



# Republic of the Philippines

Department of Education

DepEd Complex, Meralco Avenue, Pasig City

# MATATAG CURRICULUM

PHYSICAL EDUCATION & HEALTH GRADES 4 & 7

## PHYSICAL EDUCATION & HEALTH SHAPING PAPER

#### Rationale

In the recent review of the intended curriculum for MAPEH, it was noted that almost half of the learning competencies in each of the MAPEH components have implicit skills. In general, this means that not all the prerequisite skills were taught as necessary. Some Learning Competencies (LCs) found in the Curriculum Guides of MAPEH were structurally flawed (e.g., double-barreled objectives). Some were inconsistent in the use of the verb form whether it should be in the present tense or imperative mood. Several LCs were redundant because they were found in two or more grade levels. Finally, many of the LCs were not developmentally appropriate for the intended learners.

Responding to the challenges aforementioned, it is critical to think of solutions that would allow the teachers to be more responsive in the task of instructional delivery. Through knowledge, comprehension, and application of sustainable creative practices within the community and for the environment, the Music and Arts curriculum will ultimately enable learners to be flexible and resilient. On the other hand, because good health is essential for effective learning and academic achievement, the Physical Education and Health curriculum will instill habits of lifelong, healthy, and active living based on an integration of cognitive, psychomotor, and affective skills.

Through movement-based learning experiences and challenging but enjoyable physical activities in Physical Education and Health, learners will acquire both the mindset and the skills for lifelong physical activity participation as a means to optimize their health. Through Music and Arts, the learners will understand the process of preserving history and critically reflecting on culture, through the continuous creation of various art practices that are neither tied to nor confined to tradition. Thus, the MAPEH curriculum would not only be relevant but would also be meaningful in achieving a holistic kind of education.

Revisions made in the Physical Education and Health curriculum are deemed necessary to adapt to current educational demands and challenges as well as to respond to the needs of the learners while anticipating current realities and future scenarios. Thus, this revision of the curriculum is essential to ensure up-to-date information and trends on maintaining good health, adapting to changing health needs, incorporating new technologies, and developing health habits that will last a lifetime.

One of the features of the revised curriculum is the merging of concepts of Physical Education (P.E.) and Health which is becoming increasingly popular especially in other countries that include Australia, Japan, Canada, China, Germany, and the United Kingdom. This is due to the recognition that these two subjects are interconnected and that a holistic approach to wellness is necessary for students to develop healthy habits and lifestyles. The following are the justifications for merging these two fields:

- 1. It helps students understand the interconnectedness between their physical health and overall well-being. By learning about physical fitness, nutrition, mental health, and other aspects of health, students can develop a holistic understanding of how to maintain a healthy lifestyle (Jones and Kim, 2020).
- 2. It provides a more comprehensive educational experience. Students can learn practical skills for exercise and sports while also learning how to make healthy choices in their daily lives.
- 3. It helps schools maximize their resources and time. Rather than teaching physical education and health education as separate subjects, teachers can integrate the two and cover more materials in each period. Also, combining physical education and health education can help address public health issues, such as rising rates of obesity and chronic disease. By educating students about healthy habits and lifestyles, schools can help promote healthier communities overall (Hossain, Kawar, & Nahas, 2007; Lobstein, 2011).
- 4. It promotes a holistic approach to wellness. Physical education and health education are complementary subjects that address different aspects of wellness. Physical education focuses on developing physical fitness and motor skills, while health education covers various topics, including nutrition, disease prevention, mental health, and personal safety. By combining the two subjects, students can develop a more comprehensive understanding of what it means to be healthy and how to achieve optimal wellness (Chandler McKean, 2019).
- 5. Combining physical education and health education also provides opportunities for interdisciplinary learning. For example, students can learn about the relationship between physical activity and mental health or the importance of nutrition for physical performance. (Kim and Martinez, 2018).
- 6. A study on implementing wellness in physical education showed a new approach to curricula and combined previously separated health and wellness and physical education to create a wellness education (Chandler McKean, 2019).
- 7. Health and physical education (HPE) can and has proven to promote health in children and youth and provide students with the ability to know how to be well in all aspects emotionally, physically, intellectually, spiritually, and socially (Kilborn, 2016).
- 8. In health and physical education, students develop the knowledge, understanding, and skills to support them to be resilient, develop a strong sense of self, build and maintain satisfying relationships, make health-enhancing decisions in relation to their health and physical activity participation, and to develop health literacy competencies to enhance their own and others' health and well-being. (Australian Curriculum, Assessment & Reporting Authority, 2012, p. 2).
- 9. Research suggests that "HPE should be embraced in all schools for its ability to offer opportunities in a holistic manner" (Lynch, 2015c).
- 10. Health, physical education, and recreation are allied and closely interrelated fields and should be coordinated in the best interests of the community (The International Council for Health, Physical Education, & Recreation, 1971).
- 11. Interdisciplinary learning, the educational process where two or more subject areas are integrated together, enhances what students learn and allows teachers to make the curriculum more relevant (Chandler McKean, 2019).

- 12. Integrating physical activity and health and wellness in P.E. will create a fun, engaging environment where educators want to teach and students want to learn (Cone, Citation1998).
- 13. In 1994, the nomenclature of the key learning area was officially changed from "Physical Education" to "Health and Physical Education," and a holistic sociocultural approach was adopted. Thorpe (2003) describes this period as influenced by "crisis" discourse, which was believed to have had a cultural meaning (Tinning & Fitzclarence, 1992).
- 14. Literature recommends connecting the curriculum (Cliff et al., 2009), and recent research findings in primary schools advise that HPE implementation is achievable through HPE leadership, adopting clear communication and underpinned by a "whole school" approach. (Lynch, 2015a).

#### MAPEH in Key Stage 1

In Makabansa, learners will demonstrate an understanding of the basic concepts of personal and cultural awareness, as well as skills in maintaining a healthy body, in order to fulfill their responsibilities as members of the community. This learning area seamlessly integrates the foundational knowledge and skills of Music, Arts, PE, and Health.

Basic concepts and understanding on the properties of sound and elements and principles of arts are explored which will serve as the foundation for Key Stage 2 where learners are expected to understand the acquired concepts from KS1.

Furthermore, learners will be exposed to physical activities centered on movement skills and movement concepts, which will serve as the foundation for learning game and dance concepts in Grade 4.

#### **Curriculum Goals**

The MATATAG Physical Education and Health curriculum is geared towards the development and attainment of physical and health literacy as well as 21st century skills that contribute to the well-being of the individual, family, community, improve the quality of life in society, and motivate them to take responsibility for their lifelong holistic health and well-being in a varied and rapidly changing society.

This vision is anchored on the reality of our Filipino learners, who constantly face challenges that seriously impact their well-being and transcend their selves and their immediate environment. It also considers the increasing role of technology and media in transforming how Filipino learners communicate, learn, and interact with the world.

In physical education & health, Filipino learners will acquire the skill set and mindset to navigate their paths forward effectively. They will have the strength of character to cope with difficult circumstances and maintain a positive outlook as they ask, "What can I do about this problem?" They will realize growth opportunities, find meaning in their experiences, make informed and sound decisions, and improve their and others' lives. Since improving, maintaining, and optimizing one's health is an ongoing and lifelong

process, they will influence others, starting with their own family, relatives, and friends, eventually expanding to broader spheres such as the school, community, and society.

#### Objectives of the Physical and Health Curriculum

- 1. Develop physically literate and health-literate 21st-century learners.
- 2. Enhance students with knowledge, skills, and attitudes to make informed decisions about their health.
- 3. Promote healthy and risk-preventive behaviors.
- 4. Empower students to take responsibility for their health by teaching them to access reliable health information and resources.
- 5. Develop fundamental movement skills and concepts to move confidently, competently, creatively, and safely in play, games, exercise, sports, dance, and in different settings for lifelong physical activity participation.
- 6. Advocate for healthy lifestyles and strive to influence others positively.

#### Theoretical/Philosophical Bases for the Physical Education & Health Curriculum

Physical education contributes to individual wellness through the innate "experience of the moment" and is reinforced daily through the knowledge, skills, and feelings of enhanced self-esteem and wellness that develop over time. Physical education is an area where physical activity is valued and integrated into daily living. It is anchored in three fundamental axioms that lead to these guiding principles: (a.) An individual who recognizes that people are active for all sorts of reasons like work, play, challenge and achievement, health and personal development, contemplation and relaxation, creative and cultural expression, and social interaction; (b.) Social where it focuses on the individual, but it also recognizes that social norms and values, available resources, influential learners, and other factors affect our choices and opportunities for participation, and most of the time, choices, in turn, affect these factors; and, (c.) Inclusive where it provides essential ways to express who we are as individuals or groups. It is a right of all, regardless of ability, age, gender, race, ethnic background, religion, socio-economic status, or educational achievement.

Health education is anchored on theories that focus on behavior change. These theories explain why individuals behave the way they do and how they are influenced by factors such as their intrapersonal characteristics (knowledge, skills, beliefs, values, attitudes, self-concept), interpersonal interactions, and their social environment (e.g., institutions, public policy). Furthermore, these theories describe the process or stages of behavior change individuals undergo to achieve desirable, appropriate actions and healthy decisions. The individuals' readiness levels are considered to make and sustain behavior changes.

Below are explanations of the theoretical anchors for the Physical Education & Health Curriculum:

## A. Physical Education

a. Laban Theory of Movement is based on the application of movement concepts and their use in solving simple as well as

complex movement problems (e.g., movements in a variety of physical activities and settings). These concepts are: (1) body (as an instrument of action, what it is doing), (2) space (where the body is moving), (3) effort (how the body is moving or the quality with which the movement is executed) and (4) relationships (the connections that occur as the body moves---with objects, people, and the environment.

- b. **Fitness Education Model** emphasizes the strong connection between regular physical activity participation and overall health, the skills required for the different activities, and the importance of adherence to an exercise program/plan.
- c. Teaching Games for Understanding or TGfU Model (Bunker and Thorpe, 1982) is a pedagogical model aimed at promoting learning in sports. It prioritizes understanding tactics and gameplay by focusing on decision-making processes (i.e., what to do) before addressing 'how to do it.' The approach starts with game-practice skills instead of skills-practice-game that traditionally precede any gameplay. Games are tactically categorized into invasion, net/wall, striking/fielding, and target based on similar tactics and strategies used in playing.

#### B. Health

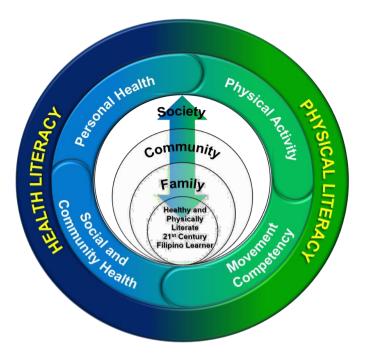
- a. **Fisher and Fisher's Motivational and Behavioral (IMB) Skills Model** includes three primary constructs that influence changes: information and knowledge about the behavior, the individual's motivation to perform the behavior, and the behavioral skills necessary to perform the behavior. For example, teaching learners about the positive outcomes of eating healthy, encouraging them to increase their physical activity and enhancing their critical skills to make healthy decisions that will help them prevent obesity.
- b. **Ajzen's Theory of Planned Behavior** links beliefs to behavior. Attitude, subjective norms, and perceived behavioral control shape an individual's behavioral intentions. One specific illustration is the positive predictive behavioral intentions of recognizing hazards at home, in the school, and in the community.
- c. **Hochbaum and Rosenstock's Health Belief Model** explains that an individual's willingness to change his/her health behaviors is based on his/her health perceptions and susceptibility or vulnerability (perceived severity, perceived susceptibility, perceived benefits, perceived barriers, cues to action, and self-efficacy)-for instance, the belief about the potential positive aspects of health action.
- d. **Prochaska and DiClemente's Transtheoretical Model of Change** explains the individual's readiness to change or act on a new healthier behavior. A straightforward example of how this will be executed is the commitment to change behavior based on the belief that achieving healthy behavior is possible.
- e. **Bronfenbrenner's Ecological Systems Theory** identifies five systems (microsystem, mesosystem, ecosystem, macro system, and chronosystem) within which children exist that would combine to impact how they grow and develop and how these systems influence their health behavior and well-being. This can assist the curriculum by providing a complete perspective of the factors that affect specific health behaviors, including the social determinants of health.

#### Physical Education & Health Curriculum Framework

The Physical Education & Health Curriculum Framework displays a set of interlocking components that include the key learning areas and their specific strands, the impact (e.g., influence) of the learner on others vis-à-vis the context in which learning takes place (i.e., family, community, society), and the intended learning outcomes (i.e., physical literacy, health literacy, and 21st-century skills). Each component moves in sync with the other components to highlight the articulation between the two learning areas and how they contribute to achieving a common goal. The framework is anchored on the philosophical underpinning that drives the curriculum, that is, health is a fundamental right of all, and movement is a powerful means for learning, thereby guiding the provision of essential learning experiences to achieve the common goal of lifelong healthy, active living.

The framework's core signifies the learning area's end goal, characterizing a holistically developed learner. Physical education and health is geared towards the development and attainment of health and physical literacy dispositions as well as 21st-century skills, which contribute to the well-being of the individual, family, and community and improve the quality of life in society, and motivate them to take responsibility for their lifelong holistic health and well-being in varied and rapidly changing "glocal" contexts. The double-headed arrow symbolizes the directional relationship of learning from self to society and vice versa. The light and semi-transparent color on the bottom of the double-headed arrow indicates a blank canvas absorbing different and multifaceted learning approaches. As learning progresses into higher and larger contexts, its color becomes more vivid, showing holistic learning.

## Curriculum Framework of the Physical Education and Health Curriculum



#### STRUCTURE OF THE LEARNING AREA

#### **Big Ideas**

The "Big Ideas" for Physical Education & Health are the following:

- 1. Good health habits are an investment in life.
- 2. Life skills are essential to attain holistic wellness.
  - a. Maka-Diyos spiritual and moral (self-awareness, empathy, cognitive adaptation)
  - b. Makatao psychosocial (problem-solving, decision-making, help-seeking behaviors (refusal and assertiveness), and socioemotional (empathy, self-efficacy)
  - c. Makakalikasan pro-activeness, advocacy, participation
  - d. Makabansa sense of community and nationhood
- 3. Accessibility, synthesis, evaluation, and utilization of information are significant factors in making choices about one's health, safety, and well-being.
- 4. Analysis is crucial as regards how personal, social, cultural, and environmental factors influence one's understanding of health and physical activity practices as well as outcomes.
- 5. Participation in lifelong physical activities improves, maintains, and optimizes one's health.
- 6. Competent, confident movements in multiple and wide ranges of physical activities (play, games, exercise, sports, and dance) and settings (home,
- 7. school, community) are indispensable to a healthy mind and body.
- 8. Advocacy for healthy lifestyles paves the way to constant endeavor to positively influence others to maintain a healthy and holistic lifestyle.

The "Big Ideas" were identified to establish the core concepts, principles, theories, and processes that should serve as the focal point of the curriculum, instruction, and assessment. The different content and performance standards from the current curriculum guides were unpacked to identify these big ideas.

For each "big idea", the identification began with the small and contextualized concepts, principles, theories, and processes that learners in the early stage, through appropriate activities and with support, will be able to grasp. These were followed by concepts, principles, theories, and processes that Key Stage 2 students can develop as their increasing capacity for abstract thinking enables them to see connections between events. As the exploration of the natural world extends in Key Stage 3, the continuation of finding patterns and links enables students to understand relationships and actions that can be used in making sense of a wide range of new and previous experiences. Moreover, these "big ideas" were selected and mapped subsequent from a conceptual stance, guided

by the following criteria consistent with generative topics: (a.) centrality to the Physical Education and Health discipline; (b.) provide purposes for learning activities; (c.) richness of linking real-world experiences; (d.) offer ways to resolve the barriers to learning the competencies in the learning area through meaningful activities; and (e.) accessibility to the learners.

Identified "big ideas" provide a basis for setting the Physical Education and Health curriculum priorities to focus on the most meaningful content. These concepts reassure a strategic, sequential, and comprehensive curriculum that provides cognitive content which allows students to develop and demonstrate increasingly sophisticated physical and health-related knowledge, attitudes, skills, and practices.

#### Physical Education & Health Standards

#### **Learning Area Standards**

A learning area standard is a set of expectations and benchmarks outlining what learners should know and be able to do in a particular learning area. This standard serves as a guide for teachers, schools, and curriculum developers to ensure educational consistency and quality. The standard defines the core knowledge, skills, and competencies that students should have at different grade levels within a specific learning area. A learning area standard assists in the establishment of clear learning objectives as well as the provision of a framework for teaching, assessing, and monitoring student progress. It plays an important role in promoting educational equity by ensuring that all students receive a comprehensive and well-rounded education in all areas of learning.

#### PE & Health Curriculum Learning Area Standard

The learners develop fundamental health and physical literacies in promoting personal, family, community, and societal wellness using concepts, processes, behaviors, and practices for active and healthy living.

#### **Key Stage Standard**

The Key Stage Standard will be culled from the Big Ideas indicated in the shaping paper of the curriculum review. Education program specialists should provide summaries of what learners can be expected to master in each key stage. Each summary must have described levels of increasing competence and explained what learners should be able to do by the end of the key stage. Furthermore, the team will ensure that prerequisites for one stage are present in the earlier stages and the standards are achievable by most learners.

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The Grade Level descriptions will provide an overview of the core content being studied at each grade level. Same with the Key Stage Standards, they will also be delineated from the Big Ideas that address the key cognitive, manipulative, and affective content expectations for the Physical Education and Health program. Also, the conceptualization of the Grade Level Standards will emphasize the interrelated nature of the four strands and the expectation that planning will involve the integration of content from across the strands.

The following characteristics will be considered in crafting the Grade Level Standards:

- Each standard is broadly conceived to provide for continuous growth.
- Each standard grows logically out of the Key Stage Standard of Physical Education and Health, and the linkage is clear.
- The standards are comprehensive enough to provide the basis for a quality Physical Education and Health program for all learners at all places on the learning continuum.
- The standards include each of the outcomes suggested by the learning area and key stage standards.
- Each standard is realistic.
- Each goal lends itself to developing one or more learning components based on the described focus content areas.

	Grade Level	Grade Level Standard  The learners demonstrate fundamental health practices, movements, and fitness skills in promoting personal, family community, and societal wellness for active and healthy living.	
	4		
The learners analyze varied health practices, movements, and fitness skills in promoting personal, family, communications of societal wellness for active and healthy living.			

6	The learners evaluate complex health practices, movements, and fitness skills in promoting personal, family, community,
0	and societal wellness for active and healthy living.
7	The learners apply functional health practices, game, and dance principles in promoting personal, family, community, and
<b>'</b>	societal wellness for active and healthy living.
0	The learners evaluate interactive health practices, game, and dance principles in promoting personal, family, community,
8	and societal wellness for active and healthy living.
0	The learners formulate health practices, game, and dance in promoting personal, family, community, and societal wellness
9	for active and healthy living.
10	The learners integrate health and physical literacies by managing activities in personal, family, community, and societal
10	wellness for active and healthy living.

If the learning strands, big ideas, and standards represent the guiding principles of the Physical Education and Health Curriculum, then the content standards and performance standards represent the core of the curriculum. The specific content and performance standards include clear expectations for what each learner is expected to know and can do and how it will be measured. The Physical Education and Health Team considered several key questions to identify, select, write, and sequence the focus content areas, content standards, and performance standards, as follows:

- Is the content standard and performance standard measurable, and how will it be measured?
- Is the content standard and performance standard sufficiently specific to give the reader a clear understanding of what the student should be able to do without being so detailed as to make the statement labored or the standard trivial?
- Is the content standard and performance standard compatible with the learning area standard, key stage standard, and grade level standards of the Physical Education and Health program and the real and emerging needs of students?
- Is the content standard and performance standard realistic and attainable by students?
- Are appropriate materials and other resources available to make the objective achievable?

Content standards, performance standards, and learning competencies should be revised to optimize the cognitive demand of tasks so that students engage deeply and productively with the learning area standard. Following the revised Key Stage Standards, these domains should be adjusted to actively support students in individual work, group work, and whole class discussions by asking clarifying questions and providing scaffolds instead of moving directly to suggesting overly specific ways to go about assigned learning tasks in Physical Education and Health lessons. These standards suggest a wide range of techniques to support learners in "getting their ideas on the table" and working through them and expect learners to relate what they have read to their own lives.

Physical Education and Health standards specify what students should know and be able to do as it relates to a physically active

lifestyle. Students can be asked to give evidence of meeting each standard. In the case of health and physical education, students may be asked to demonstrate skill attainment as well. In designing and selecting tasks, crafters should avoid providing detailed step-by-step instructions for solving problems, repetitive exercises, or detailed "recipes" for completing tasks that allow little room for students to build on their current understandings. Moreover, prioritization of the most critical prerequisite skills and knowledge for each subject area and grade level should now be considered to ensure that learning experiences that are appropriate will vary based on grade band and content area.

Learning standards of the revised Physical Education and Health curriculum should be organized by defining the core ideas and strands. The goal is to support typical lesson plans and unit development. For each core idea and strand, the standards and outcomes are presented by grade level. Many topics are consistent across grade levels, whereas other topics change between Key Stages 2 to 3 as more complex skills and abilities replace more basic skills and concepts. In most cases, the topics represent one or more grade-level outcomes for each standard.

Content Standards should be revised considering the following:

- It should follow the revised Key Stage Standards.
- It should explicitly show the content.
- It should be developmentally appropriate.
- The content should reflect relevant and applicable practices in the field.

Performance Standards should be revised considering the following:

- It should exemplify the content standards.
- It should be aligned with the content standards.
- It should be developmentally appropriate.
- It should explicitly state the output that needs to be performed or produced.

Learning Competencies should be revised considering the following:

- It should be aligned with content and performance standards.
- Verb form should be consistent.
- Avoid double-barreled verbs.
- Should there be repetitive competencies, the progression or level of difficulty should be explicitly stated.
- Skills to be attained in each topic/standard should be explicitly stated as competencies that are manifestations and in coherence with the Content, Content Standards and Performance Standards.
- It should explicitly show prerequisite skills.

#### **Learning Progression**

Music and Arts Education and Health and Physical Education (MAPEH) would ensure the progression of the skills that would be learned and achieved in each key stage in attaining the curriculum goals. It is also ensured that the concepts are developed in greater depth and breadth through time, which would also build on the learner's prior knowledge and skills, anchored on "glocal" contexts.

Physical Education and Health envisioned designing a structured curriculum guide that delineates the philosophy, goals, vision, mission, objectives, learning experiences, instructional resources, and assessments. Additionally, it will represent an articulation of what students should know and be able to do and supports teachers in knowing how to achieve these goals.

To give select writers a clear direction in writing the Physical Education and Health curriculum, specialists and resource persons agreed to have a set of criteria and indicators which will guide the team in crafting as well as assessing the intended curriculum outputs. Accordingly, the exemplary guide will assist in planning and crafting a high-quality instructional program for Physical Education and Health. Below are the criteria for developing the Physical Education and Health Curriculum Guide:

- ✓ Scope Curriculum designers must consider a curriculum's breadth and depth of content, that is, its scope. When considering scope, the writers must consider learning's cognitive, affective, and psychomotor domains.
- ✓ Sequence Curriculum writers seek a curriculum that fosters cumulative and continuous learning. Specifically, they must decide how content and experiences can build on what came before. Curricularists faced with sequencing content have drawn on some well-accepted learning principles. In 1957, Othanel Smith, William Stanley, and Harlan Shores introduced four such principles: simple-to-complex learning, prerequisite learning, whole-to-part learning, and chronological learning.
- ✓ Continuity Continuity is the vertical repetition of curriculum components. Ideas and skills that educators believe students should develop over time reappear over the length of the curriculum. This continuity ensures that students revisit crucial concepts and skills.
- ✓ Integration Integration refers to linking all types of knowledge and experiences contained within the curriculum plan. Integration emphasizes horizontal relationships among topics and themes from all knowledge domains. Possible integration would involve great social problems. Some would stress the integration of attitudes, values, and social skills.
- ✓ Articulation Articulation refers to the vertical and horizontal interrelatedness of various aspects of the curriculum, that is, to the ways in which curriculum components occurring later in a program's sequence relate to those occurring earlier.
- ✓ Balance When designing a curriculum, educators strive to give appropriate weight to each aspect of the design. In a balanced curriculum, students can acquire and use knowledge in ways that advance their personal, social, and intellectual goals.

The formulation of such a guide will be viewed as an essential step in the process of ongoing Physical Education & Health curriculum development. This will aid education program specialists and writers to:

- establish a clear learning area standard and set of key level standards, grade level standards, focus content areas, content and performance standards that guide the entire Physical Education & Health program and the decisions that affect each aspect of the learning area;
- establish sequences both within and between levels and assures a coherent and articulated progression from Grade 4 to Grade 10:
- outline a basic framework for what should learners know, what they can do and what they will value for the things they achieved;
- promote interdisciplinary approaches and the integration of curricula when appropriate;
- be consistent with what is known about child physical and health literacy;
- compatible with the general aim of the learning area;
- · be based upon clear convictions about teaching and learning;
- · be representative of instructional activities to meet the needs of students with varying abilities and needs; and
- be easy to use by all educators.

#### Development of 21st Century Skills

DepEd has developed a detailed 21st Century Skills framework to guide and ensure the inclusion of these skills across all governance levels of DepEd. The detailed framework specifies terminology and descriptions of these skills to be used, thus promoting a shared vocabulary to support clear and consistent communication and implementation. Most importantly, the framework shall guide all governance levels of DepEd as they work together to enhance the development of these 21st Century Skills by all Filipino learners.

Physical Education and Health respond to the changing contexts and the advent of new technologies. Thus, beyond physical and health literacy, it also focuses on eHealth literacy, or the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem in various situations and contexts.

Physical education and health combines facets of different literacy skills: traditional literacy, health literacy, information literacy, scientific literacy, media literacy, and technology literacy. Embedded in these various literacies are 21st-century skills in communication, critical thinking, creativity, and collaboration. These include the cognitive skills in critical thinking, problem-solving, and creative thinking; the social or interpersonal skills of communication, collaboration, leadership, and cross-global cultural skills; self-management skills of self-monitoring and self-direction, as well as task or project management skills, and other life skills, which are part of ethics, civic, and global citizenship responsibility, and accountability. However, these 21st-century skills will be more explicit in the delivery of the curriculum.

Individuals who are physically literate move with competence and confidence in a wide variety of physical activities in multiple

environments that benefit the healthy development of the whole person. Physically literate individuals consistently develop the motivation and ability to understand, communicate, apply, and analyze different forms of movements in the glocal context. They can confidently, competently, creatively, and strategically demonstrate a variety of movements across a wide range of health-related physical activities in the glocal context. These skills enable individuals to make healthy, active choices that are both beneficial to and respectful of their whole self, others, and their environment.

#### **Assessment**

Assessment is a process that is used to keep track of learners' progress in relation to learning standards and in the development of 21st-century skills; to promote self-reflection and motivate them to keep on learning, and to provide bases for profiling students' performance on the curriculum's learning competencies and standards on whatever learning delivery modalities the learners are accommodated.

Formative and summative assessments are used in the classroom. Formative assessments are to be dominantly used in the classroom, and learners undertake the assessment by themselves with the teacher's guidance. Formative assessment may be viewed as an assessment for learning, allowing teachers to make changes to their lessons. Summative assessment is the evaluation of learning that occurs at the end of a unit. It assesses whether students have satisfied content and performance criteria. (*Reference: DepEd Order no. 8 s. of 2015, "Policy Guidelines on Classroom Assessment for the K to 12 Basic Education Program"*)

Physical Education and Health assessment is aligned with national standards and established grade-level outcomes and is included in the written Physical Education and Health curriculum, along with the different department orders, i.e., DO 8, s. 2015 and DO 31, s. 2020, and assessment practices set in the general assessment guidelines. It utilizes different assessment practices relevant to Physical Education and Health, like developmental and age-appropriate assessment. It includes evidence-based practices that measure student achievement in all areas of instruction, including physical fitness.

Grading is related directly to the student learning objectives identified in the written Physical Education and Health curriculum, and teachers should follow protocols for reporting and communicating student progress to students and parents. Prior to these communications, they should collect and track assessment data to make decisions about instruction and to measure student learning continually throughout the learning sequence. Evidence of student learning can include portfolios, checklists, rating scales, tangible student products that demonstrate student learning, results of an observed demonstration of health and physical skills, and traditional constructed-response assessments. Assessment in health and physical education includes conducting: (a.) diagnostic assessments to learn where students are at the beginning of a learning sequence and to determine where the students are in their learning, where they need to go, and how they can get there; (b.) formative assessments that are ongoing during instruction to check for understanding, provide information of how well students are learning and give teachers the opportunity to redirect students; and (c) summative assessments at the close of the instructional sequence to provide a comprehensive summary of each student's progress.

Assessment is the process of gathering information that accurately reflects how well a student is achieving the curriculum expectations. The primary purpose of assessment is to improve student learning. Assessment for the purpose of improving student learning is seen as both an "assessment for learning" and an "assessment as learning." As part of an assessment for learning, teachers provide students with descriptive feedback and coaching for improvement. Teachers engage in assessment as learning by helping all students develop their capacity to be independent, autonomous learners who can set individual goals, monitor their progress, determine the next steps, and reflect on their thinking and learning.

As essential steps in assessment for learning and as learning, teachers need to:

- plan assessment concurrently and integrate it seamlessly with instruction;
- share learning goals and success criteria with students at the outset of learning to ensure that students and teachers have a common and shared understanding of these goals and criteria as learning progresses;
- gather information about student learning before, during, and at or near the end of a period of instruction, using a variety of assessment strategies and tools;
- use assessment to inform instruction, guide next steps, and help students;
- monitor their progress toward achieving their learning goals;
- analyze and interpret evidence of learning;
- give and receive specific and timely descriptive feedback about student learning; and,
- · help students to develop skills in peer assessment and self-assessment.

#### Three Methods of Assessment

#### 1. Performance Assessment

Performance assessment is a method of documenting and evaluating the work that pupils have completed over a specific period. It usually takes the form of long, interdisciplinary problem-solving sessions. Expert panels regularly assess the outcomes, which are commonly utilized for promotion, distinctions, and graduation.

Performance task refers to an assessment task that "allows learners to show what they know and are able to do in diverse ways (DepEd, 2015, pp.7-8)." It must be designed to provide opportunities for learners to apply what they are learning to real-life situations. The use of Integrative Performance Tasks is highly encouraged. Integration in assessment involves a sequence of linked assessments over several tasks. This is an interdisciplinary approach to assessment based on combining, interpreting, and communicating knowledge from two or more competencies and or disciplines. The diploma should be given after a successful final display of expertise for graduation – an "exhibition." The school's program follows no rigorous age grading because the diploma is granted when obtained. The pupils' ability to

demonstrate that they can perform significant things is emphasized. Performance evaluations can be either short-answer or extended-answer. Oral questions, conventional quizzes, tests, and open-ended suggestions are all examples.

#### 2. Projects

Projects are intended to develop and harness a variety of abilities in students, who may work independently or in groups to achieve the goals that have been established. Students can work independently or in groups to fulfill the objectives provided. An example is to design a wellness program with an exercise and diet regimen.

#### 3. Portfolios

In a portfolio assessment, students typically collect and curate samples of their work, which may include projects, essays, artwork, presentations, or any other artifacts that highlight their learning. The purpose of portfolio assessment is to provide a holistic view of learners performance, showcasing their abilities, creativity, critical thinking, and problem-solving skills.

## Computation of Grades of the revised MAPEH curriculum from Grade 4 to Grade 10.

MAPEH will be computed as two (2) components (e.g., Music and Arts will have a separate grade from P.E. and Health) and not anymore as four (4) separate components. This will enable the teacher to focus more on teaching, learning, and assessment processes since they will no longer be computing grades for four (4) components. At the end of each quarter, the two components will be averaged to compute the total grade for MAPEH. The average of the total grades for each quarter will be the final grade for the learning area.

## Example:

	Q1	Q2	Q3	Q4	Final Grade for MAPEH
Music & Arts	90	91	92	95	-
Physical Education & Health	91	90	93	96	-
Average	91	91	93	96	93

#### **Example of Assessment Strategies**

The "ways of assessing" complement "ways of teaching" and aim to support teachers in developing effective assessment practices in both Music and Education and Physical Education and Health. The key to selecting the most appropriate assessment relies on the establishment of the clear purpose of the assessment itself, the identification of students 'misconceptions or gaps in their learning, and the usage of observations of students during the course of learning activities, assignments, and tests, to determine how learning can be improved. Below are specific examples of assessment strategies that can enable teachers to understand where students are in their learning. Assessments should also be based on the integration of a range of types and sources of evidence.

- **Self-Assessment and Evaluation and Student Journals** The self-reflection of achievement and progression towards goals. It allows for metacognitive thinking about their learning and personal reflection upon their strengths and weaknesses. Student journals provide personal accounts of student responses to learning activities, experiences, and understanding.
- **Peer Assessments** Individuals, peers, or a group of peers, provide evaluative feedback on performance or activity.
- **Group Activities** Cooperative activities that provide opportunities for individual and peer learning. During group work, teachers should stop at key points to check individual students' understanding.
- **Authentic Performance Tasks** The demonstration of learning through activities using virtual or actual settings, such as improvising appropriate sounds, music, visual components, and artistic concepts and ideas using media and technology for a selected part of a musical play in Arts and Music Education and community fitness and wellness assessments for Health and Physical Education.
- **Tests or Quizzes** These may include verbal questioning, multiple-choice, short-answer responses, or open-ended questions that require longer, structured written responses.
- **Written Work** This includes short and extended written tasks. These may take the form of short responses, such as worksheets with sentence or paragraph answers. Longer responses may include essays, information reports, or imaginative texts, such as journal entries. Learners may also conduct inquiry tasks in which they develop questions; gather, analyze, and evaluate information; communicate findings; and reflect upon their conclusions.
- **Graphic Organizers** The demonstration of learning through making connections, showing relationships, and concept-mapping of student knowledge.
- Visual Representations The demonstration of learning through digital media and the like.
- **Oral Performance Tasks** The demonstration of learning in practical performance, role-play, simulations, creating original musical and artistic works, and even structured discussions. Learner performance is assessed using checklists, rubrics, or anecdotal records in the context of the activities, which provide learners with the opportunity to develop skills and awareness, with an increase in complexity as determined by learners' ability and level progression.
- **Conferences** Discussions or interviews that are conducted either face-to-face or via audio and video recordings.

• **Checklists** - These are assessment tools that provide precise criteria that instructors and students can use to measure skill development or advancement. Checklists can help students study more effectively. These tools allow students to participate actively, not just in their evaluations but also in the learning process. Checklists can be used with students from Kindergarten to Grade 12 on any topic. Checklists define abilities, attitudes, methods, and behaviors for evaluation and provide a method for methodically organizing information on a student or group of pupils. Checklists can also be used to inform a student's parents about his or her progress. The simple act of making and using a checklist may bring a level of order into a student's life that was lacking before. Executive functions, which are the many cognitive processes that students use to manage their own behavior, may be a problem for children with learning disabilities and Attention-Deficit Hyperactivity Disorder (ADHD). Thus, equipping them with techniques to overcome these shortcomings is critical.

Appropriate assessments provide concrete evidence of whether students have achieved grade-level outcomes, allow teachers to reflect on the effectiveness of instruction, and provide evidence of program success. Physical Education & Health teachers should track student progress across grade levels using assessment data, demonstrating that students are meeting standards and outcomes. Teachers should also provide a variety of age-appropriate and grade-level opportunities for students to demonstrate skill development and competency. They should not, however, use the standards to compare students. The standards and outcomes consider differences in cultural norms and access to resources outside of school and include alternative activities to engage students. The standards include modifications and adaptations for students with disabilities. Physical Education & Health teachers may modify terminology when implementing the standards to ensure that students understand the concepts.

Assessment strategies in the Key Stage 2 (Grade 4-6), the assessment shall strive to reinforce fundamental skills to a higher level and mastery through active participation in various physical activities and a critical analysis of health-related information. While Key Stage 3 (Grade 7-10) shall concentrate on assessing higher-order thinking skills on physical activity behaviors, dynamic interaction of personal and social factors, active lifestyle, and proactive actions in various health and physical contexts.

Considering the developmental and age-appropriate learning episodes, utilization of assessments such as checklists and rubrics must be the focus of foundational competencies to master levels of personal health, as well as basic and essential movement skills as prerequisites of learning higher levels of skills. In Key Stage 2, learned skills are deepened in preparation for high application in Key Stage 3. Moreover, formative assessment in written form, performative and other appropriate assessment strategies, peer assessment, and group assessment may also be utilized to train learners in assessing other learners' works and performances. On the other hand, assessment in Key Stage 3 should focus on the application of knowledge, skills, and attitude learned in the lower key stages. Hence, the use of portfolio assessment, observation, writing of essays, performing the learned skills in another context, and projects, among others, may be employed. Hence, the development of higher-order thinking skills, higher-order psychomotor skills, and higher-order affective skills are ensured.

# PHYSICAL EDUCATION & HEALTH CURRICULUM GUIDE

**Learning Area Standard:** The learners develop fundamental health and physical literacies in promoting personal, family, community, and societal wellness using concepts, processes, behaviors, and practices for active and healthy living.

Key Stage	Key Stage Standard
<b>2</b> (G4-G6)	The learners demonstrate fundamental and complex practices and movements in promoting personal, family, community, and societal health wellness for active and healthy living.
<b>3</b> (G7-10)	The learners integrate health and physical literacies in promoting personal, family, community, and societal wellness for active and healthy living.

Grade Level	Grade Level Standard	
4	The learners demonstrate fundamental health practices, movements, and fitness skills in promoting personal, family, community, and societal wellness for active and healthy living.	
5	The learners analyze varied health practices, movements, and fitness skills in promoting personal, family, community, and societal wellness for active and healthy living.	
The learners evaluate complex health practices, movements, and fitness skills in promoting personal, family, commuscietal wellness for active and healthy living.		
7	The learners apply functional health practices, game, and dance principles in promoting personal, family, community, and societal wellness for active and healthy living.	
8	The learners evaluate interactive health practices, game, and dance principles in promoting personal, family, community, and societal wellness for active and healthy living.	
9	The learners formulate health practices, game, and dance in promoting personal, family, community, and societal wellness for active and healthy living.	
10	The learners integrate health and physical literacies by managing activities in personal, family, community, and societal wellness for active and healthy living.	

## **GRADE 4 – FIRST QUARTER**

Content Standard	The learners demonstrate understanding of hygiene pract	tices, basic health appraisals, and target games in promoting
	personal wellness for active and healthy living.	
Performance Standard		ames in promoting personal wellness for active and healthy
	living.	
	CONTENT	LEARNING COMPETENCIES
Introduction to Personal		The learners
• Concept of Personal Hea		1. explain the concept and importance of personal
• Importance of Personal		health for active living;
Personal Hygiene Practic		2. demonstrate proper personal hygiene practices;
	Clean, Healthy, And Disease-Free	
	washing, Care of the Sense Organs, Oral Care,	
Body Care, and Genital		
Current Health Status as		3. relate current health status to body awareness; and
	aisal Procedures (Height and Weight Measurement (BMI),	
	ening, Scoliosis Test, Health Examination (Skin, Hair, And	
Nail), and Dental Examina		
<ul> <li>Identification of Health Concerns and Corrective Action</li> <li>Physical Activity Participation: Target Games</li> <li>Focus Foundational Skills         <ol> <li>Movement Concept</li> <li>Relationship with People and Object</li> </ol> </li> <li>Movement Skills         <ol> <li>Locomotor, Manipulative</li> </ol> </li> <li>Fitness Concepts         <ol> <li>Agility, Balance, Coordination, Speed</li> <li>Intensity: Moderate to Vigorous Physical Activities (MVPA)</li> </ol> </li> <li>Game Concepts         <ol> <li>Positioning (People and Location in Space)</li> <li>Relationship to Objects: Sending Away (Throw and Strike)</li> </ol> </li> <li>Suggested Activities: Philippine Traditional Games (Tatsing, Calahoyo, Tumbang)</li> </ul>		<ul> <li>4. perform physical activities using target gam concepts with agility, balance, coordination, and speed for active and healthy living: <ul> <li>a. locomotor skills by avoiding an object of obstacles, and</li> <li>b. manipulative skills by sending or propelling an object to an intended area.</li> </ul> </li> </ul>
Suggested Activities: <b>Philippine Traditional Games</b> (Tatsing, Calahoyo, Tumbang Preso, Tamaang-Tao, Batuhang Bola, Bati-Cobra, and/or Other Variations of Unpublished Games in the Locality)		

	GRADE 4 – SECOND QUART	ER
Content Standard		y, roles and responsibilities of family members, and invasion
	games in promoting family wellness for active and healthy	
Performance Standard	The learners participate in daily life activities and invasion living.	n games in promoting family wellness for active and healthy
	CONTENT	LEARNING COMPETENCIES
Characteristics of a Heal	thy Family	The learners
• Examples: Respects Mer.	nbers' Opinions and Healthy Boundaries, Enforces Clear,	1. explain the characteristics and importance of
Fair, And Age-Appropriate	Rules; And Communicates Openly and Manages Conflict	promoting a healthy family;
Effectively		
Importance of Promoting		
	ncept of members, makes members feel secured and loved,	
and helps in the healthy d	•	
	es Of Family Members In Promoting Family Health	2. demonstrate one's roles and responsibilities in
• Parent/S Or Guardian/S	8	promoting family health;
• Child/Children		
• Other Family Members		
	pation in Improving Family Health	3. participate in various physical and daily life
	tivities for Families (Dance, Zumba, Exercise, Cooking	activities to improve family health; and
Together, Gardening, Etc.)		
Benefits of Physical Acti		
	ases among family members, strengthens bond and overall	
relationship	nation. Immedian Comes	4
Physical Activity Participoral Sk		4. perform physical activities using invasion game
1. Movement Concept		concepts with agility, balance, and coordination for
- Relationship with		active living:
2. Movement Skills	reopic and Object	a. locomotor skills by avoiding an object or
- Locomotor, Manip	pulative	obstacles, and
3. Fitness Concepts		b. manipulative skills by sending or propelling
	Coordination, Speed	an object to an intended area.
	te to Vigorous Physical Activities (MVPA)	
4. Game Concepts		
<u> </u>	ng by Creating and Moving into Space and Defending by Denying	
Space)		
	ine Traditional Games (Agawan Base, Agawan Sulok, Lawin at	
	n Panyo, Patintero, Langit-Lupa, Araw-Lilim, Kawat-Kawat, published games in the locality)	
ana, or other variations of an	pasasnea games in the wealty)	<u> </u>

## **GRADE 4 – THIRD QUARTER**

Content Standard:	The learners demonstrate understanding of healthy	y eating, and rhythmic activities and dances in promoting
	community wellness for active and healthy living.	, j
Performance Standard:	The learners participate in rhythmic activities and da	nces in promoting community wellness for active and healthy
	living.	
	CONTENT	LEARNING COMPETENCIES
Concept of Safe and Heal		The learners
• Right to Food (Right of the	,	1. discuss the concept and importance of eating safe
• Examples of Healthy and	Less Healthy Foods	and healthy food;
• Food Safety		
	lealthy Eating (especially among children)	
	and development into adulthood	
Essential Nutrients and t		2. demonstrate healthy and balanced food choices to
,	rdrates, Proteins, and Fats)	include essential nutrients;
Micronutrients (Vitamins	s and Minerals)	
• Water	150	
Balanced Meal and Balan		3. describe the benefits of eating a balanced meal when
• Principles of Healthy Eat		engaging in physical activities; and
Nutritional Guidelines for		
• Food Plate and Food Pyra	•	
_	nced Meal on (shouldn't it be Before instead of on	
Physical Activity Participat	pation: Rhythmic Activities and Dances	
• Focus Foundational Skill		4. engage actively in different rhythmic activities and
1. Dance Elements		dances for improving one's movement competence
Body, Action, Space	Time Energy	and physical activity participation.
2. Movement Skills	, Time, Diergy	and physical activity participation.
	omotor, Manipulative	
3. Fitness Concepts	motor, mamparative	
- Agility, Balance, Coordination, Cardiovascular Endurance		
- Intensity: Moderate to Vigorous Physical Activities (MVPA)		
	J J ()	
Suggested Activities: Dance	e Exercise (i.e., DepEd Galaw Pilipinas), Movement	
	al Dance Movements (local context), Fundamental	
Dance Steps (2 4-time), and	d/or Social Dance Mixers (2 4-time)	
	·	

## GRADE 4 – FOURTH QUARTER

Content Standard:	I: The learners demonstrate understanding of basic health rights, consumer rights and responsibilities, health facts, fit		
	fads, and rhythmic activities and dances in promoting s	ocietal wellness for active and healthy living.	
Performance	The learners participate in rhythmic activities and danc	es in promoting societal wellness for active and healthy living.	
Standard:			
	CONTENT	LEARNING COMPETENCIES	
Child's Basic Health F		The learners	
• Healthcare Needs and		1. discuss child's basic health rights for active living;	
• Sexual and Reproduc	tive Health Rights		
Filipino Consumer Rig		2. demonstrate ways to be an informed, critical, and	
	Safety, Information, Right to Choose, Representation,	responsible Filipino consumer;	
	ucation, And Right to a Healthy Environment		
Filipino Consumer Re			
•	ction, Social Concern, Environmental Awareness, and		
Solidarity			
	ed, Critical and Responsible Filipino Consumer		
<ul> <li>Decision-Making Skil</li> </ul>	ls		
• Assertiveness Skills			
<ul> <li>Critical Thinking Skil</li> </ul>			
Health and Fitness Fa		3. describe the effects of health and fitness facts and	
• Example: Weight Loss		fads in physical activity participations; and	
	ls in Physical Activity Participation		
•	icipation: Rhythmic Activities and Dances	4. engage actively in different rhythmic activities and	
• Focus Foundational S		dances for improving their movement competence	
1. Dance Elements		and physical activity participation.	
	, Space, Time, Energy		
2. Movement Skills			
	on-locomotor, Manipulative		
3. Fitness Concepts			
<b>O V</b> .	e, Coordination, Cardiovascular Endurance		
- Intensity: Moderate to Vigorous Physical Activities (MVPA)			
Suggested Activities De	ance Exercise (i.e., DepEd Galaw Pilipinas), Movement		
	ental Dance Movements (local context), Fundamental		
	and/or Social Dance Mixers (3 4-time)		
zance scops ( 4 mile),	and, or soone build minors ( 4 mino)		

#### **GRADE 7 - FIRST QUARTER**

	GRADE 7 – FIRST QUARTE	CR
Content Standard:	The learners demonstrate understanding of mental health and target games in promoting personal wellness for activand healthy living.	
Performance Standard:	healthy living.	cal activities in promoting personal wellness for active and
	CONTENT	LEARNING COMPETENCIES
Common Adolescents' Co Examples: Concerns Pertaini Negative Peer Pressure Prevention and Managen Mental Health	tally Healthy Adolescent lestones notions effectively	The learners  1. discuss common adolescents' concerns that can affect mental health;
Ways to Safeguard One's • Exercising regularly, mana	ging emotions, spending time with family and friends, reading resources, doing spiritual activities, keeping the environment	2. apply ways to safeguard their mental health;
Various Physical Activiti • Exercises, Games, Sports, Benefits of Physical Acti	es that Help Safeguard Mental Health	3. recognize the positive effects of physical activity participation on mental health;
Physical Activity Participat • Focus Game Skills:  1. Game Concept - Positioning, Relati	*	4. perform physical activities by applying principles and concepts of target games to solve tactical problems for active living; and
3. Skills - Sport-specific Skill Suggested Activities: Unopposed - Golf, Archery, E Opposed - Billiards, Croquet, Combative Sports: Arnis, Tael	Lawn Bowls kwondo, Boxing, Fencing, Pencat Silat, Wushu, Muay Thai,	5. execute appropriate skills of sports and the required fitness concepts of chosen target games in responding to tactical problems.
Karatedo and/or Sole Fightin		

## **GRADE 7 - SECOND QUARTER**

Content Standard:	The learners demonstrate understanding of family roles	in managing concerns and conflicts and invasion games in	
	promoting family wellness for active and healthy living.		
Performance Standard:	The learners participate in invasion games and other ph	nysical activities in promoting family wellness for active and	
	healthy living.		
	CONTENT	LEARNING COMPETENCIES	
Family's Role in Managin	ng Adolescent's Concerns	The learners	
<ul> <li>Different Forms of Support</li> </ul>	ort Provision	1. discuss the important role of the family in managing	
• Guidance in Making Info	ormed Decisions	adolescents' health concerns;	
	or in Preventing and Managing Conflicts	2. apply effective strategies in preventing and	
<u> </u>	Family Rules and Boundaries, Open Communication,	managing conflicts in the family;	
Encouragement, Active Lis	stening, and Finding Solutions Together		
	rengthen Relationship with Family Members	3. analyze how physical activities can strengthen	
<i>S</i> , <i>S</i> ,	ng, Swimming, Playing Together, Sharing Interests or	relationships with family members;	
Hobbies			
Physical Activity Partici	pation: Invasion Games	4. perform physical activities by applying principles	
• Focus Game Skills:		and concepts of invasion games to solve tactical	
1. Game Concept		problems; and	
<b>O</b> ,	onship with People, Relationship with Objects		
2. Games Principles	1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D	5. execute appropriate skills of sports and the required	
•	coring, Restart, Play, and Transition	fitness concepts of chosen invasion games in	
3. Skills	1 (T)	responding to tactical problems.	
- Sport-specific Skill	s and Their Fitness Requirements		
Suggested Activities: <b>Sports</b> : Basketball, Football, Floorball, Futsal, Ultimate Frisbee,			
Hanaball, Tchoukball, and 	/or Water Polo (Swimming)		

## **GRADE 7 – THIRD QUARTER**

Content Standard: The learners demonstrate understand	ling of healthy eating, common adolescents' nutritional concerns, and dances in					
	promoting community wellness for active and healthy living.					
<b>Performance Standard:</b> The learners participate in dances in	promoting community wellness for active and healthy living.					
CONTENT	LEARNING COMPETENCIES					
<ul> <li>Importance of Healthy Eating During Adolescence</li> <li>Meet Dietary Needs for Rapid Growth and Development</li> <li>Attain Ideal Weight for Age and Height</li> <li>Improve Physical and Mental Performance</li> <li>Prevent Nutritional Issues</li> </ul> Common Adolescents' Nutritional Concerns and Ways to Prevent Malnutrition: Underweight, Overweight/Obesity; Micronutrient Eating Disorders <ul> <li>Ways to Prevent Common Adolescents' Nutritional Concerns</li> </ul>						
Healthy Eating and Physical Activity Participation  • Nutritional Requirements for Physical Activity Participations	3. relate healthy eating to physical activity participation; and					
Physical Activity Participation: Dances Hispanic Influence Dances of the Lowland Christians  Origin and Cultural Context of the Dance Genre and Style-Specific Dance Techniques Common Dance Terms and Steps Values Inherent in the Dance Fitness Components Developed  Suggested Activities: Christian Dances with Western Roots: e.g Batangueña, Purpuri, Alcamfor, Kuratsa, Lancero, Mazurka Boho Botolena						

## **GRADE 7 – FOURTH QUARTER**

Content Standard:	The learners demonstrate understanding of first aid, road	l and water safety, and dances in promoting societal wellness		
	for active and healthy living.	·		
Performance Standard:				
	and healthy living.			
	CONTENT	LEARNING COMPETENCIES		
First Aid Concepts, Objectives, and Principles  Immediate and Temporary Care Given While Waiting for Medical Assistance  Aims to Lessen Pain, Prevent Further Injury, and Prolong Life First Aid for Common Conditions  Examples: Insect and Animal Bites, Wounds, Burns, Bleeding, Fainting, Food and Other Forms of Poisoning, Choking, Hyperventilation, Heat-Related Conditions, and Others		The learners  1. discuss basic first aid concepts, objectives, principles, and procedures for managing common conditions;		
	Managing Common Conditions			
<ul> <li>Road Safety</li> <li>Dangers of Distracted Driving</li> <li>Dangers of Driving Under the Influence of Drugs and Alcohol</li> <li>National Laws on Road Safety</li> <li>Water Safety</li> <li>Open Water/Pool Rules</li> <li>Dangers and Possible Incidents in The Water</li> <li>Self-management Skills for Road and Water Safety</li> </ul>		2. apply self-management skills and practices for road and water safety;		
First Aid for Musculoskeletal Issues/Injuries  • Muscle Cramps, Sprain, Strain, Dislocation, and Fracture		3. practice first aid procedures for injuries related to physical activities and other emergency situations; and		
Physical Activity Participation: Dances  Dances Around the World  Origin and Cultural Context of the Dance Genre and Style-Specific Dance Techniques Common Dance Terms and Steps Values Inherent in the Dance Fitness Components Developed  Suggested Activities: ASEAN and ASIAN dances (e.g. joget or zapin of Malaysia, pon poo thai of Thailand, bon dance or parasol dance of Japan, fan dance of china and other ASEAN/ASIAN dances), American Dances (e.g. Red River Valley, Oh Susana, Grand March and other square dances), European Dances (e.g. Tarantela, Arkadsky, Minuet, La Cucaracha, Varsovienne, Rheilander for Three and other European dances)		4. perform dances using genre and style specific techniques, expressive ideas and skills to develop movement competence and physical activity participation.		

#### APPENDIX: GAME CONCEPTS AND PRINCIPLES

Game Classification: Target	Game Classification: Invasion	Game Classification: Striking/fielding	Game Classification: Net/Wall	
1. Game Concepts	1. Game Concepts	1. Game Concepts	1. Game Concepts	
<ul> <li>Positioning (people and location in space) and defending</li> <li>Relationship with people (creating and moving into space)</li> <li>Relationship with objects (sending, propelling, striking, blocking intended target/area)</li> </ul>	<ul> <li>Positioning (attacking by creating and moving into space) and defending</li> <li>Relationship with people (denying and covering space)</li> <li>Relationship with objects: sending away (throw), receive, travel with object, block (defend),</li> </ul>	- Positioning (attacking by creating and moving into space) and defending - Relationship with people (denying and covering space, retrieving the ball) - Relationship with objects: striking (attack), receiving (defend), sending away (throw and strike)	<ul> <li>Positioning (attacking by creating and moving into space) and defending</li> <li>Relationship with people (denying and covering space)</li> <li>Relationship with objects: sending away (serve)</li> </ul>	
2. Game Principles			2. Game Principles	
A. Scoring:	A. Scoring:	A. Scoring:	A. Scoring:	
<ul> <li>a. Exert the proper amount of force in the direction of the target with precision.</li> <li>b. Determine the proper path and distance between the object and the goal.</li> <li>c. Design the object's path, or the team's path, to the destination using a strategy.</li> <li>B. Prevent Scoring:</li> <li>Control the object's aim and precision so that it blocks a path for the opposition, lowering their</li> </ul>	b. Avoid defensive players c. Create space for self d. Attack the goal e. Create mismatch f. Recognizing good attacking and/or scoring opportunity/ies g. Set plays  B. Prevent Scoring:  Forcing low percentage shot/ prevention of advance movement of opponents  b. Avoid defensive players open or safe areas b. Avoiding getting out c. Positioning to cover space d. Advancing runners so they are closer to the scoring area e. Quickly running to a safe area (base) before fielding team is able to throw to the safe area or tag the runner  B. Prevent Scoring:  B. Prevent Scoring:  B. Prevent Scoring:  B. Prevent Scoring:		<ul> <li>Flight reception/ Tracking</li> <li>Maintaining a Rally</li> <li>Court positioning         Supporting or covering</li> <li>Building/ setting an attack         Target and find open space</li> <li>Finding weakness         Placing/ Drop</li> <li>B. Prevent Scoring:  Force low percentage shot  a. Defend an attack (cover space, blocking, counter the attack</li> <li>b. Read responses of opponents/</li> </ul>	
chances of scoring by having their	<ul><li>a. Defend the goal</li><li>b. Defend space</li><li>c. Defend area coverage</li><li>d. Obtain possession</li></ul>	Forcing low percentage shot  a. Defending a plate or a base b. Stop batters making runs	<ul><li>b. Read responses of opponents/</li><li>read the spin of the ball</li><li>c. Return of Serve</li><li>d. Return fast moving object</li></ul>	

object land closer to the target than yours.	<ul> <li>e. Predict opponents' movement f. Defensive positioning</li> <li>A. Scoring:</li> <li>a. Exert the proper amount of force in the direction of the target with precision.</li> <li>b. Determine the proper path and distance between the object and the goal.</li> <li>c. Design the object's path, or the team's path, to the destination using a strategy.</li> <li>B. Prevent Scoring:</li> <li>Control the object's aim and precision so that it blocks a path</li> </ul>	c. Covering base d. Make hitting the ball difficult e. Get batter out f. Prevent hitting to open spaces g. the pitcher or the bowler will make hitting the ball difficult for the batter by throwing it quickly	
	for the opposition, lowering their chances of scoring by having their object land closer to the target than yours.		
3. Restart Play and Transition	Restart Play and Transition	3. Restart Play and Transition	3. Restart play and transition
a. Si-jack (begin)- Taekwondo	(moving from attack to defend or vice-versa)	(Moving from attack to defend or vice-versa)	(moving from attack to defend or vice-versa)
b. Laban (Arnis)	a. Jump ball	a. Ball play	a. Service
c. Move from attack to defend or	b. Inbound		b. Receiving Serve
vice-versa	c. Kick-in d. Throw-off	b. Alternation of Roles	c. Alternation of Roles
	e. Alternation of roles		

#### APPENDIX: DANCE CONTENTS

Grade Levels	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10
Third Quarter	Rhythmic Activities and Dances  (Dance Exercise, Movement Exploration, Fundamental Dance Movements and Steps, Social Dance Mixers)	Rhythmic Activities and Dances  (Dance Exercise, Movement Exploration, Fundamental Dance Movements and Steps, Social Dance Mixers)	Rhythmic Activities and Dances  (Dance Exercise, Dance Movements, Traditional Dances)	Dances (Hispanic Influence Dances of the Lowland Christians)	Dances (Dances of the Northern Highlands)	Dances (Dances of the Muslim South)	Dances (Dances of the Traditionalist Communities)
Fourth Quarter	Rhythmic Activities and Dances  (Dance Exercise, Movement Exploration, Fundamental Dance Movements and Steps, Social Dance Mixers)	Rhythmic Activities and Dances  (Dance Exercise, Movement Exploration, Fundamental Dance Movements and Steps, Social Dance Mixers)	Rhythmic Activities and Dances  (Dance Exercise, Dance Movements, Traditional Dances)	Dances (ASEAN Dances)	Dances (Social and Ballroom Dances)	<b>Dances</b> (Theatrical Dances)	<b>Dances</b> (Emerging/ Popular Dances)

#### APPENDIX: HEALTH CONTENT AREAS

Grade Levels	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10
First Quarter	Personal Health	Mental and Emotional Health	Personal Health	Mental and Emotional Health	Sexual and Reproductive Health	Safety and First Aid	Personal Health
Second Quarter	Family Health	Growth and Development	Sexual and Reproductive Health	Family Health	Family Health	Sexual and Reproductive Health	Family Health
Third Quarter	Food Literacy	Prevention of Substance Use	Disease Prevention and Control	Food Literacy	Prevention of Substance Use	Disease Prevention and Control	Community Health
Fourth Quarter	Consumer Health	Safety and First Aid	Environmental Health	Safety and First Aid	Consumer Health	Safety and First Aid	Safety and First Aid

## Glossary

Advocacy	a process of arguing in support of a cause or position or speaking out and acting on behalf of one's self or another to ensure that your or others' interests are considered.
Agility	Is the ability to move or change directions quickly.
Basic Life Support	provided to support a person's respiration and circulation through cardiopulmonary resuscitation until advanced life support is available
Big Ideas	refers to the core concepts, principles, theories, and processes of Physical Education & Health Learning Area, which should serve as the focal point of curriculum, instruction, and assessment and reflect expert understanding and anchor the discourse, inquiries, discoveries, and arguments. Also, they provide a basis for setting curriculum priorities to focus on the most meaningful content.
Cardiopulmonary Resuscitation	lifesaving method that can be applied when someone's breathing and heartbeat has stopped and includes a combination of rescue breathing and chest compressions
Cardiovascular diseases	A general term for conditions affecting the heart or blood vessels that is usually associated with a build-up of fatty deposits inside the arteries, an increased risk of blood clots, and damage to arteries in organs such as the brain, heart, kidneys, and eyes.
Choreography	Sequence of steps, figures, and floor pattern in a dance.
Chronic Sports-Related Injuries	Sports-related injuries take time to develop and may get worse over many months or years.
Community Health	focuses on ways of living within defined communities to maintain and improve the health and well-being of all people through collective action.
Community Environmental Health Assessment	situates the learner as an integral part of his/her community and the environment, with responsibility to help protect the environment, supported by individual and community actions and legislation to promote a standard of health, hygiene and safety in food and water supply, waste management, pollution control, noxious animal control, and the delivery of primary health care
Consumer Health	application of consumer skills in the wise evaluation, selection and use of health information, health products, and health services
Dance Interpretation	way of performing a dance that is guided by dance literature
Differentiated Instruction	is a teaching mode that accounts for students' needs and learning styles before designing a lesson plan.
Dimensions of Health	These are interrelated variables that influence an individual's level of overall health. The variables, frequently referred to as dimensions, are physical, social, emotional, mental, environmental, cultural, financial, occupational, and spiritual.
Double-barreled Verbs	these pertain to the multiple indicators in each learning objective and learning competency.
E-health Literacy	one's ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained for addressing or solving a health problem

Elements of Movement	- The variables that are combined in composing and performing a movement. The elements are dynamics, time, space, and relationships.
Emerging Dances	newly created or noticed dance in growing popularity, interest, and utility over time. (i.e, tiktok, dance challenge, korean pop, modern dance style)
Family Health	relates to the personal interactions within the family that nurtures the individual and that provides a home environment that enhances his/her growth as a person and the development of ideals, values and standards of behavior regarding sexuality and responsible parenthood
Family Planning	ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births
Festival Dance	cultural dance performed to the beats of instruments, usually percussion, by a community sharing the same culture
Fielding Games	games in which a team can score a point when a player strikes a ball or any similar object and run to designated area while the other team attempts to retrieve the ball and return to prevent the opponent from scoring
Food Literacy	developing knowledge, attitudes and skills related to healthy diet and understanding the impact of food choices on one's health and the environment
Growth and Development	developmental milestones, especially during childhood and adolescence, with emphasis on attention to personal health and the development of self-management skills to cope with life's changes
Health Appraisal	a systematic way of gathering information about an individual's physical health and lifestyle that helps individuals identify and understand their health risks and monitor their health status over time
Holistic Development	development of personal health involving the various health dimensions such as the physical, emotional, mental, social, financial, spiritual, and occupational
Health Literacy	The ability to selectively access and critically analyze information, navigate community services and resources, and take action to promote personal health and the health of others.
Invasion Games	games in which the aim is to invade an opponent's territory and score a goal or point
Mental Health	This refers to a person's cognitive and thinking processes: the capacity to think coherently, express thoughts and feelings appropriately, manage stress effectively, and respond to situations constructively. It also pertains to the ability to learn and work well and become a productive member of the community.
Modified Games/Sports	games or sports that are adapted to suit the skills and characteristics of students through alterations to rules, equipment and/or the playing field
Movement Concepts	variety of knowledge and approaches that help individuals or groups to understand, analyze and achieve the objectives of an activity, performance, or game
Net/wall Games	games in which players send an object (e.g., ball, shuttle) over a net or against a wall so that it lands in an area that an opponent is defending
One Health	an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems (World Health Organization)

leisure activities that take place in a natural setting that improves mind and body, examples are camping, mountain
climbing, wall climbing, rock climbing, biking, etc.
development and daily practice of health behaviors that promote physical, mental, social, emotional, and
moral/spiritual health and prevent personal health issues
disposition acquired by human individuals encompassing the motivation, confidence, physical competence,
knowledge and understanding that establishes purposeful physical pursuits as an integral part of their lifestyle
substances that alter the brain functions and result in changes in mood, consciousness, thoughts, feelings, or
behavior
any form of dancing that is performed primarily for its social, educational or health benefits
physical activities that involve movement accompanied by music
an individual's capacity to govern and control one's behaviors, feelings, and ideas
dance usually performed with a partner, in groups or as a community activity for fun and enjoyment
ability of the body to move in one direction as fast as possible
activity involving physical exertion, skill and/or hand-eye coordination as the primary focus of the activity, with
elements of competition and the rules and patterns of behavior governing the activity usually exist formally through organizations
specific skills that are performed or used in playing a sport
immediate and temporary care for injuries incurred during sports events
presentation of a dance performance
game where in the team scores whenever the players strike a ball and run to a designated playing areas while the
opposing team tries to catch the ball and return to it to stop them from scoring
games in which players send an object, such as a ball or dart towards a target area. in order to prevent the
opposition from scoring, this may occasionally also entail avoiding obstacles, defending, guarding, or impeding the
route of the opponent's ball.
sense of satisfaction and happiness, effective social functioning and the dispositions of optimism, openness,
curiosity, and resilience

#### REFERENCES

Amending Republic Act No. 11332, otherwise known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, and for Other Purposes, http://legacy.senate.gov.ph/lisdata/3252229393

Aspen Institute Project Play (2013). Physical literacy in the United States: A model, strategic plan and call to action. https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/pubs/PhysicalLiteracy\_AspenInstitute.pdf

Benes, S., and Alperin, H. (2016). The essentials of teaching health education: Curriculum, instruction, and assessment. USA: SHAPE America

Bronfenbrenner's Ecological systems theory. https://www.simplypsychology.org

Clean Air Act of 1999. https://www.iea-coal.org

Clean Water Act of 2004. https://r12emb.gov.ph

Comprehensive Dangerous Drugs Acts of 2002. https://lawphil.net

Comprehensive sexuality education (DepEd Order No.31 s.2018) and the Responsible Reproductive Health Act of 2012. Retrieved from <a href="https://www.deped.gov.ph">https://www.deped.gov.ph</a>.

Cottrell, R.R., Girvan, J.T., and Mckenzie, J.F. (1999). Principles and Foundations of Health promotion and education. Massachusetts: Allyn and Baco

DepEd Order no. 8 s. of 2015, "Policy Guidelines on Classroom Assessment for the K to 12 Basic Education Program"

D.O. 1 - Arts & Physical Education as the proper vehicle for DECS' Cultural Revival Program (1957)

DO 21 - Policy Guidelines on the K to 12 Basic Education (2019)

DO 30 - Preventive Drug Education Program Policy for Curriculum and Instruction (2018)

DO 31 - Policy Guidelines on the Implementation of Comprehensive Sexuality Education (2018)

DO Memorandum #1 - Cultural Revival Through Art Education, Music and Physical Education in the Elementary Schools (1963)

D.O. Memorandum #16 - Classification on the Revised PE and Health, Music, PMT and Scouting Program (1973)

Fisher, W. A., Fisher, J.D., and Harman, J. (2003). The information-motivation-behavioral skills model: A general social psychological approach to understanding and promoting health behavior. https://sundhedsmotivation.dk

Global School Health Initiative (WHO) - Global School Health Initiatives: Achieving Health and Education Outcome (2015)

Health belief model and behavior change. https://www.verywellmind.com

Malina, Robert, "Movement proficiency in childhood: Implications for physical activity and youth sport," Kinesiologia Slovenica, 18 (3):19-34, 2012.

Mental Health Act or Republic Act. No. 11036. https://www.officialgazette.gov.ph

Nutbeam, D. (2015). Defining, measuring, and improving health literacy. Health Evaluation and Promotion. 42. 450-55.

Philippine Constitution Article 2 Section 17 (1986)

PD No. 856 Code on Sanitation of the Philippines. https://doh.gov.ph

Philippine Disaster Risk Reduction and Management RA No. 1012. https://lawphil.net

RA No. 5708 - An Act Providing for the Promotion and Financing of an Integrated Physical Education and Sports Development Program for the Schools in the Philippines (1969)

RA No. 9003 or the Ecological Solid Waste Management Program. https://www.officialgazette.gov.ph

RA No. 10533 - An act enhancing the Philippine Basic Education system by strengthening its curriculum and increasing the number of years for basic education (2013)

RA No. 11036 - Mental Health Act UNESCO Strategy on Education for Health and Well-Being (2017)

Renewable Energy Act of 2008. https://ap.fftc.org.tw

Robert Sallis, Deborah Rohm Young, Sara Y Tartof, James F Sallis, Jeevan Sall, Qiaowu Li, Gary N Smith, Deborah A Cohen. Physical inactivity is associated with a higher risk for severe COVID-19 outcomes: a study in 48 440 adult patients. British Journal of Sports Medicine, 2021; bjsports-2021-104080 DOI: 10.1136/bjsports-2021-104080

Ryan, S. and Carr, A. (2010). The theory of planned behavior. from: https://www.sciencedirect.com

The shape of the Australian curriculum: Health and Physical Education (2012). Sydney: Australian Curriculum, Assessment, and Reporting Authority

Tobacco Regulation Act of 2003. https://www.tobaccocontrollaws.org

UNESCO Quality Physical Education (QPE) - UNESCO Quality Physical Education (QPE): Guidelines for Policy Makers (2015)

Universal Health Care Act. Retrieved from <a href="https://doh.gov.ph">https://doh.gov.ph</a>.

- U.S. Centers for Disease Control and Prevention (2010). The association between school-based physical activity, including physical education and academic performance. Atlanta, GA: U.S.
- World Health Organization (2010). Global recommendations on physical activity for health. www.who.int/dietphysicalactivity/factsheet\_recommendations