

Health Education K-12 Learning Standards Definitions and Requirements

The Washington State K-12 Learning Standards for Health Education (and Physical Education) were adopted in 2016. The wording of the standards gives school districts flexibility when selecting curricula while also giving more specific guidance to teachers, including suggested outcomes for each grade. Below are terms and definitions used in the standards, as well as any applicable state laws related to Health Education.

Term	Definition	Examples	Required?
Standard	What all students should know and be able to do in a specific content area. There are eight (8) Health Education Standards.	Students will demonstrate the ability to use decision-making skills to enhance health (standard 5).	Yes. Basic education is defined by state law (Revised Code of Washington 28A.150.210). The Office of Superintendent of Public Instruction develops the state's learning standards (RCW 28A.655.070).
Core Idea	Typical units of study in a Health Education course. The current standards contain six core ideas, which organize outcomes related to the eight learning standards.	Wellness Safety Nutrition Sexual Health Social Emotional Health Substance Use and Abuse	No. While not required (with the exception of sexual health education), the six core ideas represent a balanced, comprehensive approach to health education.
Topic	Add specificity to each standard and fall into one of the six core ideas. The current standards contain 36 topics.	Nutritional Planning Hygiene Self-Identity Stress management	Only a few topics are required: Comprehensive Sexual Health Education for students in grades 4-12 (RCW 28A.300.475); HIV/AIDS prevention annually for students in grades 5-12 (RCW 28A.230.070); mental health and suicide prevention (28A.230.095); STD prevention, physiology, hygiene, and the effects of alcohol/abuse (RCW 28A.230.020). No other topics are required.
Grade-level Outcome	Examples of student learning, for grades K through 12, designed to enable students to reach competency in one or more standards.	Within the topic of injury prevention, an outcome for kindergarten students is: "Identify safety hazards in the home." An outcome for high school students is: "Demonstrate CPR and AED procedures" (H7.Sa2.Hsb)	Few. Grade-level outcomes are typically not required. Using the outcomes can help a district ensure students are meeting state standards and receiving comprehensive instruction.



Term	Definition	Examples	Required?
Curriculum/Instructional Materials	Materials and resources chosen to support the implementation of state learning standards. OSPI does not recommend or require the use of any specific curriculum.	Textbooks DVDs Handouts Worksheets Programs	No. However, curriculum and resources should align to health education standards. State laws exist for district selection of instructional materials (RCW 28A.320.230 and RCW 28A.300.475). Also of note are the regulations and guidelines to eliminate discrimination (RCW 28A.640.020) and bias in instructional materials (WAC 392-190.055).

**This table is intended to support the Health Standards FAQ document*

OSPI Contacts

- Ken Turner, Health and Physical Education Program Supervisor: ken.turner@k12.wa.us
- Laurie Dils, Sexual Health Education Program Supervisor: laurie.dils@k12.wa.us

For more information

- [The 2016 Washington State K-12 Learning Standards for Health and Physical Education](#)
- [Health Education K-12 Learning Standards Frequently Asked Questions \(FAQs\)](#)
- [Health and Physical Education in Washington State](#)
- [HIV and Sexual Health Education in Washington State](#)



Except where otherwise noted, this work by the [Office of Superintendent of Public Instruction](#) is licensed under a [Creative Commons Attribution License](#). All logos and trademarks are property of their respective owners.

Updated June 2021

