**Station 3**

***Health and Social Education***

**Health and Social Education:**

*The purpose of this Area of Interaction is to help prepare students for a physically and mentally healthy life. Building a sense of responsibility for your own well-being and for the physical and social environment around you..*

**DIRECTIONS, Part 1:**

Use the markers to complete the “Staying Healthy” Assessment. *On the large poster paper at this table write down three health topics you think are important for teenagers. (If your topic ideas is already there, write it again in another color.) As a group draw a circle around the health topic you can agree is the most important.*

**After you have completed the assessment, answer the question on your Topic Exploration handout.**

**DIRECTIONS, Part 2:**

Zoey took the “Staying Healthy” Assessment and spoke with her counselor. She realized that her brother was struggling with depression. For her personal project, she decided to create a support group for family members who are helping their loved ones struggling with depression. As part of her research, she found a website from an organization website.

**Look at the printed out web page on your table and complete the citation on your handout.**

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**Station 3: “Staying Healthy” Assessment**

Answer the following questions using the dry-erase marker. Erase your answers when done!

Yes No Skip 1. Do you live at home?

Yes No Skip 2. Do you go to school?

Yes No Skip 3. Do you receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, or other healer)?

Yes No Skip 4. Do you see the dentist at least once a year?

Yes No Skip 5. Do you drink milk or eat yogurt or cheese at least 3 times each day?

Yes No Skip 6. Do you eat fruits and vegetables every day?

Yes No Skip 7. Do you try to limit the amount of fried or fast foods that you eat?

Yes No Skip 8. Do you exercise or play an active sport 5 days a week?

Yes No Skip 9. Do you think you need to lose or gain weight?

Yes No Skip 10. Do you often feel sad, down, or hopeless?

Yes No Skip 11. Do you always wear a seat belt when riding in a car?

Yes No Skip 12. Do you always wear a helmet when riding a bike or skateboard?

Yes No Skip 13. Do you spend time in a home where a weapon is kept?

Yes No Skip 14. Do you spend time in a home with anyone who smokes?

Yes No Skip 15. Do you often spend time outdoors without sunscreen or other protection

such as a hat or shirt?

Yes No Skip 16. Do you ever smoke cigarettes or chew tobacco?

Yes No Skip 17. Do you ever drink alcohol such as beer, wine, or liquor?

Yes No Skip 18. Do you drive a car while texting or ride in a car while the driver is texting?

Yes No Skip 19. Do you or someone in your life use drugs?

Yes No Skip 20. Do you behave in ways that others might call “dangerous” or

“destructive”?

\*(Modified Assessment from DHS Health Education Behavioral Assessment)

