. in the way they interact with friends, family, and peers.
5. The teacher calls on student volunteers to share examples.
6. The teacher reviews the physical (e.g., voice change, hair growth, or growth spurt), cognitive (e.g., abstract thinking or being able to consider many points of view), emotional changes (e.g., mood swings, irritability, or sensitivity), and social changes (e.g., peers become more important or concerns about appearance) associated with puberty.
7. The teacher concludes the lesson by asking the students to write one thing they learned about puberty.



## Grades 6–8

### Example 1

For this teaching example, the unit being taught is Tobacco, and the HBO for the lesson is *T-1: Avoid using (or experimenting with) any form of tobacco* ([HECAT Appendix 3](#)).

1. The students have previously learned in 6th grade health education about functional information and skills related to the short- and long-term health effects of using tobacco products including e-cigarettes or vaping products and the benefits of being tobacco and nicotine free.
2. The students have previously learned about developmentally appropriate functional information and skills related to the short- and long-term effects of using tobacco products including e-cigarettes or vaping products and the benefits of being tobacco and nicotine free in their 5th grade health education class.
3. The 8th grade teacher reinforces the information and skills. However, the administration and the school resource officer (SRO) have reported that, over the last month, there's been an increase in the number of 8th graders who are vaping and smoking cigarettes while walking home from school. In addition, the teacher has researched additional local and state data such as the Youth Risk Behavior Survey, which indicates an increase in nicotine use at the 8th grade level. Therefore, the health educator and the SRO partner to teach a developmentally appropriate unit on the dangers of experimenting with tobacco products and situations that could lead to the use of tobacco and nicotine.
4. At the culmination of the unit, students research and utilize data to develop advocacy and public service messages about the importance of avoiding or experimenting with any form of tobacco or nicotine.



### Example 2

For this teaching example, the unit being taught is Sexual Health, and the HBO for the lesson is *SH-4: Give and receive consent in all situations* ([HECAT Appendix 3](#)).

1. The students have previously learned in 7th grade health education class about developmentally appropriate functional information and skills related to giving and receiving consent. The teacher defined “consent” and emphasized its importance for decisions on sexual health behaviors and remaining abstinent.
2. The school district has recently experienced an increase in disciplinary referrals for inappropriate touching among a group of 8th graders. The 8th graders do not understand why they can't touch their classmates as they are only “having fun.”
3. Realizing the need to reinforce and expand on the concept of giving and receiving consent, the 8th grade health education teacher incorporates the following developmentally appropriate information and skill development into lessons including the following:
  - a. Practicing how to communicate consent for all health behaviors
  - b. Explaining how to receive consent or change your mind and not consent
  - c. Practicing how to say “yes” and “no” to people, behaviors, or situations that could make one feel uncomfortable
4. Once the teacher presents these strategies, students are divided into small groups to practice the skills through assigned role-plays. The teacher monitors responses from students.

## Grades 9–12

### Example 1

For this teaching example, the unit being taught is Alcohol and Other Drugs (AOD), and the HBO for the lesson is *AOD-7: Quit using alcohol and other drugs if already using* ([HECAT Appendix 3](#)).

1. The students have already learned about functional information and skills related to avoiding the use of AOD during their 8th grade health class. The high school health class reinforces the information and skills at the beginning of the AOD prevention unit.
2. Prior to teaching the AOD prevention unit, the high school health teacher reviews local data related to AOD use among high school students in their district. The health teacher discovers that the AOD use is higher among high school students compared to the state averages. Therefore, the high school health teacher decides to teach a lesson on AOD-quitting techniques and resources in the community to help adolescents quit using AOD.

### Example 2

For this teaching example, the unit being taught is Sexual Health, and the HBO for the lesson is *SH-7: Engage in behaviors that prevent or reduce unintended pregnancy* ([HECAT Appendix 3](#)).

1. During their 8th grade health class, the students have already learned about functional information and skills related to the importance of remaining sexually abstinent.
2. The high school health teacher reinforces the concept that being sexually abstinent is the only 100% way to prevent HIV, sexually transmitted infections, and pregnancy. However, the high school health teacher understands that some students in high school are sexually active or will be in the future. Therefore, the high school health teachers teach students about the importance of using condoms consistently and correctly every time they engage in sexual activity.
3. The teachers review and model the steps of putting on a condom correctly (using their own middle and index fingers). The students practice these steps by putting a condom over their middle and index fingers.
4. Students then demonstrate how to put a condom on over their middle and index fingers with a partner. The partner provides verbal feedback during the demonstration.

