

Committee on Influence and Advocacy

David Troughton, Chair

North Reading Public Schools

Susan Freedman

Teachers²¹

Marinel D. McGrath

Hamilton-Wenham Public Schools

Dennis Richards

Reading Public Schools

Isa Kaftal Zimmerman

Lesley University

Fit for Learning

A Call to Action

THE ISSUE

Spend a day in the cafeteria of your local school district and you may be surprised at the inconsistent messages that students receive about nutrition and physical activity. While many food service programs offer the standard menu that meets federal guidelines for nutrition, the atmosphere of many cafeterias mimics that of a fast food restaurant. This is an attempt to compete for student choices and money. Our health classes promote healthy choices for nutrition and physical activity, but access to vending machines, lack of daily exercise and fund-raising activities that sell candy teach contradictory messages to our students. Additionally, while many schools promote athletics and organized recreation, there is an alarming trend to move away from physical activity requirements, daily recess periods and comprehensive health programs.

When it comes to nutrition and physical activity, our schools are often places of contradictions. On the one hand, we promote student achievement and high expectations, but, on the other hand, allow high sugar content beverages and candy to be sold as fund-raisers. We focus our attention on high standards for teaching and learning in core academic areas but eliminate or reduce physical education requirements and daily recess, and neglect standards for health and wellness in our students. We teach our students the basic elements of nutrition, but frequently fail to model sound practice through policies, procedures and actions.

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The link between a child’s nutritional status and level of physical activity and academic achievement is clear. Research studies point to a mounting body of evidence that suggests an epidemic of childhood obesity and increasing incidence of diabetes and other medical issues. Clearly, a child’s readiness to learn and academic achievement are compromised by poor nutrition and lack of physical activity. Absenteeism, psychological / social problems and anxiety and stress lead to a recognizable decrease in academic performance and achievement. The costs to families, schools and communities are significant.

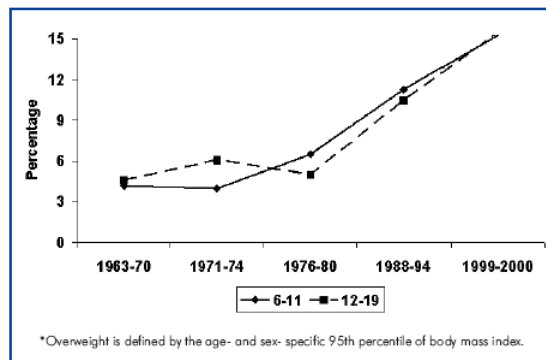
MASCD is committed to making all students “fit” for learning. In this issue of *FOCUS*, we review the link between wellness and fitness for learning. While our attention will focus on nutrition and physical activity, the lessons shared in this issue can be expanded to all aspects of healthy choices. MASCD advocates for a comprehensive school health model and urges all members of the school community to partner in a call to action.

QUESTIONS

As we think about the link between fitness and learning, MASCD poses some questions that educators need to consider. MASCD believes that a comprehensive school health model built upon healthy choices, policies and practices that promote nutrition and physical activity will enhance student achievement and performance.

- What does it mean to be “fit” for learning?
- Is there a connection between a child’s “fitness” and his/her readiness for learning and improved achievement?
- What conditions contribute to improved health & “fitness” in our students, staff and school community?
- How can we measure improvement in health and “fitness?”
- Is it possible to change attitudes about health and “fitness?”

Percentage of Young People Who Are Overweight*



Source: CDC

WHAT RESEARCH TELLS US

Students and adults need to eat better and be more active in order to be healthy. The nationwide trends toward overweight, poor eating habits, and inactivity are alarming. Over the past ten years, we have made significant progress in reducing adolescent risk behaviors in Massachusetts, *except* in the areas of nutrition and physical activity. The data and studies cited below, from the Centers for Disease Control (CDC) web site and the Massachusetts Youth Risk Behavior Survey, are compelling. Failure of schools to improve health and fitness in earnest will diminish efforts to improve student achievement. Consider the following:

- Nearly a third of our nation's children and adolescents are overweight or at risk of becoming overweight. **The percentage of young people who are overweight has tripled in the past 20 years.**
- Ten per cent of Massachusetts high school students are overweight, and fourteen percent are at risk of becoming overweight. This is an increase over prior years.

Positive experiences with physical activity at a young age help lay the basis for being regularly active throughout life. Regular physical activity in childhood and adolescence improves strength and endurance, helps build a healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels. --CDC

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WHAT RESEARCH TELLS US

- The increase in weight across all age groups in our nation has been accompanied by a growth in illnesses associated with excessive weight, including diabetes. Over the past two decades, the number of cases of **Type 2 diabetes has increased ten-fold among children and adolescents.**
- Participation in physical activity declines strikingly as children age. **In 2003, more than one-third of high school students did not regularly engage in vigorous physical activity and only 28% of high school students attended physical education class daily.** In 2003, fewer Massachusetts students than in previous years participated in physical education classes.
- **Almost 80% of high school students do not eat the recommended five servings of fruits and vegetables each day.** In 2003, there was a decline in the number of Massachusetts students eating the recommended number of servings. **New USDA guidelines call for adolescents to eat nine servings of fruits and vegetables daily.**
- Physical inactivity and poor diet account for an estimated 400,000 deaths per year, second only to tobacco use among preventable causes of death.
- Absenteeism and low productivity due to poor nutrition, inactivity and weight problems among students and staff place a heavy financial burden upon schools.

While the health educator teaches about the food pyramid, the cafeteria manager prepares a lunch of pizza and French fries, the school business manager counts the proceeds from the soft drink machines, and the social studies teacher rewards a student with candy for correctly answering a question in class. --A true example cited in *Improving Academic Performance by Meeting Student Health Needs*

The studies cited below were retrieved from the Center for Health and Health Care in Schools.

- In a two-year longitudinal study of children receiving a substance use intervention curriculum, five years after the program, participants had higher overall academic achievement scores on the Comprehensive Test of Basic Skills than their national peers.
- In a study of 259 high-risk youth in grades 9 through 12 in the Pacific Northwest, participants in a life-skills class showed increased grade point averages (GPAs) across all classes while the GPAs of the control group stayed essentially the same.
- In a study of two parochial schools, class time for academics was reduced by 240 minutes per week in the experimental group to enable increased physical activity exposure. Yet mathematics test scores were consistently higher for this group than for a group that did not have increased time for physical activity.

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- Schools that offer intense physical activity programs see positive effects on academic achievement, including increased concentration; improved mathematics, reading, and writing test scores; and reduced disruptive behavior, even when time for physical education classes reduces the time for academics.
- Schools that enhance child skill development through health education, parenting classes, and teacher training see increases in student achievement.
- Schools that offer breakfast programs see increases in academic test scores, daily attendance, and class participation.

Obese children say their quality of life is no better than that of children undergoing chemotherapy, according to a study published in 2003 in the *Journal of the American Medical Association*. They miss school and spend hours in doctors' offices. They have sleep apnea and are fatigued. They can't play sports or wear cool clothes like their athletic, skinny peers. Heavy children are teased and put down and scorned because of a societal misperception that they are lazy, stupid, slow and lack willpower. --J. Magruder, *Arizona Republic*.

FOCUS ON PRACTICE

In Waltham, the nurses have organized a School Nutrition Action Committee (SNAC) made up of nurses, students, staff, parents, and the food service director to examine product placement, student needs, improved food quality, improving nutrition, etc. The School Committee has adopted a progressive Nutrition Policy based on guidelines from MA Action for Healthy Kids. At Waltham High School, four nurses are each assigned a grade and follow students to graduation to assure continuity of care. Contact: Marie DeSisto, RN, MSN, desistom@waltham.k12.ma.us



Student groups from six high schools, East Boston High School, Minnechaug Regional High School, Northampton High School, Palmer High School, West Boylston High School, Westport High School, are involved in a pilot project to test the MA Action For Healthy Kids "Students Taking Charge Toolkit". The toolkit will be available in the fall of 2005, and gives students the tools they need to assess their school health environment. The six pilot groups are working to: conduct a formal assessment of their school nutrition and physical activity environment, write a policy based on these findings, and implement a program to support their policy.

The toolkit will be mailed to Massachusetts high schools in the fall, and will be available online at www.actionforhealthykids.org (select Massachusetts). Contact: Melissa Giamanco, mgiamanco@newenglanddairy.com



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Fuller Middle School, Framingham, is in the first year of a three year initiative promoting wellness. Fuller has built a Challenge Wall, developed a site-based Vision Center in partnership with the New England Eye Institute and New England College of Optometry, and conducted a research-driven, teacher-led Study Group on Nutrition. The school also boasts a comprehensive Wellness Center work-out facility and has added Yoga to the after school activity offerings for all students and staff. Contact: Jo Lewis, jlewis@framingham.k12.ma.us



Canton High School has a four year requirement for wellness and offers courses such as Personal Fitness, Yoga, Weight Training, International Foods, Eating Well, Current Health Topics, Men's and Women's Health, Sociology of Sport, and Life After Canton High School. Contact: Karen Costa, costak@cantonma.org



Hamilton-Wenham Regional Schools integrate daily physical activity into the elementary curriculum through a locally developed program entitled Drop Everything and Move (DEAM) and Responsive Classroom training. Contact: Maryellen Duffy, duffym@hw-regional.k12.ma.us

HEALTHY SCHOOL ENVIRONMENTS

The implementation of comprehensive school health education programs can improve health, and improved health can lead to improved academic performance. The Centers for Disease Control and Prevention's Division of Adolescent and School Health (CDC-DASH) has developed a comprehensive school health model that consists of eight interactive components. These same components figure prominently in the Massachusetts Health Curriculum Framework, which adds Family and Consumer Science to the model. The rubric that MASCD has developed for this FOCUS enables you to assess the status of your health promotion policies and practices and to develop an action plan for improving school health. Although we believe that schools should strive to meet targets in all areas, alarming increases in overweight and obese youth and incidences of asthma and diabetes lead MASCD to conclude that, at a minimum, physical activity and nutrition warrant immediate attention.



Kids today may be the first not to outlive their parents because of weight-related illnesses like heart disease and Type 2 diabetes. –Dr. William Klish, cited in Magruder

HEALTHY SCHOOLS

	Phase I Early Implementation	Phase II Partial Implementation	
Comprehensive School Health Education	Some health education in place, but not across K-12 and not linked consistently to state and national standards.	Comprehensive School Health Advisory Committee in place and plans underway to develop a sequential curriculum aligned with state and national standards; some pilot projects underway.	
Physical Education	In addition to daily recess at the elementary school level and a variety of intramural programs at the secondary level, physical education classes are offered but no weekly requirement for physical education exists in all grades; there is no coordinated curriculum.	Physical Education classes offered on a weekly basis at 50% of the minimum time requirements at the state / national levels. A Physical Education Curriculum Council is organized and curriculum development is underway with plans in place to implement expanded PE requirements for all students.	
School Health Services	Children and staff have access to a registered nurse housed in appropriate facilities in each school building.	Health needs of the school community assessed by the Comprehensive School Health Advisory Committee and health protocols and policies for health services reviewed.	
Nutrition Services	School lunch program in place with little or no effort made to promote health choices in the school food services program; little or no effort to link practices and policies to standards for nutrition.	School lunch program meets acceptable nutrition guidelines and some effort to develop policies and practices consistent with the promotion of nutrition standards and health choices within the school; Comprehensive School Health Advisory Committee organized to assess nutrition needs.	
Counseling and Psychological Services	Services available only to students "at risk."	Effort made to assess the psychological / counseling needs of the school community through a variety of means including at-risk surveys; collaboration with community agencies identified.	
Healthy School Environment	A Comprehensive School Health Advisory Committee is organized to review health needs.	Comprehensive School Health Advisory Committee completes assessment of programs, practices and policies on health and wellness; action plan developed.	
Health Promotion for Staff	Staff observes rules and mandates for fitness to teach and learn; some assessment of own health and wellness observed.	Assessment of staff health and wellness needs completed.	
Family/Community Involvement	Parents and community agencies identified as participants in the organization of a Comprehensive School Health Advisory Committee.	Parents and community agencies play active role in the assessment and planning of a comprehensive school health program under the direction of a Comprehensive School Health Advisory Committee.	

ENVIRONMENTS

	<p align="center">Phase III Developing Implementation</p>	<p align="center">Phase IV Targeted Implementation</p>
	<p>K-12 comprehensive health curriculum developed, pilot programs evaluated, resources needed to fully implement K-12 curriculum identified and funded.</p>	<p>A comprehensive, K-12 health curriculum, linked to state and national standards, fully in place, taught by qualified teachers and supported with resources under the direction of a K-12 Comprehensive School Health Advisory Committee.</p>
	<p>PE classes required of all students at a minimum of 75% of the state / national time requirements. The PE curriculum is fully integrated with health and wellness and the resources are identified to further expand the program</p>	<p>A planned, sequential curriculum of physical education integrated with health education is required of all students K-12. The program promotes optimum physical, mental, emotional and social development of students and provides daily and weekly time for physical activity consistent with state and national guidelines</p>
	<p>Some programs, policies, protocols and services to appraise, protect and promote health and wellness updated and resources identified to implement new programs and services.</p>	<p>Programs, policies, protocols and services to appraise, protect and promote health and wellness in place and provided to all students.</p>
	<p>School lunch program consistently meets or exceeds nutrition standards; the school district implements practices and policies designed to promote nutrition and health choices under the guidelines of a Comprehensive School Health Advisory Committee.</p>	<p>School lunch program meets or exceeds standards for nutrition; policies and practices within the school to promote nutrition and healthy choices implemented and reviewed regularly.</p>
	<p>Services provided as needed to all students and risk assessment surveys completed on a routine basis; some intervention programs in place.</p>	<p>Services to improve students' mental, emotional and social health through individual and group assessments; interventions and referrals provided to all students; on going collaboration with community agencies and parents routinely made.</p>
	<p>Some implementation of programs, policies and practices designed to enhance health and wellness.</p>	<p>Comprehensive School Health Advisory Committee implements ongoing review of programs, policies and practices; school facilities and environment promote health and wellness of students and staff through a variety of programs, practices and policies; evidence gathered to link student and staff health with student learning.</p>
	<p>Pilot projects to promote staff health and wellness implemented and evaluated.</p>	<p>Staff proposes and engages in constant review, update and renewal of programs designed to promote staff health and wellness.</p>
	<p>School implements an action plan for comprehensive school health and promotes active involvement of parents and community agencies.</p>	<p>An integrated school, parent and community approach for enhancing the health and well-being of students is implemented under the direction of the Comprehensive School Health Advisory Committee; parents and community health agencies are regular participants.</p>

TAKING ACTION

Both the Reading and the Hamilton-Wenham Regional School Districts understand the link between the health and wellness of children and the improvement of student achievement. Both school districts are the recipients of the Carol M. White Grant (“Pep Grant”) and have taken bold steps to develop, enhance and sustain health and wellness in students and staff. The actions taken by these schools follow closely the targets of comprehensive school health. Let's take a closer look.

Reading Public Schools

The rationale for the application for the C.M. White grant grew from the alarming statistics about childhood obesity and health concerns. According to Dennis Richards, Associate Superintendent, the concern that only 25% of school-age children get 20 minutes of physical activity per day and approximately 30% of children and adolescents are overweight spoke clearly to the need for action. Weight problems are linked to future health problems including heart disease and diabetes.

The focus of the \$500,000 grant is to develop a comprehensive model to improve physical activity and health through curriculum, professional development, assessment and communication. Close tracking of measures of improvement along with constant communication with parents and students about progress will help to keep students on target with improvement in physical activity, weight control and health choices. The projected outcomes for the project include increases in daily physical activity, percentage of students on target with state health goals, and students and staff making healthy choices, as well as decreases in at risk behaviors. Contact: Dennis Richards, dennisar@comcast.net.

Hamilton-Wenham Regional School District

The application for grant funds stemmed from the dramatic reduction in physical and health education staff and the reduction and elimination of programs for students over several years. Results from the annual “Youth at Risk Behavior Surveys” showed critical gaps in curriculum, healthy choices and at-risk behaviors.

The focus of the \$349,117 grant is to address the gaps and weaknesses in four critical program areas. The overall goal of the grant is to improve student attitudes about life-long health and fitness. Similar to Reading, technology will be used to monitor progress. The district will implement a comprehensive approach to curriculum and professional development. The grant focuses on nutrition, physical activity and weight control. The district is taking a pre-K-12 approach, involving parents and community resources in support of its efforts.

Contact: Marinel D. McGrath,
mcgrathm@hwschools.net

Bike Riding as a Teachable Moment

Think of all that students can learn from a bicycle ride: math, physics, environmental science, local history, creative writing....and think of all the fun and healthy physical activity! A group of teachers and others is laying plans for a monthly Neighborhood Bike Ride starting in Boston's Franklin Park and culminating, next September, in a region-wide Boston Bicycle Festival. If you or your students are interested in getting involved, or just want more information, contact Steve Miller, bostbikefest@comcast.net.

FOCUS ON POLICY

Legislation Supports A Call to Action

Two bills sponsored by Representative Peter Koutoujian, House Chair of the Joint Committee on Public Health, are scheduled for legislative action in Massachusetts:

An Act to Promote Proper School Nutrition

This bill introduces comprehensive language to address nutritional standards in Massachusetts elementary and secondary schools. Specifically, it would ban junk food from schools as part of an effort to address the obesity epidemic, which has a growing impact on children's health in the Commonwealth.

An Act to Promote Physical Activity and Education in Public Schools

This bill addresses the physical activity requirements mandated by the department of education. The bill would require a minimum of 120 hours of combined physical education and physically active lunch or recess periods. The Department of Education shall also require a minimum of 50 hours of nutrition and wellness programs in public schools, during and after school, to address the nutrition and lifestyle habits needed for healthy development.

At The Federal Level

On June 30, 2004, the U.S. Congress passed Section 204 of Public Law 108-265, of the **Child Nutrition and WIC Reauthorization Act of 2004**. This law requires local education agencies to develop a comprehensive school wellness policy by June 30, 2006 and to include a plan for measuring implementation of the policy.

MASCD RESPONDS

MASSACHUSETTS ASCD has adopted the ASCD Position on Health and Learning:

Successful learners are not only knowledgeable and productive but also emotionally and physically healthy, motivated, civically engaged, prepared for work and economic self-sufficiency, and ready for the world beyond their own borders. Because emotional and physical health are critical to the development of the whole child, ASCD believes that health should be fully embedded into the educational environment for all students. Health and learning is a multi-faced concept that

- Includes the intellectual, physical, civic, and mental health of students.
- Provides coordinated and comprehensive health efforts that give students and staff effective teacher, school, family, community, and policy resources.
- Supports the development of a child who is healthy, knowledgeable, motivated, engaged, and connected.
- Is the reciprocal responsibility of communities, families, schools, teachers, and policymakers.

Massachusetts ASCD urges educators to assess the current state of their schools and districts with respect to the components of a coordinated school health program, and, in particular, to set a course of action to meet the Healthy Schools targets for physical activity and nutrition. Responding to this call to action will boost learning and health, augmenting the considerable efforts already underway across the Commonwealth to improve student achievement.

RECOMMENDED RESOURCES

Action for Healthy Kids

www.actionforhealthykids.org

Dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools. AFHK offers success stories from schools that have made changes to support good nutrition. Highly recommended: AFHK's *The Learning Connection: The Value of Improving Nutrition and Physical Activity in our Schools*.

The Association for Supervision and Curriculum Development (ASCD)

http://www.ascd.org/health_in_education

Raises awareness among educators about the intersection between education and health, assists schools in addressing barriers to learning, and will soon release its Healthy School Report Card. This report card will allow schools to assess their environment and use the results as part of their school improvement plans and to work with the community to make positive changes.

Center for Health and Health Care in Schools

www.healthinschools.org

Established at George Washington University to explore ways to strengthen the well being of children and youth through effective health programs and health care services in schools; includes model programs, policy briefs, research reports and funding opportunities.

Centers for Disease Control

<http://www.cdc.gov/HealthyYouth/>

Provides extensive resources for improving the health of adolescents and young adults; provides an online, confidential school health index as a self-assessment and planning tool to improve the effectiveness of school health and safety policies and programs.

<http://apps.nccd.cdc.gov/shi/>

Dietary Guidelines for Americans 2005

<http://www.health.gov/dietaryguidelines>

An initiative of the USDA Food and Nutrition Service to provide training and technical assistance for food

service, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity

Generation Fit www.cancer.org (type "community service projects" in search window)

Community service projects that work to promote more physical activity and healthier eating among teens and their families.

Jump Up and Go www.jumpupandgo.com

Designed to encourage young people to learn about the importance of proper nutrition and regular exercise; co-sponsored by Blue Cross Blue Shield of Massachusetts and Shaws Supermarkets.

National Dairy Council www.nationaldairycouncil.org

Resources for schools on nutrition and wellness.

Nutrition Explorations www.nutritionexplorations.org

Provides lesson plans based on the Food Pyramid and research on the "Take a new look at school milk" program.

School Nutrition Association (formerly American School Food Service Association) www.asfsa.org

Provides publications and professional development for practitioners in the school food service industry, including up-to-date research articles on issues affecting child nutrition and food service management.

WalkBoston www.walkboston.org

Created the first Safe Routes to School program to promote children's walking and bicycling to school in Boston, Arlington, Milton and Dedham; co-sponsor of legislation to create a statewide Safe Routes to School program; offers a "Tool Kit" to help set up Safe Routes to Schools programs.

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NOTES:



Massachusetts Association for Supervision and Curriculum Development

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Mary Forte Hayes
Executive Director
19C Oak Street
Wellesley, MA 02482-4722
Voice/Fax 781-237-7881
mfhayes@mascd.org
www.mascd.org

The Massachusetts Association for Supervision and Curriculum Development, an affiliate of the international Association for Supervision and Curriculum Development, is a membership organization serving educators in all roles, at all levels.

MASCD provides professional development programs that address such topics as leadership, curriculum development, instruction and assessment. Activities include the Northeast ASCD Affiliate Conference in Boston each December and institutes, seminars and workshops throughout the year. The Association sponsors the MSSAA - Teachers²¹ - MASCD Leadership Licensure Program (LLP), which licenses supervisors/directors, principals/assistant principals and superintendents/assistant superintendents in Massachusetts.

The Association also works toward the improvement of instructional practice through the publication of position papers, books and newsletters. The theme-based, award-winning *Perspectives* newsletter provides a forum for the exchange of ideas and best practices and updates on new developments in education. *FOCUS* is an informational publication designed to influence policy and practice. *MASCD Speaks* communicates the Association's position on policy questions. MASCD books include *Mission Possible: Reaching All Learners with Technology* (2004); *Using State Frameworks to Develop Quality Curricula for Massachusetts Schools* (2003); *Teaching...A Career, A Profession* (1999); *Beyond Technology...Learning with the Wired Curriculum* (1998). *Beyond Technology* and *Teaching* have received the ASCD Best Special Publication Award.

MASCD is governed by a Board of Directors and maintains standing and ad hoc committees. Educators and friends of education are invited to join the Association and to serve on MASCD committees. In addition to receiving publications and discounts on programs and books, members may join the MASCD curriculum listserv to engage in dialogue on curriculum and instruction with colleagues in similar roles. www.mascd.org contains information on MASCD membership, programs, products and services and provides links to useful educational resources.