

October 22, 2026

**AUTHORIZE THE COMMENCEMENT OF THE PUBLIC COMMENT PERIOD FOR THE
HEALTH EDUCATION POLICY**

THE SUPERINTENDENT/CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Board authorizes the commencement of the Public Comment Period from October 23, 2026 to November 23, 2026 for the Policy described in the disposition table below. Pursuant to Board Bylaws Rule 1-2 VI (B), the Board must authorize the commencement of the Public Comment Period.

Current Policy Section/ Current Policy Title	New Policy Section/ New Policy Title	Description of Revision/Disposition
New Policy - Does Not Apply.	Health Education Policy	The purpose of this policy is to establish clear expectations for the implementation and monitoring of comprehensive PreK–12 health education across all Chicago Public Schools. This new health policy is aligned with the Illinois School Code (105 ILCS 5/27-215 / PA 104-0391), state curriculum mandates, and CPS Board-adopted policies and it affirms health education as an essential, distinct subject within a well-rounded instructional program that supports the Whole School, Whole Community, Whole Child (WSCC) framework. This policy advances health equity, ensuring every student has the resources and foundation necessary to promote academic success and lifelong well-being.

Approved as to Legal Form: 

Signed by:



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Elizabeth K. Barton
General Counsel

Approved:

Signed by:



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Macquiline King, Ed.D
Superintendent/Chief Executive Officer

ADOPT NEW HEALTH EDUCATION POLICY

THE SUPERINTENDENT/CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Board of Education ("Board") adopt a new Health Education Policy.

PURPOSE

The purpose of this policy is to establish clear expectations for the implementation and monitoring of comprehensive PreK–12 health education across all Chicago Public Schools. This new health policy is aligned with the Illinois School Code (105 ILCS 5/27-215 / PA 104-0391), state curriculum mandates, and CPS Board-adopted policies and it affirms health education as an essential, distinct subject within a well-rounded instructional program that supports the Whole School, Whole Community, Whole Child (WSCC) framework. This policy advances health equity, ensuring every student has the resources and foundation necessary to promote academic success and lifelong well-being.

POLICY TEXT

I. Background/Scope of Policy

This policy is aligned with key legal requirements outlined in the Illinois School Code - Health Education Requirements ([105 ILCS 5/27-215](#), renumbered and/or amended by [PA 104-0391](#)), which requires public schools to provide instruction in comprehensive health education, including topics such as mental health, human growth and development, sexual health education, nutrition, substance use prevention, and personal safety.

This policy also supports other state mandates that must be integrated into the school curriculum and are typically delivered within health education. Additionally, this policy is aligned with and informed by several CPS Board-adopted policies, which collectively support the district's commitment to equitable, comprehensive, and developmentally appropriate health education for all students.

The Board is committed to supporting the Whole Child through policies and programs that holistically address the health and well-being of every student. This policy seeks to advance health equity by ensuring that every student, regardless of identity or school network, has the resources necessary to thrive by defining the district's expectations for the design, delivery, and monitoring of comprehensive Health Education in all CPS schools.

Health education is an essential and integral part of the Whole School, Whole Community, Whole Child (WSCC) framework and of a well-rounded curriculum for elementary and high school students. It supports physical, emotional, social, and mental well-being, providing a foundation for academic success, informed decision-making, and lifelong wellness. This policy affirms Health Education as a distinct and essential subject within the PreK–12 instructional program and outlines the district's expectations for content, delivery, access, equity, and implementation.

II. Definitions

For the purposes of this policy, the following terms are defined as follows:

Appropriately Credentialed Teacher: A teacher who holds the license and endorsement required by ISBE for the grade level and Health Education assignment,

as follows: for Grades PreK-4, a teacher licensed and endorsed for the grade level, including elementary teachers providing instruction within a self-contained classroom; for Grades 5-8, a teacher meeting ISBE middle grades requirements for the assignment; and for Grades 9-12, a teacher holding a PK-12 Health Education endorsement. At all grade levels, a teacher holding a PK-12 Health Education endorsement is appropriately credentialed.

Comprehensive Health Education: A planned, sequential, instructional program that addresses the physical, emotional, mental, and social dimensions of health in order to develop health literacy and support the health and well-being of self and others.

Grade Bands: Groupings of grade levels used to organize instructional expectations. For this policy, CPS uses the following grade bands for curriculum:

- Pre-K–2
- Grades 3–5
- Grades 6–8
- Grades 9–12

For this policy, CPS uses the following grade bands for instructional expectations:

- PreK–4
- Grades 5 - 6
- Grades 7 - 8
- Grades 9 - 12

Illinois Health Education Standards: Also known as the Illinois Learning Standards for Physical Development and Health, Goals 22-24. Grade-banded expectations adopted by the Illinois State Board of Education that guide what students should know and be able to do in Health Education.

Instructional Minutes: The amount of dedicated time allocated to Health Education instruction within the school schedule, exclusive of transitions or non-instructional activities.

Materials Review Committee: The Office of Student Health and Wellness Materials Review Committee serves to ensure that all student health- related programs, curricula and other materials provided by outside organizations are approved and aligned with Chicago Public Schools Policies. Organizations that wish to implement their programming, curricula or other materials in CPS schools must have their materials reviewed by this committee prior to implementation.

National Health Education Standards (NHES): Grade-banded expectations adopted by national professional organizations that guide skills-based health education by identifying essential skills for health literacy and lifelong wellness.

Skills-Based Health Education: An instructional model that emphasizes building practical health-related skills (e.g., communication, decision-making, goal-setting) alongside core health content aligned with the National Health Education Standards (NHES).

Whole School, Whole Community, Whole Child (WSCC) Model: Promotes collaboration between the education and health sectors to support the physical, social, emotional, and academic development of every student to ensure that every student in every school is healthy, safe, supported, challenged, and engaged.

III. Implementation

- A. This policy applies to all district-managed schools serving Grades PreK-12, including options and alternative schools. This policy applies to virtual programs and hospital and homebound instruction to the extent practicable. For half-day PreK programs, required instructional hours are defined in the Implementation Guidance. Applicability to charter and contract schools is governed by their respective agreements and applicable law.
- B. **Comprehensive Health Education Instruction:** Health Education is a distinct, required instructional component that must be delivered consistently across grade levels and schools that addresses the physical, emotional, mental, and social dimensions of health metabolic syndrome metabolic syndrome in order to develop health literacy and support the health and well-being of self and others.

All schools must provide every elementary and high school student with health education that is delivered by licensed teachers with appropriate credentials for health education.

Instruction should:

- 1. address a wide range of health topics consistent with state and national health education frameworks;
 - 2. emphasizes building practical health-related skills as outlined by the National Health Education Standards;
 - 3. is medically accurate, culturally, developmentally, linguistically, and age-appropriate;
 - 4. is trauma-informed, culturally responsive and sustaining, and guided by anti-racist pedagogy.
- C. **Health Education Scheduling:** All students must have access to Health Education provided during the school day, regardless of scheduling model or program type. Students with IEPs or Section 504 plans must receive Health Education with appropriate accommodations and modifications; a disability is not a basis for exemption from Health Education instruction. Schools must ensure that delivery models do not compromise the quality or scope of required content.
 - 1. Health Education must be clearly integrated into master schedules and may not conflict with the Physical Education policy or other health-related policies, and must meet the following minimum instructional time requirements:
 - a. **PreK–4:** Minimum of 15 instructional hours per school year. This course must be taught by an appropriately credentialed teacher. In grades PreK-4, Health Education may not be embedded in or replaced by Physical Education.
 - b. **Grades 5–6:** Minimum of 15 instructional hours per school year. This course must be taught by an appropriately

credentialed teacher. Up to 60 minutes of physical education per week may be dedicated to Health Education.

- c. **Grades 7–8:** The equivalent of a minimum of one (1) semester in 7th and/or 8th grade. This course must be delivered by an appropriately credentialed teacher per ISBE requirements. Up to 60 minutes of physical education per week may be dedicated to Health Education.
- d. **Grades 9–12:** Completion of one Health Education course within one calendar semester is required for graduation. This course must be taught by an appropriately credentialed teacher.
 - 1. In Grades 9 - 12, Health Education may **not** be replaced by:
 - a. Physical Education
 - b. JROTC coursework
 - c. Athletic participation
 - d. Advisory or social-emotional learning periods
 - e. Online modules or asynchronous programming, unless explicitly authorized by the Office of Teaching and Learning

D. Health Education Curriculum:

- 1. Schools must use district-approved high-quality Health Education curricula that are aligned to state and national standards, Illinois Instructional mandates, and CPS policies.
- 2. Supplementary resources must be vetted for alignment and approved by the OSHW Materials Review Committee.
- 3. **Content Requirements:** Health education must include
 - a. **Core Health Skills** as outlined by National Health Education Standards and frameworks including accessing valid and reliable sources of information, analyzing influences, communication, decision-making, goal setting, demonstrating practices and behaviors that support health and well-being, and advocacy.
 - b. **All topics and skills required by the Illinois Health Education Standards, Illinois School Code, and other related health education mandates** including but not limited to, communicable and chronic disease prevention, community health, environmental health, healthy relationships, mental health, personal health habits and wellness, safety, substance use prevention, and violence prevention.
 - c. **Personal Health and Safety and Sexual Health Education** in accordance with the Chicago Public Schools Sexual Health Education Policy.
 - d. **Nutrition Education** in accordance with the Chicago Public Schools Local School Wellness Policy.

- E. **Opt-Out:** Health Education is a required component of a well-rounded education. Parents/caregivers have the legal right to excuse their child from only three specific components of health education instruction.
1. Parents/caregivers have the right to opt their child out of:
 - a. Cardiopulmonary Resuscitation (CPR) instruction
 - b. Comprehensive Personal Health & Safety and Comprehensive Sexual Health Education - as outlined in the Sexual Health Education Policy
 - c. Child Sexual Abuse Prevention education (Erin's Law)
 2. All students will participate in the instruction listed above unless their parent/guardian submits a written objection. A student with a written objection on file will be excused without academic or disciplinary penalty and will be given an alternative assignment during that time. Schools must notify parents/guardians in writing each year before this instruction begins, including how to submit a written objection, and must keep written objections on file for the current school year.
 3. Illinois law requires that parents/guardians be notified and given the option to opt-out of any CPR, Comprehensive Personal Health & Safety and Sexual Health Education Curriculum, or Child Abuse Prevention education. Conversations and lessons related to health, safety, and identity topics that occur outside of the Personal Health & Safety and Sexual Health Education curriculum are not subject to parental notification and opt-out requirements. When possible, schools should inform parents/guardians of lessons and discussions related to these topics in the same way they would communicate about other classroom content.

IV. Compliance

- A. **Phased-in Policy Implementation:** While full policy adoption is encouraged as soon as feasible, all Chicago Public Schools must achieve full implementation of the policy by the start of the 2029–2030 school year (SY30). The district will phase in requirements over three school years to allow for schools to plan for and adjust staffing, scheduling, curriculum adoption, and teacher credentialing. Additional detail and operational expectations will be outlined in the district's official Health Education Implementation Guidance.
- B. **Support and Oversight:**
1. The Office of Teaching and Learning shall:
 - a. Develop, publish, and maintain the district-wide health education curriculum framework, scope and sequence, and instructional guidance, aligned with NHES and CPS policy, with the exception of the Personal Health and Safety and Sexual Health Curriculum.
 - b. Develop, issue, and update the CPS Health Education Guidance Documents and any related guidelines, standards, and toolkits to ensure the effective implementation of this policy.
 - c. Collect and report feedback on districtwide Health Education implementation, including course offerings, teacher qualifications, and student participation
 - d. Collect and monitor implementation data on a regular cadence
 - e. Provide ongoing professional learning opportunities for teachers and school leaders
 - f. Collaborate with the Office of Student Health and Wellness to vet and approve instructional materials from external providers.

- g. Collaborate with other CPS departments and Offices (e.g., Office of Student Health and Wellness, Office of Family and Community Engagement, Office of Social and Emotional Learning, Office for Students with Disabilities) to align Health Education with broader wellness, safety, and equity initiatives.
- 2. School Leaders shall:
 - a. Ensure that all students receive required Health Education instruction annually, with appropriate instructional time
 - b. Ensure that Health Education is clearly identified as a distinct course or instructional block within the school's master schedule, separate from Physical Education and other subjects, and reported accurately in Aspen
 - c. Assign appropriately credentialed teachers to deliver Health Education
 - d. Support teachers with planning, curriculum access, and opportunities for ongoing professional learning
 - e. Submit required data to the district regarding Health Education implementation and course offerings.
- 3. The Office of Network Support shall:
 - a. Verify during annual master schedule review that Health Education appears as a distinct course or instructional block meeting the requirements of this policy.
 - b. Collect and monitor implementation data for their schools to support principals in resolving staffing and scheduling gaps.
- 4. The Talent Office shall:
 - a. Co-develop with the Office of Teaching and Learning a pilot program for an accessible health education endorsement pathway.
- 5. The Office of Student Health and Wellness shall:
 - a. Maintain and manage the Materials Review Committee responsible for vetting external curriculum and partner resources
 - b. Administer and collect Healthy CPS survey and data and share Health Education data with the Office of Teaching and Learning
 - c. Maintain and enforce other health education related policies - including but not limited to the Local School Wellness Policy, Personal Health and Safety and Sexual Health Education Policy, Comprehensive Mental Health and Suicide Prevention Policy, and Comprehensive Student Substance Use Prevention and Intervention (K-12)

Amends/rescinds	
Cross References	Chicago Board of Education policies: 605.3, 102.2, 704.6, 605.9, 704.3, 704.7, 704.13, 704.4, 409.15
Legal References	105 ILCS 5/27-105, 105 ILCS 5/27-255, 105 ILCS 5/10-23.13, 105 ILCS 5/27-410, 105 ILCS 5/27-250