Health Education

2010 ASSESSMENT REPORT

Health and Personal Development Learning Area





HEALTH EDUCATION

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GENERAL COMMENTS

In 2010, 336 students submitted work for the full year and 87 students for a semester (1 unit). This represents 28 full year classes and 12 semester classes across South Australia and the Northern Territory. The standard of work improved from 2009.

Teachers, generally, provided adequate samples of work for final moderation, as specified in the 2010 *Learning Area Manual*.

As in previous years, teachers developed programs to meet students' needs and interests. Teachers' comments on assessment tasks were generally comprehensive, supportive, and helped to guide students with their assessments. The moderation panel noted that where teachers submitted assessment plans and a sample of detailed tasks early in the year, and student work samples for support moderation during second term, this allowed the panel to provide supportive feedback to assist teachers with task design and marking standards. Teachers are encouraged to attend clarifying forums in 2011 so that any potential issues relating to marking standards can be addressed effectively.

ASSESSEMENT COMPONENT 1: GROUP COMMUNICATION EXERCISE

A variety of relevant contemporary issues were presented for the group communication exercise. It was evident that the more challenging tasks engaged students in activities within the local community. Evidence of group planning and presentation must be submitted, for example, as a PowerPoint presentation or cue cards. Reflections need to emphasise discussion about the health issue itself, as well as the group processes and roles of group members.

Most students demonstrated evidence of communication skills and group processes in the individual reflection, with the more reflective responses demonstrating a critical understanding of group processes and self-appraisal of their individual role. The individual reflection often revealed the difficulties some students experienced in carrying out this task. Some students were successful in their individual reflections, while others only commented on the lack of group cohesiveness. Many students did not draw effective conclusions and were unable to present alternative views about the issue selected. Teachers need to support students in gathering evidence to evaluate the effectiveness of the group's planning, as well as assisting students to reflect on their individual role.

ASSESSEMENT COMPONENT 2: ANALYTICAL FOLIO

A variety of stimuli were used for the analytical report including videos, songs, surveys, and media articles. The issues considered were relevant to the student cohort thus enabling them to relate easily to, and thoroughly analyse, the many issues addressed. Students achieved better marks when they expressed their own personal ideas and opinions about the issue throughout the assignment.

There were a number of teachers using tasks where criteria were not those from the current curriculum statement. The best folios presented a variety of task types. All assessment tasks need a task sheet attached to provide clear understanding of the task and mark scheme for the student (and the moderator). While it was observed that the investigation section of the folio might include a survey, report, essay or procedural writing, evidence of critical literacy skills was not always apparent. Teachers should ensure that the task design supports students in responding in a manner that encourages critical understanding and analysis of an issue.

Although the analytical folio does not have a prescribed word count, the quantity of work produced must reflect its weighting. Students may benefit from reducing the number of words when discussing and developing opinions, because concise writing is a more effective way to demonstrate critical understanding. Frequently students included the content of interviews in the body of a task, and neglected to analyse the issue effectively.

Skills developed in this assessment component should assist students with their investigation. Health-promoting strategies and suggested solutions should demonstrate an understanding of the range of factors that can influence the health of individuals and populations.

ASSESSEMENT COMPONENT 3: PRACTICAL EXCERCISE

An exciting range of issues involving the community were attempted. The health-promoting activities included running a seminar on domestic violence, drink-driving, and raising money for cancer research. Where students selected interesting tasks related to fundraising events for various health charities, or invited guest speakers from the health industry, there was evidence of stronger links with the spirit and intent of the curriculum statement. When undertaking tasks such as Senior First Aid as a practical activity, students need to ensure that there is evidence of communication and reflection included, as well as evidence of community interaction.

Teachers need to be aware of their ethical responsibilities when approving tasks. The more successful exercises showed significant depth in planning, research, and reflection, and made a significant contribution to community health. Many students omitted the need to interact with members of the community as part of the process. Evidence of this interaction must be documented. Students need to reflect on action taken to support the well-being of an individual or the community, and clearly present suggestions for improvement.

Teachers and students need to be mindful of the process of 'double-dipping' for different assessment components, for example, using similar research material for different tasks. Students should be discouraged from this practice.

ASSESSEMENT COMPONENT 4: INVESTIGATION

A wide selection of contemporary health issues was evident in 2010. However, some teachers allowed several students in the class to select the same issue, while some seemed to adapt topics drawn from other subjects. Clearly, the focus must address the learning outcomes and the intent of the Health Education curriculum statement. It is crucial that teachers monitor the developmental stages of the investigation to ensure that the selected issue is both health-related and structured correctly, and that it is also a means of developing the students' research skills. Teacher monitoring should also encourage correct referencing and ways in which to avoid plagiarism. The moderation panel noted that footnoting and referencing showed improvement,

and would encourage teachers to continue to refer students to the Guidelines for Referencing which is available on the SACE website.

Students are advised to provide extra information about their surveys, for example, how many people were surveyed and why they were chosen. Sample sizes for surveys should be of a reasonable size (e.g. 20 or more survey returns). Likewise, an indication of who was interviewed and why, needs to be included. Graphs, tables and quotes from these primary sources should be included in the body of the investigation to support the argument.

A health-promoting activity is a requirement of the investigation but several students omitted this requirement. A description of the planning and organisation of the activity should be included. The better students evaluated their health-promoting activity. In particular, if students used poster/pamphlet production as the health-promotion activity, they should have incorporated an evaluation of its effectiveness. This would have lifted the status of this activity.

Most students described further action that could be undertaken in relation to their topic. The students who did this well tended to incorporate this aspect into one of the focus questions. Better investigations also analysed the information sourced for reliability, relevance, and bias. Students' own opinions were generally well covered and well explained.

It is recommended that teachers refer students to the word-count policy available on the SACE website, and support students to stay within the specified maximum word limit because assessors do not assess beyond the word-count.

Chief Assessor Health Education