CALIFORNIA STATE UNIVERSITY, NORTHridge

DRUG EDUCATION CURRICULUM

Fifth Grade Level

A project submitted in partial satisfaction of the requirements for the degree of Master of Science

in

Health Science

by

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Committee Chairman

California State University, Northridge

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PREFACE

This graduate project involves the development and implementation of a revised drug education program in the Beverly Hills Unified School District at the fifth-grade level. The district has four elementary schools and 400 fifth-grade students. Request for a modification of the existing program came from the district in light of recent findings in drug education.

The following paper is a description of all activities involved in the development of the new program and includes the teacher's guide. The project was carried out with the assistance of the district's health co-ordinator, Ms. Joyce Banzhaf, and under the supervision and guidance of Dr.s John T. Fodor and Dr. Wilfred B. Sutton members of the Health Science Department's Graduate Project Committee at California State University Northridge.
ABSTRACT

DRUG EDUCATION CURRICULUM

Fifth Grade Level

by

Kathleen Coyle Greene

Masters of Science in Health Science

May, 1974

This teacher's guide to drug education has been developed for use in the Beverly Hills Unified School District at the fifth-grade level. Modification of the existing program was requested in light of recent findings in drug education. The more effective programs have shifted their emphasis from the cognitive to the affective domain. Thus, focus has been transferred from a simple understanding of the effects of drugs to the more complex area of what factors motivate drug use.

The Teacher's Guide is divided into four sections, each containing a major concept which serves as a focal point for classroom instruction. Sections I and II deal with over-the-counter and prescription drugs (the primary goal of the program being the responsible use of all drugs). Section III deals with drugs that affect the nervous system.
and the abuse of mind-altering drugs (the secondary goal of the program being prevention of drug abuse). The information presented in this section is up-to-date and factual, and should be used in a low-key manner with emphasis on why people misuse these drugs.

Section IV deals with student identity and needs. Drug abuse is now being considered a symptom of unmet underlying needs, which can generally be identified and sometimes helped through the use of satisfying alternatives. Values clarification strategies are the focus of this last section in an attempt to provide the students with skills in thinking, forming opinions and making decisions. These skills lead to the establishment of a value system, a positive self-identity and self-esteem. A high self-esteem has been considered among psychologists as one of the most effective tools against drug abuse. (2)
SECTION I.

JUSTIFICATION AND NEED

This teacher's guide to drug education has been developed to accompany a revised drug education program in the Beverly Hills Unified School district at the fifth-grade level. For the last four years, the official drug education program in Beverly Hills has consisted of one day of film presentations followed by two weeks of classroom instruction. This particular program was entitled Impact-Plus 2 and has been utilized in a number of districts in the state of California. Recent evaluations indicated, however, that such programs, although successful in increasing knowledge, are not successful in deterring drug abuse. A review of current literature in drug education actually revealed an increase in drug abuse following the implementation of similar drug programs. (4:28, 14:88, 20:68, 22:812, 24:30, 25:29).

For example, programs which were introduced into a number of California school districts in 1968-69 were evaluated for incidence of drug use, attitudes toward drugs, and overall quality of knowledge about drugs before and after these programs. It was found that, as expected, drug knowledge and attitudes improved. Drug use, however, did
not decline in any of the eleven districts evaluated; and in four districts, there were statistically significant increases in some types of drug use. (14)

A more controlled study of a drug education program was undertaken in the Houston Texas School District. Here 452 eighth grade students were given an intensive three week drug education course. A similar group of eighth graders who received minimal drug education acted as a control. A follow-up survey conducted nine months later revealed that the students in the experimental group demonstrated superior knowledge of drugs on post-tests, but they also showed an increase in drug use compared to the control group. Of the 402 students in the experimental group, 12.5 per cent considered themselves to be experimental or casual drug users, while only 4.1 per cent of the 316 students in the control group admitted to drug use. (22)

A research project at a Port Washington, New York, high school found their drug education program also having little effect on drug use among the students. The reports showed that of those who had completed the drug education course, 41 per cent were found to be users on the General Drug Use Scale, while 39 per cent of those who had not had the course fell into the user group. (24)

Following completion of a ten week lecture course (intended to expose students to the dangers of drugs), selected junior high students in Ann Arbor, Michigan,
revealed that they worried less about drugs and significantly increased their sale and use of marijuana and L.S.D. (25)

In another study Dr. Swisher, an assistant professor of education at Pennsylvania State University, along with three colleagues, devised a fourteen item attitude scale and a thirty item drug knowledge scale. These tests were then administered to 933 adolescent students at (a) a private college preparatory academy; (b) a catholic high school; and (c) a regional campus of a major state university. Universally the results indicated the more knowledge students possessed about drugs, the more pro-drug use they were in their attitudes. (20)

In a recent evaluation of drug education programs done for the department of Health, Education and Welfare, approximately 75 per cent of the surveyed youth and adults stated that current drug education programs do not prevent drug use. Schools and teachers were considered to be among the least effective presenters of drug education by youngsters of high school age. (25)

The National Commission on Marijuana and Drug Abuse, assigned to study drug education programs, stated that drug education programs in recent years had been "counter productive by stimulating rebellion and raising interest in the forbidden." This commission, in the spring
of 1973, called for a moritorium on all drug education programs in the nations schools. (25)

Responding to these findings, Ms. Joyce Banzhoff, Health Co-ordinator of the Beverly Hills School District, felt it necessary to ask that their existing program be modified. Since no evaluation of the program had been done it was difficult to accurately determine its effectiveness. Drug arrests are frequently used as a means of evaluation, and the Beverly Hills Police Department was able to provide recent statistics to the school district. Local youths drug arrests showed a slight increase in April of this year as compared to the same time last year. Since Beverly Hills youth can be, and are, arrested by the Los Angeles Police Department, statistics from the West Los Angeles department also were checked. They too showed a slight increase. In 1972 there were 318 juvenile drug arrests while in 1973 there were 399. These figures are helpful in evaluating a program but have their obvious shortcomings. For one, arrest figures do not reveal the many who misuse drugs but escape detection. Policy and attitude changes in the police department also are not accounted for but can have a direct effect on the meaningfulness of the statistics.

Currently, Dr. Helen West, Principal of Horace Mann Elementary School, is on a sabbatical leave gathering data about drug use in the Beverly Hills School District.
Hopefully, this information will provide the needed baseline data for proper drug education evaluation. At this time local statistics do indicate that the misuse of drugs among youth remains a problem. It also is apparent that the existing drug program is in need of modification if it is to meet the criteria set forth by the most recent educational philosophies.
SECTION II.

PHILOSOPHY

The primary goal of a drug education program should be the responsible use of all drugs— including over-the-counter and prescription drugs. Many drug curricula focus solely on the abuse of illegal, physically addicting drugs because their effects are so devastating to both the user and his society. The accidental or purposeful misuse of some of the more commonly used medicinal drugs, however, constitutes a major health problem because it involves such a large number of the population.

Aspirin consumption, for example, although not representative of what one might consider drug abuse, is indicative of our society's casual attitude toward the ingestion of chemical agents. It is startling to find that over 1,000 aspirin tablets are consumed every minute by the American public. Other statistics show that over 562 million prescriptions are written yearly; and about 20 per cent of them are for tranquilizers, amphetamines, barbiturates or mood-changing agents (21:235). Furthermore, Dr. Henry E. Simmons, Deputy Assistant Secretary for Health in the Department of Health, Education, and Welfare, states that 50,000 to 100,000 deaths a year occur in U.S.
hospitals as a consequence of the emergence of resistant strains of bacteria secondary to antibiotic misuse. (18)

Since drug use is such a widespread and accepted phenomenon in American society, it seems essential that the public be fully aware of their potential adverse effects. Incongruous to this assumption is the fact that neither children nor adults have even a basic understanding of the most commonly used drugs (7:1002-1020). Unfortunately, literature which the public can read about the unsuspected effects of drugs they might use is unavailable. Requests to the Public Health Department, Bureau of Governmental Publications, Federal Drug Administration, professional medical and pharmaceutical associations, and private pharmaceutical houses all proved fruitless. It was then necessary to condense the basic information contained in standard medical texts into layman Fact Sheets. These serve as an economical resource for teachers covering the common prescription and over-the-counter drugs as suggested in Sections I and II of the Guide.

In contrast, resource material on mind-altering drugs, especially narcotics, is plentiful. They must be evaluated carefully, however, to insure that they are up-to-date, factual, and without overdramatization. Only resources meeting these specifications and easily available to the teachers were listed. This material, covered in Section III of the Guide, should be handled in a low-key
manner with emphasis on the reasons motivating drug misuse.

Based on the assumption that drug abuse is a symptom of human turmoil, the teacher must shift the program emphasis from the cognitive to the affective domain to maximize effectiveness. This idea is based on the theory of human behavior developed by Abraham Maslow. He postulated that man's behavior was based on a hierarchy of needs. Beginning with the physiological, man's needs progressed successively through the need for safety, belongingness, love, esteem, and ultimately ending with the need for self-actualization. The highest level, self-actualization, was described by Maslow as a process whereby one functions to his fullest potential, with inner direction, and with harmony between one's beliefs and values and one's actions.

The adolescent is at a period where his needs are acute, but both society and his own stage of development make fulfillment difficult. Where there is extreme difficulty, drug abuse may appear as a coping behavior. This is a symptom of unmet underlying needs that generally can be identified and sometimes helped through the use of satisfying alternatives. Thus, by shifting education from the cognitive to the affective domain, the focus is transferred from a simple understanding of the effects of drugs to the more complex area of what factors motivate human behavior.
Therefore, the secondary goal of any drug education program should be the prevention of drug abuse and drug dependancy. A review of literature indicated that the most successful drug education courses were those that concentrated on the problems leading to drug misuse. One new, and seemingly effective, means of helping a student determine his needs and ways of meeting them, is the concept of values clarification. The value clarification techniques devised by Sidney Simon are a series of strategies and games that, through thinking, forming opinions and making decisions, the student establishes his own value system. Several of these techniques have been included in Section IV of the Guide.

Proper inservice training of teachers should precede the use of values clarification techniques—particularly if they are used as a group activity. The teacher must foster communication in an approach that is flexible, open-minded and not value-laden; acting only as a facilitator. The classroom climate should be kind and supportive where students reveal their personal confusion and weaknesses as well as strengths. If this atmosphere cannot be created, or if a teacher has difficulty as a facilitator in this type of learning situation, the value clarification strategies should be carried out as a written assignment. In either case, the teacher should not be grading their written or oral responses, but should measure progress in
skills which suggest that students have acquired knowledge about themselves, their values and their goals. In addition, the students' decision-making abilities should improve with the use of values clarification techniques. All of these skills will contribute to the student's sense of identity and self-esteem. This high sense of self-esteem has been considered among psychologists as one of the most effective tools against drug abuse (2).
SECTION III.

DEVELOPING THE GUIDE

When the need for a revised drug education program had been clearly established, work was begun on developing the new program and teacher's guide. The initial step involved meeting with the teachers at their respective schools to solicit their suggestions and ideas. This proved very helpful and gave all the teachers an opportunity to be involved with curriculum development.

Interviews were conducted with some fifth grade classes to insure student input as well. All the students in the district were given a pretest to determine their knowledge and attitudes about drugs. This test consisted of 23 cognitive knowledge and 4 attitude questions. The average pretest score for the 400 students taking the test was 60 per cent correct. The test was a modified version of one previously used in the district (see appendix b). Future tests could be further improved by adding more questions dealing with over-the-counter and prescription drugs; and more questions evaluating changes in student attitudes.

To determine their interest in drug education, the last question on the pretest asked students to list things
they most wanted to learn about drugs. The students' responses were plentiful which indicated a strong interest in drug education (see appendix c).

Content for the Guide was based on local district needs and interests as well as newly established philosophies for drug education. Consideration also was given to the State of California's Framework for Instruction in California Public Schools which was designed to assist districts to develop sequential health curricula. Four concepts were chosen as the focal points for classroom instruction. One section of the Guide was dedicated to each of these concepts. The first concept: A drug is any chemical substance which affects body structure and function; introduces a general discussion about drugs as chemicals and the various factors influencing their effects.

The second concept: A drug is being misused when the adverse effects outweigh the beneficial ones; deals with the fact that all drugs share side effects, from minor to serious, which must be carefully evaluated. Emphasis is on the responsible use of the more commonly used over-the-counter and prescription drugs. This is important information that is often overlooked in most drug education programs. The third concept: Drugs that affect the nervous system are the most commonly misused; is a sensitive area that must be handled in a low-key manner. Scare tactics and over dramatization should be avoided. This section should not be the
focus of attention in the program, nor should extraordinary
time be spent on it. Discussion of alcohol and narcotics
is but a part of the total program and should be treated
as such. The last concept: High self-esteem, clearly
defined values and a strong sense of purpose help deter drug
misuse; centers on giving the students the necessary tools
to avoid drug use.

For many teachers this is the first experience with
the values clarification techniques described in the above
section. In-service education will accompany the
implementation of the guide to assist teachers in this area.
Ms. Banzhaf and myself attended a four day workshop given
by the Los Angeles County Department of Schools on values
clarification strategies to prepare for the district in-
service teacher's training. In addition, a copy of
Sidney Simon's *Values Clarification* was distributed to the
fifth grade teachers to further assist them in this area.

In order to help students master the content,
learning opportunities were included that enable them to
become actively involved in the learning-teaching process.
Many of these opportunities were chosen from a variety of
existing curricula listed on the acknowledgement page.
Adaptions were made to meet the goals and philosophy of
the newly developed educational program.

Measurable objectives were selected for each of
the concepts that would evaluate the specific content and
cognitive behavior sought by the learner. Attitudes and affective behaviors were, also, translated into specific measurable objectives.

The format of the Guide was done as simply as possible for easy reading. Upon the request of Ms. Banzhaf, the length was also kept to a minimum. In her experience curriculum guides that were short, succinct, and well organized were more popular with the teachers and, subsequently, more likely to be used.

All suggested resources included in the Guide were carefully critiqued. Only those materials easily accessible to district teachers were listed. In general information presented was to be up-to-date, factual, and within the philosophy of the district's drug program. Materials were selected that met the requirements basic to all good educational materials. Some of these qualities can be found on the evaluation check lists included in the appendices. Existing materials within the district library and each individual school library were re-evaluated. Only those meeting the newly established criteria were included. In order to evaluate films for rental and purchase, several Los Angeles County film previews were attended. Films also were made available to teachers and parents for their opinion and approval at district meetings.

All speakers were interviewed and arrangements were made for scheduling talks and demonstrations during the
program.

When the resource list was complete and all materials were purchased, the Guide was then ready for printing. A district in-service meeting was scheduled where the Guide would be presented to the teachers and preparations begun for the program's implementation.
SECTION IV.

IMPLEMENTATION AND EVALUATION

A curriculum guide can be more effectively utilized if it is accompanied by proper in-service training. Although the Guide is a very simple one, teachers will benefit from further explanation and instruction. In-service education can set the stage for the extent and depth of teaching in the classroom. It also can bring teachers up to date, especially in the area of health education where facts are continuously changing, as are philosophies about drug education programs.

In-service training is particularly needed in the area of values clarification. This is a new technique to be used in the district. In addition to local district in-service training teachers will be sent periodically to county workshops.

Ms. Banzhaf and I will be available for group discussions with the teachers in each of the schools in the district to help with the program's implementation. This will also provide the opportunity of discussing with the teachers the values and limitations of the Guide and the drug education program.
Other evaluation techniques will include a post-test and a written critique by students and teachers. The post-test will be identical to the pretest and will be given at the end of the semester. At this time students will be asked to write on a separate paper their comments and suggestions about the course. The teachers will be asked to fill out and return the detachable evaluation sheet found at the end of the Guide. Both the post-test and the critiques will be used to determine changes that will be made for the following year's program.
FIFTH GRADE DRUG EDUCATION

GUIDE

(TENTATIVE)

BEVERLY HILLS UNIFIED SCHOOL DISTRICT

MARCH 1974
Purpose and Philosophy

The Drug Program is intended to help students understand drugs, their benefits and risks, and why people use drugs. Students should determine guidelines for safe use of prescription and non-prescription drugs.

Students need practice in decision making. They need the support of teachers and peers in order to freely evaluate their own ideas and feelings and explore alternatives available to them. The goal of the program is to enable the student to make independent choices consistent with his values and best interests.

The program is not intended to be dramatic or frightening. There is no emphasis on illegal drugs or purely on fact dissemination. The National Commission on Marijuana and Drug Abuse, assigned to study drug education programs, stated that programs in recent years have been found to be uneffective and sometimes counter-productive. A program that implies students may use drugs illegally may initiate the idea with the student.

If children have respect, affection, responsibility and influence, competency and a sense of accomplishment they are most likely to make (wise self-actualizing) choices beneficial to themselves. Self esteem is strongly associated with the absence of drug
abuse—a factor too important to be overlooked by a drug education program.
Use of the Guide

The Content suggested in the guide is based on local district needs and interests and is within the new philosophy established for the program. Four concepts or "big ideas" were chosen as the focal points for classroom instruction. One section of the guide was dedicated to each of these concepts. Section I introduces a general discussion about drugs as chemicals and the various factors influencing their effects.

Section II deals with the fact that all drugs have side effects which must be carefully evaluated in relation to their positive effects. Emphasis is on the responsible use of commonly used over-the-counter and prescription drugs.

Section III deals with the abuse of mind altering drugs and should be handled in a low key manner without scare tactics or over dramatization. We suggest that emphasis be on the medicinal uses for which the drugs were intended. Students can easily be made to feel that drug abuse is expected of them when there is an over dramatization. This area is a part of the total program and should not be the focus of attention.

The last section is concerned with the underlying motives for drug misuse. It deals with those psychological tools that will help avoid drug abuse and centers on Values Clarification. This is a series of strategies and games that assist the student
to establish his own value system through thinking, forming opinions and making decisions. A clear concept of what his values are and acting in accordance with these values contributes to a sense of identity and self esteem. The teacher should act only as a facilitator, fostering communication in an approach that is flexible and open-minded. Some of these exercises are ideal for group activity as students often benefit from hearing their classmates views and suggestions. The proper classroom climate is essential however. It should be kindly and supportive of strengths and weaknesses. If the teacher does not feel that this can be accomplished then the strategies should be carried out as individual written assignments.

Behavioral objectives have been suggested for each of the concepts. These are helpful in evaluating the specific content and cognitive behavior sought by the learner.

Learning opportunities have also been listed that would provide active involvement for the student in the learning-teaching process. This is only a partial list and space has been provided for teachers to write in their own additional ideas. Resources for each of the concepts have been listed on the content page. A more complete list of resources can be found at the end of the Guide. Also at the end can be found an
evaluation sheet where teachers are invited to write additions to and criticisms of the Guide. This evaluation sheet should be returned to the district office at the end of the program.
CONCEPT I.

A DRUG IS ANY CHEMICAL SUBSTANCE (OTHER THAN FOOD) WHICH AFFECTS BODY STRUCTURE OR FUNCTION

OBJECTIVES: (Following instruction the student will be able to:)

1. List both the positive and negative effects of specific drugs.

SUGGESTED LEARNING OPPORTUNITIES:

1a. Students can bring in empty containers, labels and inserts from drugs used at home. They can read them, looking for the drug's side effects. They should look up words they do not know in the dictionary and report their findings to the class. The teacher may want, in discussion, to include some of the facts given on the Teacher's Fact Sheets since this information is not generally given on the containers. Students may also bring in magazine drug advertisements and discuss these drugs.

1b. Make a bulletin board display in the classroom of materials brought in by the students.
CONCEPT I. (continued)

OBJECTIVES: (continued)

2. Cite individual differences that can cause people to react differently to drugs.

3. Name two drugs, that when used together, react differently than normally expected.

4. Tell the difference between prescription and non-prescription drugs.

SUGGESTED LEARNING OPPORTUNITIES: (continued)

2. Students discuss why a small child cannot take the adult dosage of a particular medicine.

3. Chemical potentiation can be demonstrated in the Science Department by putting reactive chemicals together, such as sodium carbonate and acetic acid.

4. School nurse and/or a pharmacist invited to the class to hold a discussion and/or answer questions about prescription and over-the-counter drugs.

\[ \text{Na}_2\text{CO}_3^{-2} + \text{H}^{+}\text{ClO}^{-1} \rightarrow \text{Na}^{+} + \text{Cl}^{-} + \text{HCl} \]
CONCEPT I.

A DRUG IS ANY CHEMICAL SUBSTANCE (OTHER THAN FOOD) WHICH AFFECTS BODY STRUCTURE OR FUNCTION

SUGGESTED CONTENT:

1. The effects of a drug can vary widely. Some factors leading to this include: a) size of person, b) age, c) other drugs/foods in the system, d) metabolism, e) allergies, f) illness, or g) other.

2. If two drugs are taken together, their chemicals may affect body function differently than if they are taken alone. For example, alcohol will greatly potentiate the effects of barbiturates.

3. All drugs have more than one effect. Undesired, or negative effects are called side effects. There is

SUGGESTED RESOURCES: (See resource supplement for details)

1. Teacher's Fact Sheets: covers the basic function and side effects of aspirin, antibiotics, antihistamines, antacids, etc.

2. Speakers: a) school nurse, b) pharmacist from the local pharmacist's professional organization.
CONCEPT I. (continued)

SUGGESTED CONTENT: (continued)

no such thing as a "good" or a "bad" drug. All drugs can be "bad" for you if they are not used properly, or if the side effects outweigh the beneficial ones.

4. More hazardous or potent drugs are prescribed by a doctor so that they can be supervised. Less hazardous drugs can be bought over-the-counter, and they are usually intended for minor ailments of short duration.
CONCEPT II.

A DRUG IS BEING MISUSED WHEN THE ADVERSE EFFECTS OUTWEIGHT THE BENEFICIAL EFFECTS

OBJECTIVES: (Following instruction the student will be able to:)

1. Give examples of accidental drug misuse and ways to avoid them.

2. List information that should appear on prescription bottles.

3. Give examples of intentional drug misuse.

4. List factors that lead to intentional drug misuse.

SUGGESTED LEARNING OPPORTUNITIES:

1a. Students can make a list of safety rules for the use of drugs. Post on school bulletin board and on the inside of medicine cabinet at home.

1b. Conduct a campaign for labeling all medicines and throwing away old drugs at home.

2. Have the class examine empty prescription bottles; carefully noting the information that appears on the bottle.

3. Students can brainstorm and generate examples of intentional drug misuse.

4. Make a bulletin board display of drug advertisements. Discuss the wording of these advertisements and television and radio commercials.
CONCEPT II. (continued)

OBJECTIVES: (continued)

5. Discuss the importance of peer acceptance.

SUGGESTED LEARNING OPPORTUNITIES: (continued)

Analyze them for misleading impressions and discuss their potential to influence use.

5a. Make a list of students' dress patterns, hair styles, shoes. Check off those that are influenced by their peers.

5b. Make a list of students' daily activities and habits under three headings: those influenced by a) physical need, b) personal satisfaction, and c) social need.
A DRUG IS BEING MISUSED WHEN THE ADVERSE EFFECTS OUTWEIGH THE BENEFICIAL EFFECTS

SUGGESTED CONTENT:

1. Side effects of a drug can be minor or lead to serious illness, even death. Each of the side effects has to be discussed and in relation to its positive effects.

2. Accidental misuse could result from lack of knowledge, taking medication in the dark, using medications that are too old and have spoiled, using someone else's medicine, accepting substances from strangers, taking medicine from an unlabeled bottle, or not reading the label, small children getting into the medicine cabinet, etc.

3. Some other rules for safe drug use may include:
   1. Read all instructions on box, bottle, and inserts carefully each time you use them
   2. Follow dosage and heed all warnings

SUGGESTED RESOURCES:

1. Pamphlet - "What we want to know about medicines without prescriptions." FDA.
CONCEPT II. (continued)

SUGGESTED CONTENT: (continued)

3. Be aware of side effects
4. Discard medications not in use
5. Do not take two medications at the same time without the doctor's consent.
6. Do not use drugs prescribed for someone else
7. Keep drugs safely stored away from small children

Factors that may lead to intentional misuse:
- curiosity, peer group pressure, boredom, imitating adults, rebellion, meeting psychological needs,
- lowered self-esteem.
CONCEPT III.

DRUGS THAT AFFECT THE NERVOUS SYSTEM ARE THE MOST COMMONLY MISUSED

OBJECTIVES: (following instruction the student will be able to:)

1. Define and give an example of a depressant, a stimulant, a hallucinogen.
2. Identify both the positive and negative effects of depressants, stimulants and hallucinogens.
3. Explain tolerance, overdose, physical and psychological dependence.
4. Give several reasons why drugs affecting the nervous system are the most

SUGGESTED LEARNING OPPORTUNITIES:

1. Use the film "What Do Drugs Do?", followed by teacher's discussion.
2. Use the speakers from: a) the Alcoholism Council to discuss the problems associated with alcohol misuse, and b) the Beverly Hills Police Department to discuss the legal problems associated with drug misuse.
3. Students discuss in small groups examples of psychological dependence other than with drugs; for example, the use of a nightlight by small children afraid of the dark.
4. Brainstorming and open discussion of reasons why drugs affecting the nervous system are the most
CONCEPT III. (continued)

OBJECTIVES: (continued)

system are the most commonly
misused.

5. Evaluate both the positive
and negative effects of
drugs; and discuss, in a
paragraph, the point at which
misuse occurs.

SUGGESTED LEARNING OPPORTUNITIES: (continued)

frequently misused.

5a. For each drug discussed in this unit, the student
can make a list of beneficial effects on one side
of the blackboard and negative effects on the
other. Free discussion should follow various
opinions heard. They may or may not be able to
come to a group decision as to when a drug is
being misused. The students also can write
individual paragraphs stating instances when they
feel a drug is being misused.
CONCEPT III. (continued)

SUGGESTED CONTENT: (continued)

3. Coffee, tea, and colas contain caffeine.

4. Narcotics, cocaine, amphetamines, marijuana, LSD, tranquilizers, and barbituates are drugs often misused. Glue sniffing and inhaling of other intoxicating solvents occurs frequently at this age.

SUGGESTED REFERENCES: (continued)

(Available in District Library)

5. Pamphlets: (one per classroom) "ABC's of Drinking and Driving."
CONCEPT IV.
HIGH SELF-ESTEEM, CLEARLY DEFINED VALUES, AND A STRONG SENSE OF PURPOSE DETER DRUG MISUSE

OBJECTIVES: (following instruction the student will be able to:)

1. Indicate knowledge about himself and self-esteem by listing ten positive words that he feels describes himself as a person.

SUGGESTED LEARNING OPPORTUNITIES:

1a. Value Strategy No. 30. "Three Characters"
   Students write on a piece of paper three people chosen from real life, fiction, the news, movies, literature, cartoons, history, etc. that are:
   a) someone that they would like to be like  
   b) someone that they would least like to be like 
   c) someone that they are like.

1b. Value Strategy No. 35. "All about Me"
   The students can write papers (at home or in class) titled: 1) Who Am I? 2) I am proud. 
   3) Someday I want to be 4) If I could change the world 5) My friend.

1c. Value Strategy No. 47. "Personal Coat of Arms"
   Students draw a simple facsimile of a coat of arms
CONCEPT IV. (continued)

OBJECTIVES: (continued)

2. Describe his feelings about both peer acceptance and being an individual.

SUGGESTED LEARNING OPPORTUNITIES: (continued)

and divide it into six spaces. By drawing symbols in the appropriate spaces they can answer the following questions: a) what do you regard as your greatest achievement? b) what do you regard as your families greatest achievement? c) what is the one thing that other people can do to make you happy? d) what do you regard as your greatest failure to date? e) what would you do if you had one year to live and were guaranteed success? f) what three things do you most like to have said about you?

2a. Use of the film "I Think" and/or "Donna, Learning To Be Yourself" followed by open or small group discussion.

2b. Value Strategy No. 64. "Clothes and Values"

Students list their clothing items in one column,
CONCEPT IV. (continued)

OBJECTIVES: (continued)

3. On a given survey, rank his values from most to least important.

4. Give, in a paragraph, his rationale for decisions or solutions to various problems.

SUGGESTED LEARNING OPPORTUNITIES: (continued)

with two columns following, "What I want my clothing to say about me", and "What my clothing does say about me to others."

3a. Value Strategy No. 34. "Rank order choices" Using the choices on page 81 in Sidney Simon's Values Clarification, the students can practice ranking their values and choices.

3b. The students and teacher can generate values to be discussed and ranked on the blackboard.

4a. Film, "Buy and Buy" followed by open discussion.

4b. Value Strategy No. 31 "Dialogue with Self" The student chooses a subject upon which he is having trouble making a decision. Two chairs are placed facing each other in front of class or small group. The student starts a dialogue in one chair and moves to the second to answer himself
CONCEPT IV. (continued)

OBJECTIVES: (continued)

5. List personal goals that he has made for himself.

SUGGESTED LEARNING OPPORTUNITIES: (continued)

(the class can ask questions of either chair).

This should be done until a decision is made followed by discussion.

4c. Value Strategies: No. 23 "Alternatives Search"

No. 26 "Consequences Search"

No. 27 "Barriers to Action"

These strategies are most effectively played together and can be found in Values Clarification starting on page 193.

5. Value Strategy No. 28 "Getting Started"

Students list ten things in a column that they would like to learn to do, or do better, in their life. In the second column a space is left for a date, and in the third column a space is left for "first steps". They should be given several days to think about this. Then in small groups the
CONCEPT IV. (continued)

OBJECTIVES: (continued)

6. List several alternatives that would give the same positive but none of the negative effects of drug use.

SUGGESTED LEARNING OPPORTUNITIES: (continued)

students share their lists and suggestions for realistic dates and "first steps" procedures.

6. For every reason given, in class discussions, for using drugs the students can brainstorm at least one activity or alternative that would produce the same result without drug use.
CONCEPT III.

DRUGS THAT AFFECT THE NERVOUS SYSTEM ARE MOST COMMONLY MISUSED

SUGGESTED CONTENT:

1. Alcohol is the drug causing the greatest problem in the United States.
   A. Alcohol use by youth is on the increase.
   B. Alcohol is a factor in half of all highway fatalities.

2. Alcoholism is an illness in which alcohol use causes a continuing problem in any area of a person's life, such as health, job, or family life.
   A. To live a normal life an alcoholic must stop drinking completely.
   B. Help is available in the community for alcoholics and for members of the alcoholic's family.

SUGGESTED REFERENCES:

1. The Drug Information Series and Marijuana: What Can You Believe are available from the school library as teacher resources.

2. Films:

3. Student’s Library Book:
   Rainbows and Jollybeans by the Isarians.

4. Teachers Reference:
   Drug Education, Content and Method, by D. Girdano and D. Girdano.
CONCEPT IV.
HIGH SELF-ESTEEM, CLEARLY DEFINED VALUES, AND A STRONG SENSE OF PURPOSE DETER DRUG MISUSE

SUGGESTED CONTENT:

1. Value Clarification: This is a series of strategies and games which help students establish their own value systems through thinking, and decision making. All the strategies listed in this guide come from Sidney Simon's book, *Values Clarification*, and are identified by number and name.

2. The classroom climate must be warm and supportive if these activities are to be done in a group. If this cannot be accomplished then the activity should be done as a written assignment.

3. The word "value" implies positive thus all activities and discussion should center on positive feelings.

SUGGESTED RESOURCES:


RESOURCE SPEAKERS

Pharmacists Speakers Bureau  phone 365-9173
Abe Porter, Pharmacist
Available any time on Wednesday.  phone 272-4802
Max Stalman, Pharmacist, Hollywood Wilshire Pharmaceutical Association
Prefers mornings before 10 a.m. Would like one week notice and idea of subject
area. Most interested in drugs of common usage.
8314 Wilshire Blvd., Beverly Hills, phone 653-4070

Max Stalman, Pharmacist, Hollywood Wilshire Pharmaceutical Association
Prefers mornings before 10 a.m. Would like one week notice and idea of subject
area. Most interested in drugs of common usage.
8314 Wilshire Blvd., Beverly Hills, phone 653-4070

Katy Greene, R.N.; B.S. in Health Education
Will cover any area. Especially over-the-counter and prescription drugs, why
people use drugs and values clarification techniques. phone 274-2421

School Nurse
Joyce Banzhaf, Health Coordinator
Help with any area of the program.
ext. 334 or 301. Home phone 474-7294

Hagwood, Vance or Trunk, Judy, Beverly Hills Police Dept.
Prefer 2 weeks notice. phone 274-7171.

Narcotics Information Resource Center
Maintains speakers bureau
5931 Ethel Ave., Van Nuys, 873-4010, ext. 258 or 781-0866

Ed Furtado, Rehabilitated Alcoholic
Informal and good with classes. Presently works with alcohol problems in industry
at Northrop. phone 451-5881

Gaylord Long, Director of Alcoholism Council West Area
Maintains speakers list, resource library, information on services to alcoholic and
family. Available in the community. 1424 4th Street, Santa Monica. 451-5881
Bob Daily, Alcohol Program, County Community Health Services
313 N. Figueroa St., Los Angeles, Ca. phone 764-9121

American Cancer Society
Films and speakers on cancer and smoking education.
Contact Mrs. Libby, 9581 Pico Blvd., Los Angeles. phone 277-8900.
BOOKS


PAMPHLETS

"ABC's of Drinking and Driving" Alcoholism Council.

Teachers Fact Sheets. Available at District Office

"What We Want to Know About Medicines Without Prescriptions" Food and Drug Administra-
tion, 1521 West Pico Blvd., Los Angeles, Calif. 90015, phone: 688-3771.
AUDIO-VISUAL MATERIALS

   Designed to inform elementary students of the good and bad action of drugs and chemicals on the body. BLANK FOOTAGE follows each concept so that the teacher can stop for discussion. The effects of particular drugs are recounted realistically without undue stress on extreme reactions.

   The program asks the questions: 1) what is a drug; 2) why are drugs different from other things taken into the body; 3) what kinds of drugs are there; 4) why do people take drugs; 5) what do drugs do? Drug use is discussed in the context of how people's emotional and physical needs and the way they choose to meet them will vary. The film reviews the basic biochemical reactions by which drugs cause changes. Many kinds of drugs, from coffee to mind altering drugs are discussed, as are factors which produce variation in their effects. The information is SECTIONED and may be viewed profitably at intervals over several days time. The narration incorrectly states "all drugs are habit forming".

3. The First Decision Film - 8½ min - color - Available: Narcotics Information Resource Center, Ethel Ave., Van Nuys, 91401 Phone: 873-4010 ext. 258 or 761-0866
   Shows use of drugs, the widespread ignorance about drugs, the damage done by misuse of drugs, and which drugs lead to addiction. Helps the child deal with the primary decision about drug use.

4. Alcohol and the Human Body Film - 14 min - color - Available: Alcoholism Council West Area Phone: 451-5861
   A good basic film illustrating the physiological effects of alcohol.
5. **To Your Health** Film - 11 min - color - Available: Alcoholism Council West Area
   Phone: 451-5881
Cartoon style film depicting history of alcohol and its use. Illustrates problem of alcoholism.

6. **Jackson Junior High**: A series of films just produced by the U.S. Office of Education in cooperation with the National Institute of Alcohol Abuse and Alcoholism.
   Available: Alcohol Program, Community Health Services, 313 N. Figueroa St., L.A.

7. **Like Father, Like Son** Film - 15 min - color - Available: State Dept. of Health Film Library, 714 "P" Street, Sacramento, Calif. 95814
Excellent film from this series which is appropriate for 5th grade. Illustrates the agony of a boy who knows his father is alcoholic. He feels responsible for getting his father to seek treatment even though this is futile. The film opens the door for discussing feelings of family members of problem drinkers or alcoholics. Film falsely shows father fall down as though he loses consciousness and calls this a blackout. Blackouts are memory lapses during drinking while the alcoholic is still conscious.

A powerfully sensitive film about the conflict of ten year old Linda. A lonely widow asks Linda's friends and Linda to join her for her birthday. Linda's friends, considering the lady odd, don't intend to go. Linda, knowing the lady is counting on them, must decide whether to break with her friends' decision and go by herself. The film lends itself to follow-up with values clarification techniques and student centered discussion.
## Program Schedule INSIDE/OUT 1974

**KCET - Channel 28**

<table>
<thead>
<tr>
<th>Mondays</th>
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<td>10:10:15 a.m.</td>
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<tr>
<th>Telecast Date</th>
<th>Title</th>
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<tbody>
<tr>
<td>March 18</td>
<td>&quot;Bully&quot;</td>
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<td></td>
<td>To help children recognize and cope with harassment and to help them understand the feelings of violence and terror that bullying situations produce.</td>
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<tr>
<td>March 25</td>
<td>&quot;But They Might Laugh&quot;</td>
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<td>To help children recognize and cope with their own fears of humiliation and failure, and to help them understand and sympathize such feelings in others.</td>
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<tr>
<td>April 1</td>
<td>&quot;Lost is a Feeling&quot;</td>
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<td>To help children understand how persons can feel lost and threatened in new situations, and to help them learn to cope with such feelings through the support of others.</td>
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<tr>
<td>April 8-12</td>
<td>SPRING VACATION</td>
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<tr>
<td>April 15</td>
<td>&quot;Donna (Learning to Be Yourself)&quot;</td>
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<td></td>
<td>To help children understand how persons learn to accept whatever it is that makes them feel different from others, and to help them recognize that the process of becoming a person is in many ways very much the same for everyone.</td>
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<tr>
<td>April 22</td>
<td>&quot;You Belong&quot;</td>
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<tr>
<td></td>
<td>To help children recognize the interdependence of all things, and to</td>
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</table>
Telecast Date | Title
---|---
April 29 | help them increase their own sense of responsibility for the environment.
May 6 | "Just One Place"
To help children develop personal convictions about their responsibility in maintaining an environment of humane quality.
May 13 | "In My Memory"
To help children explore the meaning of death and to help them develop ways of dealing with the feelings brought about by the death of a person or pet they love.
May 20 | "I Dare You"
To help children decide questions involving a choice between risk and safety, personal belief and group pressure.
May 27 | "Yes I Can"
To help children recognize the value of overcoming obstacles, and to help them understand the feelings of self-esteem and sense of accomplishment brought about by independent action.
June 3 | "Holiday"
"A Sense of Joy"
To help children recognize the possibilities of enjoying themselves through the use of their senses.
June 10 | "Getting Even"
To help children become aware of what membership in a group means and to help them to deal with being a member of a group or with being inadvertently rejected.
OTHER INSIDE/OUT PROGRAMS AVAILABLE

Arrange for airing with Bill Porter, phone 227, at least 10 days in advance.

"Buy and Buy" - consumer choices

"Jeff's Company" - the value of solitude

"Just Joking" - harmless and harmful joking

"But Names Will Never Hurt" - dealing with discrimination

"Home Sweet Home" - feelings of mistreatment, real and imagined

"Breakup" - feelings caused by divorce

"Can Do/Can't Do" - accepting the changes due to growth and development

"Living With Love" - benefits of love; how to cope with lack of love

"Love Susan" - how to deal with parents' misunderstanding

"I Want To" - differences in responsibilities and freedoms of adults and children

"Brothers and Sisters" - coping with sibling rivalries
Please list all your comments concerning the use of this guide. Evaluate the content, learning opportunities, and resources as well as give your overall opinion of the program's effectiveness. We would greatly appreciate any additional learning opportunities or resources that you would like to see listed in the guide.

When the course has been completed and the guide evaluated, tear this sheet off and return to Joyce Banzhaf, Health Coordinator.
ACKNOWLEDGEMENTS AND CREDITS

Orange County Drug Education Materials

Coronado Plan Teachers Guide, Coronado Unified School District

Impact + 2 Teacher Guide

Drug Education Project, Health Education Institute, Inc.

Sidney Simon, Values Clarification

California Framework in Health Education

Sequential Program in Learning about Drug Use and Misuse, Beverly Hills Unified School District
BIBLIOGRAPHY


Antibiotics - Analgesics - Antihistamines - Antacids - Laxatives

Antibiotics

Function:

Antibiotics are chemical substances produced by microorganisms (some now produced synthetically) which can inhibit the growth or destroy bacteria. There are various types and some of the more common include: penicillin, ampicillin, streptomycin, terramycin, tetracycline, chloromycetin and erythromycin. The physician will choose the antibiotic which can best destroy the disease causing bacteria. Laboratory procedures are done on the infecting bacteria to determine its sensitivity to the various antibiotics. Once antibiotic therapy has begun, it is very important that it be carried out properly. Antibiotics should be taken periodically throughout the day to maintain blood levels. If the antibiotics are not taken long enough (usually 7 to 10 days) to destroy the disease causing bacteria some of the organisms may survive. These will be, of course, the strongest of the strain. Not only is their virility a danger, but they may build a resistance to the antibiotic. Unfortunately abuse and misuse of antibiotics is now being considered a major health peril. Resistant strains of bacteria have developed to the point where they may cause 50,000 to 100,000 deaths a year in American hospitals according to Dr. Henry E. Simmins, deputy assistant Secretary for Health in the Department of Health, Education and Welfare. Hearings are currently going on in the Senate Health Subcommittee.

Some side effects: (varies with each antibiotic but some general ones include)

1. Bacterial resistance to antibiotics
2. Allergic reaction - mild rash and itching to severe allergic shock which can cause death.
3. Can destroy normally present and helpful bacteria; this especially occurs in the GI tract, resulting in diarrhea.
4. Gastrointestinal upset (nausea, vomiting).

**Analgesics**  
(aspirin)

**Function:**

Analgesics are those medications that relieve pain by depressing the central nervous system. They can range from mild analgesics (aspirin) to the very strong opiates. Since aspirin is the most widely used analgesic in the United States it is important that it be better understood. Besides relieving pain, aspirin (composed of salicylic acids) can also reduce fever by acting upon the hypothalamus which regulates body temperature. Although heat production is not inhibited, heat dissipation is facilitated by an increased superficial blood flow and sweating. Aspirin can also suppress arthritic and rheumatoid joint inflammation, but it is not yet known just how this occurs.

**History:**

The ancients first used Willow Bark containing salicin which reduces fever. In 1838 it was discovered that salicylic acid could be obtained more easily from oil of wintergreen. In 1899 these salicylic acids were made synthetically—known as aspirin.

**Some side effects:**

1. Composed of acids therefore can cause epigastric distress, nausea, vomiting and even gastric ulceration.
2. In large doses it can reduce the plasma prothrombin level and affect platelets, thus interfering with normal blood clotting.
3. Allergic reactions in those sensitive to the drug: rash, gastro-intestinal upset, dizziness, apathy, other...

**Antihistamines**

Function:

The use of the antihistamines is based on the fact the body chemical histamine is increased above normal amounts in the allergic person. The high levels of histamine are generally the cause of the uncomfortable symptoms in an allergic reaction. Antihistamines do not block the formation of histamine, but they can block its action, thus causing a reduction in symptoms.

Some side effects:

1. Antihistamines also have both stimulant and depressant effects on the C.N.S.
   a. Stimulation is less common - resulting in restlessness, nervousness, sleeplessness.
   b. Depression of C.N.S. is very common resulting in sleepiness, and sedation.
2. Other C.N.S. reactions include dizziness, ringing in the ears, fatigue, blurred vision, dryness of the mouth, headache, palpitations, weakness of the hands.
3. Gastro-intestinal upset: nausea, vomiting, loss of appetite, constipation, diarrhea.

**Antacids**

Function:

Gastric antacids are chemical agents that neutralize or remove acid from the gastric contents. They indirectly suppress peptic activity. A single dose of an antacid no longer shows any effect in an empty stomach.
after 40 minutes. Taken after a meal, their effect may last 2-3 hours.

This group of drugs is highly misused due to irresponsible advertising and are physically needed far less frequently than sales would indicate.

Some side effects:

1. Can cause constipation or act as a laxative.
2. Most antacids contain appreciable amounts of sodium which can result in certain symptoms if taken in large doses such as water retention, dizziness, elevated blood pressure.

**Laxatives**

**Function:**

These drugs promote defecation by either softening and liquifying the stool or increasing the motor activity of the intestine. These should not be needed in the healthy person if he eats adequate amounts of fruits and vegetables, drinks sufficient amounts of water and exercises.

Some side effects:

1. Masks serious causes of constipation
2. Leads to dependence on the drug for normal defecation
3. Frequent use can lead to serious gastrointestinal disturbances such as a spastic colon.

* Information in the "Fact Sheet" comes from:
True or False?

1. Dangerous drugs may only be used legally with a prescription.
2. There are "good" and "bad" drugs.
3. If a drug is hurting your body, you can tell right away.
4. Barbiturates taken very often may lead to total drug dependence.
5. A person may become physically dependent on marijuana.
6. Your friends affect your choices.
7. Drinking alcohol is a good way for a person to cheer up if he feels sad.
8. If a drug is good for you then you can take as much of it as you want.
9. How you feel about yourself may affect how you feel about using a drug.
10. You can buy a medication to fix almost anything that is wrong with you.
11. Two different drugs, used at the same time could affect how they work.
12. Whenever you don't feel well the best thing to do is to use a drug for it.
13. Drugs affect everyone in the same way, that is why you can lend them to your neighbors.
15. Some common drugs are so safe that you don't even have to read the directions.
16. Alcohol is a drug.
Multiple Choice

17. Which drug causes the most problem in the U.S.?
   a. marijuana (pot)  c. Heroin, a narcotic
   b. alcohol           d. sleeping pills

18. The most dangerous combination is
   a. amphetamines and alcohol  c. marijuana and alcohol
   b. glue and alcohol           d. sleeping pills and alcohol

19. A drug that is a stimulant...
   a. should be taken when you feel tired  c. speeds up the working
   b. will calm you down                 d. cannot be bought at a store
   of the nervous system

20. An example of a drug that will slow down the body function is
   a. amphetamine                       c. marijuana
   b. barbiturate                        d. cocaine

21. Heroin is obtained from
   a. natural minerals and rocks  c. a plant
   b. factories, where is it made synthetically  d. an animal

22. The organ which breaks down drug chemicals so that they can be excreted is
   a. the heart                          c. the stomach
   b. the liver                          d. the mouth

23. The drug which may have the most serious withdrawal symptoms leading to death is
   a. amphetamine                       c. heroin
   b. barbiturate                        d. LSD

24. Alcoholism...
   a. can only happen to older people  c. won't happen to a person
   b. does not occur often            d. is a disease
   who only drinks beer
25. Who is responsible for your health?
   a. myself       c. my school
   b. my parents   d. my doctor

26. Where did you learn what you know about drugs?
   a. at school    c. from my friends
   b. from my parents       d. from T. V.

27. What new things would you like to learn about drugs?
    (List on a separate piece of paper.)
Response to Question Number 27 on the Pretest:

"What New Things Would You Like to Know About Drugs?"
The most frequently asked questions, in order of frequency:

1. How do drugs affect your body?
2. What things are in drugs? How are they made?
3. How do drugs hurt you?
4. How many kinds of drugs are there? What are their names?
5. How do drugs help you? How should you use them?
6. Why do people use drugs when they are not good for them?
7. Where do drugs come from? How are they bought and sold?
8. What do the different drugs look like?
9. Why do people make or sell drugs that can hurt people?
10. How does marijuana affect you?
11. Which drugs are the most harmful?
12. How does heroin affect you?
13. Are there cures for the people on drugs?
14. How many deaths are caused by drugs? How many people use them?
15. How did drug use get started?
16. How many (pills, drugs) are needed to kill you?
17. What are the laws about drug use?
18. How do amphetamines affect your body?
19. How do sleeping pills, or barbiturates, affect you?
20. How can drug use be prevented?
21. What is alcoholism?
22. What is LSD?
23. How can people solve their problems so that they do not have to use drugs?
Health Education Textbook Evaluation Form

Author: __________________________ Date of Publication: __________________ Grade Level: __________________
Publisher: ______________________ Edition: __________________ Number of Pages: __________________
Price: __________________ Availability: __________________

I. Author

A. Does he have preparation and experience in the field and at the intended level?
B. Is he active in the field of health education?
C. Is his philosophy of health education sound?

Rating: 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor

II. Book

A. Appearance

1. Is the cover attractive and durable for extended use?
2. Is the paper of quality and shade which would cause a minimum of eye strain?
3. Is the type clear, readable, and attractive for the intended level?
4. Are the illustrations meaningful, well designed, and true to life?
5. Is the general design interesting, eye catching?

Rating: 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor

B. Health Content

1. Is it scientifically accurate?
2. Is it taken from reliable sources?
3. Is it unbiased?
4. Is it concerned with real life situations?
5. Is it suited to intended purposes?
   a. Does it meet your student's needs?
6. Does it promote wholesome and scientific attitudes and practices?
7. Is the coverage of the health education areas adequate?
   a. Does it cover concepts suggested by the Calif. State Board of Education?
8. Is the material timely?
9. Is it presented in an interesting, motivating manner?

Rating: 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor

C. Organization and Presentation

1. Is it organized and presented in a related and logical manner?
2. Is the vocabulary appropriate to the level?
3. Is the glossary adequate?
4. Is the index complete?
5. Is the table of contents complete and well organized?
6. Are the concepts and knowledge levels at the appropriate developmental stage?

Rating: 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor
D. Instructional Aids (methods and materials)

1. Are the instructional aids practical, adequate, and challenging?
2. Are realistic learning experiences included?
3. Are the references up-to-date?
4. Do the references encourage further reading and investigation?

Rating: 5 Excellent  4 Very good  3 Good  2 Fair  1 Poor

Over-all Rating
5 Excellent  4 Very good  3 Good  2 Fair  1 Poor

Comments:
**FILM EVALUATION FORM**

<table>
<thead>
<tr>
<th>Film Title</th>
<th>Running Time</th>
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<tbody>
<tr>
<td>Grade Level</td>
<td>Rental Price</td>
</tr>
<tr>
<td>Black and White or Color</td>
<td>Sound</td>
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<tr>
<td>Sound</td>
<td>Silent</td>
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<tr>
<td>Produced By</td>
<td>Date</td>
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<tr>
<td>Annotated Description of Film</td>
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**Scoring Key:** Possible Score = 12 Items x 5 points = 60 points

**ITEMS TO BE RATED**

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Excellent</th>
<th>Superior</th>
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<tbody>
<tr>
<td>1. Was the title motivating?</td>
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<td>2. Was the film up-to-date?</td>
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<td>3. Was the film intrinsically interesting?</td>
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<td>4. Was the information scientifically and technically accurate?</td>
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<td>5. Was the film geared to the comprehension ability of the students?</td>
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<td>6. Was the film comprehensive?</td>
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<td>7. Were the salient points of the film easily discernible?</td>
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<td>8. Were the actors effective in communicating the film objectives?</td>
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<td>9. Was this the best way to teach about this particular health problem?</td>
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<td>10. Did the film have an effective summary?</td>
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<td>11. Did the film contribute to the development of positive health attitudes?</td>
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<td>12. Did the film motivate toward wholesome health practice?</td>
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</table>

**Overall Rating Score = total points / number of items checked**

**Constructive criticisms:**

**Strong points:**

**Weak Points:**

**Recommendations:**
April 25, 1974

Dr. Sidney Simon
Professor of Humanistic Education
University of Massachusetts
Amherst, Massachusetts

Dear Sir,

I am a graduate student at California State University at Northridge, California, in Health Science. Since my graduate project mentions the use of your Value Clarification Strategies, I wanted to ask for your approval. The project itself is a curriculum guide for drug education at the fifth grade level. The last section deals with the use of values clarification. It suggests several of your strategies, and you are given full and clear credit.

If this reference is acceptable, could you please sign this letter and return it to me. Thank you very much.

Sincerely,

Kathleen Greene
1266½ So. Beverly Glen
Los Angeles, California 90024