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**NCEA Level 1 Health**

**Conditions of Assessment**

**General Information**

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| **Subject Reference** | Health  |
| **Domain** | Health Education |
| **Level** | 1 |

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This document provides guidelines for assessment against internally assessed standards. Guidance is provided on:

* appropriate ways of, and conditions for, gathering evidence
* ensuring that evidence is authentic
* any other relevant advice specific to an achievement standard.

**NB:** It is expected that teachers are familiar with additional generic guidance on assessment practice in schools published on the [NZQA](http://www.nzqa.govt.nz/providers-partners/assessment-and-moderation/assessment-of-standards/generic-resources/gathering-evidence-of-achievement/assessment-opportunities-in-schools/) website. This should be read in conjunction with these Conditions of Assessment.

**For All Standards**

Internal assessment provides considerable flexibility in the collection of evidence. Evidence can be collected in different ways to suit a range of teaching and learning styles and a range of contexts of teaching and learning. Care needs to be taken to allow students opportunities to present their best evidence against the standard(s) that are free from unnecessary constraints.

It is recommended that the design of assessment reflects and reinforces the ways students have been learning. Collection of evidence for the internally assessed standards could include, but is not restricted to, an extended task, an investigation, digital evidence (such as recorded interviews, blogs, photographs or film) or a portfolio of evidence.

It is also recommended that the collection of evidence for internally assessed standards should not use the same method that is used for any external standards in a programme/course, particularly if that method is using a time bound written examination. This could unfairly disadvantage students who do not perform well under these conditions.

A separate assessment event is not needed for each standard. Often assessment can be integrated into one activity that collects evidence towards two or three different standards from a programme of learning. Evidence can also be collected over time from a range of linked activities (for example, in a portfolio).This approach can also ease the assessment workload for both students and teachers.

Where all, or a significant part, of the evidence for assessment is presented orally, this will need to be recorded (audio or video) and annotated for in-school and national moderation purposes. Note that the judgement made about the quality of the work is not made on the quality of the ‘oral performance’ but the meaning inherent in the verbal presentation (or in the written notes students will likely prepare to support the presentation).

Effective assessment should suit the nature of the learning being assessed, provide opportunities to meet the diverse needs of all students and be valid and fair.

Where manageable, and after further learning has taken place, students may be offered a maximum of one further opportunity for assessment against an assessment standard within a year.

Authenticity of student evidence needs to be assured regardless of the method of collecting evidence. This needs to be in line with school policy. For example, for an investigation carried out over several sessions, this could include teacher observations or the use of milestones such as meetings with students, journal or photographic entries recording progress etc.

Regular discussions and checkpoints can be used to ensure that the evidence presented for assessment is authentic. This is important in the situation where students have collaborated to collect information from surveys, interviews or gather resources from documentaries, articles, and internet research. Where a group approach is used the teacher needs to ensure that there is evidence that each student has met all aspects of the standard.

**Specific Information for Individual Internal Achievement Standards**

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| **Achievement Standard Number** | **90971 Health 1.1**  |
| **Title** | Take action to enhance an aspect of personal well-being |
| **Number of Credits** | 3 |
| **Version** | 3 |

***NB: It is important to read the section “For All Standards” at the start of this document.***

The planning of the SMART goal is completed prior to action taking place (with a check made of the suitability of the goal before it is implemented). The development of the goal may result from a shared group process, but each student develops their own unique goal.

Implementation of the goal will need to be carried out in the student’s own time.

The evaluation is completed after the minimum of three week implementation period. Students will need access to their plan and their logbook for this purpose.

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| **Achievement Standard Number** | **91097 Health 1.3**  |
| **Title** | Demonstrate understanding of ways in which well-being can change and strategies to support well-being |
| **Number of Credits** | 4 |
| **Version** | 3 |

***NB: It is important to read the section “For All Standards” at the start of this document.***

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| **Achievement Standard Number** | **90973 Health 1.4**  |
| **Title** | Demonstrate understanding of interpersonal skills used to enhance relationships |
| **Number of Credits** | 5 |
| **Version** | 3 |

***NB: It is important to read the section “For All Standards” at the start of this document.***

The practical demonstration of interpersonal communication skills (listening and assertiveness skills) could be completed as a peer assessment in small groups with the peer observer filling out a checklist to annotate the interpersonal skills that were observed. Alternatively, the teacher could observe and fill out a checklist.

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| **Achievement Standard Number** | **90974 Health 1.5**  |
| **Title** | Demonstrate understanding of strategies for promoting positive sexuality  |
| **Number of Credits** | 4 |
| **Version** | 4 |

***NB: It is important to read the section “For All Standards” at the start of this document.***