

NCERT

**Source Book
on Assessment
for Classes I-V
Health and Physical Education**



**राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद्
NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING**

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Foreword

The National Curriculum Framework (NCF–2005) suggests a radical pedagogical shift in teaching-learning processes to make learning enjoyable and meaningful experience for every child. It advocates constructivist approach which calls for suitable revisions in syllabi, textbooks and assessment procedures. It views assessment as an ongoing process to constitute an integral part of teaching-learning. For ensuring quality of education appropriate changes in assessment procedures would, therefore be required for all stages of schooling.

It is generally agreed that children, at the primary stage learn better through an integrated and holistic approach. Assessing children's learning process in realistic manner would get precedence over merely recording of performance in different subjects. Each child is unique and learns at her/his own pace. Proper assessment would therefore help optimise the child's abilities and potential, without labeling the child. The present document makes an attempt to address a variety of concerns and issues pertaining to learning assessment in the area of 'Health and Physical Education' in order to provide quality education.

The National Council of Educational Research and Training (NCERT) views the Source Book essentially as an evolving, transformative document which I believe will make it easier for teachers to make more informed, practical choices and decisions for the assessment process within and outside the classroom. It is visualised that ultimately, it would enable the teaching community to develop a useful plan for school based assessment that is appropriate, flexible and child friendly. The Source Book endeavours to offer the teachers different ideas and examples to undertake learning assessment as an integral part of the regular ongoing teaching-learning processes. It does not, in any manner, prescribe to the states or make it mandatory to follow but provides teachers with space with thinking, reflection and creatively strengthening assessment practices at the primary level. The success of the Source Book depends on the steps and initiatives that teachers would undertake to translate the ideas and suggestions into actual practice, so as to make learning an enjoyable experience for all children.

The comprehensive nature of the document is a result of intensive deliberations and sharing of ideas within the core group constituted for

providing inputs in this area. I am grateful to all the members of the core group for their concerted efforts and contributions in continuously enriching the document. The leadership and able guidance of Professor K.K. Vashishtha, Former Head, Department of Elementary Education, the sustained enthusiasm of programme coordinator Dr Manju Jain, Professor and Head, Department of Elementary Education and the members of the team from its inception to bring out the document in its present form, is highly appreciated.

I hope the present 'Source Book on Assessment for Classes I-V (Health and Physical Education)' will be put to use in its letter and spirit by all concerned to derive full advantage of the suggestions made therein. Further suggestions and comments for its enrichment would be welcome.

New Delhi
28 March 2011

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Chapter 1

Introduction

All of us care about children and are concerned that every school should provide ample opportunities for them to learn of all those involved in their education, it is the teachers work the hardest and are made to feel responsible. This is expressed in their desire to help all children acquire knowledge, skills, positive attitudes, values and face life with confidence. The teachers spend a lot of time in assessing children in different curricular areas. Assessment is an important part in the daily school routine, Why is this so? Ironically when children do not perform well, the teachers are held responsible and when they do teacher's contributions is ignored.


Teachers give a number of reasons for this. One important reason is that it is necessary to know if the child has learnt what she/he was expected to have learnt. The second is to find out what is the child's progress over a certain period of time. However, there is a third reason that has been given more attention by not only teachers but all of us as well i.e., finding out what the child has achieved in different subject areas. This could be because we are all concerned about providing *good quality* education and feel that one way of making sure that learning is happening by evaluating the child's achievement in the subjects being taught through tests and exams. Testing has its own purpose but if we really want to help children learn better, we need to consider what do marks or grades obtained by children through tests or exams actually tell us about a child's learning or progress.

Assessment – for What?

Let us look at a situation which you, as a teacher, may have seen or experienced in your school quite often.

In a primary school, 30 children in Class IV were given a test on Environmental Studies, on water a chapter in their textbooks. Varying marks were obtained by the children with most scoring 6 out of 10. Two children, Maithali and Raman scored 8 and 3 out of 10, respectively. When the teacher read out the marks, the children laughed at Raman and made fun of him because he had got low marks. After that day, Raman did not want to come to school at all, and it was difficult for his parents to convince him to go to school.

What do these marks really tell the teacher, parents or others involved in Maithali's or Raman's education? Does it tell anything about what and how both children have learnt and what each of them is capable of doing? Does it tell the teacher how to improve the teaching-learning processes for Maithali and Raman based on their needs? Does it tell the two children, Maithali and Raman anything about their own learning so that they can improve further? Do the marks scored by the children provide a useful report or feedback on what either of the two children know, their progress or learning to their parents or community members?



Many a times, what does happen is that this type of evaluation causes feelings of insecurity, stress, anxiety and humiliation in some children, as in Raman's case, since it brings out what the child does not know rather than what the child knows or can do. It also focusses on assessing the content taught in textbooks and what knowledge children have acquired by rote memorisation. Most of the time, it leads to a comparison among children and creates undesirable competition, even for half a mark. If we, as teachers, want every child to learn then we need to ask ourselves what is it that we are looking for when assessing children?

You will accept the fact that situations like the one presented do come up in schools quite often. These situations lead to questions such as — What should we really be assessing? Are there other ways of assessing children besides tests/exams? Is reporting in terms of marks/grades sufficient? How should the collected information during assessment help? How can information be collected about children's learning without making teacher's work more difficult? The last question is critical since teachers across the country do face a lot of problems on a daily basis such as dealing with large classes, teaching two, three or even more classes together, and also overcrowded classrooms along with little or no facilities being available in schools. In addition, they have to handle children coming from different backgrounds, speaking different languages and having other special needs. All this requires more time, patience and understanding on the part of teachers and all of us who want to help children realise their full potential. What can be done to help teachers in such situations is a matter of concern that needs to be addressed.

Why the Source Book?

The *Source Book* attempts to answer the questions 'mentioned above' that teachers frequently ask. It makes easier for teachers to assess children continuously in a comprehensive manner as part of the on-going teaching-learning process, by providing ideas and a variety of options for all teachers to make decisions related to various aspects of assessment. What are those aspects?

The major aspects are:

- Why should children be assessed?
- What should be assessed?
- When should assessment be done?
- How should assessment be done?
- How can assessment information be used?

We hope that there is something for each teacher in this chapter and in the following chapters, that will facilitate working in the school and interacting with children more enjoyable and a happy experience for all those involved.

As the *Source Book* is read and the ideas presented in the chapter that follows internalised you may find other ways of understanding *what* and *how* children have learnt and what you can do to make them learn better and enjoy their stay in schools more. To be able to do all this, changes are required in the way assessment is presently being undertaken in classrooms.

Before looking at how assessment can become a part of the ongoing teaching-learning process in terms of the major aspects stated above, it would help if some time is spent on thinking about and answering three important questions that will facilitate the same:

- What should primary education develop in children?
- What kind of a child would you like to see at the end of the primary stage?
- What would the profile of a child be in relation to different subject areas and total personality development?

Education is ... to educate children to understand the whole of life and not merely segment of life like the physical, emotional, mental, psychological or spiritual; to have not the compartmental, divided outlook but a whole total integrated outlook on life... "to bring out through education a human being who is creative, who is capable, who possesses that intelligence which is not burdened and which is not shaped in any particular direction but is total, who is not belonging to any particular society, caste or religion so that through that education and with that intelligence he arrives at a maturity and, therefore, is capable of making his life, not merely as a technician but as a human being".

- J. Krishnamurti


Reflection on these three questions will provide the necessary direction to guide the process of assessment that is to be undertaken. As it can be seen, that these questions focus on the child who is central to teaching-learning that goes on in the classrooms.

Understanding Children and How they Learn?

Let us for a moment go back to when you were a child and simultaneously keep your present classroom and the children you teach in mind. You will agree that each child is different from the other. Each child has her/his likes, dislikes, interests, skills and way of behaving. Thus, every child is unique in her/his own way. Since every child is a unique individual, she/he learns and responds to situations in her/his own special way.

While assessing children it is important to appreciate differences amongst them and respect the fact that they will understand and respond in different ways while learning. You would also have noticed that when a child enters Class I, she/he brings to school a lot of different experiences and some kind of a knowledge base and vocabulary. Children are not *empty vessels* or *blank slates*, to be filled up with information and knowledge that only the school can give, as is generally believed. It is important to build on experiences that a child brings to school. New learning is thus to be developed based on what the child already knows and understands.





At the same time, it is also necessary to understand how children learn at the primary level as this, in turn, will also determine how each child can be assessed during the teaching-learning process. Some important aspects are that :

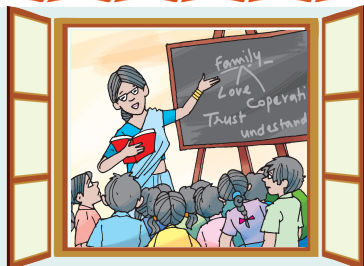
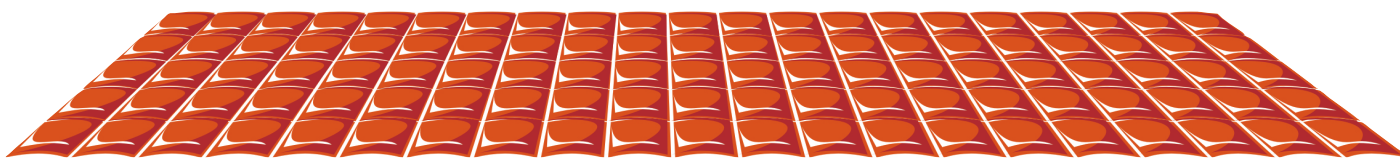
- every child can learn if allowed to do so at her/his own pace and follow her/his own way of learning.
- children learn more through play/activities and learn better from each other and if they actually *do* things.
- learning is a continuous process. Thus, children's learning does not take place only in the school. Therefore, classroom learning should be linked to what happens outside the classroom and at home.
- children *construct* their own knowledge and do not only learn when and what the teacher teaches. This means that every child makes sense of what information she/he is exposed to based on her/his previous experiences and learning. Only then does the child arrive at her/his own understanding and conclusions. Each child has a unique approach to acquiring knowledge. This process goes on continuously.
- children at the primary stage learn better and more easily through experiences, play, exploration, trying out various things and actually *doing* different activities.
- children learn in a spiral and not a linear way. Thus revisiting concepts again and again helps them to understand better. The act of learning involves a process of establishing connections among facts observed/experienced or realised by children. The new learning, therefore, is to be based not only on the preceding facts and information but could be related even to things acquired long back in school, home or elsewhere. Hence, learning does not proceed in a linear manner.
- children learn through the mistakes and errors they make.
- learning takes place in a holistic manner, thus, an integrated approach to learning is better.

It has been seen that children in the primary classes learn better while interacting with others. Their learning is promoted much more through play, imitation, practice, proceeding from concrete to abstract, simple to complex and if the entire learning process is joyful and stimulating.

Understanding the School and the Classroom

Teaching-learning in the classroom depends, to a large extent, on the school environment and ethos. A safe, secure and happy school environment can help children learn better and achieve more. For this, it is necessary that the school makes necessary facilities such as learning materials, aids, equipment and space for doing activities, working together and playing. Children's learning in primary classes is promoted much more through play-way methods and a child-centred approach. What does the term *child-centred* imply? Let us look into two classrooms – one that is teacher-centred and the other child-centred so that the term used becomes clearer.

A Picture of Two Classrooms



Teacher-centred Classroom


- Teacher gives instructions and expects children to obey and be disciplined.
- Children listen while the teacher teaches.
- Teacher reads the textbook or writes questions and answers on the blackboard and children copy these. At times, one child reads the textbook aloud while others listen.
- Teacher controls what happens in the class. Children's participation is minimal.
- Children memorise facts given in the textbook or as told by the teacher.
- Children generally learn individually.
- Timetable is fixed.
- Seating arrangement is fixed.
- Material is only for display.
- Children look bored and disinterested.
- Assessment is undertaken as a separate activity.
- Children are assessed through tests/exams.
- Report card conveys the child's achievement.
- Children's performance is reported in terms of marks for subject areas.



Child-centred Classroom

- Teacher provides learning opportunities and guides a range of meaningful learning.
- Teacher provides learning situations that give children an opportunity to observe, explore, question, experience and develop their own understanding of various concepts.
- Children participate actively in different activities/tasks.
- Children construct knowledge on their own, based on their experiences inside and outside the school.
- Children work both individually and also in groups, discussing, sharing, co-operating and respecting others' viewpoints.
- Timetable is flexible, depending to a large extent on what children want to do.
- Seating arrangement changes according to the activity being organised.
- A variety of materials, aids and equipments are available and used by children.
- Children are engrossed in what they are doing.
- Assessment is part of the teaching-learning process.
- Children are assessed while doing activities/tasks.
- A report conveys the learning and progress of the child.
- Children's progress is reported in qualitative terms and on all aspects of development.





What emerges from the picture on the previous page is the kind of classroom we would like to see, namely, a child-centred classroom. In this kind of classroom assessment would be :

- child-centred and that which takes into consideration differences among learners.
- catering to each child's needs, pace and style of learning.
- flexible, need-based and appropriate to the child's age, level and interest.
- a part of the teaching-learning process, continuous and comprehensive.

Why should Children be Assessed?

Since all of us are concerned about children's learning and providing quality education to all children, the reasons as to why assessment is undertaken in primary classes will be varied. You may already be aware of some and may also be carrying out some during teaching-learning. Some of the important reasons to assess are to :

- find out what learning, changes and progress takes place in the child over a period of time in different subjects and other dimensions of her/his personality.
- identify individual, special needs and requirements of children.
- plan teaching-learning situations in a more suitable way.
- help the child understand and slowly realise what she/he can or cannot do, what interests them and what they like or do not like to do.
- find out to what extent curricular expectations and syllabi objectives have been achieved.
- improve teaching-learning processes in the classroom.
- provide evidence of children's progress so as to communicate the same to parents amongst others.
- do away with the fear of examination among children and ultimately encourage each one to assess herself/himself.
- support and improve every child's learning and development.
- encourage a feeling of confidence and accomplishment amongst children.

What should be Assessed?

The obvious question that most teachers ask is – what aspect of children's education or learning should be assessed? We need to ask ourselves what is it that we are looking for, when we assess children? Since education is concerned with the total (all-round) development of the child (physical, socio-emotional along with cognitive) and schools

support and encourage this, all aspects need to be assessed rather than only academic achievement, which is presently the focus of most assessment practices being followed in most schools. It is, therefore, important that assessment be undertaken for a whole range of activities that the child participates in both inside and outside the school-classroom. This would enrich and make the process more comprehensive in nature. The assessment process needs to be a way of providing information and feedback on the extent to which the school and teachers have been successful in imparting quality education to every child.

In order to arrive at a complete picture of the child's learning and total personality development, assessment should focus on :

- children's learning and performance in different subject areas, behaviour and progress over a period of time.
- different dimensions of children's personality development over a period of time.
- children's skills, interests, attitudes and motivation amongst other aspects.
- children's responses to different situations and/or opportunities both, in and out of school.

When should Assessment be Done?

Closely related to what needs 'to be assessed' is the critical question expressed by most of us is as to 'when' or 'how often should a child's learning and progress be assessed'? Assessment of the outcomes of learning goes along with the teaching-learning process in a continuous manner. In order to undertake a holistic assessment, all aspects of learning need to be given due recognition. The manner and modalities however, may vary. While teachers are regularly observing the progress of children, some periodicity would be necessary. It implies maintaining a profile for each child. This is required in order to reflect upon, derive feedback, plan and implement measures to enrich and enhance children's learning. This will call for a judicious cycle to be followed. One cannot undermine the fact that while informal observations continue, fortnightly looking back and quarterly reviews are generally recommended to promote and enhance learning among children. Thus assessment may be on :

- **Daily Basis** : Interacting with children and continuously assessing them both in situations inside and outside the classroom.
- **Periodic** : Once in every 3-4 months, teachers may check and reflect on the information collected. This, however, should not be in the form of a test/exam but for purposes of reflection.



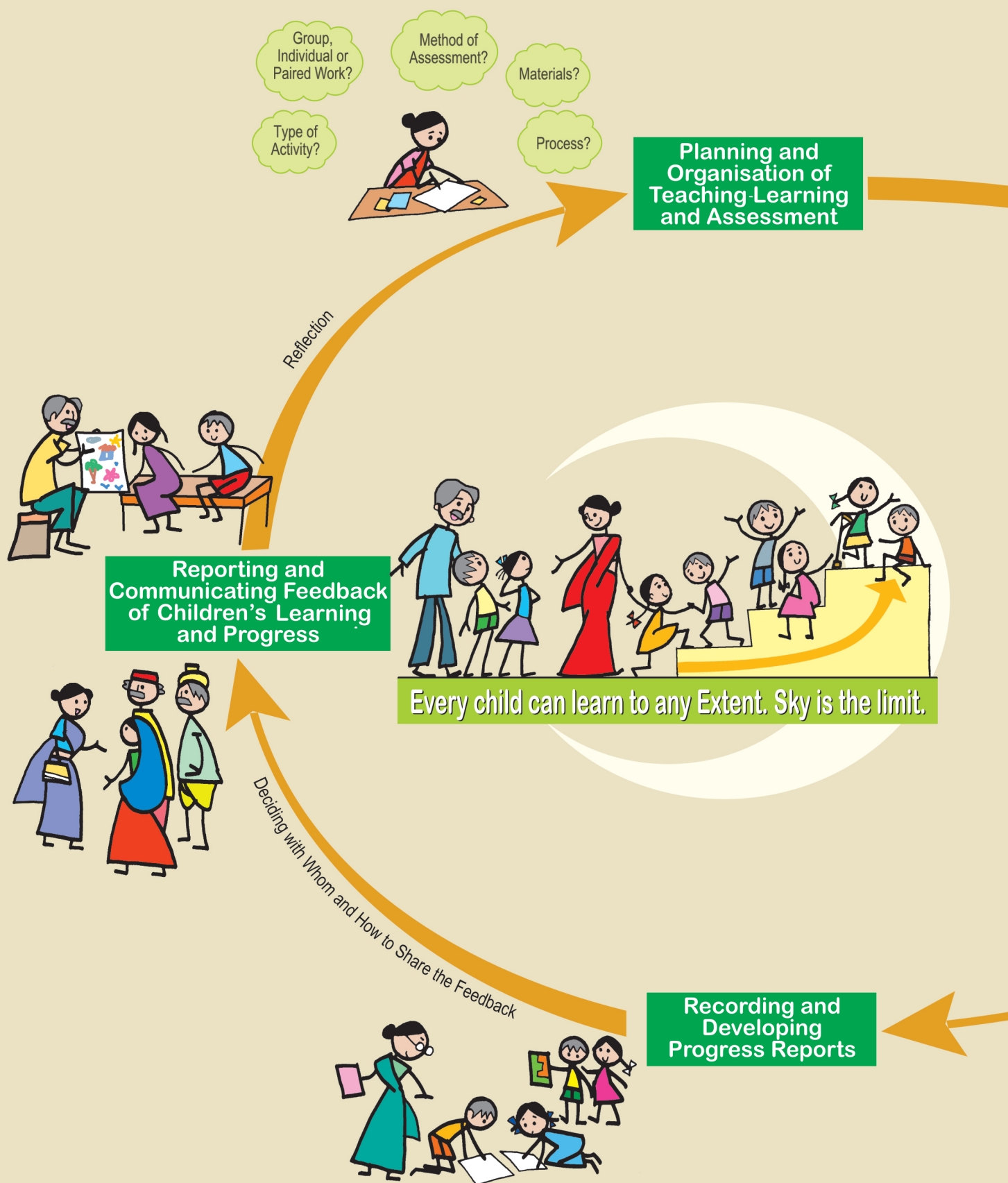
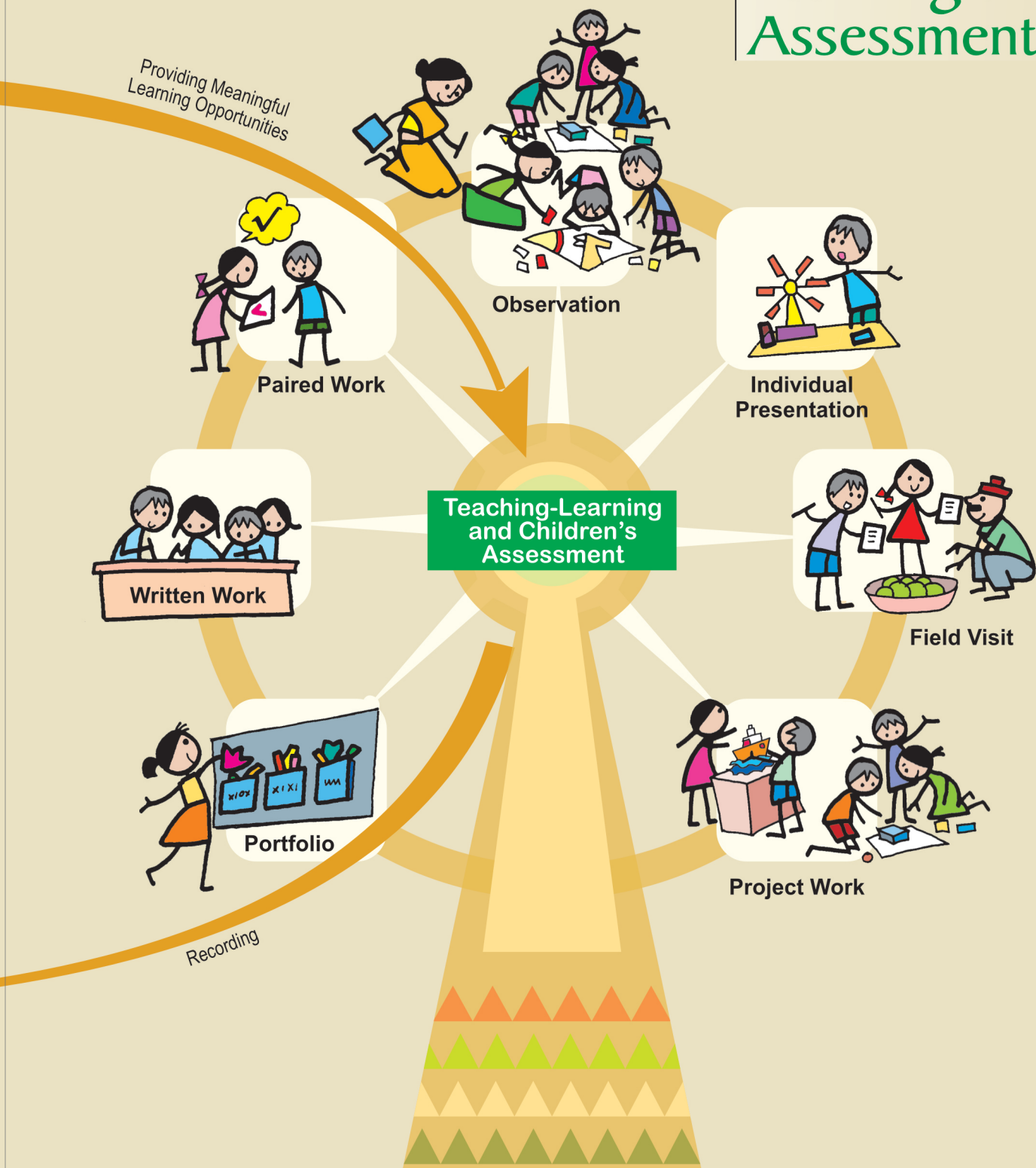


Figure 1

Cycle of Learning and Assessment





How should Assessment be Done?

The various steps and process of assessment which is cyclic and continuous is detailed below and also presented in Fig. 1 (pages 8-9)

Step I Collecting Information and Evidence through Different Sources and Methods

If we all accept and agree that every child learns differently and that learning does not take place only in schools, then we need to do two things while assessing children – firstly, to collect information from a variety of sources and secondly, to use different ways of assessment in order to know and understand whether each child is actually learning while going through a variety of experiences, activities and learning tasks.

Sources of Information

It has been observed in most schools that the teacher is the primary source of information and the main person who assesses children's learning. However, since assessment is part of the learning process, the children themselves can and also need to play an important role in assessing their own learning and progress. Teachers can help children assess themselves by enabling them to develop a better understanding of what is required of them through experiences designed to involve them in critically looking at their own work and performance. This could be done by asking children to select their best pieces of work and discussing why they chose, what they did.

Besides children themselves, are there any other persons who could provide information about the child being assessed? They could also be involved on a continuous basis to arrive at a more complete picture of other aspects of the child's development? Who are they? The picture about a child will be more complete if teachers interact with and involve other persons such as:

- parents
- child's friends/peers/classmates
- other teachers
- community members

The next question that arises is how is information to be collected from different sources.

Methods of Assessment

Before choosing any method, it is necessary to decide the kind of arrangement that is best suited for the type of information needed. There are four basic methods of organising assessments, namely:

- **Individual Assessment** : It focuses on one child while she/he is doing an activity/task and thus individual work and accomplishments.
- **Group Assessment** : It focuses on the learning and progress of a group of children working on a task together with the objective

of completing it. This method of organisation is found to be more useful in order to assess social skills, co-operative learning processes and other value-related dimensions of a child's behaviour.

- **Self Assessment** : It refers to the child's own assessment of her/his learning and progress in knowledge, skills, processes, interests, attitudes etc.
- **Peer Assessment** : It refers to one child assessing other children. This can be conducted in pairs or in groups.

What is observed across all schools is that during assessment the most commonly used methods are those developed by teachers themselves. Among these are paper-pencil tests/tasks, written and oral tests, questions on pictures, simulated activities and conversations with students. Small class tests are used by most teachers as a quick and easy way of assessing the learning progress of children. These are generally conducted at the end of a unit/month. No doubt these are useful but they need to be used carefully. The kind of questions and items used should, as far as possible, not have predetermined answers but be worded in ways so that children have space to generate and express individual thoughts and ideas in a variety of ways. Test items that promote thinking, analysis and not merely recall of textbook material need to be included. Put simply, items should provide the scope for a variety of responses from children.

There is a wide choice of methods or *tools and techniques* as they are generally referred to, which is being shared in Table 1 (pages 12-13).

Though many of the methods presented in the table are being used in schools, there are a large number of teachers who are not seen adopting all the different tools/techniques to the extent desired, thereby limiting their own understanding of the child's learning and progress. Let us now consider why different methods need to be used? This is so that :

- Learning in different subject areas and aspects of development is assessed,
- Children are given an opportunity to be able to respond better to one method as compared to another,
- Each method contributes in its own way to the teacher's understanding of children's learning.

No single assessment tool or method is capable of providing information about a child's progress and learning in different areas of development. While teaching, you would have realised that a lot can be understood from observing pupils, listening to them, discussing informally with their peers and parents as well as talking to other teachers, reviewing written work (class work and home work) and other articles made by children and using self-assessments by children. In addition to the techniques detailed out in the table, photographs and audio-video





Table 1: Techniques for Assessing Children's Learning: The Choice Available


Types of Assessment Tools and Techniques	What are the Strengths and Advantages?
1. Observation Information can be gathered about children in 'natural' settings. Some are based on teachers' observations about children in the course of teaching. Others are based on planned and purposeful observation of children on activities/tasks.	<ul style="list-style-type: none"> • Various aspects of personality development can be assessed through observations. • Can be used to assess individuals as well as groups. • Assessments can be made during varying time periods. • Evidence of child's performance/knowledge is based on an 'on-the-spot' record. • Over time, detailed observations of behaviour as well as interests, challenges, patterns/trends emerge which allow teachers to create a comprehensive picture/view of the child.
2. Assignments Written assignments are designed to allow the child to plan, compose and report about a unit/area/theme of learning. These can be completed as class work and/or home work. Can be open-ended or structured. Some could be based on contexts outside textbooks as well. Presentations can also be used on an individual or group basis.	<ul style="list-style-type: none"> • Provides children an opportunity to search for information, construct their own ideas, and articulate the same ideas through spoken, written and/or visual expressions. • Helps assess a wide range of objectives and content of learning. • Provides children an opportunity to relate and synthesise within and outside school learning.
3. Projects These are undertaken over a period of time and generally involve collection and analysis of data. Projects are useful in theme-based learning.	<ul style="list-style-type: none"> • Provides opportunities to explore, work with one's hands, observe, collect data, analyse, organise and interpret data and draw generalisations. • Provides an opportunity to work in groups and in real life situations. • Helps to develop a positive attitude towards group work, sharing and learning from each other.
4. Portfolio Collection of a child's work over a period of time. It could be day-to-day work or selection of the child's best piece of work.	<ul style="list-style-type: none"> • Provides a cumulative record. In the process, a picture of how a skill or knowledge area develops emerges. • Enables the child to demonstrate to others, her/his learning and progress. • The child becomes an active participant in learning and assessment.
5. Checklists A systematic way of recording specific behaviour/ action helps focus attention on particular aspects. Observation checklist records the presence or absence of a particular knowledge item, skill or process. Checklists are a list of criteria that the teacher determines are important to observe in a child at a particular time.	<ul style="list-style-type: none"> • Quick and easy to implement. • Provides specific information about specific objectives. • Can point towards a trend of how and when skills have been acquired by the child as well as a group of children.
6. Rating Scales Rating scales have the same usage as observation checklists. They record the degree to which the presence or absence of a particular knowledge items skill or process are found or quality performance. Used to record and judge the quality of a child's work against specified criteria. Holistic rating scales require a single, overall assessment of a piece of work.	<ul style="list-style-type: none"> • Various aspects of development that can be described along a continuum can be assessed. • Can be used to assess individuals as well as groups. • Assessments can be made during varying time periods and in different environmental settings. • Evidence of the child's performance/knowledge is based on 'on-the-spot' record. • Over time, detailed observations of behaviour as well as interests, challenges, patterns /trends emerge which allow teachers to have a comprehensive picture/view of the child.
7. Anecdotal Records Refers to written descriptions of a child's progress that a teacher keeps on a day-to-day basis. Provides observational narrative records of significant incidents in a child's life.	<ul style="list-style-type: none"> • Provides a wealth of information across different developmental areas. • Facilitates taking of notes on the child's social and emotional development, choices, interests and relationships etc. • Identifies strengths and weaknesses in the child. • Helps assesses children's progress over time.

Note

This table does not provide an exhaustive list of techniques. No single technique can provide all the required information or evidence about a child's learning or progress. They can be used in different combinations and at different times depending on what it is that is being assessed.

What should be taken care of?	How can more value be added?
<ul style="list-style-type: none"> • Avoid arriving at inferences/interpretations or jumping to conclusions. Important to take down more than what is actually seen. • Dependent on the skill of the observer which determines 'what' is observed. • Requires sensitivity and unobtrusiveness in the way the observation is done. • Observations are to be made over a period of time, across different activities and settings. 	<ul style="list-style-type: none"> • Recording details that not only describe the actions but reveal how a child feels about what she/he is doing, details on how she/he does something as well as when she/he does it. The quality as well as the quantity of her/his inter-relationships with people and materials, and what she/he says etc. • Noting comments about the child's behaviour in parentheses based on which processes can be inferred at a later point of time.
<ul style="list-style-type: none"> • Not too much home work or class work should be given which is currently the normal practice. • Assignments should be such that they can be managed by children on their own. • Should not become the only method of assessment. 	<ul style="list-style-type: none"> • Going beyond collection of assignments by following it up with analysis, discussion and reflection. • Creativity on part of the children is to be promoted. • Encouraging children to go beyond textbooks. • Group work is to be encouraged. • Can become part of the portfolio.
<ul style="list-style-type: none"> • The nature and difficulty level of the projects should be such that children can do it by themselves. • Materials to be used for the project should be available in the school, neighbourhood or home setting. These should not put a financial burden on the parents. • Each school could go in for a Resource Centre, which would have locally available materials. 	<ul style="list-style-type: none"> • Project topics should be decided/chosen, planned and conducted by children largely with the teacher acting as a guide. • Encouragement should be given to group projects. These will enable children to work together, share experiences and learn from each other. • Projects keep giving children an opportunity to explore, investigate and work in groups.
<ul style="list-style-type: none"> • Selecting work to be put into the portfolio should have a specific reason. • Not all papers/items of work are to be included. This will become unmanageable. 	<ul style="list-style-type: none"> • Children's participation in selecting portfolio contents is to be encouraged, as well as criteria for selecting the contents. • Continuous updating of the portfolio as the child grows. • Careful structuring of portfolio material accompanied by a reflective account. • Clear labelling and numbering of content for easy reference.
<ul style="list-style-type: none"> • Limited information, only indicating presence of a skill. • Does not indicate the child's response to different situations or provide specific examples of responses. • Does not provide information about context. • Can at times become unwieldy because of the number of specific items. • If developed by others, may not be suitable for the objectives that you as teachers have in mind or, for the group, you wish to use it with. 	<ul style="list-style-type: none"> • Add a 'comments' column to add value to the information in the checklist marking. • Use this tool in conjunction with other methods of assessment.
<ul style="list-style-type: none"> • Avoid inferences/interpretations or giving judgements. Concentrate on taking down what is seen. • The skill of the observer may determine what is observed. • Be sensitive and unobtrusive in the way the observation is done. This does not necessarily mean being at a distance (physically). • Make the observations over a period of time, and across different activities and settings. 	<ul style="list-style-type: none"> • Record details that not only describe the actions but reveal how a child 'feels' about what she/he is doing. • Suggest corrective measures. • Comments can be noted in 'parentheses' based on which processes can be inferred at a later point of time.
<ul style="list-style-type: none"> • A single anecdote does not give conclusive information. • Only 'problematic' situations may be noticed. It would be better to describe incidents rather than making statements of judgement. • Selecting amongst the many interesting classroom events and not including all. • Avoiding general comments. 	<ul style="list-style-type: none"> • Preparing and collecting anecdotes over a period of time about sustained interests and critical things that are happening in a child's life. Helps to understand the child's behaviour/responses to different classroom situations. • Collecting a cross section of anecdotes [from different children] indicates groups' thinking and feeling. • Recording as soon as possible after the event so that rich, accurate and significant details can be included for later interpretations.





recordings can also be used. They provide a documentation of children's experiences while doing tasks or even finished products. In the latter, processes can be covered over a time span. Both provide accurate recall of events and an insight into the child's way of thinking and interaction. It also facilitates sharing of information with both the child and parents. However, these are expensive, require technical expertise, and analysis which is also time consuming. Thus, they need to be used very carefully.

Step 2 Recording of Information

In schools across the country, the most common form of recording is through the use of report cards. Most report cards carry information either in the form of marks or grades obtained by children in tests/examinations. The usefulness and implication of marks and grades has already been discussed in the beginning of the chapter. The crucial question that arises is what can be done to improve the process of recording. If the central purpose of continuous assessment is to find out the child's level of learning in a particular subject then it becomes necessary to make and record observations of the child while she/he is on the task or involved in an activity.

Making Recording more Effective

- Observing children and immediately recording the observations/changes seen, in a diary/register/notebook etc.
- Assessing the child's work during an activity/when it is completed.
- Making a special effort to write qualitative/descriptive statements of a child's work or any interesting incident.
- Preparing a child's profile.
- Keeping samples of a child's work in a portfolio.
- While making notes talking to the child about what is being done and how it is being done.
- Making a conscious effort to note down important changes, problems, positives/strengths and learning evidences.
- Clarifying any doubts with the child while recording.

Take Care: Biases or Errors can be Made that Affect Recording

It has been observed that many a times errors could be made while observing children's learning and progress. These are the result of certain biases such as:

- Previous impression of the child's ability, potential and performance.
- Viewing the male child more favourably than the girl child or vice-versa in some situations.
- Viewing one aspect of the child's work based on her/his earlier performance in another subject area.
- The background the child comes from—caste, class, community, location, etc.
- Previous test results in one area of learning in one of the subjects.
- Tendency to give a similar rating to a criteria close to another criteria in the same subject.

NOTE

It is important to give full attention to what is being observed in the child.

Classroom interaction provides a wide range of opportunities to make observations of a child's behaviour and learning. As you are aware some of the observations are made on a daily basis in an informal manner while teaching-learning is going on. Day-to-day observations are easily forgotten if not recorded. Still others are planned observations of children on activities given to them. This type of observation is planned with a purpose and is thus more formal in nature.

To provide a more complete picture of the child's learning and progress, the scope needs to be widened. Recording needs to include records of observations and comments on children's performance on assignments, ratings of what children do and how they behave and anecdotes or incidents of children's behaviour towards others.

It is important that the information collected should be understood and a variety of responses both encouraged and appreciated by the teacher. A number of examples and illustrations are given in the chapter that follows.

Step 3 Making Sense of the Information Collected

Once information has been recorded, the third important aspect or the next step is using the available evidence to arrive at an understanding of what has been collected and recorded. What this results in is drawing conclusions about how a child is learning and progressing. This is necessary in order to understand 'where the child is' and 'what needs to be done to help the child'. This requires daily analysis and review of records as well as periodic reflection of collected information. All this will help teachers to reflect on their teaching practices, classroom management, and use of materials amongst other pedagogic aspects and improve on the same for the benefit of the learner. Proper interpretation would require identification of indicators to facilitate the process.

Indicators – A Frame of Reference

In order to make the analysis easier a set of indicators have been developed in the subsequent chapter in the *Source Book on Health and Physical Education*. These have been worked out for each class/level and drawn substantively from the objectives of learning for the subject area as framed in the syllabus of NCERT at the Primary Level based on the NCF-2005. However, these are only provided as a broad frame of reference. You may like to adapt them as per your state syllabi, in general and local requirements, in particular.


Why are indicators/markers viewed as important?

Indicators should help in a number of ways by :

- focusing and understanding children's learning better on a continuum of learning.
- providing a reference point for parents, children and others to understand the progress of every child in a simple way.
- providing a framework for monitoring, learning and reporting progress about the child.

It is very important that information which is collected should not stop with collection of information/evidences. You need to carry this further and indicate with brief qualitative remarks or other ways what





it is about a given response that makes it more or less appropriate, acceptable, significant or interesting. It often happens that a child's response is marked with a 'O' or 'X'. Alternatively 'A' or 'B' etc., is given, at times with no further interaction with the child. It is important and necessary to go beyond marking or grading responses like right or wrong, if assessment data is to enrich teaching-learning practices and the child's learning. This will help in understanding why the child has done whatever she/he has attempted to do by way of explanation. The following chapter in the *Source Book*, discusses all this in detail, with illustrations. After interpretation you need to plan and focus on how and with whom you should communicate and share the feedback on assessment.

How can Assessment Information be Used?

Reporting and Communicating Feedback on Assessment

When assessment is undertaken it will result in some amount of information with the teachers about the child. Once this information has been recorded and analysed what is to be done with it. You will agree that generally across all schools information on assessment of a child's learning and progress is conveyed to both the child and parents through a Report Card. This is supposed to present a picture of a child's performance in different subjects in the form of marks/grades generally, based on tests/examinations conducted periodically in a school year.

There is no doubt that the assessments made by teachers and the records they keep are done so as to help them understand how much children have learnt, improve their teaching-learning processes and provide more meaningful learning opportunities/experiences to further enhance the learning of each child. In order to achieve the above, reporting needs to become more communicative, constructive and user friendly. This would be possible if teachers reflect on what information they have with them through their daily experiences and vis-à-vis the indicators in a specified area of learning.

Reporting

Reflection by the Teacher

Daily as well as periodic assessment will only help if you

- assess the portfolio and other records on a periodic basis i.e., quarterly (once in every 3 months).
- review interesting incidents and assess the other aspects of the child's personality.
- compare it with earlier records.
- ensure that the same problems have not come up.
- look at how the problems and difficulties have been taken care of.

- assess whether the child has improved and if any weaknesses still remain, if so what action needs to be taken in the teaching-learning situation.

Teacher's reflection will help in preparing the progress map viz., a cumulative report that provides a clear picture of a child's progress over a given period of time. Only then they can meaningfully guide children's learning in the future and help them to progress from a lower level of understanding and skill acquisition to higher and more complex levels of learning. It will also help identify what is it that the child finds difficult and address the gaps. It is through this feedback that changes can be made in the teaching-learning process.

Once the feedback is generated, the critical question that needs to be addressed is what should a report that is made by the school-teacher contain. *It should provide a profile of the child's progress over a specified period of time.* How can a child's progress be described? Let us consider how this can be done and what information needs to be included.

Report: Mapping the Progress of the Child by

- assigning grades A,B,C in the subject areas. These grades will indicate the range within which the child's learning and performance lies in the three performance bands or levels.
- using a collection of illustrations of a child's work to help understand at what level of learning she/he is.
- focusing on different aspects of the child's personality.
- providing qualitative statements about what and how the child is learning along with grades.
- providing examples of the kind of work that has been done by the child.
- highlighting the strengths and also those aspects requiring further improvement.

On preparing a report the teacher needs to communicate and share the feedback with the child and parents. This aspect is important and needs to be done carefully and in a constructive and positive manner.


Communicating Feedback on Assessment

Sharing with the Child

On a daily basis most teachers do provide informal feedback to the child while she/he is involved in a task/activity. Children also correct and improve themselves while observing the teacher, other children or while working in pairs or groups. The problem arises when children are given a report in such a manner that it reflects what they cannot do, their failures or inadequacies. This demotivates children. The teacher needs to

- discuss with each child her/his work, what has been done well, not so well and what needs improvement.



- 
- jointly (teacher and child) identify what kind of help the child needs.
 - encourage the child to visit/see her/his portfolio and compare the present work with what was done before.
 - provide positive constructive comments while the child is working or on the work already done.

More importantly, what needs to be encouraged through feedback is for the child to *compete with herself/himself rather than what others are doing*. It should be with reference to – ‘Where was I yesterday or a week ago and where am I today?’ Comparisons between children do not really help. By and large, it leads to feelings of ‘I am no good’ or if a child has done very well and got the highest marks, he/she is put under pressure to keep up the performance at school and by parents at home.

Sharing with Parents

Parents are likely to be the most interested in knowing how their child is *doing* in school, what she/he has learnt, how is their child performing and what is the progress of their child over a given period of time. More often than not, teachers feel they have communicated effectively through comments made to parents such as – ‘can do better’, ‘good’, ‘poor’, ‘needs to put in more effort’. For a parent what do these statements mean? Do such statements provide any clear information of what their child can do or has learnt etc. As a concerned teacher in order to enrich the feedback being communicated, it is suggested that you focus in simple and easily understood language on:

- What the child can do, is trying to do and finds difficult.
- What does a child like or not like to do.
- Qualitative statements and quantitative feedback with samples of the child’s work.
- How the child has learnt (processes) and where did she/he face difficulty.
- Whether he/she could complete the activity and his/her performance while doing so.
- Sharing the child’s work with parents, to help indicate areas of success and improvement.
- Talking on aspects such as cooperation, responsibility, sensitivity towards others, interests, etc., with both the child and parents.
- Discuss with parents (a) how they can help; (b) what they have observed at home about the child.

You may like to think of presenting the child’s progress through a graph or drawing which may make it easier to show a child’s progress to the parents and others.

All the information gathered about children's learning and progress and the feedback gained, should ultimately enrich the ongoing teaching-learning process further and help children learn better. This calls for further reflection by the teachers. In order that the assessment cycle continues in a useful manner, teachers may also like to consider reflecting on their own teaching-learning practices, use of TLM, planning and providing tasks/activities amongst other aspects based on the assessment of children in different learning areas.

Reflection by the Teacher for Enriching Children's Learning

Some key questions that may help in reflecting and also discussing children's progress with others are:

- Are my children involved in activities and learning optimally? If not, at what level are most of the children?
- Am I able to understand the different needs of children? If yes what am I doing to cater to those needs?
- Are there any children who are finding it difficult to reach even the first level? What should I do to motivate and encourage them individually?
- How can I improve my teaching-learning practices so as to bring children from one level to the next?
- How can I motivate children towards self-assessment?
- What are the difficulties facing me? (Dividing children into groups, finding appropriate activities according to the age and level of the child, insufficient materials for all children etc.)
- What further help do I need? Who can offer this? (Educational functionaries, parents, community, other teachers).
- What effort should I make to arrange better teaching-learning practices?


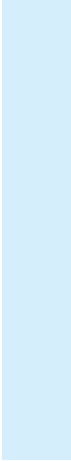
You may like to think and ponder over these and other such questions that will help you to plan better teaching-learning strategies for the future.

It is Possible – You can Make it Happen

Assessment can become a useful and interesting process. To realise this you need to be careful about:

- Being clear about why you are assessing the child.
- Not labelling children as, slow, poor, intelligent, disturbing and making comparisons between children.
- Using a variety of ways to collect information about the child's learning and progress in subjects and crossing curricular boundaries.



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- Collecting information continuously and recording the same.
 - Giving importance to each child's way of responding and learning and the time it takes to do so.
 - Reporting on an ongoing, continuous basis and being sensitive to every child's responses.
 - Not making negative statements and using technical language during assessment or while providing feedback to the child, parents or others.
 - Providing feedback in clear and simple language, which will lead to positive action and help the child to do better.

The chapter that follows will further help in assessing children in Health and Physical Education at the primary level, within the approach so far discussed.



Chapter 2

A Glimpse into our Primary Schools

Overview

When health and physical education is discussed with teachers, the general perception is that it is about games, sports, play and other playground-related activities. It is also considered as a co-curricular or extra-curricular subject and thus is given relatively less or no importance at all in comparison with other subjects like Mathematics, Languages, Environmental studies, etc. Realising this, the *National Curriculum Framework-2005*, considers this area also as a core curricular area like other subjects and has proposed that it needs to be a compulsory subject up to the secondary level. This subject is inter-disciplinary in nature, which means that it has linkages with other subjects like Environmental Studies, Languages, and Arts Education at the primary level. Therefore, this subject requires an integrated approach and needs cross curriculum planning at the primary level. Before discussing its nature, syllabus, major components and assessment practices, let us first look at and discuss how teachers are handling this subject in our primary schools.

The following section presents snap-shots of how health and physical education is being practiced by the teachers in our primary classrooms in different contexts across the country:

Current Practices: a Glimpse into Primary Classrooms

Case 1: Laxmi is teaching in a rural primary school in one of the villages of Pune, Maharashtra. She teaches all the subjects in Class IV with 50 children in the classroom. She mentioned, *We have one period for games and sports daily in our timetable. Generally, it is the last period in all the classes. During that time, the playground is full of*



noise, dust and scenes of fighting amongst children are quite common. May be this is because we do not have any guidelines or training regarding how to organise Health and Physical Education activities as in other curricular areas. I use this time to complete my register work or check homework. Last year, I gave one suggestion to my head teacher that we should have one period of games and sports for one class at a time. She did not like the idea and said that if one class plays, the other will not concentrate on studies because of the noise. I really want to do something for my children but I do not know what to do!

Case 2: Like Laxmi, Ramvati teaches in a primary school located in a tribal area near Ranchi in Jharkhand. It is a multigrade school. She teaches Classes I, III and IV, sitting in one classroom which is in one of the verandahs of the school. She says, We don't have this period (games and sports) in our timetable. But when I teach Class III, I give classwork to one class (Say Class IV) and give playtime to Class I. Likewise, I give playtime for games to all the three classes for one period daily. But I am always scared the children may get hurt as they generally fight with each other rather than play and enjoy this time. But what can I do? I cannot spare my time to be with them in the playground. I have already short of time for teaching my children who are in higher classes.



I also check my children's nails and hands on a daily basis. But I don't know what is there to teach with regard to health. I don't believe that we need to have a separate period for this subject. Healthy habits come by practice, and not by teaching or telling children, 'what to do' and 'what not to do'. In our school, once a year doctor comes and hurriedly checks up all the children. He also fills up the health card. We keep the health cards in the school for our records. We never send these cards to parents. There is no follow up of these health check ups.



Case 3: Shri Kumar is also a primary teacher in Haryana state near Gurgaon. “We do not have any syllabus for this subject but we keep one period daily for games. We send the boys to the playground and keep the girls busy in the classroom. They do drawings, craftwork or doll making. In my opinion, there is no need to have this period, as children come to school for studying so why we should waste time on play activities. Moreover, they play all the time after school. Regarding health education, the doctor comes once in a year to our school for health check up. We send health cards to the parents. Parents do not ask us about the health of their children, maybe because the doctor writes in English! They ask about the children’s performance in other subjects. (मेरा बच्चा अख़बार पढ़ लेता है न, हिसाब करता है कि नहीं। चिट्ठी लिख लेता है न। खेल में कैसा है, खाने के पहले हाथ धोता है कि नहीं, कोई नहीं पूछता!). To tell the children to keep their nails, hair, dress, body clean, it is a very difficult task for me. Very often, the parents come to school and give hundred of reasons for the untidiness of their children. I don’t know what to do! Something needs to be done in this area. But I don’t know where to start from.


Case 4: Deepali teaches in Rajasthan in Kendriya Vidyalaya School (KVS). She says, *Earlier we had the Art of Healthy and Productive Living as a subject, but no Health and Physical education as a subject. Now, as per the NCF-2005 guidelines, we need to include this area in our curriculum. But we neither have any syllabus nor training for this area. We allot three periods per week, but we do not know what we are supposed to do in this period. The children get play material and enjoy this time a lot!*

Let us Reflect

After reading the experiences of Laxmi, Ramvati, Shrikumar and Deepali what comes to your mind. We can ask ourselves :

- Why is this subject taken very casually by our teachers?
- What are the probable causes of poor learning in this area?
- Why is the teaching-learning in this area so varied and unclear to teachers?
- Are there any critical issues which need to be taken care of by the teachers in our schools?
- What needs to be done to improve learning in this area?
- How does a teacher create ‘experiential learning situations’ with desirable attitudinal change amongst the children?





You must be thinking, why is it important to keep Health and Physical Education as a separate curricular area? Does it need to be textbook based? If not, why? If we have to organise activities then what type of activities need to be conducted in the classrooms? If we have to assess children's skills over a period of time then how does one assess them? What type of training is required for teachers for taking this subject forward in the right perspective?

This Source Book attempts and hopes that it will help facilitate our primary teachers to deal with the queries/questions that have emerged while discussing the sample case studies related to this area.

Let us recall, that in these case studies, some teachers gave their views about this subject and questioned the use of games and sports in the school. Similarly, in one of the schools, girls do not get a chance to play in the playground, only the boys do. All the schools have the practice of making health cards to just keep a record. Do you think it is a useful exercise? Can we best use health cards information to improve children's health? None of the teachers were clear about the activities to be conducted in the classroom.

What are the Major Issues and Concerns to be Addressed?

Since years we have continued to tackle this area as an isolated subject. By dealing with this area in such a manner do you think, we as primary teachers would be able to address problems and concerns aimed at holistic development of a child? Let us discuss what are the major concerns/ issues which can be addressed through this curricular area.

Direct approach to give information

On the one hand India boasts of the most sophisticated, state-of-the-art health facilities and has highly qualified medical personnel, on other hand. It also ranks first in infant mortality, maternal deaths and many other health related problems. While the poor in India suffer and fall prey to communicable diseases like typhoid, tuberculosis, malaria diarrhoea, cholera. The better off are vulnerable to lifestyle related health ailments like diabetes, mental stress, insomnia, hypertension, obesity etc. Girls and women suffer the most as their problems range from undernourishment in deprived sections and anorexia or obesity in the better-off. Anaemia is common amongst school-going children and women. Against this background, the urgency of addressing the issues of this area at the school level is clearly evident. However, this requires an understanding and clarity about Health and Physical Education which cannot be done by merely direct teaching it as an independent subject in the classroom. If so, it will focus on statements with faulty assessment practices. Health and Physical Education related concepts and practices are not such units that can be dealt only within the pages of a textbook/worksheet.

Let us see the example given above here of a EVS textbook (old textbook, Class V, the statements given as 'do' or don'ts in the book) is it the right choice to develop healthy habits? Do you think all children have the same facilities at home? If not, how should we address or transact such issues or concerns in the primary classrooms?



Do's ✓

- Keep your body clean. Take regular bath and wear clean cloths.
- Drink clean water and eat fresh and clean food.
- Drink at least 10-12 glasses of water in a day.
- Get vaccinated against these diseases.



Don'ts ✗

- Do not bathe and wash clothes near the water source. Also do not bathe the cattle there.
- Do not drink uncovered water or eat uncovered food.
- Do not go to unqualified persons for vaccination

(Source: EVS old textbook NCERT, Class V, page 63)

Let us Reflect

Is this the right way to give information in the textbooks? If not, how should we deal with this information or issues related to health in primary classes?

No linkage of classroom teaching-learning with daily life

The need to communicate ideas and imbibe practices as part of children's daily lives is not under dispute or debate, be it at the level of Early Childhood Care and Education or later school years. The problem lies in both, how the subject is perceived and what strategies are used to communicate ideas. Looking back, it is observed that generally teachers tend to 'make statements' that lack *contextual understanding and have no in-built strategies of problem-solving*. The end result is that children have been given the information and thus

know what should be done but lack skills to apply the information in their daily life. They do not develop the desired skills which is the main focus of school curriculum. The tendency is to bombard children with either direct information which in itself is broken-up in pieces and disconnected from daily life reality and/or treating this area as unattended in the school (इसे पढ़ाने की क्या जरूरत है, गणित, हिंदी पढ़ना जरूरी है, उन्हें पढो। इसे पढ़कर क्या बन जाओगे!). Generally, textbooks are full of

I ORAL WORK

Textbook Question

1. What are the uses of water?
2. What is the colour of water?
3. What is the taste of water?
4. You go for a walk in a garden. There you find the tap water flowing uselessly. What would you do?
5. What will be the shape of water in a bucket?

II WRITTEN WORK

1. Who else, besides human beings use water?
2. Write any two uses of water.
3. From where do we get the drinking water? Mention two places.

Let us Reflect

Do you think knowing answers of these questions will provide any experiential learning to children? If not, then what type of learning is required in this area?



statements like *After using the toilet you must wash hands with water and soap* or *You must have milk, fruits and a healthy diet*. Do you think such statements help to develop habits among the children?

As teachers, we must discuss the importance of basic sanitation and wherever such conditions are non-existent, we should co-ordinate with village Health Sanitation Committees and other sectors. Teachers must encourage children and communities to tap local resources related to seasonal fruits and vegetables. This cannot be an excuse for not imparting knowledge. *In fact, teachers need to discuss the reality, bringing in problems that our children face in their daily lives and encourage strategies of confronting problems and finally solving them is what is required to be done.* These problems are too large in scope and may be outside the scope of children but through inter-sectoral co-ordinations linking with *Panchyati Raj*, Mahila groups or NGOs, different types of community projects could be started.

Health and Physical Education components treated in Isolation

Do you think dealing with health and physical education components in isolation will be useful for children in their daily life. The experiences in this area suggest that an integrated approach to teaching-learning is an appropriate strategy at the primary level including the Health and Physical Education. There are many link points of this area with other subjects like. Environmental Studies, Arts Education, yet we hardly find any such linkages. Generally, these subjects or topics are taught in isolation with no relevance with children's daily lives.



What do you understand by asking this question given in the example to the children? Do you think after being given information/knowing the answer, they will develop healthy habits? A better way would probably if we ask them to share their experiences and discuss what they ate the previous day? It is very important to elaborate the principle, “Healthy mind in a healthy body,” it is necessary that this understanding should be followed in teaching-learning process of this area.

1. Write the names of any three items containing proteins which you usually take in your food:

1. _____ 2. _____ 3. _____

2. Write the names of any two items containing carbohydrates.

1. _____ 2. _____

Let us reflect on the above questions and discuss.

- Do you think Class III/IV children can answer these questions with understanding?
- Can such questions improve learning of health education?

Lack of Basic Facilities/Resources:

A major issue encountered by most teachers is the lack of basic facilities and resources in dealing with this subject area. This is so, since the health of an individual depends largely on availability of basic resources like food, water and services like sanitation, health facilities and education. Within a large and complex society, like ours, these are not available equally to one and all. We all know that people do not choose to become poor and/or deprived. Age-old caste problems, inequality, lack of access to means of sustenance and production (like land, forest and water), lack of education and work; all these drastically affect the socio-economic conditions. Lack of resources push people into ill-health. Everybody wants to be healthy whether we are rich or poor. The poor are generally blamed for their poor health without thinking the basic facilities are available to them or not. It is necessary to address these issues and develop sensitivity through this area in the right perspective.

Lack of Linkages between Schools and Health Departments

The School or the Education Department cannot in isolation fulfil the objectives of this curricular area. The co-operation and networking of Education Department with the health department is necessary. Some efforts are being made in this direction by the Government of India and State Governments. The Government of India has initiated the 'School Health Programme'. The prime purpose of this programme is *promoting health in schools and creating a better learning and working environment*. As a teacher what is your role in health promotion in schools? The teachers can tap the resources of the programmes started in different sectors such as health, education, nutrition and sanitation. This would help create a more sustainable infrastructure and facilities. In rural areas, linkages with other departments is not very difficult.

Let us look at what can be done to provide these linkages. A number of options are highlighted below:

- Teachers can take the help of the Public Works Department and Village Health Committees to build toilets and its maintenance in the school premises if it is not available, especially for girls.
- During malaria epidemic, the local Malaria Officer could be invited for spraying in and around the school. In practice, however, there is a big gap in linkages or co-ordination with these agencies. For example, the medical checkup is done without the help of doctors or done casually by paramedical staff who most of the time, do not have any expertise. However, regular interaction with these departments can improve the situation.



- The follow-up and curative aspect is also related with the Health Department. Similarly, sanitation, cleanliness of the surrounding, etc., by the Health Department, the nutritional or mid-day meal services again to be taken care of by the Department of Child Development.
- Networking with the *Anganwadi* workers and health workers is possible for organising 'Health Days', Health *melas*, campaign etc., in the school.
- Parents and local community members can be invited to take part in these Health Day celebrations. Thus, there is a need to develop co-ordination across these departments and identify as well as put into place a more practical and effective co-ordination mechanism for this curricular area.

Neglect of the Girl Child

Neglect of the Girl Child and 'gender discrimination' with respect to nutrition, knowledge about disease, health and hygiene is also a cause of continuity of ill practices in this area. It is not surprising that the girl child is hidden in the pages of the textbooks or is found doing stereotypical things like playing with a doll (as often reported by teachers that they engage girls in craftwork or drawing etc., while they send boys to the playground) or helping the mother in the kitchen. The women found in our textbooks are always working (usually in the kitchen), serving others and sacrificing rather than sharing and relaxing. *Such messages from our materials/teachers talk are accepted by the children who think that since it is given in the book or told by teachers.*

It is the accepted norm that girls are not given equal status and dignity but are subservient. Little girls are often chided if they ask for an equal share of food or toys or if they enjoy the same games as the boys. The conventional attitude towards girls' education as a value-addition towards making her merely an informed-mother and homemaker is still largely prevalent. Even today our country has disturbing incidence of anaemia in women and school-going



children (prevalent more in girls) and high mortality during child-birth, despite the advance in medicine and science. These are directly linked with such stereotyping. *Gender discrimination is more a matter of attitude of society towards girls.* The extent of undermining the female child is obvious mainly:

- Through the use of language in all our textual material, children are always referred to as male gender.
- Pictures and illustrations also show abundance of boys, whereas girls are largely absent.
- Pictures and illustrations depicting the boys only doing experimentations/activities in the class.

All these issues need to be addressed sensitively and discussed in an informal manner by the teachers while transacting curriculum in this area.

Children's varied Socio-cultural-economic Status and Background


The socio-economic conditions of families, their cultural habits and preferences contribute to the child's growth during her/his early stages of development. As the baby grows-up, these factors are compounded by the pressure and demands of a larger society; the peers, school, the mass-media. Our perception of health is 'constructed' and shaped by these factors. *The support system of resources and services mentioned earlier; like sanitation, health facilities, water, housing is also part and parcel of the society we live in. These are not constant factors or similar to all the children, which the teacher takes for granted and thus treats all children in a similar manner as if all belong to a homogeneous or similar status group. Even in our textbooks, we hardly unfold this perspective and related issues. Human health is almost always portrayed as an individual condition and yet dealt with collectively.*

Let us read this experience of a teacher:

A Teacher's Own Experience

Malati recently began her second teaching job in a municipal school in one of the crowded parts of Mumbai. Malati was keen that the children in her class did well. She wanted her class to be the 'best'. But she was rather frustrated. About 5-6 children remained absent every day. Most of the children in the school looked as if they had just rushed to school straight out of bed. She had been trying her best to tell her class that they should come to school 'clean and tidy', in 'proper' clothes. Nothing seemed to help. The exception was of Gulshan and Rabiya – a pair of brother-sister were amongst of the few in the class who were always clean and tidy. She always told her class to follow their example. One day, after the end of school, Malati was watching the children go home. Most of the children were herded together in small groups on their own, but Gulshan and Rabiya were waiting at the school gate. She saw a man pull-up a scooter and both the children rushed and jumped-on it. The vehicle went away phat, phat, phat.... She turned around to find Sumantai, one of the senior teachers. Seeing the puzzled look on Malati's face, Sumantai explained; "Gulshan-Rabiya live in the Government quarters





nearby. Their father works as an office-assistant in the income-tax office." For Malati this explanation immediately made things much clearer. A number of questions crossed her mind. She asked herself, "So where do the other children stay? Where do their parents work? Why don't their parents ever come to the school? Do they get enough water to bathe? Do they have a spare set of clothes or have just one set of clothes to wear because their parents are poor?"

Let us Reflect

The questions Malati asked herself are a beginning to answers for several questions about the children in her new school and class. However, most of the time, our teachers, textbooks, classroom transaction process and school system ignore these contexts and give role-models of healthy behaviour based on their own lives or perceptions; just like Malati had done. The classroom is filled not just with Gulshan and Rabiya but with children from diverse backgrounds and there is a need to understand their different contexts, life situations, then only can one realise what is *possible* and *not possible* in a practical manner.

Treating Mid-day Meal as a Task and not as a Curricular Input Opportunity

'Nutrition' is one of the important components of Health and Physical Education. Most of the children come to school (especially rural and tribal) without eating anything in the morning. It is a well-known fact that children who come empty stomach cannot concentrate on studies well.

Do you know?

In mid-1995, the Government of India launched a new centrally-sponsored scheme, the National Programme of Nutritional support to Primary Education. Under this programme, cooked mid-day meals were to be introduced in all government and government-aided primary schools across states.

Even following the Supreme Court judgement, a recent study by Jean Dreze and Arpita Goyal shows that there are some states where there is full implementation, the whole state is covered by the programme, others where there is only partial implementation and in some states (Bihar and Uttar Pradesh) where there is no coverage at all. In states where it is being implemented, one finds that children are being served a cooked meal for lunch. The evidence suggests that the mid-day meals have enhanced school attendance and retention. It is definitely a motivating factor for children to attend schools more regularly. For poor children, this programme does help in at least partially addressing hunger and has helped in averting the intensification of child under nutrition in drought-affected areas.

Food availability and its distribution are dependent on access to livelihoods, food practices, cultural traditions, family structure, gender, meal patterns and the political environments. Anaemia affects growth and energy levels of children. It is in this context that the school mid-day meal programme becomes an important input for dealing, at least partially, with hunger, which is the cause for under-nutrition among school-going children. The value of mid-day meal programmes lies in the fact that it has a positive impact on

educational advancement, child nutrition and social equity (Dreze and Goyal, 2003; World Bank, 2004).

Providing mid-day-meal is not only just to ensure children's good physical health but also be used as a curricular opportunity in the school curriculum. This should be properly assessed or ensured by the teachers.

Status of Health and Physical Education in the NCF-2005

The National Curriculum Framework-2005 has reconceptualised this curricular area at all stages of school education. It recognises this subject as a compulsory *core curricular area* rather than co-curricular upto the secondary stage, and as an optional subject at the higher secondary stage. A 'need-based approach' has been suggested based on experiential learning. This approach could guide the dimensions of physical, psycho-social and mental aspects that need to be included at different levels of schooling. It proposes themes rather than separate content of health and physical education, which run across both these major components (health and physical education) in a holistic manner.

Developing a basic understanding of the concerns in children is necessary, but more importantly is the dimension of experience and development of health, skills and physical well-being through practical engagements with play, exercises, sports, and practices of personal and community hygiene. In order to attain these expectations, basic facilities need to be available so that many more children can engage in for leisure time and in team games including the local forms of sports.


Further, the National Curriculum Framework-2005, suggests an important point of departure from earlier curricular approach are due to two reasons:

- Knowledge is not seen as a predefined body of information to be given to the learner but is understood as a *process of learning* where it is constructed with the learners by referring to their own context.
- It is not seen in *compartmentalised* form divided into different subjects in units but an intrinsically interlinked within different subjects and also as a separate curricular area at the primary level related to life experiences.

This understanding has helped to shape the syllabus of this area which has important implications for this subject since it does not have separate textbooks and is essentially integrated with other subjects like Environmental Studies, English and mother tongue at the primary level.

The confusion prevailing amongst school teachers about the area of Health and Physical Education is understandable because of the strong dependence on textbook-related teaching and assessment as





in other subjects. Since there is no separate textbook in this area, it is largely neglected both in transaction and assessment. This neglect has had serious implications on understanding and practices related to this subject. This is one of the reasons probably why we have glaring contrasts in the field of health and hygiene. The price of this neglect is paid by all of us and particularly by the marginalised communities.

Nature of Health and Physical Education

Health is a *multidimensional* concept and is shaped by biological, physical, psychological, mental, social, economic, cultural and political factors. Health is a critical input for the overall development of the child. Keeping this in view, this curricular area adopts a holistic definition of health within which physical education and *yoga* (not at formal level) contribute to the physical, social, emotional and mental aspects of a child's development. Within this framework, assessment in health and physical education can be made more meaningful and useful so that it reflects the child's progress. *Assessment practices need to be moved away from the traditional procedure in which either overall grades are given to a child or the progress is not assessed at all.*

This area has to be a regular part of the school timetable and must be seen as an important contributor to the overall development of the child. This would require flexibility in the school calendar and also in the structuring of school timetable in terms of both time and space allotted for integration of this subject area into the overall timetable.

Given the *interdisciplinary* nature, there are cross-cutting themes across subjects such as EVS and Art Education at the primary level. This calls for cross-curricular planning, implementation and integration with activities of other subject areas and assessing children's learning regularly in a holistic manner. This subject lends itself to applied learning and therefore, innovative approaches can be adopted for transacting the curriculum.

Physical education has neither been given the due importance in the school curriculum nor has its contribution to the health and overall development of the child been adequately acknowledged. The constraints faced by *yoga* and physical education are related to a number of factors that affect the quality of school education, in general and health and physical education, in particular. These constraints include lack of appropriate school environment in terms of physical infrastructure, furniture, lighting, ventilation, water supply, lack of budgetary support, lack of transport services, lack of adequately trained teachers and institutions for their training, lack of proper documentation and systematic evaluation of the area and lack of co-ordination between the Education and Health Department (GOI, 1961)

What is to be done? Sharing Successful Experience

In the beginning, we read that most of the teachers were not clear about how to deal with this area. They were also not clear how this subject could be transacted in classrooms. Most of the teachers teaching in primary schools have the same opinion. Efforts have been made by some organisations which have tried to address some of these issues in small pockets/areas. One such experience is given below:

'Se HAT'—Some innovative experiences of teachers - we can do!

In a school in a crowded slum of Mumbai, children are engrossed in tracing the outline of their hands on a piece of paper. Some draw teardrops on the fingers and some draw smiles – some hands are laughing and some are crying! The laughing hands have clean nails properly cut, *mehandi* (henna) on palms. The crying hands have dirty fingers, scabies, and worst of all, in anger they curl up and hit other children! Some children draw laughing houses: houses that are clean, with no garbage in sight, where people care for each other. Others draw crying houses, and in group discuss what makes the houses sad—dirt, alcoholism, shouting and fighting.

All this is being done in a unique programme that helps children not only learn about health but also internalise it in their hearts and lives. This venture has become a success story in Mumbai's government schools.

The above pilot project was implemented in 50 municipal schools in two wards of the city of Mumbai. Another 43 schools from two more wards joined the programme in the second phase (1999-2002)

The project strengthened the teachers' capacities to handle preventive health and health-promoting behaviour. The core message was that health is **our** concern, and not just **my** concern. Many activities have been organised by children. The activities have elements of creativity not different activities but done activities differently. 'Vegetable day' was instituted and celebrated in the school. Through these events, children learned to bring healthy food and also to share it with others. There have been instances on birthdays, when instead of distributing sweets, children have shared gram, (roasted) fruit pieces or cucumber! SeHAT Day and SeHAT Jatra are celebrated in all the participating schools. On this occasion, children show what they have learnt through the year. Children and teachers from the entire school, as well as community members are invited to attend. Parents are also encouraged to come to school, sit at the back of the classroom, and observe SeHAT class if they so wish. This has led to a better parent-school interaction and results are quite encouraging.

Teachers' Assessment:

The teachers observed: "Parents used to give money for tiffin and did not bother about what children ate. Now children, even if they get money, are able to choose the right food from the vendors and are more likely to choose fruit."


* 'Se HAT'—An organisation working in the area of children's health.

Perspective of Health and Physical Education

After going through the previous sections, you will agree that this area has broadly two major components—health and physical education. The major purpose of activities in this area is to develop healthy behaviour in our children, in general and enhance their quality of life, in particular.

This Source Book on Assessment in Health and Physical Education; attempts to deal with both these components at two levels:



- 
- (i) *Developing an understanding towards issues and concerns related to health and physical education (what is to be learnt).*
 - (ii) *Suggesting ways how to assess and report learning in this area (what has been learnt).*

It logically thus follows that an understanding about the **subject-matter** of Health and Physical Education as well as to developing skills/processes to be able to use in their daily life goes hand-in-hand. It is clear then that the touchstone for 'assessing' this area in particular is not merely 'correct' answers given in the tests/assessment tools but whether it has impacted and improved the quality of life of our children.

- An analysis of the mortality and nutritional indicators from the pre-school, primary levels show that under-nutrition and communicable diseases are the major health problems faced by majority of the children in the schools. Therefore, the curriculum for this area has to address this aspect at all levels of schooling with special attention to vulnerable social groups and girl children. It is proposed that the mid-day meal programme and medical check-ups must be an inbuilt part of this subject and health education must be related to the needs of the children and also address the age-specific concerns at different stages of development. Medical care, hygienic school environment and school lunch, are important for the overall development of the child and hence, these need to be assessed as a part of the curriculum.
- The area of physical education is an important component which cannot be separated from health. Care should be taken so that it does not get reduced to simply conducting PT, exercise or *Yoga* only. The capacities of our body for movement, agility, flexibility, tenacity, adaptability are natural sources of satisfaction and enjoyment to us and contribute to our well-being. In a healthy society, physical fitness is not reserved for sportspersons trained for exceptional feats, but, it is a part of the culture common to all cutting-across class, caste and gender. Physical Education needs to be given its due, from the early years of learning to all might free us from questions like, 'why my country is the second largest populated', 'why do I need to exercise', 'why my country cannot score well in Olympics etc.?'
- Both *yoga* and physical education components in this area contribute not only to the physical development of the child but also have a positive impact on psycho-social and mental development as well. Playing group games have a positive impact on individual self-esteem, promote better interaction among children, imparts values of co-operation, sharing and to deal with both victory and defeat.

- The issues discussed here will form a running thread throughout this book in next chapters. In fact, asking these questions is merely the beginning. The answers and insights gained through these processes will hopefully empower us while dealing with issues related with Health and Physical Education. In fact in the area of Health and Physical Education, the *key to learning is application of its content to daily life. Therefore, focussing on mere scores or grades or giving correct answers is neither sufficient nor an appropriate measure of learning.*
- The above source book for teachers and planners hopes to become a step in the direction of clarifying perspective about this subject area, identify and access required information and suggest ways to apply the learning in everyday life. The thrust of the source book will be on *teaching-learning process and assessment* and also clarification about questions like, what are a variety of activities which can be conducted in the schools? What are indicators for assessing progress of children? What should be the recording mechanism of children progress? How to report the progress or provide feedback to children and parents?





Chapter 3

Making Learning and Assessment Meaningful

In the previous chapter we have read a few classroom experiences of the teachers on the teaching of health and physical education in different contexts. All of them agreed that there was a need for improvement in this area. But they were not clear as how to organise teaching-learning processes and can we initiate change for betterment. We asked some teachers about it. Let us read their responses.

If we want to improve this area we must be clear about some basic things such as:

- ✓ Is it really necessary to learn about health and physical education at the primary level (objectives of teaching-learning)?
 - ✓ Is it necessary to know the syllabus of health and physical education for transacting this area?
 - ✓ What are the major 'themes' around which the teaching-learning is to be organised?
 - ✓ What type of activities can be organised?
 - ✓ What kind of assessment will help us to achieve the objectives?
- You will also agree to the responses given by the teachers.

Keeping these points in mind, we shall look at these issues and focus on other major points in the Source Book. We will also discuss the indicators for assessment of this curricular area with respect to the profile of primary children in health and physical education.

The following objectives for teaching-learning of Health and Physical Education at the Primary Stage are envisaged in the syllabus, developed by NCERT:

Objectives of Teaching-learning in this Area

- To help children learn and be aware of health, develop a positive attitude towards health as individuals and be collectively responsible for healthy living at home, school and in the community.
- To provide requisite services through the school health and nutritional programmes for improving the health status of children.
- To understand the importance of personal and environmental hygiene and sanitation.

- To inculcate healthy dietary practices and underline the importance of nutritional requirement.
- To create an awareness among children about rules of safety in appropriate hazardous situations to avoid accidents and injuries.
- To help children learn correct postural habits while standing, walking, running, sitting and other basic movements so as to avoid 'postural' defects and 'physical deformities' in young children.
- To help children grow as adults by exposing them to social and moral values through games and sports.
- To address the physical, psycho-social needs of differently-abled children in a regular school context.

Before discussing the ways of learning and nature of assessment, let us first understand the broad features of syllabus of this area.

What are the Salient Features of the New Syllabus in this Area?


Keeping in view the objectives, recommendations of the focus group paper on Health and Physical Education and National Curriculum Framework-2005, a syllabus was developed by NCERT in this area. It recognises the need for a synergy between health, physical education and body awareness (*yoga*) by adopting an interdisciplinary approach. For the first time, an effort has been made to integrate the three components of this area in order to promote a holistic and comprehensive understanding on health and fitness.

In order to achieve the objectives of this area, a **thematic approach** to teaching-learning has been considered to be the most appropriate for this subject. The following six broad themes have been identified in the syllabus at the Primary level:

1. We and our Environment
2. Human Body – Physical Fitness and Health
3. Food and Nutrition
4. Social Health and Relationships with others
5. Safety and Security
6. Consumer Health Vocational and Leadership aspects

Each of these themes have been addressed in a progressive and spiral manner gradually from Classes I-V, keeping in view the preparedness of a child's level of development. In order to understand the nature of syllabus, let us know what do we mean by a 'theme'? Traditionally, we treated the subject, keeping in view the 'topics' that are involved in the syllabus, such as topics related to health and topics related to physical fitness. Contrary to this, the new syllabus





has followed an integrated approach. In this approach themes are identified based on developmental levels of children instead of proposing a list of 'topics' from different disciplines with various connections within a common theme. It provides an opportunity to the children to integrate many other related aspects about the theme.

In order to understand it better, let us take one example of a theme- 'Human Body'. This theme is common to Classes I to V. If you see the new syllabus of Class I, of this theme you will not find topic-oriented information and knowledge about the body parts, their functions, etc. But in new syllabus it includes components related to her/his body- physical fitness, healthy habits related to postures, keeping body parts clean, etc. *This way the focus is on how the children can be proactively engaged in their daily life.* This will provide space for experiential learning. This also involves development of various skills/ processes rather than covering the content. Similarly each theme runs into Classes I to V in a spiral manner, which gradually extends the child's understanding beginning from self to family and gradually to the other members of the society including the differently abled, old people, etc.

- Several 'themes' have been given to see what possibilities each theme offers to bring together insights from different disciplines more in an interconnected manner, which are child-centred in perspective. For each 'theme' a web of possible connections has been visualised of 'concepts'/issues around which skills are to be developed. Thus the focus of each theme is more on development of processes or skills such as observation, discussion, expression, coping with emotions etc.
- *The syllabus is also different in its format.* The format includes four columns, which covers themes/sub-themes, key questions, suggested resources and suggested activities (see appendix). The 'key questions' are developed or given in each theme from the child's perspective. The teacher is not supposed to ask these question from children, but build her classroom transaction around these key questions. In this way, it will promote child's thinking in a new direction and provides space for scaffolding to her/his learning process. *The resources and activities are also given for teachers which are suggestive in nature.* These need to be used by the teachers to organise activities in the classroom. You can develop many more activities based on children's local context and thus new syllabus provides a lot of space for contextualising the syllabus.
- This area is not to be treated as a co-curricular area and needs to be treated at par with other core areas like Mathematics, Languages, EVS. Some aspects of the content of this subject

will draw from other curricular areas like environmental studies and languages (mother tongue and English as a second language). This way it will avoid curricular load at one level and make this subject relational or experiential at the other level. Thus, there is a need to adopt a cross-curricular and inter discipline approach in planning and transaction. For example, while discussing major components of food in EVS such as cereals, green vegetables, pulses, animals products (at the primary level, the idea is not to give information which is abstract for a child like carbohydrates, proteins, vitamins), the teacher can start discussion with children's own experiences. What they eat in the breakfast, lunch and dinner. She can also relate this discussion with their health cards, personal hygiene related to washing of hands, serving mid-day meals in hygienic conditions etc. This experiential learning approach has been emphasised in the new syllabus.

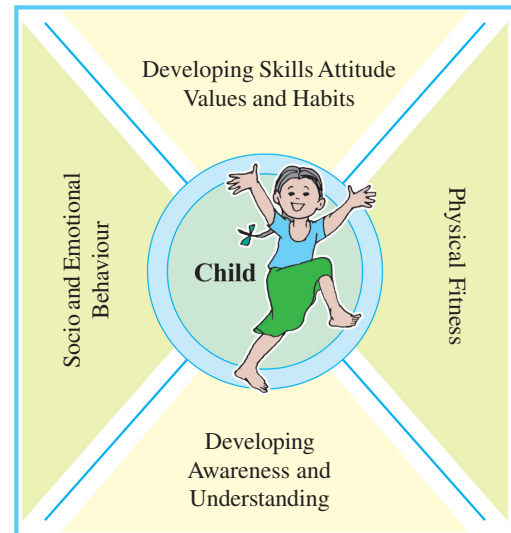
- A number of 'vertical programmes' like the mid-day meal programme, and health checkups are going on simultaneously in the school. These programmes need to be made an inbuilt part of this curricular area. These programmes need to be appropriately linked with the syllabus at different levels of schooling to fulfil the needs/objectives of this area. The school health programme should include major components such as medical checkup, hygiene, school environment, school lunch (mid-day meal) and health and physical education. The School Health Programme is to be viewed as a co-ordinated effort between the education and health departments with the latter providing preventive, curative and promotive services at all levels of schooling. Hence regular medical checkups and follow up needs to be organised and communicated to parents and family regularly. Nutrition programmes should form the basis for health and nutrition education rather than just focusing on 'creating awareness' among children about what they should eat, especially when a large percentage of children do not have access to adequate food. This is also an important part of new syllabus.
- The new syllabus also focuses that for organising teaching-learning of this subject, there is a need to have minimum outdoor and indoor facilities play materials proper ventilation and sanitation in the school premises.

What Makes Assessment Meaningful?

Do you think that assessment is required in this area? If yes, then do you think it should be like other curricular areas or should it be different? If you read the objectives, you will find there are two major expectations which emerge in this area.



- One is to develop broad understanding among the children about issues related to health and physical education which are part of their day-to-day life, addressed in the syllabus. For example, if a child has a common cold or diarrhoea, he/she should be able to know that it is due to some ailment in his/her body (not expected to know name of bacteria or virus at this level) which he/she catches from his/her environment maybe from an infected person, contaminated food or water. He/she should be expected to understand that this ailment is not due to black magic ("jadu-tona" or "Najar") which people commonly believe. Thus the primary aim of this subject area is to develop awareness about issues/problems related to health and physical fitness.



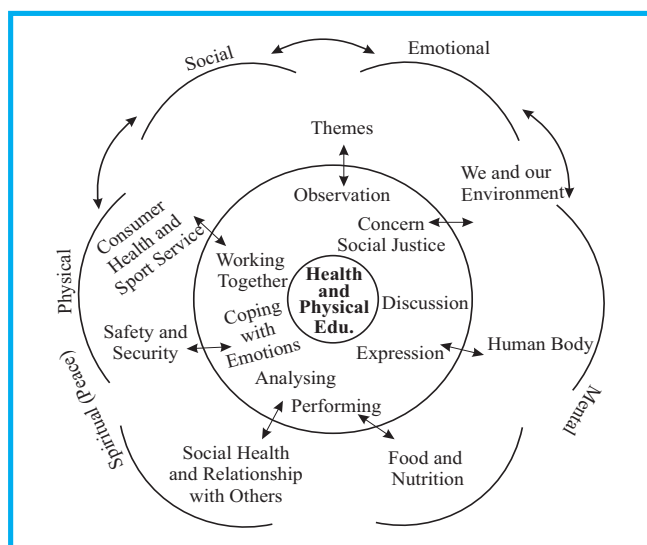
- The second important expectation is to develop basic skills/values and habits, which are required to use these information/knowledge in an appropriate/meaningful manner. For example, if she is well aware that ailment in our body is due to some infection in our body, she/he will take an appropriate action – go to a doctor or be careful while sneezing or coughing, wash hands before meal, take proper care while eating food.
- Given the above set of expectations, it is understood that teachers need to take care of different aspects of a child's development that is physical, mental, social and emotional. Since this area is a multi-dimensional, its learning cannot be done like other subjects, therefore, the following components need to be expected to form the important part of health and physical education in the school.
 - Awareness and understanding about issues related to Health and Physical Fitness
 - Developing values, attitude and habits
 - School Lunch/Mid-day meal
 - Medical checkup and its followup
- These components are important for the overall assessment of child's holistic development. For this, syllabus replaced the fragmented approach i.e., teaching health education, physical

education, *yoga* education, separately. The syllabus of this area will take care of creating an awareness related to health in a holistic manner, developing understanding of issues/concerns and focusing on development of skills (how to use information in daily life). Child's physical health needs to be monitor through regular medical checkup and followup atleast twice in a year. It is found that most of our children do not get adequate food particularly in rural areas. Mid-day meal is that programme which aims to improve physical health of a child. Thus, it should also be monitor by teachers regularly.

How to Assess Children's Progress: Major Points for Learning and Assessment

Assessment of Health and Physical Education as a subject poses a serious challenges. Since children's participation in the activities is an integrated experience and assessment should also be holistic. The source book suggests broad format and major points for assessing learning in this area.


- ✓ A list of themes in the syllabus which you could take up for this subject for a particular class/standard are mentioned in the appendix in the syllabus. It elaborates the *key concepts* which are to be focussed and also suggests some *activities or processes* that could be initiated



in a classroom setting. Each theme given in the syllabus, takes care of the components of health and physical fitness in an holistic manner, while dealing, it should be transacted and assessed in the same manner.

- ✓ Given an interdisciplinary nature of this subject there are cross-cutting themes across different subjects such as Environmental studies, Art education at the primary level while assessing it should be kept in mind. There is a need for cross-curricular planning and integrating learning across these subjects. This would reduce the overlapping of concepts and curriculum load at one way and increase the learning time/opportunity time on the other.



- 
- ✓ Certain processes/skills have been identified with the help of well defined indicators which have been given in this chapter. Each indicator skill revolves around certain activities and actions. Keeping the development level of primary children in view, the indicators have been identified at the two levels:

- At the end of Class II
- At the end of Class V.

While assessing children, these indicators need to be kept in mind. The indicators are consciously developed at two levels: at the end of Class II and at the end of Class V because it is expected that these will be developed over a period of time. Based on children's learning level and their context, class-wise level of indicators will be developed by the teachers.

- ✓ Each indicator/skill is to be assessed keeping in view the level of participation of children in the learning processes (both indoor and outdoor activities).

This can be identified:

- **Level I:** Child is not able to do activity/task on her own and needs a lot of support and feedback of teacher/elder or peer group.
- **Level II:** Child can do activity/task on her own (partial attainment of indicator) but needs support/guidance for further improvement.
- **Level III:** Child can do activity independently and reflect the level of attainment of indicator.

- ✓ Children learn through many ways. But when we assess children, it totally relies on paper-pencil test (questions based on information) and oral test. In Chapter IV, different *ways* of learning have been mentioned along with 'check points' for assessment of each activity. The learning activities need to be conducted individually or in group. The assessment should also be done based on the nature of the activity. The example of individual and group assessment have also been mentioned in Chapter IV.

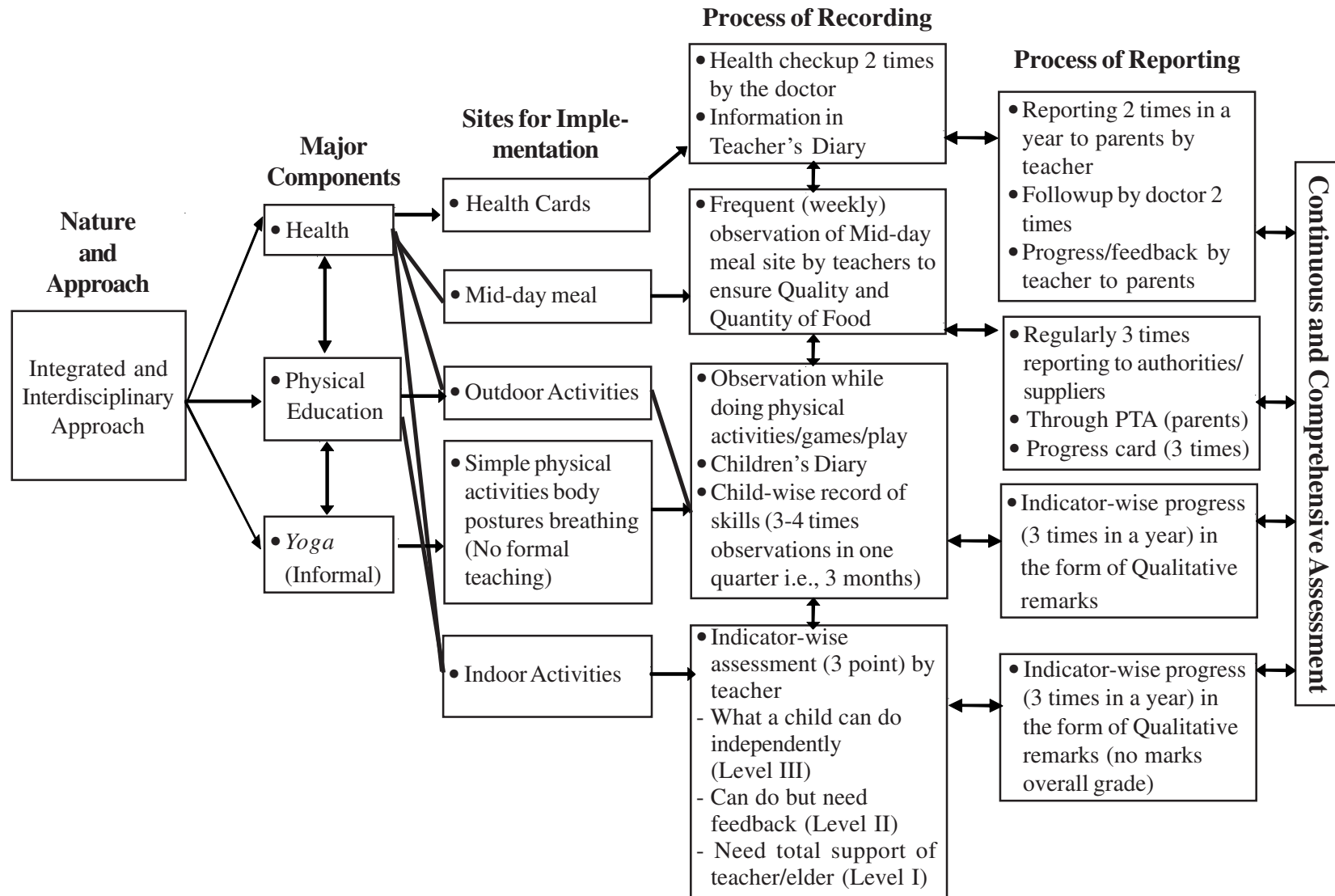
- ✓ While assessing children, discourage to give the one and overall grade to childrens, as being practiced by many schools. By giving i.e., 'A', 'B', 'C'. These do not communicate to parents the actual progress of a child.

The source book suggests that each indicator should be assessed separately. It does not mean that for each activity all the related indicators and all children will be assessed. The document suggests that the progress of each child may be communicated to parents at least 3-4 times in a year. In order to do this, she can record the progress of 3-4 children in a day so that in 3-4 months period she will be having information of all the children on some indicators.

- ✓ How to report the progress on each indicator is mentioned in Chapter V. The reporting should be in the form of qualitative remarks what a child can do and can do better if regular feedback and support given by teacher/parents. The remark should not be vague. It should be in a simple language.
- ✓ Health checkup is an important part of this area. It would be useful if checkup will be done at least two-time in a year by the qualified doctor. The information of health card should not be kept only as a record but to be sent to parents. The language used in the 'health card' should be communicative, simple and easy to understand by teacher. While reporting in 'Report Card', relevant information of medical checkup of each child should also be mentioned for further action and followup in this matter. Some common ailments found in children must be discussed in the class.
- ✓ The mid-day meal is also a very important component of school curriculum. In order to improve the physical health of primary children, it should be linked with learning of this area. The specific information related to each child, for example, food item not liked by a child, loss of appetite, poor hygiene, etc., must be share in PAT meeting and it should also be a part of progress card.



Health and Physical Education Format for Assessment



Broad Indicators/Skills

Process/Skills	Profile at the end of Class V
1. Observation and Reporting: Communicating, narrating, drawing, picture reading	<ul style="list-style-type: none"> Using the senses to observe and gather information about oneself, others and immediate environment. Identifying and appreciating the need for games, sports, hygiene, nutrition, food, safety and security measures etc., in one's daily life. Recognising reasons of common health illnesses related to problems in daily life (Such as common cold, skin problem, diarrhoea, vomiting) Recording observations in a verbal and non-verbal (drawing and pictures, etc.) manner. If asked for, can narrate situation/ problem to elders/teachers precisely and correctly. Reporting collected information (through posters, pictures, newspapers, messages from their Surroundings etc.) in oral, written or non-verbal manner.
2. Discussion: Listening, talking, expressing opinions, finding out from others	<ul style="list-style-type: none"> Listening to others' ideas, opinion on health related issues games and sports. Sharing /expressing one's ideas or views in a group on some issues (e.g. use of plastic bags, safety rules in the playground, and on the road and use of water in daily life). Finding out from others and appreciating others' view point. Reviewing one's thoughts / views after taking feedback from others. Reflecting on feedback received from others.
3. Expression: Drawing, body movements, creative writing, verbal expression	<ul style="list-style-type: none"> Expressing likes/dislikes openly (through gestures / body movements/drawings, etc.) about some related issues such as eating outside/ roadside, use of plastic in tiffins, carry bags, crackers, care of plants and animals in the surroundings, making friends, care of pet animals, etc. Expressing thoughts or ideas about road safety verbally and/or in written form (including creative writing – songs / poems / story / write-ups)
4. Performing / Demonstrating	<ul style="list-style-type: none"> Performing simple exercises (body stretching, warming up of body) and playing games and sports in a group or individually (locally popular games) in an appropriate manner. Demonstrating correct posture and body balance in behaviour while sitting, standing, walking and running in daily life. Demonstrating self-defence actions (Judo, holding) in a given situation. Doing simple exercises for physical fitness and well-being and for coping with emotions/ relaxation/concentration exercises (deep breathing). Doing recreational involving activities such as local songs, in daily life for promoting happiness and peace in oneself and others.



<p>5. Analysing: Identifying reasons/alternative explanations drawing inferences</p>	<ul style="list-style-type: none"> • Listing / identifying possible causes of common health problems or injuries to oneself or others in daily life. • Explaining symptoms/possible causes of a problem illness in her/his own words. • Suggesting possible ways to deal with the problem illness.
<p>6. Decision Making and Taking Action: identifying reasons, taking initiatives, taking action (Collective or individual)</p>	<ul style="list-style-type: none"> • Selecting an appropriate ways to solve a problem related to oneself or others. • <i>Taking some initiatives</i> on her/his own or along with the peer group, elders and community members to deal with problems. • <i>Taking appropriate action</i> on her/his own or along with the peer group, elders and community member to ensure and improve safety and security measures for oneself and others at school / home. • Taking collective and individual action for improving the environment and health of oneself and/or others particularly those from disadvantaged groups including differently abled.
<p>7. Coping with Emotions/Stress: Respecting self, appreciating others, respecting decision taken by others, accepting one's mistakes</p>	<ul style="list-style-type: none"> • Respecting oneself and others. • Recognising and appreciating feelings of oneself and others. • Recognising one's strengths and accepting one's mistakes / weaknesses. • Accepting defeat / victory and respecting decisions taken by others. • Appreciating recreational and leisure activities for promoting happiness and peace for oneself and others.
<p>8. Working Together: Taking responsibility and initiatives, sharing and working together</p>	<ul style="list-style-type: none"> • Developing team spirit and sharing responsibility with family members, peers and also with the community. • Helping others in times of need differently abled old people, friends, share responsibility in a group, both as a team leader and team member during classroom activities, field trips, etc.
<p>9. Concern for Social Justice and Equality: Sensitivity towards gender, disadvantaged or differently abled, group. Concern for equality</p>	<ul style="list-style-type: none"> • Showing a concern for health and safety of young ones, old, disadvantaged and differently abled groups. • Showing apathy for equal distribution of resources in the society, such as water, medical facilities, food, housing space. • Sensitising the community regarding issues and problems related to gender (such as in games, sports, distribution of food) and differently abled disadvantaged groups. • Being sensitive towards others who may be disadvantaged and differently abled and receptive to their views.

This list of Indicators can be summarised as below for ready use

1. **Observation and Reporting:** Communicating, narrating, drawing, picture reading.
2. **Discussion:** Listening, talking expressing opinions, finding out from others.
3. **Expression:** Drawing, body movements, creative writing, verbal expression.
4. **Performing:** Demonstrating.
5. **Analysing:** Identifying reasons/alternative explanations drawing inferences.
6. **Decision Making and Taking Action:** identifying reasons, taking initiatives, taking action (Collective or Individual).
7. **Coping with Emotions/Stress:** Respecting self, appreciating others, respecting decision taken by others, accepting one's mistakes.
8. **Working Together:** Taking responsibility and initiatives, sharing and working together.
9. **Concern for Social Justice and Equality:** Sensitivity towards gender disadvantaged or differently abled, group, Concern for equality.

- With regard to these skills, each child can be at different level of development. Thus, a child must not be rated *only once on all the above indicators or skills*. A comprehensive and continuous assessment of health and physical education would mean that as teacher, one takes into account the skills achieved/gained by children on each indicator and also support the children to achieve more on each skill for further improvement.
- The objective is to assess each child to help improve further rather than compare with peers groups. Class-wise (at the end of Class II and end of Class V) profile has been developed and mentioned on the next pages. This profile should help you to have an idea of what activities can be performed at what levels by children of different age groups. For example, Renu has skills related to observation and discussion which are well developed and appropriate to her age (he may be at Level III) whereas when it comes to skills related to performing or demonstrating, she may require more practice (may be Level I). She may be able to develop these skills better through proper feedback and support from the teacher. Thus accordingly, she needs reporting on all these indicators separately so as to give scope for further improvement of these skills. An 'assessment report' in this subject should indicate her level of performance on each of the above skills separately. It needs to be qualitative. For each skill, you can broadly identify three levels mentioned earlier also. These are:

Level I: The child needs support from the teacher and peer group to develop skills.

Level II: The child develops skills but needs regular feedback from teacher or peer group for further improvement.

Level III: The child develops skills and does activities independently.

Chapter 5 mentions in details how to record and report of children's progress level-wise in this area. A profile of a child at the end of Class II and end of Class V is given:



Expected Profile of a Child at the End of Class II

Process/Skill	Profile at the End of Class II
1. Observation and Reporting	A child of Class II can gather information (by using her/his senses) and communicate verbally the distinct observable features such as colour and shapes of her/his play material, colour of hair, eyes of self and of others, taste of food items – sweet, salty, bitter sounds of common vehicles or instruments which she/he has seen etc. She/he can identify major parts of the human body including sense organs and their functions. If asked to observe, she/he can reports verbally or with gesture and report the status of hair, teeth, nails etc., of self and friends in her/his own language. If asked her/his she/he can share her/his daily routine. She/he can also report how does she/he brushes her/his teeth, washes hair, cleans nails in her/his own language.
2. Discussion: Listening, talking, expressing opinions finding out from elders	If properly encouraged to share her/his experiences of any place (e.g. hospital, <i>mela</i>) visited by her with her/his family, she/he can orally express her/his experiences with gestures, for instance, what she/he has seen in the <i>mela</i> , what she/he has purchased, what she/he ate, etc. She/he also listens to her/his friends' experiences and paying attention. When asked to find out from elders/parents about how do they keep water at home for drinking, she/he asks simple questions and collect information on them and narrates in the class. She/he can also express her/his likes/dislikes on different kinds of food items, what she/he likes most, what she/he doesn't like without giving any reasons.
3. Expression: Drawing, Body Movement, Creative Writing	A Class II child can express through drawings about her/his personal objects such as her/his tooth brush, shoes, comb, local play material, ball, toys, water bottle, tiffin and verbally tell about material how she/he uses them. If asked her/his to describe about a familiar scene, she/he can express verbally with body language/gesture, a scene of a circus, a road accident, cinema story in her/his own or a limited terminology. She/he can also describe her/his own ideas creatively of some situations (why children fall sick, what can happen if hands are not washed properly before eating foods, why we need cleanliness at home and in surroundings)
4. Performing / Demonstrating	If asked to perform simple locomotive exercises such as walking in a straight line, circle, zigzag, hop/ jump standing on one leg, she/he can do these activities individually but with more confidence in a group situation. If asked she/he can demonstrate correct postures – while sitting, standing, running, walking. She/he can perform simple activities with music/rhythm such as bounce the ball on the music, clapping on count in the group, tapping foot etc.

5. Coping with Emotions	She/he takes interest in doing simple activities/play for recreational or leisure in a group situation such as clapping on music, skipping.
6. Working together Cooperation	When given an opportunity to a Class II child, she/he can work appropriately in a group situation such as waiting for her/his turn, sharing her/his material with other members, sharing her/his responsibilities given to her/his. She/he can show co-operation in play/games or other collective activities undertaken in the class.

Profile of a Child at the End of Class V

Process/Skill	Profile of a Child at the End of Class V
1. Observation and Reporting	A child of Class V can observe and report specific details of any event. For example, she/he can communicate verbally her/his physical features and also those of family members, peer-group, based on her/his observation. She/he can point out similarities and differences amongst them, based on colour of skin, hair, eyes, height, weight, etc. She/he can identify differences in physical features, habits, etc., among members of the family, peer group and appreciate these differences. She/he can read and try to make sense of a health card and/or medical report of oneself/family members. She/he can read information/messages from various sources– TV, newspapers, posters, pamphlets related to common diseases such as Malaria, TB, Anaemia. She/he can draw and label the major parts of familiar objects such as water resources, objects of games and sports, traffic signals etc. She/he can record her/his observations (if asked for) on items given in mid-day meals, cleanliness of space and utensils, hygiene of cooking and eating (nails, clothes, etc.) and share the same in the class. She can make a brief report of a field visit to a hospital, local clinic, dispensary or survey on water bodies in the locality (wells, ponds) in written form in the group and share in the school. She can appreciate the friends/members of the family for washing hands before meal, brushing/cleaning teeth after the meal, keeping eating spaces clean, keeping toilets clean, using dustbins and keeping the surroundings clean.
2. Discussion	If properly encouraged in class, she/he can orally share her/his observations and personal experiences about her/his visit to a camp (eye camp, polio vaccination) or a dispensary. She/he can also listen carefully to the experiences narrated by her/his classmates/elders on the same and/or other experiences and express her/his views coherently. She/he can participate in group discussions in the class, can express her/his own opinions and negotiate disagreements if they take place in the group. For example, on the theme, 'water' she/he can narrate her experiences about how her/his family stores drinking water, how they clean water at home, who helps to fetch the water from the local sources etc. She/he listens attentively to the experiences of her/his classmates and reflects on feedback received from others and shares her/his own views.





3. Expression	A child of Class V can express her/his understanding through gestures/body movement/drama - for example she/he can enact role of a doctor in a hospital, police on traffic signal, scene of a Mid-day meal, scene of a sports day. She/he can mimic voices of common birds and animals of her/his locality and sounds of various vehicles. She/he can also draw pictures of the scene and express it through these drawings. She/he can imagine and write creatively on different themes – why accidents happen on roads, if I were a coach, if I were a doctor, nurse, mother. She/he can write poems/songs also. She/he can imagine and make a story on a theme selected by her/his and give reasons why she/he has written on this theme. She/he can make some objects made by clay such as ball, doll, tiffin, mug and colour them also.
4. Performing and Demonstrating	A child of Class V performs simple exercises/and participates in games and sports such as local popular games (<i>kho-kho</i> , <i>kabaddi</i> ; <i>stapu</i>) and jumps –individually or in a group. She/he can demonstrate and follow the correct postures for standing, sitting, walking and running in daily life. If asked for, she/he can demonstrate self-defence actions such as judo/karate and recognise its importance in daily life. She/he can also perform simple exercises and simple yogic exercises/deep breathing under the guidance for physical fitness and also coping with emotions. She/he can do recreational and leisure activities such as singing songs/folk tale, yogic exercise for happiness and peace.
5. Analysing	If asked what would happen if we regularly use plastic bags in daily life, she/he can enlist the possible problems based on her/his experiences. She/he can predict the harmful effects of using plastics, use of chemicals on fruits and vegetables, use of adulterants in food items (<i>Haldi</i> , pulses, dry red chilli, tea leaves) on human beings and immediate environment. She/he can suggest different/alternative ways to deal with problems, issues such as taking a pledge not to bring her/his tiffin in plastic bags, not to take plastic bags from the vegetable sellers and using cloth bags, washing thoroughly vegetables and fruits before eating them, buying ISI marked food products and packets.
6. Working together and Co-operating	During group activities such as organising health <i>melas</i> and camps in school, sports day, <i>Bal melas</i> and <i>Bal sabhas</i> , <i>Prabhat pheris</i> etc., she/he can take responsibility of group work assigned to her/his group members under the guidance of the teacher. If given an opportunity, she/he can plan work for herself and for other group members (as a member of the group). She/he can also coordinate the work of the group as a group leader such as, assigning work to the members, listening to others views, learning to negotiate differences and quarrels, making rules for the group and taking initiatives collectively for improving the health and well-being of her/his classmates and villagers.

7. Concern for Social Justice and Equality	<p>When given opportunities to share her/his views in the group or participate in group discussions on health problems related to old or disadvantaged groups—girls, marginalised section of society, she/he can narrate personal life experiences related to the challenges faced by her/his family. She/he can express concern on unequal distribution of resources in the community for disadvantaged groups such as water, hospital facilities in rural and slum areas, living spaces, toilets and sanitation amongst other aspects.</p>
8. Decision Making and Taking Action	<p>She/he can select an appropriate way out of a number of options to deal with an identified problem such as managing the garbage at home. For example, to identify the right place in the neighbourhood, rather than throwing garbage in open places, purifying drinking water in the house with the use of locally available material (use of Allum, etc.). Dealing with noises at home, she/he can either lower the volume of the TV/Radio and/or convince the elders/family members to do the same. She/he takes initiatives on her/his own or with family members/peer group to deal with a problem for common cause. For example, to check the high pitch of loudspeakers in the neighbourhood/locality during the night time. With the help of community members she/he takes action to stop it. Similarly, to protect the local resources of water (well, hand pump) she/he takes an appropriate step to save water such as asking family members not to wash clothes and utensils, not to bathe animals and not to defecate near the source of water.</p>
9. Coping with Emotions	<p>She/he develops a positive attitude and self-respect for oneself and for others. For example, she/he knows her/his weaknesses in sports and accepts her/his defeat happily in such a situation. Likewise she/he recognises her/his potential/ability in different areas such as self-defence activities, swimming, running/jumping skills, etc., and appreciate herself/himself in performing in these specific situations. She/he develops an attitude of not blaming others for mistakes in performing a task in group work. She/he respects the decisions taken by the peer group/elders about her/his, for example, while playing a game if she/he is declared out by her/his friends, she/he accepts the decision of the group happily, despite her/his feeling that she/he is not out.</p>





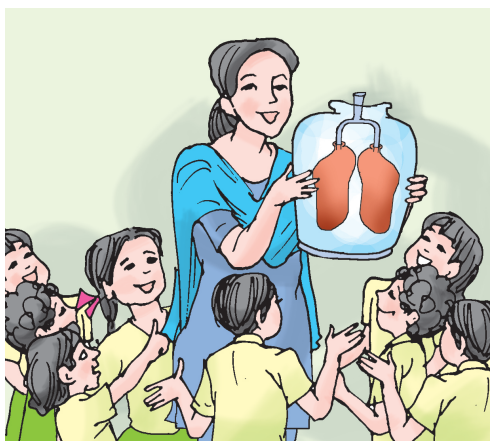
Chapter 4

Activities for Classes I and II

What are the different Ways to Assess the Progress of Children?

As you know that health and physical education is an integrated and interdisciplinary area which covers a wide range of activities to help children develop skills, understanding on key issues and concepts. Therefore, assessing children's progress through only one-method, cannot portray the true picture of a child's behaviour. Before discussing the various activities and how we can assess a child's learning, let us try to understand this:

Sonali and Seema both are teaching in different primary schools. When we asked them how do they organise activities and assess the children? They shared their experiences.



Sonali

- I conduct activities daily in my class. children enjoy taking part in activities. I generally keep in mind, what children like, for example, they like stories, games, puzzles, role plays, songs, rhymes, puppetry etc. Thus, I try to use these ways to communicate some new ideas/concepts in a participatory way!



Seema

- I organise daily activities for my class. I structure the activities keeping in view the content given in the syllabus. I teach major points of each topic and give some test items such as fill in the blanks or one line answers. I know they don't enjoy this but what else can I do? The tests focus on these questions!

- I generally organise group activities, because children love to work in small groups rather than individually. I carryout both indoor and outdoor activities. During group activities, I keep record of each group. Sometimes, I also give them individual work which I feel should be done by each child. For example, making scrap books, draw sketches/ cartoons, puzzles, etc. These need individual participation.
- I try to keep record the progress of each child. In group activities my focus is on how a group is working, for example, whether all children are involved or not and what is their level of participation. If some of the children are not taking interest, I try to engage them and record these observations. In individual work, I record the progress of each child:
 - Whether he/she has done work independently.
 - He/she has done work but needs help of the peer group and needs feedback.
 - He/she could not do work and needs support of a teacher.
- I also keep a mid-day meal record of each child regularly. I also supervise their food habits and relate them in classroom transaction.
- I communicate the information of each child's progress on the health card to their parents and discuss with them during the parents teacher meeting.
- I generally organise individual activities. Because each child must learn facts/concepts related to with this area particularly in health (knowledge about nutrition, cleanliness etc.) But I organise games and sports in group setting.
- In health-related activities we generally give marks like other subjects because we give written questions. But in games and sports, we give grades (A, B, C, D, E – very good, good, satisfactory, below average and not satisfactory). We generally record the progress for each quarter in report cards.
- Mid-day meal is taken care of by different persons. It is not related with this area.
- We send health cards to the parents of the children for signature. What else I can do?





Let us Reflect

- What do you understand from these experiences?
- Are your experiences similar to Sonali or Seema or different from them?
- According to you, which approach is better in this area?
- What needs to be done to conduct activities and their assessment?
- Do you know that children learn through many ways?

In this chapter we are presenting some ways which can be used by the teachers, based on a range of indicators, identified for this curricular area. Assessment can be done:

- individually
 - in small groups
 - self-assessment.
- (i) There are many themes in the syllabus which cover key concepts. The main expectation of each theme is to develop different processes/skills and concepts according to the children's age group. If you see the list of indicators, you will find that some indicators require **individual involvement** and participation. For example, 'skill of observation' involves sub-skills– narrating, recording, reporting and drawing. Teacher must give an opportunity to each child so that these sub-skills can be developed. Similarly, some other skills such as discussion, expression, performing/demonstrating, analysing, decision-making and taking action are also to be developed by involving each child in the activities. These can be assessed not only through one way, but through many other ways such as providing opportunities for:
- observation
 - oral or verbal expression
 - written expression
 - individual performance.
- (ii) Some of the activities children need to do in *groups* rather than individually. For example, conducting field trips, making posters/slogan, playing group games, etc. Each group will perform activities jointly. Within each group children share responsibility. Each and every individual in the group needs to get involved and help each other for accomplishing the task. They either divide the work or jointly do each task one by one. For working in groups, they must be encouraged to participate actively, manage difference of opinion, share responsibility and wait for their turn. The group work must give the feeling of co-operation and ownership rather than identifying weaknesses or spirit of competition. Group work can be assessed by keeping in view the indicators/skills expected to be developed through these activities:
- Sharing responsibility in the group as a member or as a leader.
 - Taking initiatives.
 - Appreciating other's points of view.

Thus, the assessment of a group should be based on the following criteria:

Level III : Group work done independently.

Level II : Group needs feedback for improvement.

Level I : Group needs a lot of support of the teacher and the peer group.

- (iii) One of the major objective of self-assessment is to understand about the child's own learning. It can be promoted among children by elders, parents and teachers. They can regularly encourage children and ask them to question themselves:

How well did I plan my activity/visit?

How well did I play in a group?

How well did I work with my friends?

What are my strengths/positives?

What are my weaknesses?

How should I improve my work?

The children ask these questions themselves and record their responses on a sheet. These responses can be kept in their personal record (portfolio). By comparing child's current level of work with the previous performance, suggestions can be made to improve the child's performance further, on one hand and for learning to learn on the other.

What are the different Ways of Assessing the Children?

1. Rhymes

Children Love Songs/Rhymes!

Indeed, children love singing! The entire class brightens up with music. They listen to song intently and repeat the lines. It is said that the language of music is the language of heart. A song with simple words with simple meaning (sometimes even without meaning) and with simple rhythm can capture children's imagination. Songs can also be elicited with actions and acting.

Though songs/rhymes need not be intended to give messages/information, but it could give immense joy and be used as tools to transmit insight. Children carry with them the words, the tune and even the messages. The tune and the rhythm help them to memories. For the teacher too, it is a great fun watching children sing songs with action.

These kind of activities motivate children and they keep singing almost involuntarily wherever they go. If they also know the meaning, they may even explain and pass on the good word to others. Related to health, some songs which this age group children sing could be:



हरी सब्जियाँ

1. हरी-हरी सब्जी हम सब खाएँ बीमारियों से हमें बचाएँ ।

सुनो सुनो हमारी बात, फल-सब्जियों में छिपा है राज़।

हरी-हरी

गाजर में होती, आँखों की ज्योति।

होती पपीते से रंगत चोखी।

आंवला, टमाटर, नींबू, संतरा,

खाने से टल जाए खाँसी का खतरा।

हरी-हरी

पालक, मेथी, बथुवा, सरसों,

मूली की भुजिया, चने का साग।

दाँतों को मज़बूत बनाए,

हड्डियाँ बनाए लोहे समान।

हरी-हरी

कविता

2. एक दो, मुँह-हाथ धो।

तीन चार, हो जाओ तैयार

पाँच छः, बस्ता ले

सात आठ, चल मेरे साथ

नौ दस, आ गई बस

पाँ पाँ पाँ

3. बिल्ली खुशी से गाती है

जब वो मुँह को धोती है

जो नहीं मुँह को धोता है

उसका मुँह गंदा होता है

बिल्ली खुशी से गाती है

जब वो नाखुन काटती है

जो नहीं नाखुन काटते हैं

उनके नाखुन गंदे होते हैं

बिल्ली खुशी से गाती है

The teacher needs to observe and record:

- The degree of children's involvement and participation in singing
- Their level of acquisition of words or verbal expression
- Their understanding of the correct way to brush their teeth and whether they can demonstrate it.
- Whether they understand that there are other ways of keeping the teeth clean, when toothbrush and toothpaste are not available.

Assessment - Communication and expression skills will be developed.

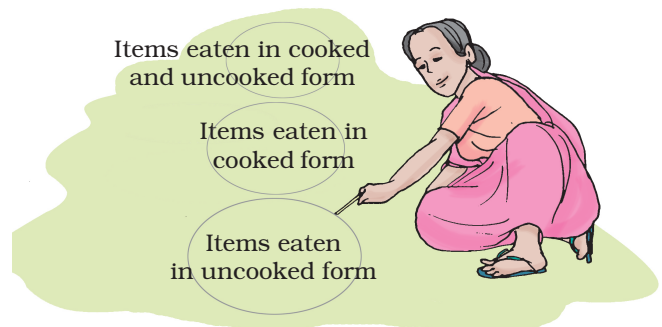
2. Games

Children love to play. There are many games played by children of Classes I and II. Through games many aspects of children behaviour can be developed. Games could be indoor as well as outdoor. Some of the games could be:

Let us play a food game:

Example 1: Draw 3 circles on the ground. Each circle will represent the form in which way food is eaten.

The teacher calls the name of a particular fruit/vegetable like banana,



tomato, lady finger and observes which circle the child goes to. If the child goes in right circle she/he will get one star, if she/he goes to wrong circle he/she will get no star. Through this game, the children will come to know about their food preferences and eating habits of the family. Later, discussion can be initiated on improvement of food habits.

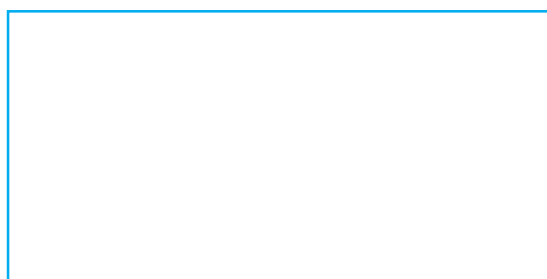


Example 2: In this game, the teacher asks each child to choose one circle and talk about that fruit/vegetable such as:

1. Name of the vegetable/fruit.
2. Taste of the fruit/vegetable.
3. Colour of the fruit.
4. Shape of the fruit.
5. Narrate why do they like it/do not like it.
6. Draw picture

Assessment

Observation, Discussion, Skills



Example 3: Rajiv Says/Rama Says

Through this game, the children develop understanding of their various body parts and basic movements while developing their concentration and attention skills. This game is played in a group. The whole class can play together.





How to Play

1Steps	Actions
1. One child becomes the volunteer say, Rajiv or Rama.	↓
2. They find a suitable place or play area where all other can stand in lines facing Rajiv/Rama, the volunteer.	↓
3. The children must perform the action that Rajiv/Rama calls out.	↓
4. If the volunteer Rajivs says, for example, 'touch your toes, all the children must touch their toes.	↓
5. If she/he say's 'jump up and down,' the children should not repeat the command. The key is to listen to the words, Rajiv says...	↓
6. The volunteer will try to trick children into doing the wrong action. For example, he says, 'Touch your chin, spin around'. Some children may start to spin around without realising that the command did not begin with, 'Rajiv says.'	↓
7. The children, who perform incorrectly, may be asked to run around the group or do 5 jumping jacks.	↓
After few minutes, choose a new child as volunteer.	

The teacher need to observe/reflect and assess

- Is every child responding to the command?
- Are the children co-operating and participating?
- What parts of the body did the children learn about?

Example 4: Throw me!

Through this game, the children will develop their eye-hand co-ordination, concentration and enhance muscle development. They will also learn to be disciplined.

How to Play the game?

- The children stand in a circle. More circles can be made if there are a large number of children.
- The teacher will ask the children to throw the ball to the next child and so on. Whosoever misses the catch will have to sing a song or do dramatise do something. For example, act like a doctor/nurse/football player/teacher.

- At the end of the game the teacher will ask the children to narrate their experiences.

Assessment

This game aims at creating awareness regarding locomotion, non-locomotion and rhythmic movements. Children will develop their observation skills, listening skills, ability, agility and co-ordination.

Example 5: (a) Locomotive movement: 'I enjoy this'

Children form a circle. The teacher instructs a particular child to move in a circle, walk in a zigzag manner, run from left to right, go hopping to a spot etc. If child understands and follows the instructions, everyone applauds.



Rhythmic movement: Play with music

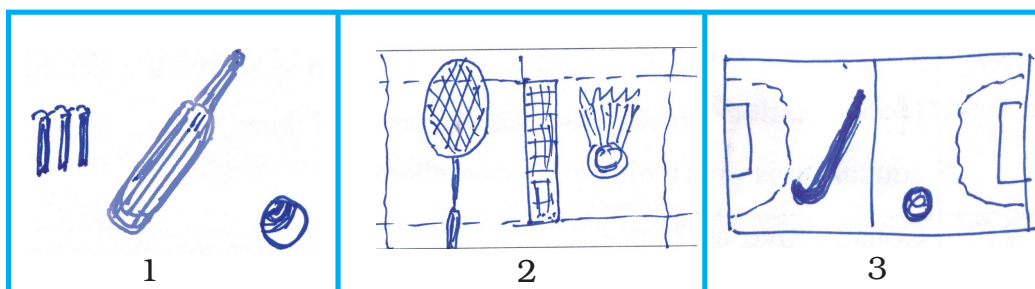
The teacher can play music or give rhythm (using various materials) and children can be asked to sway/move/dance according to the beat. Pace of the music can be increased or decreased to make children do the action slower or faster.

(b) Non-locomotive movement: Follow me!

Children can play familiar games like 'follow the leader'. The leader keeps changing her/his actions which the group has to follow or repeat. Instead of the teacher giving instructions and assessing the children, one child can become the leader and other children can be assessed.

Example 6: In this game, ask each child to choose one picture and ask her/him to talk about the picture:

1. What is the name of the game?
2. Name the items of the game
3. Narrate how to play this game
4. Mention any two rules related to the game



Example 7 : Physical activities break the monotony of continuously sitting in the classroom. Children love to play games. Games are means of recreation.

“Drop, Pick and Run”

This activity helps in developing locomotor co-ordination. i.e., co-ordination of eyes, hands and legs. It improves concentration, running speed over short distance and balancing. The body becomes more flexible.

How to play?

The entire class can be divided into two groups and play as a group activity. This activity promotes team spirit.

A line leader can be selected for recording the time. This will build leadership qualities and a sense of responsibility.

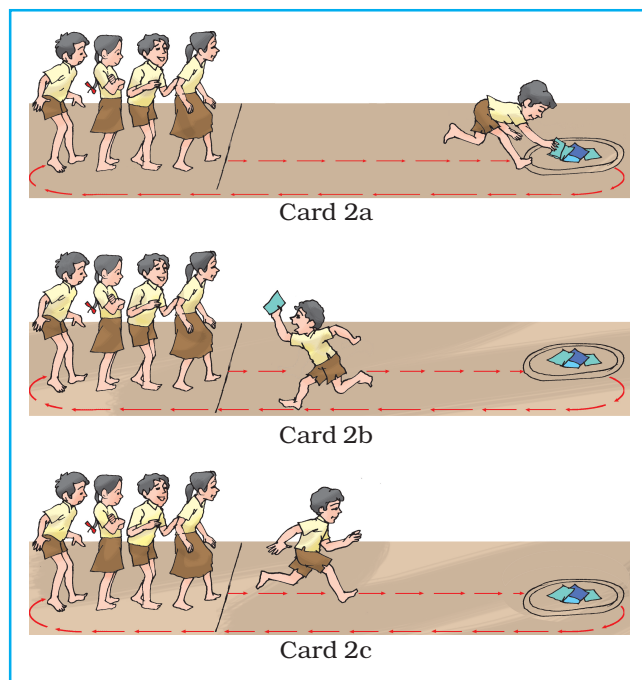
Ring (Tennicoit), *Dari*/Mat or any other items which will be placed on the ground inside a circle is required. Circle can be drawn/marked with a marker or lime powder. Two groups play one by one. All the children stand in two lines.

The first child runs about 2 metres where a ring is to be dropped in the circle. She/he drops the object and moves further about 1 metre ahead, drops the second ring (or any other object) and finally reaches at the end point and while returning picks-up the objects. A distance of about 5 metre + 5 metre (10 metres) is covered by every child. The child joins at the end of her/his line after finishing the turn. This process goes on till all the children have completed their turn followed by the second line. The time of completion by all children in a line is noted. Whichever line takes less time is the winner.

Some Tips for teachers

- Encourage the children to be alert and prompt.
- Encourage the less interested children.
- Try to build team spirit.

Ask them to balance their body while dropping and picking the object and again while taking turns and returning to their destination.



Teacher's Record/Assessment

- Performance : Record how peers were demonstrating (in the right manner or not)
- Coping with emotions : Whether the children appreciated and co-operated with the group.
- Working together : How did the two groups worked as teams and shared responsibility to help the team perform well.

Example 8 : Dribbling the Ball

This is an activity in which the entire class can be involved. It is a very useful activity because it helps in developing neuro muscular co-ordination. It improves the dribbling skills and enables the children to become good players in games like hand-ball and basket-ball which are organised at school level. It makes the children active and flexible.

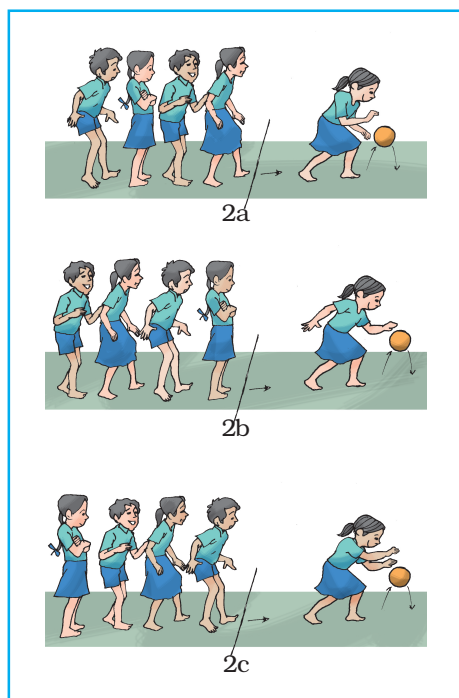
In a dribbling game, the children are divided into two groups and separate lines are made for both groups. Two parallel lines are marked on the ground with the help of a chalk or lime powder. The children dribble the ball slowly between the two lines upto the last point and come back doing the same. Each child joins at the end. This activity is done by all children one by one using their right hand. This activity may be repeated by all the children using their left hand. Next time the same activity may be done by the children using both hands (left and right hand) together.

Tips for Assessment

- The teacher first gives a demonstration.
- Observes the level of participation and performance.
- Observes whether the children are playing in a disciplined manner.
- Records performance and suggests ways in which the children can improve their dribbling skills.
- Observes how the children cope with emotions i.e., accepting one's mistakes/weaknesses and recognising one's strengths.

Example 9 : Throw and Catch

Throw and catch activity is found to be interesting for the children. It helps

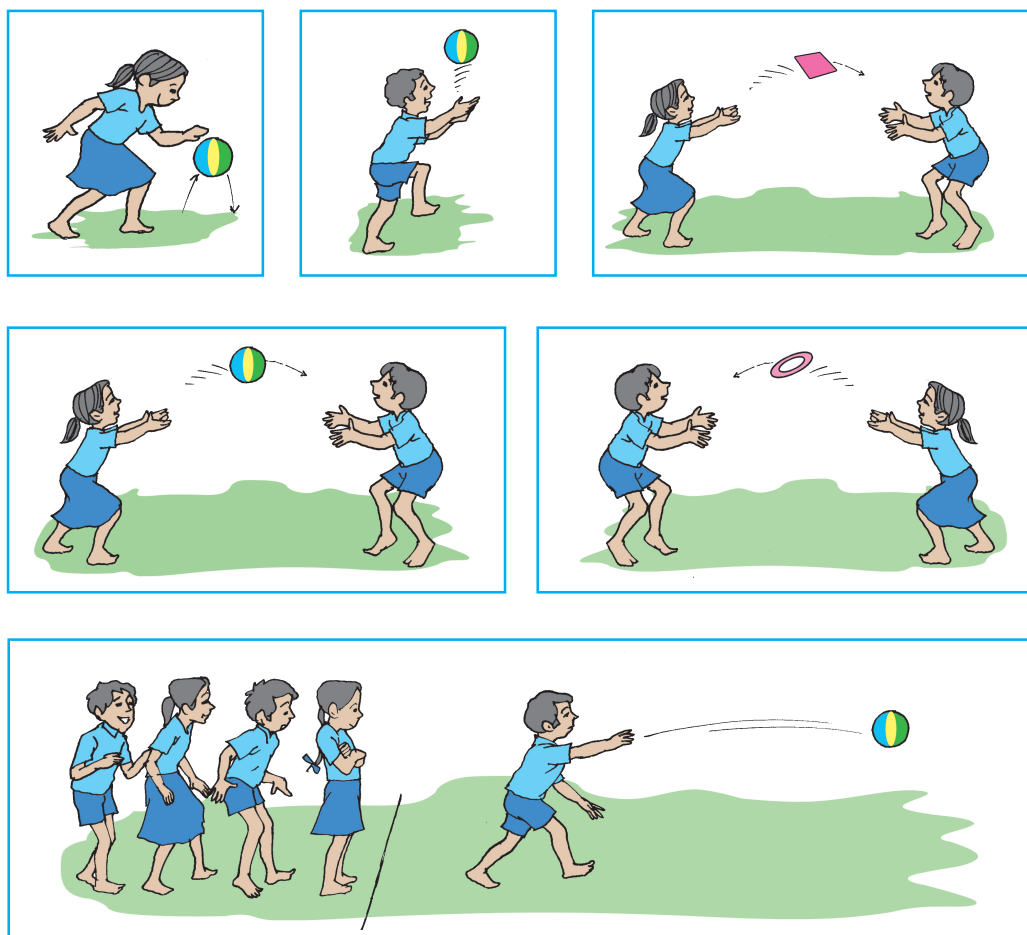


to improve the neuro-muscular co-ordination. Children learn to work together and co-operate with each other. It improves agility and balance.

Throw and catch activity can involve the whole class and requires easily available materials. Some light weight objects or balls may be used. The space required should be sufficient enough for students to stand at a distance of 2-3 metres.

The children stand in pairs facing each other. Each pair is given a ball and they are given instructions by the teacher. The child throws the ball, the partner catches it and throws it back. The children are told to do variations like, throwing the ball a little higher or sometimes a little lower.

Children can be asked to count the number of times they throw and catch correctly without dropping the ball /object and how many times they miss it.



Tips for Assessment

- To demonstrate the appropriate way in which the activity needs to be conducted.
- The teacher will observe the posture, balance and co-ordination during the activities.
- To observe how many times the activity was performed.
- To encourage children who are not able to perform the activity.
- To develop team spirit amongst the children.

Teacher's record for Assessment

- Observation : Whether the child was throwing and catching correctly? Was she/he keen or casual.
- Demonstrating : Was the position of hands correct while playing the game?
- Coping with emotions : Was the child able to recognise her/his own performance and did she/he make any effort to improve?
- Was the child appreciating recreational and leisure activities for promoting happiness.

Some Common Games Played by Children (Classes I and II)

Name of the game	Procedure (How to Play)	What a teacher can develop from each game among children
1. Ring'a Ring'a Roses	This game children play in a group. Children move/run in a circle and sing: Ringa Ringa Roses Pocket full of poses Hai sha-a- Hui saa We all fall down When the song ends all the children sit down together. If a child could not sit, she/he stands out from the circle and claps from outside.	<ul style="list-style-type: none">• Rhythmic movement• Walking in a circle• Body co-ordination• Verbal expression
2. Lemon-spoon Race	This game is played in a group setting. A line is marked on the floor. All the children hold the handle of the spoon in mouth with lemon on it. All children start running at the same time. A child who reaches first on the line is the winner.	<ul style="list-style-type: none">• Walking in a straight line.• Body-eye co-ordination• Balancing body
3. Identifying object	This is a team game and is also played in a group. One child closes both the eyes and other children give object in child's hand and ask her/him to tell the name of the object. If she/he identifies, gets one point/star. If she/he does not, will get zero star.	<ul style="list-style-type: none">• Skills of identifying the object.• Sense of touching, feeling.



4. <i>Baraf Pani</i>	This is a group game and can be played by 15-20 children together. The game starts with the running of all children except one who is called 'danner'. If 'danner' touches any of them, and says <i>baraf</i> she/he has to stand still until other children touch her/him and say <i>pani</i> . This way game continues.	<ul style="list-style-type: none"> • Guessing and identification skill. • Neuro-muscular and body co-ordination
5. Hurdle Race	This is a group game to be played by 8-10 children together. Children have to cross various paths (called hurdle) such as zig-zag, up and down, circle. A child who crosses all the paths/hurdles first is called the winner.	<ul style="list-style-type: none"> • Skill of hopping, jumping • Learn to move in a straight line, zig-zag path, picture
6. Hop-Scotch (Kitkit)	It is a game of two children. First draw 4 to 5 big size rectangles on the ground. Then one of them throws a small flat pebble in the first box. And she/he has to take the pebble to the top box by pushing the pebble with the right foot and comeback in the same way saying kitkit from first to last. If in between she/he takes breath, and stops saying kitkit she/he is the loser.	<ul style="list-style-type: none"> • Participation in various movement standing on one leg. • Hand-body co-ordination. Balances one's body.
7. <i>Oonch neech ka Papda</i>	This game is also played by a group of children. One child who is called 'danner' starts the game. If she/he says 'up' or "oonch" all the children have to run and stand on the raised surface. And if the danner says, 'down' all will come 'down' and stand on the flat surface. If children who do not follow the command or fail to reach up/down have to leave the game.	<ul style="list-style-type: none"> • Learn to play in group-team spirit • Attentive and alertness • Discrimination skill

3. Role Play

Examples 1 : Role play helps to get across to children health ideas/ message and makes learning alive. It develops in children develop creativity, performing skills, listening skills, observation and discussion as well as sensitivity towards social justice and equality. Given below are some situations the teacher can use for role-play with focus on personal hygiene and cleanliness.

Activity 1 : Tina has lice in her hair. She refuses to go to school. Children enact and later discuss:

- Why does Tina refuse to go to school?
- What is Tina's problem?



- What does a teacher advise to Tina and her mother/father?
- What action is required to help Tina overcome her problem?
- What should do other children do or not do in her class/school?

Activity 2: Suraj is good in studies and sports. He has learnt about body hygiene and cleanliness in the class. However he is not able to take bath everyday, wash face and hands frequently as there is not enough water at home as well as at school.



- Enact on this and discuss why it is so? Discuss how other children do?

Activity 3: John does not brush his teeth regularly. He has a foul smelling mouth. Nobody in the class wants to sit near him and talk to him. Enact John's situation.



- Discuss what are the causes of foul smell?

Activity 4: You do not have toothpaste at home. How will you clean your teeth? Enact and discuss.

Activity 5: Salim in your class is suffering from scabies, a skin disease. What advice would you give to Salim. Enact on this and discuss in the class about body cleanliness.


Activity 6: Roshani comes late to school everyday. You found out that she has to fetch water for her family and that causes the delay. What would you do? Enact and discuss.

After the role play, the teacher can divide the children into three groups and ask each group to enact a story around the following themes:

How to use role play effectively?

1. Involve children in choosing situations that are familiar to them.
2. Role play should be in their own language.
3. Encourage each child to select a different character 'role'.
4. Role plays do not need a written script or practice. Sometimes the group can make a rough plan of what will happen in the role play. On other occasions, the teacher can give the children a situation and they can work out what happens spontaneously, reacting to each other in the situation.
5. The discussion after the role play is the most important part of the whole exercise. The audience is encouraged in asking questions to the roleplayers. The group can discuss 'what happened in the role play', why it happened, what might have happened if the characters had behaved differently.



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6. At the end of the session, it is important to discuss 'getting out of role' and returning to themselves, so that they are not teased by other children, particularly when children are playing sensitive characters (e.g. someone who is a patient or disabled, etc.)

4. Picture Reading

This is one of the important ways for a child to learn in all the curricular areas particularly in the lower grades. Researches in this field (Visual Literary/ images) has revealed that children of early grades learn/ receive messages and information more through pictures than words. Visual materials offer a unique opportunity for children to develop visual literacy because it provides space for critical thinking, encourages thoughtful prediction and stimulates curiosity. In early years, providing opportunities to children for observation, exploration, reflection through visuals etc., would encourage meaningful learning and retention. Children's storybooks without pictures give different meaning or no meaning to them. Picture reading tasks can be done individually or in groups depending on the nature of the activity. In this subject, this method can be a very powerful tool for children's learning. Through pictures and photographs, a teacher can communicate messages to children, which is not mere communication of instructions for do's and don'ts but more concrete or based on daily life experiences (experiential learning).

This method can be used in a variety of ways such as:

- Picture reading followed by a discussion.
- Picture reading with a series of questions/ anticipatory questions on it.
- Picture reading through flash cards.

Example 1: Picture reading with discussion.

- This activity is suitable in a group.
- A set of pictures can be given to the group.
- After ten to fifteen minutes a discussion can be initiated on each picture.

Such pictures generally do not have any sequence and may be given in any order. But it is necessary to have sharing of ideas on each set of pictures and later discussion can be initiated such as:

1. What is shown in Picture 1?
2. Which is the right posture in Picture 2?
3. How did you know that this is the correct posture of standing?
4. Can you demonstrate the correct way of sitting?

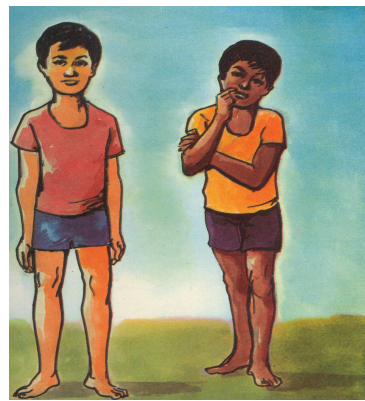
If the above activity is done with the whole class, the picture should be visible to all the children. If it is done in small groups, series of such pictures should be available to all the groups. This requires

colourful and clear pictures to fulfil the purpose of undertaking the task in the classroom.

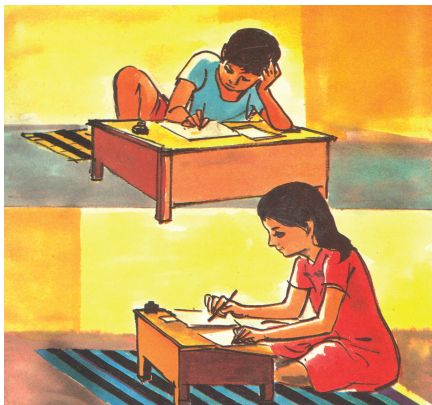
(Similar questions can be framed for pictures 2, 3, and 4)



Picture 1: Posture while sitting.



Picture 2: Posture while standing.



Picture 3: Posture while writing.



Picture 4: Posture while reading.

Example 2. Picture reading with questions:

The teacher can show each picture one by one and ask questions in a small group individually:

1. What do you see in Pictures 1, 2, 3, 4, 5?
2. Describe the kind of activity going on in each picture (in your own language).
3. If you were in the picture, would you do the same thing?
4. If not, what would you do?

The class discussion (individually/group) should lead children to understand what is safe and what is unsafe and the precautions to be taken to keep themselves safe and secure.



This activity can be conducted in a small group. The pictures of Ramu's family and Cheena's family should be given together as a set. It is important to note that at a time both the pictures should be shown followed by a discussion. Similarly other sets (2 and 3) can be given.



Example 3. Ramu's and Cheena's Family

Look at the pictures below and discuss in the group.

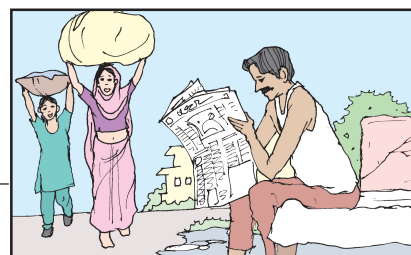
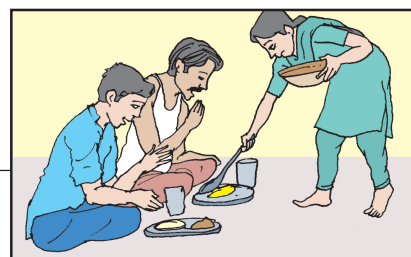
1. What is going on in Ramu's and Cheena's family (See Picture 1)?
2. What can you observe in Picture 2?
3. What is going on in Picture 3?
4. Is your family like any one of these two families?
5. Which family do you like more? Can you give a reason for it?
6. If you are invited, which family would you like to join and why?

Ramu's and Cheena's Family

Ramu's Family



Cheena's Family



(1)

(2)

(3)

It should be kept in mind that while doing the picture reading tasks more opportunities may be given to each child to observe, report, and share experiences.

Teacher's observation records/reflection

The teacher gave this task in the class and recorded observations of two children:

- *Sonali observed each picture minutely. She not only compared the activities going on in both the families but also shared with the group what type of work each person is doing. She likes Ramu's family more because everybody should eat together, work jointly and also keep the place clean.*
- *Rajesh also observed all the pictures minutely but focussed on the nature of task going on rather than who is doing what. He mentioned that his family is like Cheena's family. He shared in cooking, cleaning utensils, floor, etc., need to be done by the mother while the father should do the outdoor activities because he is the only one who knows driving.*

Teacher has used the following indicators for assessment:

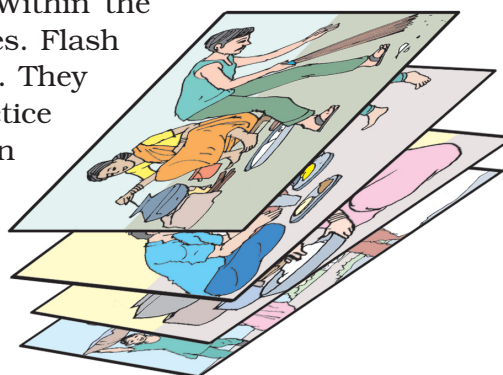
- Observation and reporting skill.
- Discrimination skill.
- Concern for equality.

5. Flash Cards

What is a Flash Card?

A flash card is a card that is used as a learning aid. Flash cards generally have pictures with corresponding words, may be below the picture or at the back of the card. You can also have flash cards which have picture only. Children are shown one flash card at a time and they are motivated to speak by observing the flash cards.

Flash cards are really handy and can be useful at every stage of the class. Within the class, there are individual differences. Flash cards cater to the needs of learners. They are a useful way to present and practice vocabulary. When the children become familiar with these activities in the class, they can be given out to early finishers to use in small groups. Flash cards can be made by the learner himself or the teacher can make them with the help of children. Flash cards should be bright and colourful to make a visual impact on the learners.



The best thing about making flash cards is that they help you to take advantage of short periods of time throughout the day because they can so easily be taken anywhere you go.

Sometimes children can make their own sets of 'mini flash cards' that can be taken home for them to play with parents and siblings.

How to use flash cards?

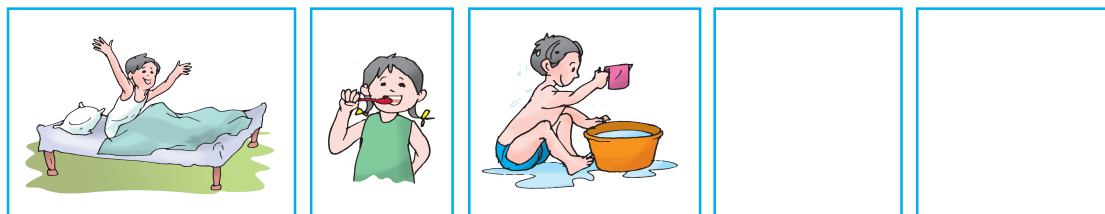
Example 1: Seriation, sequencing of events (daily morning activities). Write the correct sequence of activities in the blank boxes as you do in the morning.



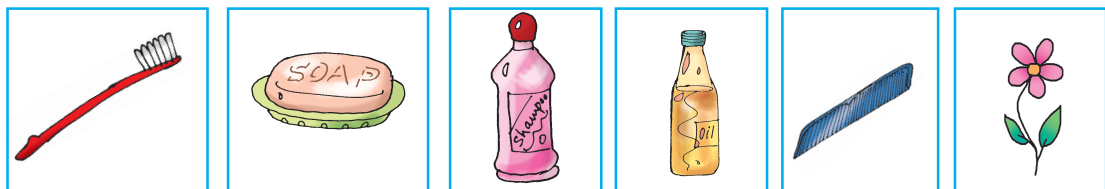
Example 2: Story narration: Any story related to physical and health education can be narrated through flash cards. The teacher can have a picture on one side and what is happening in the story on the other side. Later children can be given those flash cards and they can arrange the cards according to the sequence of events in the story.



Example 3: What is missing? Could you find out which item in the box is missing:



Example 4: Odd one out



Through these activities the teacher can easily assess whether the children are able to seriate, sequence and do the above said task. You can use flash cards to make children ask about the pictures, use them to name different objects and actions shown in the pictures.

You can also prepare flash cards on various themes e.g., food habits activities of daily routine, fruits and vegetables, body parts, etc.

6. Children's Drawings

Young children express themselves through drawings and labelling. Children can express themselves much more freely and deeply through drawings. It gives an opportunity to the child for personal interpretation and imagination. It is an enjoyable activity for children. At the same time, it is an effective learning opportunity for teachers. Drawings of children help in assessing children's concepts, ideas, thinking and personal feelings which they sometimes fail to express in words.

The teacher can identify some 'topic' or 'theme' from the syllabus and ask children to draw something related to that topic/theme.

Example 1: Theme: Nutrition (Food)

- Draw any two green vegetables which you ate yesterday.
- Draw vegetables which are yellow in colour.
- Draw vegetables which are not green.
- Draw any two fruits which you like.

Later, teacher can discuss about fruits, vegetables based on their experiences such as how they eat them, whether they wash hands before eating etc.



Note: Observing children drawing requires an empathy with them, and sensitivity to their artistic processes in relation to the demands of the medium.

- Each child's drawing is different.
- We must come down to the level of children to understand their drawing.
- Don't expect children to draw in a standardised manner.
- Never direct children as to how to draw.
- Give space for their imagination, and diverse thinking and their own imagination.

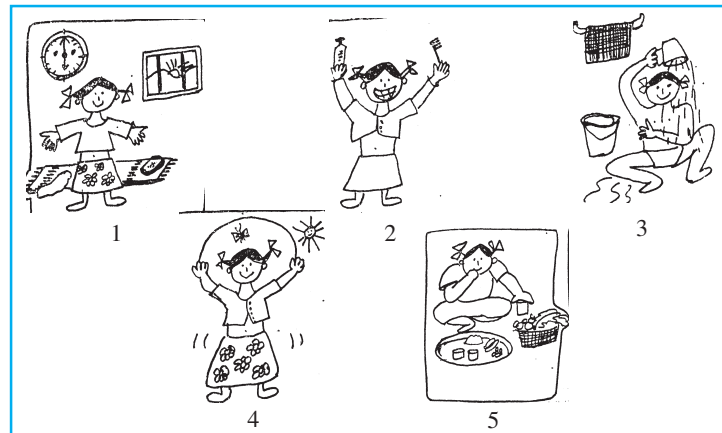
Example 2: Theme: Cleanliness

- Draw any two things which you often use for
- cleaning your house.
- cleaning your teeth.
- cleaning your body.
- clean your hands.



Example 3: One way of using children's drawing is that the teacher can show some drawings drawn by other children of the same age group.

For example seen below are some pictures drawn by Rita. She has tried to show what she likes to do in the morning.



1. Children can be asked to draw the activities which they like to do in the morning.
2. Children can be asked to draw pictures which they like to do in the school. Through children's drawings, the following skills can be developed:
 - Observation : Collecting information, recording, reporting
 - Expression : Creative expression in a non-verbal manner
 - Classification : Seriation/Sequencing of events.

Note: The teacher can make a checklist of observations and tick the observations made by each child. For example:

1. The girl looks 'fresh' and happy.
2. She has got up at 6. o' clock.
3. The sun is rising.

If the child gives a different observation the teacher notes it down. For example:

The girl sleeps on the floor.

Example 4: The following are some examples of dictated drawings.

- Imagine one of your family members has got flu i.e., cold and cough. Depict in your drawing.
- Encourage the children to draw and label things that they use to clean themselves.
- Explore and draw the objects used in your house for cleaning.
- Recite the following poem. Ask the children to depict the poem through drawings.

आओ भाई आओ,
 क्यों भई क्यों?
 एक चीज मिलेगी,
 क्या भई क्या
 मीठा-मीठा रसगुल्ला,
 दूर भगाओ, दूर भगाओ!
 किसको जी, किसको जी?
 गंदी-गंदी मक्खियाँ छी! छी! छी!

Draw your ideas

7. Story Telling and Story Making

Story telling or story making is one of the best ways of introducing new ideas and helping children to understand them. Stories develop our communication and listening skills, and help us to have empathy with others. It is important that stories help children to feel good about themselves and their community rather than being negative or overtly moralistic.

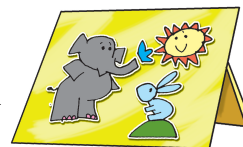
Stories can be told in a variety of ways



- With story books



- With cutouts on the flannel board



- With puppets

- With story cards



- Without any aids/material



It is essential to ensure that the story has the elements of fun and joy. Use a language that children can understand. Stories should be short, interesting and in a simple language. While telling the story, you may encourage the children to supply words and sentences in between to make the story participatory.

Example 1: “Jina lived in a village just like ours. She liked to play with her younger brother. Can you tell me what games did she like to play?”

Similarly sometimes the teacher leaves the story at a climax and encourages the children to complete the story.





Let the children give their own endings and discuss their ideas in small groups.

Example 2: Let's have another example: *"Why is Roma a good goalkeeper in the morning, but in the evening she misses many of the goals?"* Ask the children what could be the reason for Roma missing goals in the evening.

Story telling and story making activities can be used to discuss health issues such as:

- Safety and security at home and at school, on the playground, on road and at home.
- How do accidents and mishaps happen? How can we avoid injuries.
- What can we do in case of emergencies?

Note their answers with reasons and discuss in the class. Help children to relate these stories to their own lives. Has something like this ever happened in your school or family? How can we solve such problem? What can we do to help Roma? Looking at pictures children can also find out themselves about what is happening in the story. Story cards can be prepared by children. Cards can be arranged from left to right and talk about the story. e.g., a series of pictures on how flies spread germs, how Ali saved his little sister from burns, etc., can be suitably used in classroom situations.

Teacher's assessment

- Ask a group of children to tell the story again with each child to contribute and build the parts of the story.
- Encourage children to draw the story in a series of pictures using simple sentences.
- Ask the children to demonstrate the story that is being told to them.
- Encourage children to tell stories from their own experiences and also to collect stories from their grandparents and other old people in the community.
- Encourage children to share stories with their friends and families.
- Ask different groups of children to present stories through puppets/play. It can also be done during PTM/parent education programmes.

Teacher can record

- *Discussion* — how many children listened to the story attentively?
- *Analysis* — how did they respond and relate the story to their own life?
- *Expression* — how many children could recall the messages from the story?

How many children could contribute in building the story?

- *Coping with emotions* — were children able to recognise and appreciate the feeling of characters in the story?
- *Concern for social justice* — did children understand and appreciate inequalities in families, school and community in relation to availability of resources, health and well-being?

8. Conversation

Engaging children in conversation and dialogue to a very good way to communicate the message among children. Through conversation/discussion, children share their own experiences and learn new ideas from peer group conversation can be free or guided. Guided conversation helps the teacher to initiate a discussion such as why do we get pain in our mouth? She encourages children to talk about how brushing the teeth regularly can prevent the need to visit the 'dentist'.

Sometimes the teacher can initiate the discussion by asking question such as:

- Who all have brushed their teeth this morning?
- Why do our mouth smell?
- How did it feel before/after brushing?
- Who has visited to a dentist and why?

Room for two story

Once upon a time, there were two boys, Sanjay and Rahim, who were very good friends: One day they were playing together, riding on a toy horse. Suddenly Sanjay's toy horse broke and he started crying. Rahim came forward and offered him a place on his toy horse, saying, "Do you think I would leave you crying when there is room on my horse for two?" Sanjay climbed on to Rahim's toy horse and together both the boys happily rode on it.

9. Week-day Celebration

- Teacher can also plan a **Dental week** where a dentist can visit the school, do a check-up and demonstrate the correct way of brushing teeth. Parents and children can go for their dental check-up. "Healthy Teeth" cards can be given to the child having teeth without cavities. (Teacher can prepare these cards in advance). During the dental week, each child can be given a toothbrush and toothpaste. Community can sponsor the event.





Chapter 5

Activities for Classes III-V

Creative Expression

Creative expression is one of the important ways of assessing children's own ideas/feelings on different issues related to their day-to-day life. This could be expressed through various activities such as *oral, written or non-verbal (through pictures)*. This mode is best suited in the early grades especially at the primary level. Most of the themes given in the syllabus of this area can be dealt through this way. For example, road safety, use of plastic, eating habits, daily routine, my pet games and sports, transport etc., are some of the sub-themes on which children can express their opinion/views and collect materials.

Let us take the sub-theme *use of 'plastic in daily life'* and see how activities and assessment can be done.

This activity can be done individually or in small groups in the class. If a teacher is conducting this activity at *individual* level, then she/he can be given this task in many ways, such as write-ups, poem writing, picture collection, drawing. The children choose the work according to their interest and then each child displays the material developed by him/her and discuss in the class.

For *group work*, the teacher can divide children into small groups. The activities can be given common or different as per the interest of the children. She/he may ask them to prepare their write-ups, poems, puzzles, drawings etc., within a given period of time. The timeline should be feasible. The children are encouraged to write in their own hand writing. The children should take help from each other. The teacher can observe children working together or discussing in a group and can note down her observations. Here is an example of a teacher's record of two children:

Teacher's record: Observation of Group I

Nitin was quite enthusiastic about discussing and selecting problems related to the use of plastics in our environment. He collected some information from daily observations as well as from newspapers and expressed his own views on that. But Vidya kept quiet. She felt shy and wanted to talk to her teacher. The teacher encouraged her to take part in the group discussion and slowly she got involved and offered to compose a few lines for the wallpaper.

- The teacher observed that in group 1, the children planned what should be given on the wallpaper on the given 'theme'. Two children were busy drawing plastics items used in their

daily life. One was colouring, the other two were found cutting articles from newspapers.

- In group 2, one child was composing a poem, while other was writing a slogan.

सुबह उठो तो बिस्तर प्लास्टिक।
नहाने जाओ तो बाल्टी प्लास्टिक।
खाना रखो तो टिफिन भी प्लास्टिक।
किताबें रखो तो बस्ता प्लास्टिक।
रंग-बिरंगी है ये प्लास्टिक।
कुछ करना है कुछ करना है।
इसका साथ छोड़ना है।



- After completion of activity, teacher asks the group to share their material and discuss issues and problems. This will help them to share their personal experiences.
- The teacher can display the wallpaper either in the classroom or on the school notice-board. Teachers and children can be given their opinion on it, may be by writing their comments on a small sheet. Their comments can be shared in the assembly.
- This activity can be repeated twice or thrice in a year and all these wallpapers displayed should be preserved and at the end of the year displayed for the parents. A teacher can also note down the improvements in writing or drawing in the children's creative effort. In this way, the teacher went on observing from group to group and noting down in her diary for reporting.

Conventional questions on use of plastics in daily life

Fill in the blanks by selecting the right word from the ones given below: (harmful, plastic, good, avoiding, paper bags).

1. Use of plastic is not _____ for health.
2. Plastics are _____ for the environment.
3. In place of polythene we can use _____.
4. We can save our environment by _____ polythene.
5. We should use less _____ as far as possible.

Or sometimes the teacher asks questions and expects children to write the answer such as

Q.1. Name for things made of plastic?

Q.2. What are the harmful effects of plastic?


Let us Reflect

Do you think such assessment has any use, which is based on knowledge and memorisation only?

Let us compare with the earlier approach

Do you think, the syllabus of health and physical education should be implemented through direct teaching (conventional questions) or through experiential learning. Which approach would be better? Do





you think if children will learn the answers of direct questions, would they develop desirable habits/sensitivity.

Direct or prescriptive approach is not useful because children reproduce the answers from their memory. When children are encouraged to write from their own experience, as is done in the given example, we can see how well they observe things related to their use in day-to-day life. Through this activity, the teacher can assess children on the following indicators:

Discussion : Listening, talking, expressing opinions, finding out from other people.

Expression : Writing, drawing.

Explanation : Reasoning, making logical connections.

Co-operation : Taking responsibility and initiative, sharing, working together.

Some examples of Creative Expression

1. **Letter Writing:** This is a good way to share your own experiences or feelings. Teacher can best use this method and assess learning levels. One example is given below:

A teacher in Pune district gave the following themes to Class V in Health Education and asked them to write a letter to their cousins on any one of these.

1. When I fell ill
2. *Jatra (Mela/Fair)*
3. Oh! I lost the match

A letter written by Suvarna (Translated from Marathi) on 'When I fell ill.'

Dear Madhu,

I couldn't write to you because I fell ill. I was feeling so weak that I was unable to write, play or go to school. I got upset when I got high fever. *Dadi* gave me medicines which were bitter. I did not take them so I was taken to the doctor. The doctor was giving injection to patients. I saw two kids crying because of pain. I felt like running away from there but my mother made me sit quietly and the doctor gave me an injection when my turn came. He also gave me some coloured tablets, You know my mother! I didn't like the tablets. They were bitter. Even now, I remember the horrible taste and feel like vomiting. But you know my mother used to sit by my side and make me gulp those tablets on time. She gave me *gud* (Jaggery) or "sugar" to sweeten my tongue. I got good chance to eat lots of *gud* and nobody could scold me for doing. Even Jagan *bhaiya* didn't fight with me. No fighting, no reading-writing! Great fun! Everybody took care of me. Everybody had own reasons behind my falling ill.

According to *Dadi* I caught fever because I went for swimming last day in the river.

My mother was convinced that it was all because I looked beautiful on the wedding of Rajan *dada*! Everybody was appreciating my *Ghaghra-choli* and me. *Nazar lag gayee*!

And the doctor didn't explain anything, he only gave injection. He could have told me the real reason!

What to do? But now I am better! I will join the school on Monday. It will be nice to go to school after such a long break. How are you?

With regards to all at home,

Suvarna

Teacher should provide the chance to all children to share their letters. She/he can note down the 'strength' of the children and promote them accordingly.

2. **Wall Magazine:** Making a wall magazine is another way of creative expression. Teacher can assign this task to different groups. Each group can prepare their wall magazine and display on the board. For developing awareness teacher can select any theme such as traffic rules, road safety, water or noise pollution, etc. This method is very effective. Teacher can assign the theme – it could be common to all or different. Later, a discussion can be organised in the class. Children work in groups and bring out wallpapers containing creative writings, pictures, cartoons, paper cutting, puzzles. The wallpaper can be given different attractive names every time like 'Rushta Pushta', Tonic', "Swasthya Neeti", "School Doctor", "Samvaad", "Swasthya Mitra" etc. Based on their work, group assessment needs to be done. Later this work can be compiled theme-wise and use in the class.
3. **Making Slogans on Posters/Poster Making:** Children need to sit and brainstorm in groups and create slogans on posters on given themes. This activity would be based on themes which are part of their life. Such as immunisation, drinking water, food and nutrition, anaemia etc. Some photography can be collected by children for discussion. One example is given below.


Poster for Display and Discussion: Short-term Effect of Chewing and Smoking Tobacco Products

1. Show each picture in the poster one by one.
2. Ask them what they are observing in the pictures.
3. Hold discussion on 'effect of tobacco' on our life.
4. Take their views/opinion.
5. Ask them how to convince the people.
6. Ask them to prepare more posters and write messages.



Effect of Chewing of Tobacco



- 
4. **Composing and Singing Songs:** There are some songs on the theme health. It is possible to collect and sing them. Children enjoy singing. Later, teacher can discuss songs which encourage healthy habits. Singing songs with regard to health or on physical movements create pleasure, enthusiasm, relaxation and joy among children.

How to select songs in this area?

Songs may be available in every region in regional languages made by health workers, teachers, NGOs working in the area of health. There are some audio cassettes available too. The teacher can select some songs and sing it in the class with children. Teacher can also make her own songs on topics related to health and compose tunes, using folk tunes popular in the region. For this exercise, she may take help of women, girls in the community or of some groups performing plays or *bhajans*.

The teacher must take into consideration a few points while selecting or composing songs on health for the children such as

- The language of the song should be simple so that meaning is understood easily; and
- The tunes should have rhythm.

How to use songs in the health and physical education period?

The teacher may encourage children to sing one or two songs everyday in the class. The health class may start and end with a song. Sometimes the teacher can use a particular song to reinforce a health message and hold discussion in the class.

Assessment and Recording

Indicators like expression of ideas, coping with emotions, performance, ability to work together could be assessed. Understanding contents of the songs is indeed important in Classes IV-V and should be assessed through questions.

The teacher needs to assess creative expressions in a qualitative manner. The recording of the assessment, therefore, is essentially narrative in nature rather than giving good, very good remarks along with 'grades'/levels.

One example of group assessment is given below —

Group 1 Level III : All children in this group participated in planning and execution. In this group, there were 10 children; Rohit was the group leader. He allowed others to participate. Health issues in their expressions are relevant and the information given is correct. The activity is taken up seriously, with enthusiasm, and there is an effort to be creative in the best possible manner.

Group 2 Level II : In this group, only some children are seen participating in planning and doing activities. Others are either silent

or not interested. The work done by the group is generally good. The ones who take the initiative do not allow others to participate or do not encourage them to participate. Therefore, only some children keep answering questions.

Group 3 Level I : Only a few children participated in the process. The work was incomplete. Very few questions were answered correctly. The group was lacking co-operation and co-ordination.

Picture Reading

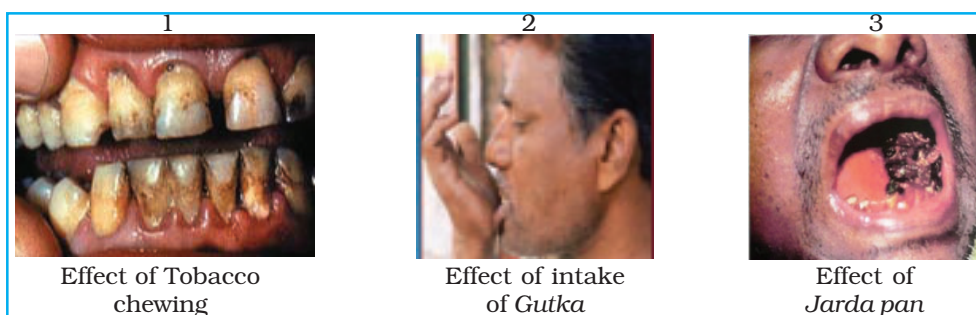
Picture reading is another way, through which teacher can develop awareness among children. If possible, teacher can show actual pictures/visuals, so that they can understand better. The topic/theme such as deficiency diseases, effect of tobacco, process of water purification, etc., can be taken. A few example of picture reading are given below:

Example 1

Show all the pictures to children in the class one by one. Share with them that the people shown in the picture cannot eat, chew and swallow food properly. Doctor says that this is an effect of tobacco products. Thus, they are not able to eat and drink properly. And so their health is deteriorating day-by-day.

After showing the pictures teacher can ask the following questions:

1. Have you seen any such person in your family/locality having such problem?
2. Can you guess what type of problems they could be facing?
3. Is anybody in your family have the habit of chewing tobacco?
4. Can anybody advise them in your family not to take these products?
5. What advice did they give?
6. How will you convince your family members to give up this habit?
7. Make one slogan and put up in the home.





Example 2

1. Ask the children to look at the picture carefully and discuss what is happening?
2. What are the people sitting on the cot doing?
3. Have you seen people using these products in your locality/family?
4. Who are these members and what is their age?
5. What these children are doing? What do you think what will be the effect of this on these children?
6. Why the women are covering their face?
7. What happens to the person? Why he is showing his hand to other people?
8. Discuss with children if anybody smokes near to you how do you feel?
9. Can you guess what are the effects of smoking?
10. In what way can you convince your family members to give up this habit.
11. Encourage children to brainstorm ideas that will help people to stop using tobacco products and cigarette smoking.
12. Teacher can divide children in groups and ask them to make posters along with messages to stop using tobacco products and cigarette smoking.

Note: Continuous talking about how chewing tobacco and smoking damage one's health and selling of such products are banned for children below 14 years, can be a useful way to develop awareness.

How to Assess?

Indicators such as discussion, observation and reporting, decision-making can best be developed.

Tobacco is the foremost preventable cause of disease and death in the world today. The majority of the lungs related problems, like T.B, cough and cold, etc. directly attributable to tobacco consumption. Other diseases which are associated with tobacco consumption are stroke, cataract, peripheral vascular diseases etc. Tobacco use by pregnant women leads to low birth weight of babies, still births and birth defects. Some facts in this regard are:

- As per Global Youth Tobacco Survey (**GYTS, India**), 2009, 14.6 per cent children in the age group of 13-15 years are consuming tobacco (19 per cent, girls, 8.3 per cent boys), in some form and that the age of initiation of tobacco use has declined.
- In India, tobacco is consumed in many forms, both in smoke and smokeless forms. For e.g. *bidi, gutka, khaini, paan masala, hukka*, cigarettes, cigars, *chillum, chutta, gul, mawa, misri* etc. *Bidi* accounts for more than **50 per cent of tobacco products** consumed in India, followed by chewing forms (30-35 per cent) and cigarettes (14-16 per cent).
- To reduce the use of tobacco among youth and protect the non- smokers from tobacco smoke, Government of India enacted a comprehensive legislation in the form of “Cigarettes and other Tobacco Products Regulation Act (**COTPA**)”, 2003. The Government also ratified WHO Framework Convention on Tobacco Control (**FCTC**) in 2004 and is obligated to implement measures for reduction in demand and reduction in supply of tobacco in the country. The National Tobacco Control Programme initiated in 2007-08, is under implementation in 42 districts (21 states) in the country. It encompasses a component on school tobacco programme.
- **School Health Programme:** The School Health Programme is under implementation in 27 states/UTs in the country. *Schools are important partners in accomplishing the goal of controlling the use of tobacco products by the school children and also empowering them as champions of tobacco control in the society. School can play an integral role in reducing tobacco use, since schools have contact with the child and family from kindergarten through to grade twelve, they have the potential to reach to large numbers of children repeatedly at a time when they are tempted to experiment with tobacco.*
- **Tobacco Free Schools:** Policies play an important role in discouraging youth from starting to smoke and use tobacco and in decreasing the likelihood of developing an addiction to tobacco. With this subject area, these messages can best be given in society and develop awareness.

(Source : Ministry of Health and Family Welfare, Government of India¹)





Role Play

On the spot 'Role Play' is a very useful tool at the primary level. Role play helps children understand real life situations with regard to health related problems. The teacher can also use this way to assess the impact on children without making them conscious that they are being evaluated. The entire process becomes alive while children are being assessed. They also learn to perform, listen, observe others and to discuss, through this process.

Through this method, teacher can select those themes/key concepts of the syllabus which need self-reflection and messages for self-improvement. For example, everybody knows we should keep the school surrounding clean, but none of us take trouble to ensure this. *If a safai karamchari's role is enacted by a child and acts how children are making the place dirty. This way children get the message and will change their habit to some extent.*

Some of the topics/themes which can be taken through this method are: eating habits, cleanliness of the body and surrounding, use of toilets, use of water, smoking and tobacco chewing.

How to organise?

The teacher decides a theme wherein several people are involved. For example a teacher selects a problem related to the school: *The school premises though swept in the morning soon turn dirty.* A meeting is called by the principal inviting parents, teachers, children, class representatives, school staff etc., to discuss and think of a solution. The teacher asks the class to enact during a school meeting. She assigns the role of different persons, such as *safai karamchari*, teachers, parents, children, class monitors, health committee to the children etc. The children are not to disclose or discuss with each other about their roles. They participate in the play at the appropriate time and reveal their identity by enacting the given role. Later, a lot of heated arguments, discussions, deliberations and negotiations, may take place to resolve the problem.

Some useful tips

- The teacher may initiate some warm-up games or exercises before the activity starts.
- The teacher should select a simple incident for role play which the children can easily imagine.
- The teacher should not get upset/irritate if a child imitates her/his gesture while playing the role of a teacher.

Some examples of Role Play are

Situation No. 1 : Ram offers *gutkha* to his friend Shyam. Shyam refused to take it. Shyam gives various reasons of not taking.

Discussion: After the two students have enacted it, hold discussion for about 10-15 minutes in the class on the role play. Ask the students, what more reasons Shyam could give to Ram. You could also consolidate the session by asking the students to make a pledge. I will not take tobacco in any form.

Situation No. 2 : Let children dramatise ‘how a person who was taking tobacco got sick and then got admitted in the hospital’.

Situation No. 3 : Rohit studies in Class V but has tremendous peer pressure to experience cigarette smoking at least once. After immense avoidance he once got tempted and stops at *panwallah* shop to ask for a cigarette. Here a very sensible *panwallah* warns Rohit against cigarette smoking and Rohit got convinced. Dramatise the situations and get children involved in discussion. Discuss with children how tobacco and cigarettes damage our health and our near and dear one’s health. Also discuss with them that sale of tobacco products are being banned to minors i.e., children below 14 years.

Encourage the children to answer the questions.

What will happen if?.....

- (a) People smoke in public places?
- (b) A *panwallah* sells tobacco products to minors?
- (c) A person continuously smoke?
- (d) There is no tobacco products and cigarettes in the world?
- (e) Cigarettes smoking is being projected by the film star/TV actor through film play?

Arrange a talk by the expert or doctor in the school on “how tobacco products and cigarettes are damaging for one’s health and how children can stay away from it. A documentary film or video programme can be shown to them. Also how they can help themselves and their friends in case they get trapped in the dangerous net of tobacco.

How to Assess ?

A teacher observes every child in the group carefully and record observations, for example:

- Meenal in a *teacher’s role*, showed sympathy and concern about children from the lower economic strata who were blamed for making the school dirty. She strongly argued with other children against blaming children from the lower economic strata.
- Dinakar in a *Mali’s role* while suggesting a remedy to keep the school premises clean suggested instead of burning of dried leaves, waste-papers which is not environment-friendly etc., separating ‘wet’, ‘dry’ leaves from plastic garbage and making compost out of it.



- As a group, children were listening to each other quite well but sometimes Ramesh, and Sadashiv got furious, raised their voices and lost their temper.
- A teacher can assess children on the following indicators at three point scale (Level I, Level II, Level III).

* Expression	* Coping with emotions
* Observation	* Discussion

It should be noted that the ending of the role play may not always be an 'agreeable/happy ending.' The given problem may not necessarily get resolved or the entire process may not appear desirable! But yet if the teacher accepts, appreciates and discusses important issues emerging out of the play the children's understanding may deepen and rather than remain on the level of technically 'right' and 'wrong' answers.

Performing and Demonstrating

Children easily get engrossed in creating things with their own hands individually and in groups. There could be a range of *experiments*, such as *water purification at home*, *making First Aid Kit through locally available material*, *preparing ORS*, *preparing a nutritious food-items*, *garbage disposal*, etc., which can be conducted in the class through this method.

Some of the topics which can be taken through performance/ demonstration are:

- Safty equipments like fire extinguishers.
- Martial Art – Judo/Karate/Taekwando.
- Water purification activities/experiments.
- Demonstration of First Aid Kit.
- Traffic signal charts.
- Various kind of body movements.

All these themes may be distributed among the group one by one. If it would be better at a time, one theme may be selected so that every-body have an experience of all the activities. The teacher would have collected the necessary material needed for these experiments. This can also be done with children's co-operation.

The groups present their demos in the class. The teacher and other children ask questions. Finally the teacher summarises her observations and offers suggestions for improving the demonstration. She can note down her observations on collection of things, upkeep and hygiene, sequence of actions and co-operation, while the children are at work.



Some activities for demonstrations

- Grinding *neem* leaves with equal amount of turmeric powder on a clean flat stone makes an excellent anti-scabies ointment.
- Making ORS (Oral Rehydration Solution) by adding 4 pinches of table salt, 8 spoons of sugar (and some lemon juice for taste) to one litre of water. This is also called '*Jal Sanjeevani*' and used in case of diarrhoea.
- Dose = Two glasses every time after passing loose stools, one glass for children of 8-12 years and for infants ORS should be given spoon by spoon.

Assessment

The teacher may assess observation and reporting co-operation, willingness to work together can best be developed and assessed.

Interviews

Interviews are an excellent opportunity for children to practise their discussion and communication skills. This may be developed by providing practice to take interviews of different individuals who are involved with her in day-to-day life.

Many key concepts related to health can be taken through this method. For example, some community members who are not taking care of their children's food, cleanliness of house, personal cleanliness, vaccination of children, cooking method of vegetables etc., can best be taken. For this method, children can sensitise the community. The other topics which can be taken are:

- Interview of school *safai karamchari*.
- Interview of Health worker.
- Interview of *khomchawala/chatwala*.
- Interview of grocessorman.
- Interview of cook (mid-day meal).



Children of Class V conducted one interview each of *sarpanch* and parents.

You can also read and reflect on it:

Example 1. Name of the interviewer	Rama Jha, Class V Student, Primary School, Ranchi
Interviewee	Sarpanch
Q.	There is no doctor in the village. What are you doing about the village hospital?
A.	What can I do? I am not a doctor...
Q.	But you are a <i>Sarpanch</i> of this village?
A.	Yes, I have sent a message to the Health Department.
Q.	When will doctor come?
A.	How do I know? They should do their duties...
Q.	There are no beds in the hospitals for patients.
A.	But this is not in my hands.
Q.	Can you write a letter?
A.	Yes I am also thinking of doing this.
Q.	In case, you cannot write a letter, you can take the help of our teacher.
A.	Yes I think so. I will do now.
Example 2. Name of the interviewer	Khusboo Rani Class V, Bhagalpur, Bihar
Interviewee	Mother (Parent)
Q.	Why dirty water and garbage is collected near your houses?
A.	I don't know?
Q.	You know there is lot of seepage and dirty water around your house
A.	But what can I do?
Q.	You can sprinkle kerosene oil on that.
A.	Yes that I can do.
Q.	You must not throw to that garbage outside your house.
A.	But where should it throw?
Q.	Dig a pit and put the garbage in it everything except plastic.
Q.	We came to know that five of your family members are down with malarial fever?
A.	Yes, but what to do?
Q.	You must have spent a lot of money on their treatment and the sleepless night's too.
A.	Thank God, I didn't fall ill. We are poor. My husband had to borrow money from the <i>Sahukar</i> .

Children could be given roles of a doctor, nurse, *nagar sevak*, *sarpanch*, traffic police, industrialist, builder/contractor, member of Village Health Committee or a mother.

Each one of these would be interviewed by a panel of interviewers. Both the role players, interviewee and the interviewer, would need to do some homework in order to make the exercise meaningful.

All those who had to play the roles need to know the functions of the people involved in this work. The panel too needs to know how to raise correct questions. It will help the panel if the teacher suggests a particular happening (say an epidemic of malaria, diarrhoea, etc.) and asks the panel to interview the persons. Some amount of rehearsal may be required.

Group work (team spirit), co-operation, collection and reporting of information and concern for social justice could be assessed through this activity. This is a very effective method for group learning. Two more examples are given below:

Example 3

Name of the Interviewee: Manvi Tejpal, (Class V) Mother's International School, Delhi

Name of the Interviewer: Mother (Dr Kavita Sharma)

Q. Have you seen anybody smoking?

Manvi: Yes.

Q. Whom and where?

Manvi: Many people in the markets do that.

Q. How do you feel, then?

Manvi: Very bad. I feel like running away.

Q. What do you do then?

Manvi: I cough very loudly so that the person is aware of that I am feeling bad.

Q. Do you know anyone who smokes?

Manvi: My father used to smoke but now he does not.

Q. Why did he stop smoking?

Manvi: Because we insisted him not to do so.

Q. Did he agree immediately?

Manvi: No, it took a long time. First he reduced and we also helped him to leave smoking.

Q. How did you help?

Manvi: My sister Mansi and I used to point out and tell him not to do that.

Q. Why do you think it is harmful?

Manvi: It gives out lot of smoke which damages our lungs. I heard it can even cause cancer.

Q. Where did you hear it from?

Manvi: I saw an advertisement in television in which they showed a black liquid come out of sponge. They told it goes inside the body when we smoke.

Q. Have you heard about tobacco?

Manvi: Yes, it is there in cigarettes.

Q. Do you know any other things which contain tobacco?

Manvi: Yes, cigar, *bidi* also have tobacco.

Q. Why do you think people smoke?


Manvi: I asked my father and he said that he started smoking with his friends.

Q. If these are so harmful, why do you think cigarettes are being sold?

Manvi: I think some people sell it because they want to make money. I know that it is not allowed for people below 18 years.

Q. Who do you think can stop it?



- 
- Manvi: I think government can do a lot about it but people smoke again when no one is watching. Only if we talk to them regularly then we can help them. I also feel that the government should ban it.
- Q. Do your teachers talk about this issue in your class or school?
- Manvi: No, but once in Class III my teacher talked about it.
- Q. Have you seen posters or symbols around you which make people aware about it?
- Manvi: Yes, I have seen '**No smoking**' symbols in trains, buses, metro, malls, aeroplane, hospitals and many other buildings. I have also seen ads in TV.
- Q. If you were given a responsibility to ban this, what would you do to check smoking?
- Manvi: "I will ban cigarettes or any tobacco things. I will also encourage people to have healthy food, through advertisement from popular actors and give it in TV. I will make very strict laws for people and who do not follow will go to prison."
- I can say -

A cigarette a day shortens your life, I say

In the example 1 and 2, children took interview while in example 3, a child's interview was taken. In this, we have taken views of primary child (Class V) on tobacco product and its effect on human life. This is one of the best approach to take views and communicating messages to members of the community. Through this technique, we can know awareness at one level and carry forward message at home, at another level.

Assessment: Teacher can assess children on the following indicators:

- Communication and narration skills
- Reporting skill
- Discussion skills – listening, finding out from others, asking question.

Field Visits and Survey

Field visits is an excellent way to provide hands-on experiences to children. Generally in this subject, health related issues can best be addressed that will develop better understanding and learning experiences among children.

How to organise: Children love outings. If teacher gives some tips how to group children, how to record and how to report, children can gather and analyse reliable and useful information from the community. It could begin with the school premises!




Children can visit:

- the hospital
- local market
- eating places, production unit (factory)
- the house of a *Bhagat* or *Oza*, (local traditional healer)
- community water sources
- *Vyayamshala*

The out-of-school journeys may be longer in duration and may encompass a number of topics on each trip. They must be very well planned, with much thought going into every facet such as transportation, security and most importantly, the topics to be covered and their relationship to the on-going programme. The topics would tend to be more practical in nature and demand adequate preparation so that children know what they are looking for during the trip.

Visits to other schools can be a very satisfactory way both for children and teachers to share and compare their learning experiences and undertake joint learning programmes. A number of health activities, games, cultural programmes and display work can be shared. The activities may be conducted along with cultural and sports activities to give greater depth and balance to the programme. Again, careful planning and liaison between the two schools is absolutely necessary to ensure happy situation. And a detailed plan and schedule of activities is required. This way children will learn many new things and develop self-confidence.





The visits may be organised in those schools when they organise health *mela*, health club activities, talk of a doctor, etc. During this time various interactive activities or plays can be staged by the schools to develop sensitivity among children on many issues related to health.

Assessment: Exploration/field visit is a good method for group assessment. The teacher can assess on capacity of the group to observe, collect relevant information, analyse and present co-operation and concern for social justice.

Survey: Water and Sanitation Survey in School

This activity is more appropriate for Classes IV and V children. Teacher can make three groups and assign work as under:

Group I will find out about the *arrangements of drinking water* in the school.

Group II will find out about the *arrangement of toilet* in the school.

Group III will find out about *sanitation and garbage disposal facilities* in school.

The questions given below will help the group to collect information.

Group I : Survey of Drinking Water Facilities in School

Observe and Note down

1. Where does the water in your school come from?

2. From where do children in the school take water to drink?

3. Who does this work in the school?

4. Are the water containers cleaned up regularly by him?

5. Are all the *matkas*/containers filled with water daily?

6. How many ladles are there per container?

7. Is the place around the drinking water cleaned regularly?

8. Who does cleaning work near drinking water place and how?

9. Where does the water that is spilt go?

Think and Discuss in Group

- Why do the drinking water place in the school get dirty?
- What can we do to keep these places clean?

Group II: Survey of Toilet Facilities in School

1. Where do children go for toileting?

2. How many toilets are there in the school?

3. Are there separate toilets for girls and boys? Yes No ☐
4. Is there water available in the toilets? Yes No ☐
5. Where does the water come in the toilet?

6. What arrangements are there for washing hands near the toilet?

7. Do children wash hands after using the toilet? Yes No ☐
8. Are the toilets kept clean? Yes No ☐
9. Who cleans the toilet and how many times in a day?

Talk about and share your ideas!

- What can be done to keep the toilets clean? What can each of us do for this?
- Have you seen toilets at bus stands or railway stations? How are they different from the toilets at home? What are the reasons?

Group III: Survey of Sanitation and Garbage Disposal Facilities in the School

1. Who cleans the school premises?
2. At what time she/he starts the cleaning work?
3. How much time she/he takes for cleaning the school premises?

4. What material she/he uses to clean the place?

5. Where does she/he dispose off the garbage?
6. Is it disposed of at open place or a covered place?

7. Is there dustbins in classrooms? If no, where do children put garbage/waste?
8. Whether dustbins are having lid or not. If no, what are the reasons?
9. Why do the eating places get dirty in the classroom?

Discussion

- What can we do to keep the classroom clean and tidy?
- How to avoid use of plastic in the garbage?





Dramatisation

This is also a very effective method to transact health related issues in primary classes. The main purpose of this method is to communicate ideas/feelings in a lively manner which they project through some actions. With these actions teacher can easily identify feelings and their original thoughts and accordingly provide inputs to children. She/he can also identify develop creativity with this method. Some topics which can be taken are: food and nutrition, environmental cleanliness, etc.

A mock market may be enacted by group of children: Some would visit the 'shop', some shops would sell junk foods, tobacco, *gutkha*, uncovered eatables etc., some would offer healthy eatables. Encourage the children for dramatisation. The teacher may also get herself involved in the dramatisation as a background narrator.

Example – Mock Market

A dramatisation was organised 'mock market' by Class V children in one of the schools at Pune:

Children grouped into four sub-groups. They installed four shops, with banners like *Bajrang Pan Thela* (where tobacco, *gutkha* were sold) *Anand Bhavan* (with garbage and waste water all around), *FaFoo corner* (fast food corner with uncovered sweets/bondas) and *Hrishta Pristha* (with sprouts-bhel).

Every shopkeeper (children) tried to attract attention of other children (buyers), by putting up posters, drawings etc.

Most 'buyers' (children) went to the "Hrishta Pristha"!

- Ashok and Ramesh were shy as they were selling tobacco and *gutkha*.
- Aishvarya and Amol co-ordinated well in putting up posters selling sprouts, explaining and making appeals to the buyers.
- There was a brainstorming on food items what should eat, after the exercise was done.

Children's observation, willingness to work together, analysis and presentation, decision-making etc., indicator will be assessed, through this method.

Group Discussion and 'Brainstorming'

This is also a very effective mode to communicate health related issues and concerns. Teacher can assign one topic to all children and give 20-25 minutes for discussion in the group. For example, 'say no to plastic', 'say not to crackers' etc., topic can be taken. She/he first asks the groups to share their experiences related with these topics. Every group would prepare points to share with other groups. In the last, teacher can highlight the major points.

How to make groups?

The teacher is aware that it is not advisable to be random while making the groups. She/he knows her/his class and so she/he divides children in such a way that every group has some children, who can articulate, keen observers and extrovert children. The teacher asks children to name their groups (names could be given on some eminent scientists, doctors, health workers). There could be five groups consisting maximum 10 children in each group. Each group should have some girls and some boys.

How will the group function?

The teacher asks each group to sit in such a way that they all can see each other (sit in a circle). Every group needs to have one or two rapporteurs who would record the discussion. Children must listen to each other and allow all participants to speak. Even shy children must feel comfortable to speak aloud and share their ideas. Thus the group atmosphere must be conducive for sharing. Extrovert children should help shy ones to speak out so that everyone participates. The rapporteurs share the notes within the group before presenting them in the class in front of other groups. The children need to complete the process within a given time frame.



Example

One block of Maharashtra state selected a topic for a group discussion — 'Mothers drudgery of work!' Children of Class III were asked to observe their mothers what they do from morning to till night. All the children within the group shared their experiences and discussed around each question given for recording. What their mothers do from early morning to late night. To guide the discussion, the teacher gave following questions to each group:

- List the work that your mother do during the whole day.
- Which work causes more physical stress?
- Can somebody from your family share her work? How?
- What can you do to help your mother at home?
- What will your neighbours think if boys share household work?

After the group work, the teacher will ask each group to come forward one after other and present the discussion that took place in a group. The teacher should summarise the discussion and appreciates their efforts.

How to assess?

The teacher assesses the performance of children on the basis of presentation done by the groups. She/he can assess the groups based on their presentation. The teacher also notes down her/his observations by visiting all the groups while discussing. Since she/he is handling the class alone, and has a limited time for each group, prior preparation is necessary.





Teacher's Record

The qualitative remarks of each group were as under:

Group A: She/he rated group 'A' at Level III. (This group can do work independently).

- All the members in the group participated in the discussion.
- All the relevant facets of the subject were discussed seriously.
- The rapporteur of the group recorded everybody's opinions/views.
- The child who presented the discussion did so by sharing all the viewpoints discussed in the group.

Group B: She/he assessed group 'B' at Level II. (This group can do but need support and feedback).

- All the members in the group made efforts to participate in the discussion.
- All the relevant facets of the subject were discussed but not done seriously.
- The rapporteur tried hard to record all the views discussed.
- The child who presented the discussion doesn't cover all the points discussed in the group. The presentation was not planned properly.

Group C and D: She/he assessed group C and D at Level I. (Children needs lot of support from teacher).

- Only some children in the group participated in the discussion. Others showed little interest in what was going on.
- The discussion lingered around limited aspects, questions, since it was in the hands of few children. The rapporteur failed to record all the points.
- Not all the points were presented.

Indicators like discussion, co-operation, expression, decisionmaking, coping with emotions, taking action and analysing can be assessed.

Example

Group Discussion: On Tobacco and its products/smoking

Suggestive guidelines: process of conducting activities

1. Ask students about their knowledge/awareness level on tobacco products and its use.
2. Brainstorming/discussion on issues selected for discussion in the class.
3. Small group discussion to evolve steps to stop its use in the locality/family.
4. Group-wise sharing of report/messages.

Guidelines for Group Discussion

Ideally each group may consist of 8-12 children, and a facilitator. The group should be a homogeneous (same class and age). Facilitator (Moderator/Teacher):

- Should not dominate the discussion.
- Introduce new ideas to the discussion.
- Monitor involvement and interaction among students.
- While maintaining the core theme of the discussion ensures flow of conversation.

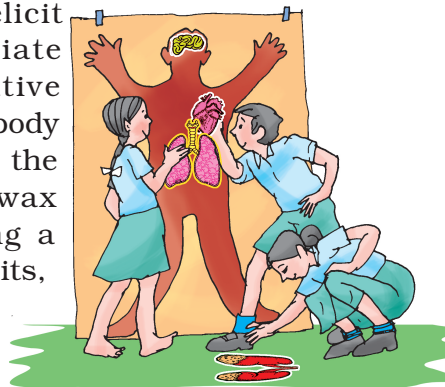
This activity will help in disseminating information about tobacco use and their hazards.

There are various other activities to make children more knowledgeable and aware about tobacco use. Teacher can show posters after the activity.

Body Mapping

What kind of activity is this?


- This is a group method of assessing children. Through this method, teacher can elicit expression, co-operation, appropriate information, discussion and creative expression. Draw a picture of human body can be done using coloured chalks on the classroom floor. Or using pencils, wax colours on paper sheets or collecting a variety of things like leaves, twigs, fruits, bricks, stones etc., and using them to make the picture of human body. Thus the teacher may choose a suitable mode according to the availability of the material and space.



How to conduct body mapping?

- The teacher requires papers, coloured chalks, card sheets (2 sheets joined together to make 5 big card sheets,) wax-colour sets. A simple chart showing main systems and organs of human body.
- Teacher distributes small paper sheets to the children and asks them to draw a picture of their own external body and internal body parts, which they could imagine and draw. Putting their names on the paper sheet is voluntary/optional. Ask them to name the organs.
- The teacher now can divide the class into 4/5 groups.
- To begin with, the teacher asks the children to give names to their groups. She/he gives bunch of coloured chalks, white chalks or pencils, paper sheets, wax-colours to each group and asks them to





draw human body with proper internal organs which they have now learnt. The children label the organs and also make a beautiful border to the picture made. Each group draws picture of the human body on their own using different space allotted to them in the class. All the children participate in their groups and enjoy. They can colour the picture.

The teacher prepares the picture of human body on paper which is white, thin and light in weight. She cuts the picture in three parts (1) head (2) chest (3) stomach. Hands and legs are made separately and kept aside. All the parts of the body are coloured. The teacher fixes pieces of velvet paper at the back of the pictures so that it gets temporarily stuck on any cotton cloth, which is spread on any slanting surface (a board).

- The teacher collects all pictures from children after 15-20 minutes and goes through them, appreciates children's efforts. (Though the drawings may not be anatomically correct and that is not expected from this exercise).
- The teacher now tell children to see the chart and compare their results. For example, some children showed heart in the back lung in the lower abdomen. *This exercise gives fun as well as learning through errors and their functions of organs in a very simple language by using drawings/charts.*
- The teacher may sing a song or any rhythmic creative song about the human body and asks children to recite with her. By this, the information given is reinforced.

How to assess?

- The teacher visits the groups while they are drawing human figure or colouring or labelling. The teacher can assess them by observing in the group carefully such as:
 - 1. Show me the heart in the picture you have drawn.**
Can you show me on your body the place where your heart is? Could you imagin the function of the heart?
 - 2. Show me the lungs in the picture you have drawn.**
Similarly, the teacher asks questions about other organs drawn in the picture.
The children should also appreciate each other's drawings.

How to decide on the remarks?

Group which performs Independently (Level III)

- Each child in the group participates in the activity of painting.
- The size, shape and placement of internal organs drawn are appropriate.
- The labelling is correct.

- All the children in the group answer correctly. There is team-work and co-operation among the children in the group.

Group did better but needs some support from teacher (Level II)

Only a few children in the group take part in drawing the picture of human body. The rest of them do not participate, keep talking to each other.

- The group draws the picture of human body correctly.
- The labelling is also correct.
- Only three or four children in the group answer correctly. Others try but fail to answer correctly.
- The smarter and more vocal children do not allow shy children to participate in the group.

Group which needs help (Level I)

- Children could not participate in drawing the picture of human body.
- The size and placement of few internal organs are incorrect.
- The labelling is incorrect.
- Only 2/3 answers are correct.
- Lack of team-work and co-operation.

It is possible that a child can narrate the picture correctly but can't imagine and express pre- and post-incidents in convincing manner or may not be able to reason out why she/he has selected the particular picture. But it will be easy for the teacher to evaluate three different aspects separately and record.


With this method indicators like observation, expression, analysis could be assessed. The teacher may utilise this occasion even to assess the child's confidence to express such as whether she/he looks into the eyes of children, whether the voice is appropriate, does she/he hold the picture in correct way so that all of them can see properly.

Story Telling

Since long, story telling has been the most popular, most primitive avenue of delineating people and their thoughts. So far as children are concerned, story telling is a very simpler, plausible method of making them understand about something whether it be a message, theme or one's life situation. And it appeals to them most because it captures their interest by way of presenting some adventures or something important to them. Children may not take interest if we teach them themes by just giving information.

Health related messages can best be communicated through narrative or stories. One such example is given here.





Immunisation protects children against some of the most dangerous diseases of childhood. Without immunisation, many children die or become disabled. Immunisation is important. Immunisation should be completed in the first year of the child's life.

Immunisation campaigns worldwide have already helped save million of lives and children in many countries have played a key role. However, much needs to be done to persuade all families to bring all children to be immunised at the right time and to complete the full course of immunisation.

Children are amongst the most powerful agents to communicate these messages and help their parents to make full use of immunisation services.

Example

There was a village called Madhupur. The villagers were very health-conscious. They were taking care of themselves and their children very well. There was also a health centre near to that village. The immunisation clinic was also working regularly.

Most families visited clinic for their children, but one family never visited with their children for immunisation. They were among the most successful farmers in the community. The father was strong and healthy.

Why should I take my children to the clinic? The clinic is for sick people. We are happy and lucky. Our children would not be ill, he laughs and said. They had a daughter aged 10 who was studying in school. When the youngest baby was born, she pleaded with her parents to take him to the clinic as she had learned about immunisation in the school but parents did not listen to her. After few months, the baby and an older boy became sick and severely disabled. The baby may never be able to walk.

After the story narration, teacher can ask questions in order to understand children's views/opinions.

1. Why was the man resistant to vaccination?
2. Do you know any such family in your village?
3. If you were in such family what you would do?

The story will work better if:

- You make sure the children understand the language.
- The story has some excitement, action and drama in it.
- The story shows children what they themselves can achieve as a group.

- It captures their interest because it appeals to their sense of adventure, or their desire to help, or is about something important to them.
- See that stories should neither be too lengthy nor be too short.

Some points for discussion and Assessment

- Give them something to look for in the story like "I want you to tell me why the child was not immunised."
- Invite their suggestions: "What do you think they should do?"
- When the story is over, ask them to consider alternatives: "Suppose she had immunised the baby, what might have happened?"
- Ask children to make the story happy-ending.

You need to make sure that they have understood the health message. To help them remember the messages in the story you can do some of these things:

- Ask a group of children to tell the story, each contributing a part in the story.
- Get a series of pictures on the story, drawn by the drawing teacher which they can mix-up and put back in the right order.
- What was the message for immunisation in the story?
- Do I know the dates and timings of the clinic for immunisation?
- Asked the children whether their siblings under two years are properly immunised?

The activities given in the Chapter 4 (both for Classes I and II in section 'A' and III-V in section 'B') are purely exemplar and suggestive in nature. These activities are selected/identified keeping in view the broad themes of the syllabus at one level and nature of assessment involved at another level. You can explore/develop many more such activities as per your need and context.

The prime purpose of conducting the activities in this area is to develop skills process indicators rather than just covering the content of that activity (information seeking questions). The assessment of children on these indicators needs to be done based on the attainment level of respective indicator for example:

Level I: Child is not able to do activity/task on her own and needs a lot of support and feedback of teacher/elder or peer group.

Level II: Child can do activity/task on her own (partial attainment of indicator) but needs support/guidance for further improvement.

Level III: Child can do activity independently and reflect the level of attainment of indicator.





Chapter 6

How to Record and Report Children's Progress

Significance of Recording and Reporting

The Chapter 4 outlines certain activities which could be conducted by the teachers in health and physical education. You would agree that the assessment, and reporting to children and parents need to be an integral part of teaching-learning process. Assessing a child on various indicators poses many challenges to planners and teachers. As a teacher, you may find that a particular child is still in the process of acquiring mastery in one skill but has well developed mastery in other skills. It is, therefore, important that we give correct feedback regarding various skills that are appropriate for the child's development.

Our assessment of a child on various indicators skills should be comprehensive and provide an insight into "what a child can do independently", "what processes she/he can do with support" of teacher and peer group and "what skills she/he cannot perform." That is, each skill should be assessed, recorded and reported independently. We can not add one skill with other in reporting the progress of a child. This gives support to the children for refining their skills and also helps the teacher to focus on identified aspects so as to provide the needed support.

In other words, teacher needs to assess and report the comparative progress of 'a particular child' and should not report 'how well' or 'how poorly' he performs on each of the skills in comparison with other children.

Before discussing how to *record and report the progress* of a child in this subject, let us first examine how some of the schools are reporting and their understanding about the issues related to assessment.

Given below are a few sample progress report cards used by a few schools. Let us analyse and reflect on each one of these on this area.

Report Card

Child's Name		Date		Class & Sec.		Register No.		Roll No.		
PART - 2 : ACADEMIC PERFORMANCE OF THE STUDENT										
A. SCHOLASTIC										
SUBJECT	Competencies	ENGLISH			HINDI			MATHEMATICS		
		R	W	Sp	R	W	Sp	R	W	Sp
A. SCHOLASTIC GRADES		Grade			Grade			Grade		
Test I		Grade			Grade			Grade		
Project		Grade			Grade			Grade		
Assignment		Grade			Grade			Grade		
Test II		Grade			Grade			Grade		
Project		Grade			Grade			Grade		
Assignment		Grade			Grade			Grade		
Half Yearly		Grade			Grade			Grade		
Test III		Grade			Grade			Grade		
Project		Grade			Grade			Grade		
Assignment		Grade			Grade			Grade		
Session Ending		Grade			Grade			Grade		
Final Assessment		Grade			Grade			Grade		
B. NON SCHOLASTIC										
NON SCHOLASTIC										
I. Games & Toys										
II. Art & Craft Project										
III. W.E.										
IV. Music Performance										
V. CCA										
D. ATTENDANCE										
SG. OF CLASS TEACHER										
SG. OF PARENT										
SG. OF CHECKER										
SG. OF HM										
E. REMARKS AND SIGNATURE										
I TERM										
II TERM										
III TERM										
F. RESULT OVERALL GRADE										
Pass/Promoted/Detained										
Signatures										
IC Exam.										
H M										
Principal										
LIST OF ABBREVIATION										
R Reading										
L Listening										
Sp Spelling										
FNC Formation Numbers Correctly										
AC Ability in Computation										
Ob Observation										
HW Hand Writing										
GA Group Activity										
WE Work Experience										
Spk Speaking										
UPC Understanding Basic Concepts										
PSA Problem Solving Ability										
Id Identification & Classification										
DF Discovery of facts by oneself										
W Writing										
K Knowledge										
U Understanding										
A Application										
S Skill										

Sample 1: Report Card (Classes I and II)

The existing report card consists of three parts (A) Scholastic, (B) Non-Scholastic, (C) Development of the child in other areas.

Specific remarks on Health and Physical Education

The health and physical education subject features as a non-scholastic subject area. The subject is assessed by giving overall grade for each semester.



Sample 2

You would agree, that a single, overall grade in each semester of the child's progress does not communicate any meaningful message to a child or a parent. Qualitative remarks could provide an understanding how well a child is performing in some areas, whereas she/he needs to work more in other areas.

There is no 'qualitative remarks/description' given about child's progress. No weightage is given to processes or skills.

Sample 2: Report Card (Classes III-V)

In this card, for Class V, three cycles of assessment have been planned for 3 terms. Skills related to reading, writing, speaking, hand-writing,

Name / Name Year / Class & Sec.		Roll No.													
Part - 2 : Academic Performance of the Student		Session-20.....-20.....													
A. Subjects		English		Hindi		Maths		EVS							
Competencies		Reading	Writing	Spelling	Handwriting	Speaking	Listening	Cyclewise Overall Grade	Termwise Overall Grade	Observation	Identification	Skill (D.F.)	Participation in Group Activity	Cyclewise Overall Grade	Termwise Overall Grade
Scholastic		Reading	Writing	Spelling	Handwriting	Speaking	Listening	Cyclewise Overall Grade	Termwise Overall Grade	Problem Solving	Ability in Computation	Understanding of Basic Concept	Forming Number Correctly	Cyclewise Overall Grade	Termwise Overall Grade
Cycle 1															
Cycle 2															
Cycle 3															
Cycle 4															
Cycle 5															
Cycle 6															
Cycle 7															
Cycle 8															
Final Assessment															
B. NON SCHOLASTIC		C. DEVELOPMENT OF THE CHILD IN OTHER AREAS (Give Specific Comments)		E. REMARKS		F. RESULT/OVERALL GRADE									
NON SCHOLASTIC	I TERM	II TERM	III TERM	I TERM	II TERM	III TERM	Pass/Promoted/Deferred								
1. Games & Yoga				1. Extra Reading			Signature								
2. Art & Craft (Visual Art)				2. Initiative			PC Exam.								
3. W.E.				3. Creativity			HM								
4. Music				4. Communication Skill			Principal								
5. CCA				5. Self Confidence											
D. ATTENDANCE				6. Co-operation & Participation											
SIG. OF CLASS TEACHER				7. Personal Hygiene											
SIG. OF CHECKER				8. Intelligence											
SIG. OF HM				9. Emotional Intelligence											
SIG. OF PRINCIPAL				10. Cheerfulness											
SIG. OF PARENT				11. Cuts and Bulbuls											
				12. Any other Trait(s)											

listening have been assessed in each cycle by giving 'overall grade' and term-wise also through an overall grade. Cycle-wise grade column is an additional column as compared to report card of Classes III–V. This subject finds a place in the report card in the non-scholastic subject alongwith Art work, Work Experience or Social Useful and Productive Work (SUPW). Like previous report card, there is no qualitative feedback provided to the parents and children.

Sample 3: Report Card

In this report card, the first column reflects subjects (viz., Hindi/ Urdu/ Tamil/ Bengali/ Punjabi, followed by English, Maths, Science, Social Science and Drawing). These subjects are assessed quarterly as well as annually. The weightage for each term is different. First quarterly and half-yearly carry 10 marks, the second term carries 15 marks, and final term has term marks.

- Interestingly Art is included as one of the Scholastic subjects in this report card.
- Second part of the Report Card deals with personality traits of children such as discipline, punctuality cleanliness, sports and other activities. This section is kept separate.
- There is a separate Heading for others' followed by 'Yoga' column.
- There is no direction whether grades or marks are to be given by the teacher. In other words criteria of assessment is not clear.

Sample 3

विषय	प्रथम आवधिक परीक्षा		द्वितीय आवधिक परीक्षा		वार्षिक परीक्षा		कुल अंक	प्राप्तांक	अन्य विवरण	प्रथम आवधिक परीक्षा	द्वितीय आवधिक परीक्षा	वार्षिक परीक्षा
	कुल अंक	प्राप्तांक	कुल अंक	प्राप्तांक	कुल अंक	प्राप्तांक				टिप्पणी	टिप्पणी	टिप्पणी
हिन्दी/उर्दू/तमिल/बंगाली/पंजाबी	10		15		75		100		अनुशासन			
अंग्रेजी	10		15		75		100		नियमितता			
गणित	10		15		75		100		समयबद्धता			
विज्ञान	10		15		75		100		स्वच्छता			
सामाजिक ज्ञान	10		15		75		100		खेलकूद			
चित्रकला	10		15		75		100		अन्य गतिविधियाँ			
अन्य												
योग												
उपस्थिति												
परिणाम												
हरताक्षर कक्षा अध्यापक												
हरताक्षर प्रधानाचार्य												
हरताक्षर अभिभावक												



- Yoga and games have been segregated in two separate headings. There are too many 'other' headings for 'other activities' which are left to the imagination.

Sample 4: Report Card

- A quick glance at the report card points out a complete absence of Health and Physical Education curricular area.

Sample 4

NAME <u>Ravi Kumar Sen</u>						
SUBJECT	FIRST TERM	REMARKS	SECOND TERM	REMARKS	THIRD TERM	FINAL GRADE
ENGLISH						
READING	O		O		O	
RECITATION	O		O		O	
CONVERSATION	A ₁		O		O	
COMPREHENSION	O		O		O	
DICTATION	O		O		O	
WRITTEN WORK	O		O		O	O
HINDI						
READING	O		O		O	
RECITATION	O		O		O	
CONVERSATION	O		O		O	
COMPREHENSION	A ₁		O		O	
DICTATION	O		O		O	
WRITTEN WORK	O		O		O	O
MATH						
MENTAL MATHS	A ₁		O		O	
WRITTEN WORK	A ₁		O		O	
COMPUTES ACCURATELY WITH SPEED	O		O		O	
UNDERSTANDS BASIC CONCEPT	O		O		O	O
E.V.S.						
WRITTEN WORK	O		O		O	
ACTIVITY	A ₁		O		O	
GENERAL AWARENESS	O		O		O	O
G.K.						
V.P.	O		O		O	
ART	A ₁		A ₁		A ₁	
ATTENDANCE						

PERSONALITY TRAITS			
	I	II	III
1. IS PUNCTUAL	E	E	E
2. IS DISCIPLINED	E	E	E
3. IS POLITE AND COURTEOUS	E	E	E
4. IS INDEPENDENT	E	E	E
5. RESPECTS PROPERTY AND RULES OF THE SCHOOL	E	E	E
5. REGULAR IN			
(a) BRINGING BOOKS AND MATERIAL	E	E	E
(b) IN DOING HOMEWORK	E	E	E
6. CONSCIOUS ABOUT CLEANLINESS / HYGIENE	E	E	E
7. IS EAGER, ALERT AND OBSERVANT	G	E	E
8. IS ABLE TO INITIATE CREATIVE IDEAS	G	E	E
9. PARTICIPATES ACTIVELY IN SCHOOL'S ACTIVITIES	E	E	E

KEY :- E-EXCELLENT G-GOOD A-AVERAGE N-NEEDS IMPROVEMENT			
SIGNATURE	I	II	III
CLASS TEACHER			
HEADMISTRESS			
PARENT/GUARDIAN			
REMARKS :			
<p style="text-align: center;">Congratulations!</p>			
PROMOTED TO : <u>II</u>			
SCHOOL REOPENS ON : <u>15th Nov 2020</u>			
HEADMISTRESS		PRINCIPAL	

- There is no reflection on the fact as to whether the physical activities are carried out in the school or not.
- The health status or assessment of health of children has not been given any weightage. No information have been given to the parents regarding their medical help. Health and Physical Education is not considered for comprehensive evaluation.
- The remarks column does not have sufficient space wherein the teacher could reflect more comprehensively and can give some suggestions related to the development of the child.

Sample 5:


- Given below is yet another report card let us refrain from specifically mentioning. This may cause problems with copy right issue.

Sample: 5

शारीरिक विकास		शेरा											
१. वजन: ३२ कि.ग्रॅ.		उंची: १३० से.मी.		सत्र-१				सत्र-२					
२. शारीरिक क्षमता		चाचणी		उ	चा	स	सु	ह	उ	चा	स	सु	ह
२.१ ताकद - पायाची		दोरीच्या उड्या: /मिनिट		—	—	—	—	—	—	—	—	—	—
✓ खागेवरून लांब उडी: १-२०/मीटर				—	—	—	—	—	—	—	—	—	—
हाताची ✓ बॉलफेक: ३५० मीटर				—	—	—	—	—	—	—	—	—	—
२.२ दमश्वास		१/१२ मिनिटे धावणे किंवा चालणे: मीटर		—	—	—	—	—	—	—	—	—	—
२.३ लवचिकता		सीट अँड रीच: से.मी.		—	—	—	—	—	—	—	—	—	—
२.४ वेग		५० मीटर धावणे: सेकंद		—	—	—	—	—	—	—	—	—	—
२.५ चापल्य		१०/४, १०/६ शटल रन: सेकंद		—	—	—	—	—	—	—	—	—	—
३. खेळले गेलेले सांघिक खेळ		सत्र-१: लंगडी/कबड्डी/खोखो/डॉजबॉल				सत्र-२: लंगडी/कबड्डी/खोखो/डॉजबॉल							
		व्हॉलीबॉल/फुटबॉल/हॅडबॉल				व्हॉलीबॉल/फुटबॉल/हॅडबॉल							
विशेष नोंद व शेरा: पायाची ताकद वाढविण्यासाठी नियमित धावण्याचा सराव करवा.													
सर्वसाधारण		सत्र-१				सत्र-२							
• शरीर संघटक (B.M.I) - शरीरातील मेदतेचे प्रमाण - १८.८३% योग्य													
• लंगडी - दम कमी, चपळता बरी.													
— लंगडीचा सराव अधिक करवा													
उ.: उत्तम, चां: चांगला, स: सर्वसाधारण, सु.ह.: सुधारणा हवी													
संगणक													
		सत्र-१				सत्र-२							
प्रात्यक्षिक मदतीने पूर्ण केले.													
अरपूर सराव होता. संकल्पना													
अजून स्पष्ट होताना.													
अन्य नोंदी		संगीत, नाट्य, नृत्य, स्नेहसंमेलन, दुकानजत्रा, विशेष कार्यक्रम..... इत्यादी											
		सत्र-१				सत्र-२							
संगीतची माहिती व जाण चांगली													
आहे. वर्गातील सहभागी उत्तम													
व उत्साहाने असता.													
एकूण शेरा - उत्तम													

- In this report card, you would observe that adequate space for Health and Physical development, various aspects of the child's physical development have been reported along with grades and remarks.
- Specific remarks on Health and Physical Education, personality traits+ like discipline, regularity, punctuality games etc., have





been given in the report card. Against each trait usually the teacher a tick without any comment or remarks. Such feedback does not explain any qualitative aspect of child's behaviour.

- Specific observation by the teacher has also been given. Child's weight, height and Body Mass Index (BMI) are reported. Schools have to be careful of whatever reporting or judgements they are making on the report card).
- A single overall grade in each of the semester is given about the progress of the child.
- It does not reflect any of the objectives set for teaching a practicing physical education in school.
- There is no qualitative description or justification for the grade given.
- Indicators for assessment are not linked with recording or reporting.

Assessment should be about the progress made by the child from his previous record in an objective statement.

How we can Improve upon Reporting in a More Suitable Way?

A. Proper Recording

Teacher can use the following points in mind for the purpose of reporting while conducting activities:

1. *Observation:* Children's behaviour on different aspects can only be reported in a descriptive comprehensive manner if it is observed continuously and regularly. If children are playing a game, teacher must observe how many children are throwing ball properly, how many are trying to do, while how many are not involved. While doing this there she/he can provide help to them.
2. *Descriptions in teacher diaries:* Teachers write down interesting episodes and observations on the progress of children and their attitudes, whether the girls and boys play together, share food with others, rather than making insensitive statements about others and finding out why they do, what they do?
3. *Note Keeping:* A record of incidents of behaviour of children observed by the teacher and written down in a book to document progress in a particular aspect such as working with a peer, or experimenting with materials, or moving from one medium to another etc.

Informal discussions: Record of informal talks with the individual child and a group of children can help you to understand their ideas.

4. *Portfolios*: This is one of the best records of the child's progress portfolios are the compilation of work of each child in a specific curricular area. It is the series of activities done by the child over a period of time. With the help of this work, teacher can write comprehensive observations on different aspects of child behaviour.

Reporting is done continuously but it is important that you record children's *progress* from time to time. Consolidating what has happened over a period of time is necessary and is also viewed as one of the most efficient means of recording children's achievement and progress. These reports can be jointly completed by the child and the teacher at prescribed intervals during the school term.

B. How to Record in a Health Card?

The schools invite the medical staff/doctors twice in a year for health check-ups of children. This card is filled up-by a doctor and returned back to the class teacher. It is very important document that provides feedback of physical health of children to their parents. For example, many times, the doctor identifies in children vision defects or hearing problem. Some children may not maintain a good hygiene. It is important to keep record and communicate their parents. Regular follow-up (two times in a year) by the doctor will help. The feedback must be shared with children's family and recorded.

If children have been diagnosed with anaemia, it should be communicated rather than keep as a record. Observe, if a number of children get affected from diarrhoea repeatedly. Teacher should discuss the reasons and preventive measures in the class.

The teachers are usually the first person to detect visual hearing or any other type of defects among their students. You can use the health card to facilitate medical diagnosis and follow-up by parents and/or doctor.

The idea here is to communicate the need for any medical intervention to the child, his parents and concerned medical doctor. It is equally important to refer to these cards in case of all children so as to be able to detect the previous history and take preventive measures. These should serve as a link between the doctors, school and parents. If you find that majority of your students are having repeated infections like diarrhoea, then you can go a step forward and organise a talk by a doctor during the PTA so as to sensitise the parents, on the importance of health.

It is important to inform health defects to the parents. In such cases, encourage the parents to keep the school authorities informed about any development in such cases.



Sample: Health Card

Medical Check-up		(To be filled by Doctor)	
		1st Checkup	2nd Checkup
DATE OF EXAMINATION		17-8-09	
Class / Section		V-F	
General Examination			
Height (in cms.)		137.	
Weight (in kgs)		28	
Anaemia		nil	
Skin, Nails & Hair		M	
Eyes (Vision) < Rt. Eye Lt. Eye		6/6 6/6	
Ear			
Nose			
Throat			
Teeth & Gums		M	
Systemic Examination			
Locomotor System			
Abdomen			
Respiratory System			
Cardiovascular System			
Central Nervous System			
Others		M	
Doctor's Remarks Signature		Dr	
Class Teacher's Sign.			
Principal's Sign.			
Parent's Sign.			
		N = Normal, O = Observations, R = Referred for Treatment	

Medical Check-up		(To be filled by Doctor)	
		1st Checkup	2nd Checkup
DATE OF EXAMINATION			
Class / Section			
General Examination			
Height (in cms.)			
Weight (in kgs)			
Anaemia			
Skin, Nails & Hair			
Eyes (Vision) < Rt. Eye Lt. Eye			
Ear			
Nose			
Throat			
Teeth & Gums			
Systemic Examination			
Locomotor System			
Abdomen			
Respiratory System			
Cardiovascular System			
Central Nervous System			
Others			
Doctor's Remarks Signature			
Class Teacher's Sign.			
Principal's Sign.			
Parent's Sign.			
		N = Normal, O = Observations, R = Referred for Treatment	

Health — Beyond School Settings

If health education is to be addressed in a holistic manner, the teachers need to go beyond school set-up. A telephone call to local PWD to ensure continuous water supply will go a long way in maintaining clean toilets and safe drinking water. Similarly, you can ask children to observe that coolers should not be kept full of stagnant water. Water should not be stored in and around classrooms or school area. Calling the local malaria surveillance officer for spray once or twice in the summer/rainy season would setup a good example. Similarly you can invite a local medical doctor to give a talk on any relevant topic such as seasonal communicable diseases, eye sore, Anaemia, etc., as per the developmental levels, and invite the parents and local community people also to spread the right messages.

C. Mid-day Meals

The Government of India is providing mid-day meals in order to meet some of the daily nutritional requirements of the children in schools. This activity can be a source of inculcating basic habits related to personal hygiene and environmental sanitation where the food is being served. Mid-day meal can serve as a means of discussion in the classroom for establishing healthy habits for positive attitudes, good hygiene and clean environment. You as a teacher can supervise or monitor whether they have washed their hands or not before the meal or have used cleaned plates. You can give the responsibility of one child (by rotation) to check these aspects. She/he can also supervise the school canteen or place where children eat their food. The role of balanced diet and nutritive food value while serving the food can also be taken care of by her/him. Effort should be encouraged children to adopt and practice related to health promotive behaviour. Encourage the students to engage in dialogue and reflect on mid-day meal in the last three days. Ask them to reflect if it included a good quantity of locally available fresh food and vegetables.

How to Report in the Progress Card ?

What information related to child should a report card reflect?

This is the most often discussed aspect by the teachers. In Chapter 3, we had seen a list of indicators, identified for health and physical education. These indicators or skills serve as the 'check-points' for recording the progress of each child. Since in this field, there are more behavioural aspects which need to be included. The recording of progress of activities of each child is a challenge in itself. Therefore, the teachers must use their own observations of the activities and the portfolio of the work done over the months to assess the children on different indicators.



Here, we are presenting two progress reports of children from Class II and Class V where personal comments (qualitative remarks) and level for each of indicator have been given. The progress of children is reported 2-3 times in a year on the basis of the following levels:

Level I : Child needs a lot of support from teacher, adults and friends.

Level II : Performs adequately on indicators but can perform better with proper feedback.

Level III : She/he can perform independently on each indicator.

Example 1

Half yearly progress report of Mita of Class II

Indicators	Level	Comment/Feedback (qualitative)
Observation and Reporting	3	Mita can observe details of objects or a situation and describe orally. She can communicate verbally the distinct observable features of self and family members such as colour of hair, eyes if asked for. She can communicate independently as to how she brushes her teeth, washes hair and cleans her nails. She can report her daily routine orally in her own language and reply questions if asked by the teacher.
Discussion	1	Mita could share her experiences of places visited (<i>mela</i> , relative place, hospital, sports meet etc.) in a limited words only when asked for. She is hesitant to participate in the class in group discussion. She can put her own points in a group discussion if she could involve in activities. She will greatly benefit if she is involved in family discussions and decision-making.
Expression	2	Mita tries to express through drawings about the objects used by her for personal cleanliness with the support of teacher such as tooth brush, comb, towel, soap and write their names. She would benefit if she uses her imagination and is creative in using colours.
Performing/ demonstrating	3	Mita can take part in game exercise very efficiently. Her movements are well co-ordinated with the rhythm of the song. After the discussion on healthy eating habits, the children were asked to prepare some dishes. Mita showed keen interest and was quick at presenting <i>salad</i> of raw vegetable and sprouts prepared by her in the class.
Decision-making	3	In the absence of her teacher, when Mita noticed that her friend Ishi is suffering from fever, she took initiative and escorted her to the first-aid room.
Coping with emotion	1	Mita is sincere in her school work but her interest in recreational and outdoor activities needs to be enhanced. Given encouragement from parents, she can perform well.

Working together	1	Mita is good at individual games/events like 100 metres race as compared to group games. Her performance in group would greatly improve if she could join the group exercises in the school. Mita's performance in solo song and poems is very good in comparison to when she is in group performance. She could develop very good qualities such as leadership when exposed to group or team work.
Concern for Social Justice and equality	3	Mita won the first prize in the essay writing competition on "helping the disabled". She associated herself in an event for the disabled by helping a limping girl who travels in her bus.

Let us reflect

- What do you come to know about the actual progress of Mita from this half yearly report?
- Do you think it would be better to give levels of development i.e., 1,2,3 or give overall grades to Mita to each processes? What will be the demerit in assessment of Mita's case for each type of reporting?
- Why do you think it is important to report on the indicator coping with emotion, which normally does not find any place in our schools reports?

Half Yearly Progress of Rati of Class V

Broad Indicators	Level	Feedback and Comments
Observation	3	Rati can observe and report the specific minute details. If asked, she can point out the similarities and differences between self and her peer group based on colour of skin, hair, eyes, height, weight etc., and share in the class in her own language. She can make sense of health report card of self and help the peer group and parents to communicate the same in a sample language. She can prepare a brief report of a visited place (dispensary or sick people) on her own.
Discussion	1	Rati participates in the group discussion but she will benefit greatly if she develops the qualities of a patient listener. She tries to force her own point of view on others in the class. In a group discussion on 'how to keep the surrounding clean', Rati could not adjust to the views of the group with respect to the role of <i>Safai Karamcharis</i> and personal initiatives in keeping the surrounding clean. Support of family in holding discussions and providing feedback would strengthen her relationship with the group. More opportunities would be given to her to respect other points of view and listen to them.
Expression	2	Rati takes lot of interest in performing activities such as drama, dance, role play in the classroom and school level activities. In a theme, <i>we and our environment</i> , an activity on how to minimise air pollution, she made a drawing and depicted vehicle, such as electric engine, bicycle, cycle-rickshaw, CNG bus. Her written expression needs improvement. It seems her vocabulary is limited. If she



		will work more in written activities she performs much better. She also made CNG bus with clay which was one of the best models in the class.
Performing and Demonstrating	3	Rati is very confident in outdoor and indoor activities related to games and sports. Her sports basic skills such as running, jumping, throwing etc., are excellent in the class, on the occasion of sport week. She not only participated in long high jump and stood top in the senior group but also led the 2 teams. Her rapport with peer group is very positive. She also helped the peer group in sport skills (how to jump with rope, relay race, etc.).
Analysing	2	Rati on the themes <i>Consumer Health and we and our Environment (themes 3 and 7)</i> , in the project work, prepared a report by analysing information through various sources (Newspaper, magazine, TV channels talking with elders). When asked her to predict the harmful effects of using plastic bags in tiffins, at home in the group activity in the class she could not guess the reasons. If she will get proper feedback and support from elders, she would do better in making inferences of such hazardous activities.
Working together and co-operation	3	On the occasion of health <i>mela</i> , Rati took total <i>responsibility</i> of group 'A' children. She has a very good decision-making skills and decided with the group members what material would be displayed in the <i>mela</i> for parents and children. She also shoulders the responsibility of organising <i>sports day</i> for physical fitness and <i>Prabhat phere</i> for immunisation. She has a very good managerial skills and she uses this skill very appropriately in the class.
Concern for social justice	2	Rati sits near to Ram who is differently challenged (who cannot see) child. Many times Rati could not realise the challenges/problems of Ram. After seeing the peer groups in the class now she is trying to help Ram in conducting activity in the group. She reads from the book and blackboard for him and to help in playground, music room.
Decision-making and taking action	3	Rati takes decisions on her own, while undertaking any activity in the class. When she has given an opportunity to organise doctors' talk on the world health day, she took all decisions on her own (such as at what time talk will organise, where children will sit, who else would be invited etc.).
Coping with emotion	2	Rati has positive attitude for one-self and also for classmates. On the occasion of cultural week, she participated in the poem recitation and accepted her defeat happily as she knows, she is not good at verbal expression and needs to grow in this area. She never blames the group members for not performing good in final games. Being a leader, she needs to give feedback to the group member how to improve and also take advice from elders for further improvement.

Notes





Notes

