



# **HIV/AIDS Education & Prevention in the English Language Classroom: It's Up to Us!**

**Workshop Series for English Educators in  
South Africa, Mozambique and Angola**

**September-October**

**Mary Lou McCloskey  
Georgia State University/Educo  
Atlanta, Georgia, USA**

**Bárbara Martínez  
English Resource Center/Fundación Marozo  
Caracas, Venezuela**

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## Workshop 1: Introduction to HIV/AIDS Prevention Education: The Basics

This workshop includes basic information that HIV/AIDS educators should know, important terminology, guidelines on presenting information to students at various ages, and do's and don'ts for HIV/AIDS education in language classrooms. Instruction in this and all workshops is highly activity-based.

## Workshop 2: HIV/AIDS Education in the English Language Instruction

This workshop includes a summary of the present situation in the country of the workshop, principles of content-based education used in the HIV/AIDS English language curriculum, demonstrations of appropriate activities (storytelling, video, role-play, and presents curriculum recommendations for a variety of age groups.

## Workshop 3: Activities for HIV/AIDS Prevention Education in English Language Instruction

This workshop includes basics of cooperative learning for language classrooms and demonstrations with the HIV/AIDS curriculum and a variety of appropriate activities appropriate for an HIV/AIDS language curriculum for students in different age ranges. Suggested activities and projects for World AIDS Day, December 1 (and other times as well) will be explored.

## Workshop 4: Adapting HIV/AIDS Education in English Language Instruction for the local situation. (Prerequisite: one or more Workshops 1-3)

In this workshop, participants will critically review activities of the draft curriculum on HIV/AIDS Prevention for the English Language Classroom for relevance in their local and particular teaching situation. Then participants will select a set of activities for use, revision and/or replacement, develop one or more needed activities, and suggest a sequence of activities for an HIV/AIDS English language unit for their classrooms.

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## **Workshop 1: Introduction to HIV/AIDS Prevention Education – The Basics**

This workshop includes basic information that HIV/AIDS educators should know, important terminology, and guidelines on presenting information to students at various ages, and do's and don'ts for HIV/AIDS education in language classrooms. Instruction in this and all workshops is highly activity-based.

### **Workshop Goals - Participants will:**

1. Work together to develop a safe and supportive learning community for the workshop(s)
2. Survey their current knowledge on HIV/AIDS
3. Find out further, current information from reliable sources; assess and update their current knowledge
4. Become familiar with the components of an effective HIV/AIDS Education & Prevention Program in a language classroom.

### **Workshop Outline**

1. Welcome Activity, Introductions
2. Basic information about HIV/AIDS
  - a. HIV/AIDS Survey/Quiz
  - b. HIV/AIDS Fact-finding Activities
3. What are the components of an effective HIV/AIDS Education & Prevention program
  - a. Knowledge of learners at various ages and sample age-appropriate activities for each: Teens, Preteens, Primary Age (5-8 years), Preschool (up to 4 years)
  - b. Access to current local, national, and international information on the topic and organizations working in the area
  - c. Knowledge of purpose, content and effective language-through-content teaching strategies.
  - d. Carefully planned and implemented program; time, and resources
  - e. Support from one's direct supervisor
  - f. Effective program assessment
4. Basic Do's and Don'ts for teaching the HIV/AIDS Curriculum
5. Summary/Discussion/Questions/Assessment/Evaluation

## Workshop 2: HIV/AIDS Education in the English Language Instruction

This workshop includes discussion of the present situation in the country of the workshop, principles of content-based education used in the HIV/AIDS English language curriculum, and presents curriculum recommendations for a variety of age groups.

*(Note: If participants have not had Workshop 1, abbreviated survey, fact-finding and summary of components will be included.)*

### Workshop Goals – Participants will:

1. Update their information on the local HIV/AIDS situation and community resources addressing the situation.
2. Offer four reasons to teach HIV prevention in English language classrooms.
3. Follow guidelines for effective health education to prevent HIV
4. Teach ground rules to establish an effective classroom climate for the HIV/AIDS curriculum
5. Sequence activities appropriately in the HIV/AIDS ELT Curriculum.

### Workshop Outline:

1. Summary/Review of Workshop 1 content
2. HIV/AIDS – What is the local situation? What are local resources?
3. Why should we teach HIV Prevention in English language classrooms?
  - a. Rationale for content-based teaching in the English Language Classroom
  - b. Rationale for teaching HIV Prevention
    - i. TESOL 1992 AIDS Education Resolution
  - c. Discussion of fears, concerns, and doubts
6. Guidelines for Effective health education to prevent HIV
7. Teaching Ground Rules for the HIV/AIDS Unit (adapted from Tonks)
8. Suggested Sequence of Activities for the HIV/AIDS unit
  - a. Survey current knowledge
  - b. Provide information through interactive means
  - c. Reinforce and extend learning through activities
  - d. Build community and extend learning into community action
9. Summary/Discussion/Questions/Assessment/Evaluation

## Workshop 3: Activities for HIV/AIDS Prevention Education in English Language Instruction

This workshop includes basics of cooperative learning for language classrooms and demonstrations of cooperative learning activities and other appropriate hands-on experiences for the HIV/AIDS curriculum and a variety of appropriate activities for an HIV/AIDS language curriculum for students in different age ranges (including visual arts, storytelling, and video). Suggested activities and projects for World AIDS Day -- December 1 (and other times as well) will be explored.

*(Prerequisite: Workshop 1 or 2).*

### Workshop Goals – Participants will:

1. Explain the procedures for a new cooperative learning activity to a colleague.
2. List four components for effective communication in language-through-content classes.
3. Brainstorm a list of locally appropriate, hands-on activities for the curriculum
4. Select an activity/project to implement for World AIDS Day, December 1, and outline the steps in its implementation

### Workshop Outline

1. Cooperative Learning Review
  - a. Review four effective, easy-to-use CL strategies
  - b. Use CL/language learning strategies to review what we've learned so far
  - c. Discuss ways to apply these CL strategies to our content
2. Components of effective communication in language-through-content classes – adapting classroom talk. Demonstration [with Magic Johnson video?] and discussion.
3. Activities demonstrations
  - a. Video: Ryan White on the Children's Television Workshop
  - b. Storytelling: *Abiyoyo* and *Stone Soup*
  - c. Role Playing
  - d. Quilt projects
  - e. Community Service
4. AIDS Day – December 1: It's Up to Us
  - a. Brainstorming, selecting, and planning an activity to implement with your class.
5. Summary/Discussion/Questions/Assessment/Evaluation

## Workshop 4: Adapting HIV/AIDS Education in English Language Instruction for the local situation.

In this workshop, participants will critically review activities of the draft curriculum on HIV/AIDS Prevention for the English Language Classroom for relevance in their local and particular teaching situation. Then participants will select a set of activities for use, revision and/or replacement, develop one or more needed activities, and suggest a sequence of activities for an HIV/AIDS English language unit for their classrooms. (*Prerequisite: one or more of Workshops 1-3*)

### Workshop Goals – Participants will:

1. Apply activities learned in earlier workshops by leading small group reviews.
2. List criteria for culturally and locally relevant curricula
3. Select, review and revise/replace an activity to increase local relevance
4. Present the replacement activity to group members
5. Brainstorm, select, plan, and share a class activity for AIDS Day, December 1

### Workshop Outline

1. Participant-led review activities
2. Discussion: What makes a curriculum culturally and locally relevant?
3. Activities review
  - a. Selection of an activity to review
  - b. Review
  - c. Revision/replacement
  - d. Presentation
4. Sequencing activities for a culturally and locally relevant curriculum.
  - a. Outlining a series of activities.
5. Summary/Discussion/Questions/Assessment/Evaluation

## Handout 1: HIV/AIDS Survey

Dear Colleagues,

Please take a few minutes to answer the following questions. Write A, B or C in the space provide. Thank you!

1. **Women are most likely to contract HIV through:**

- a) Heterosexual sex
- b) Injection drug use
- c) Contaminated blood transfusion

ANSWER: \_\_\_\_\_

2. **How long after possible exposure to HIV do the experts recommend you be tested in order to rule out infection?**

- a) One month
- b) Six months
- c) Doesn't matter

ANSWER: \_\_\_\_\_

3. **HIV can be contracted from:**

- a) A toilet seat
- b) Oral sex
- c) A mosquito bite

ANSWER: \_\_\_\_\_

4. **Risk of contracting HIV is increased by:**

- a) Being infected with another sexually transmitted infection
- b) Drinking from the same glass as an infected person
- c) Shaking hands with someone who is infected

ANSWER: \_\_\_\_\_

5. **Which of the following offers protection against HIV?**

- a) Diaphragm
- b) The pill
- c) None of the above

ANSWER: \_\_\_\_\_

6. **Some medical centers are offering drug therapy that may be able to:**

- a) Cure AIDS
- b) Help prevent HIV infection shortly after exposure
- c) Effectively treat HIV/AIDS without side effects

ANSWER: \_\_\_\_\_

7. **Pregnant women infected with HIV:**

- a) Are very unlikely to infect their child
- b) Are powerless to prevent their child from contracting the virus
- c) Can take medication to reduce the risk of mother-to-child transmission

ANSWER: \_\_\_\_\_



## Handout 1: HIV/AIDS Survey (continued)

A \* N \* S \* W \* E \* R \* S

- 1. Women are most likely to contract HIV through:** ‘A’  
While injection-drug use once accounted for most new cases of AIDS in women, the latest data show that the majority of females are now infected through heterosexual sex with an HIV-positive partner.
- 2. How long after possible exposure to HIV do the experts recommend you be tested in order to rule out infection?** ‘B’  
HIV tests look for antibodies produced by the body to fight infection. Antibodies generally develop within three months, but they could take as long as six months to show up. That's why groups like the **CDC** recommend testing six months after the last potential exposure.
- 3. HIV can be contracted from:** ‘B’  
Experts agree that performing oral sex without protection (a condom or dental dam, which covers the vagina) increases a person's risk of contracting HIV. While the extent of the risk is not clear, it is believed to be less than that of unprotected vaginal or anal sex. As for receiving oral sex, there have been no documented cases of transmission though experts still believe a risk exists.
- 4. Risk of contracting HIV is increased by:** ‘A’  
STIs that cause sores on the genitals provide an easy entrance for HIV. But even STIs that cause no visible lesions can increase transmission risk because they stimulate an immune response in the genital area that makes infection more likely.
- 5. Which of the following offers protection against HIV?** ‘C’  
To best protect yourself, health experts advise the correct and consistent use of the male latex condom. Studies have found condoms to be 98 to 100 percent effective against infection.
- 6. Some medical centers are offering drug therapy that may be able to:** ‘B’  
So-called “morning after,” or post-exposure, AIDS treatment is now being offered to people who engaged in unsafe sex in the previous several days and therefore may have been exposed to HIV. Treatment -- which is not guaranteed to work -- involves taking multiple drugs daily for at least 30 days and may cause severe side effects.
- 7. Pregnant women infected with HIV:** ‘C’  
Studies have shown that AZT can cut an infant's risk of contracting the virus by two-thirds.

## Handout 2: HIV/AIDS 2000 Data

Estimated Data on HIV/AIDS at the end of 2000	Children <15 Living with HIV/AIDS	Adults and Children Living with HIV/AIDS	Adults and Children Newly Infected with HIV in 2000	Adult and Child Deaths in 2000
North America	11 000	920 000	45 000	20 000
Caribbean	11 000	390 000	60 000	32 000
South America	30 000	1.4 million	150 000	50 000
Western Europe	4 100	540 000	30 000	7 000
North Africa & the Middle East	16 000	400 000	80 000	24 000
<b>Sub-Saharan Africa</b>	<b>1.1 million</b>	<b>25.3 million</b>	<b>3.8 million</b>	<b>2.4 million</b>
Eastern Europe & Central Asia	15 000	700 000	250 000	14 000
South and Southeast Asia	210 000	3.8 million	780 000	470 000
East Asia and Pacific	7 200	640 000	130 000	25 000
Australia & New Zealand	<200	15 000	500	<500

### Handout 2: HIV/AIDS 2000 Data (Cont.)

Estimated Data on HIV/AIDS at the end of 2000	Children's Death from AIDS in 2000	Children Newly infected with AIDS in 2000	Children Orphaned by AIDS by the end of 1999
North America	<100	<500	70 000
Caribbean	3 100	4 200	85 000
South America	3 000	7 300	110 000
Western Europe	<100	<500	9 000
North Africa & the Middle East	7 100	11 000	15 000
<b>Sub-Saharan Africa</b>	<b>440 000</b>	<b>520 000</b>	<b>12.1 million</b>
Eastern Europe & Central Asia	<500	600	500
South and Southeast Asia	40 000	850 000	65 000
East Asia and Pacific	1 000	2 600	5 600
Australia & New Zealand	<500	<100	<500

## **Handout 3: Guidelines for Effective Health Education to Prevent HIV**

*(Summarized information from the Centers for Disease Control and recommendations of the Surgeon General)*

The guidelines below have been developed to help university and school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses. The guidelines incorporate principles for AIDS Education that were developed by the President's Domestic Policy Council and approved in 1987 and cover the following topics:

1. Planning and Implementing Effective Health Education about AIDS
2. Preparation of Education Personnel
3. Qualifications of Teachers
4. Purposes
5. Content
6. Time and Resources
7. Program Assessment

### **1. Planning and implementing Effective Health Education about AIDS**

It is important that leaders of the education system accept and perform their responsibility to inform young people about the AIDS epidemic, the ways to prevent HIV infection, and actions to be taken so the whole community gets involved in activities to prevent AIDS.

### **2. Preparation of Education Personnel**

A team of representatives including the local schools and universities board, parent-teachers associations, schools and universities administrators, physicians, nurses, teachers, educational support personnel, counselors and other relevant personnel should receive general training about:

- the nature of the AIDS epidemic and means of controlling its spread
- the role of the educational system in providing education to prevent transmission of HIV
- methods and materials to accomplish effective programs of school and university health education about AIDS
- education policies for students and staff who may be infected
- Additionally, all personnel, specifically those who teach about AIDS, should receive periodic continuing education about AIDS to assure that they have the most current information about means of controlling the epidemic, including up-to-date information about the most effective health education interventions available.

### **3. Qualified Teachers**

Personnel with training in age-appropriate teaching methods and materials and good rapport with students should be provided with specific training in HIV/AIDS Prevention Education.

4. **Purpose of Effective Education about AIDS**

The main purpose of Education about AIDS should be to prevent HIV infection. The content and activities should also help students involve the community in the fight against the spread of HIV.

5. **Content**

Students should receive essential information about AIDS through a variety of activities. Such information should be what students must know to prevent becoming infected with HIV.

6. **Curriculum**

To provide effective curriculum, programs should offer

- Sufficient personnel time and resources for effective development, and implementation, and community involvement.
- A well-planned and sequential curriculum
- Easily-available, updated material about the topic

7. **Program Assessment**

Teachers and administrators can assess the extent of the program about AIDS Education by using the following criteria:

- Are parents, teachers, students, and community representatives involved in developing, implementing and assessing AIDS education policies and programs?
- Is the program included as an important part of a more comprehensive school health education program?
- Is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
- Is the program designed to help students acquire essential knowledge to prevent HIV infection in each appropriate grade?
- Are the students achieving the program goals?
- Does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
- Is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?
- Is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors especially those who teach about AIDS?
- Are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
- Are the processes and outcomes of the HIV/AIDS education program being monitored and periodically assessed?

## Handout 4: Information about School-Age Learners in Southern Africa in Four Age Groups

### Teens (13-19 years)

#### Information

- Seven of 10 girls aged 13-19 are sexually active.
- Eight of 10 boys aged 13-19 are sexually active.
- 1 in 4 new HIV infections are in people under the age of 20.
- The majority of young adults who contracted the disease contracted it as teens.
- These figures show a 400 percent increase over the past 2 years.
- Teens are especially at risk of getting the HIV/AIDS virus because many are experimenting with sex and drugs.

#### Development

- Teens are preoccupied with their self-image and friendships with peers. They are trying to become independent of their parents. Risk-taking seems to be a part of many young people's lives. Teens think of themselves as living forever.
- Teens may be embarrassed to talk about HIV/AIDS or think of it as "gross" or not a problem to worry about. Don't let that stop you from bringing up the subject.
- In a 1993 Gallup Poll, conducted for the American Cancer Society, 96 percent of teens felt education on AIDS was as important or more important than other school subjects. 92 percent of their parents felt the same way.
- Avoid acting shocked by what teens may say. Don't respond with lectures or frightening stories. This turns off teens who will then not want to be open with you.

#### What teens need to know

- A person can avoid getting HIV/AIDS by making good decisions, using good judgment and refraining from high-risk behavior.
- HIV is usually transmitted during sexual contact or from sharing or syringes for intravenous (IV) drug use, steroid injections, tattooing, or body piercing.
- Social kissing, such as one the cheek, and hugging are safe.
- The Centers for Disease Control and Prevention advises young people that the only sure defense against HIV infection is to: "abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage," and to "refrain from using or injecting illicit drugs."
- Sexually active teens should practice the safest sex possible. Avoid any exchange of body fluids-including semen, blood urine, feces, or vaginal fluids. When used the right way, latex condoms can lower the chances of getting the HIV/AIDS virus. If condoms are used, they should be used during all types of sexual contact. A foam, cream, or gel that has nonoxynol-9 in it may help lower the risk further. Some condoms have nonoxynol-9 on them.
- Avoid casual, unsafe sex. The more sex partners you have, the greater the risk you have of becoming infected. Yet, a single sexual contact with an infected person can be enough to give a person HIV.

- Don't be afraid to ask about a partner's past sexual contacts and drug use. Avoid any sexual contact if you don't like or believe the answers.

### **Preteens (9-12 years)**

- Preteens make choices that will affect the rest of their lives.
- Children at this age think a lot about their bodies. Since HIV is most commonly spread by sexual contact, it is important for your preteens to get correct information about sex.
- Warn them of the dangers of casual, unsafe sex and needle or syringe sharing for intravenous (IV) drug use, steroid injections, tattooing, or body piercing. You can use TV messages as a starting point.
- Balance what is shown on TV with what you already know and correct misinformation.

### **Young children (5-8 years)**

- At this age children begin to learn about health, sickness, death and sex.
- They can understand that HIV/AIDS is a serious, rare health problem, that it is caused by a virus, and that their chances of getting HIV are very small.
- If children are fearful about HIV/AIDS, reassure them that while AIDS is deadly, few children their age get the disease.

### **Preschool children (up to 4 years)**

- Youngsters at this age are learning basic things about their bodies and the world around them.
- They don't really understand disease, death or sex. They are often upset at the sight of their own blood.
- Most of all, they need reassurance.
- This is a good age to begin to talk with them about sex.
- Most importantly, parents and teachers you want to give toddlers and preschoolers the message that these adults are open to their questions. When children feel they can count on close adults for that, they'll continue to talk as they get older.

## **Handout 5: Ground Rules for an Effective Classroom Climate for HIV/AIDS Education in Language Classrooms**

(Adapted from Tonks, 1995)

Communication, the most important process in everyday life, can be affected by different factors. Among them, topics and processes of conversation may include attitudes and value judgment that can interfere the purpose of AIDS and HIV Prevention Education Programs. To help overcome possible uneasiness or awkwardness, teachers can establish a few ground rules at the beginning of the AIDS and HIV Prevention Unit. These ground rules can be written out and posted on a bulletin board or wall so everyone can see them. Teachers can encourage students to add their own rules to the list.

### **1. We will Respect Others.**

Effective learning is a communal activity. All students in the class must treat each other fairly and respectfully to build the level of trust and openness that is essential to productive AIDS education.

### **2. We will keep everything in our discussion confidential.**

This is an extension of the issue of trust and respect. During the discussion or other activities in an AIDS information program, personal information is often revealed. Such information offered by students can often be embarrassing or even damaging to themselves or others and should remain in confidence.

### **3. Every Question and Comment Is Helpful.**

No question or comment should be considered stupid or silly by teachers or other students. All questions should be entertained, and students should be discouraged from laughing at, snickering at, or mocking the questions or comments of others. Teachers and students alike should remember that all questions generally come from an honest curiosity and should be answered as fairly and concisely as possible.

### **4. We will not interrupt others.**

This is actually a part of the "respect" ground rule above. Giving proper respect to others includes listening patiently and intently while they are talking. The class atmosphere must encourage students to feel free to express their ideas and opinions.

### **2. We will disagree politely.**

Respect and agreement can be two separated things, of course. Disagreement makes class discussion interesting and sometimes even enjoyable, but all disagreement must remain civil and polite. Debate and discussion should concern ideas, not personalities.

### **3. Everyone Has the Right Not to Answer a Question.**

To keep students from feeling overwhelmed or threatened by what they might find to be an uncomfortable subject, teachers should allow students to avoid answering questions especially those that intentionally put a student on the spot.

### **7. We Will Not Seek Personal Information from Each Other.**

This ground rule will help head off the necessity of calling upon the sixth ground rule too often. If students know before the program begins that personal matters are off limits, they are less likely to attempt to ferret them out as the unit progresses.



## Handout 6: Cooperative Learning in the Language Classroom: Six Activities (with Variations)

### Why Use Cooperative Learning in the Language Classroom?

- Academic achievement
- Negotiation of meaning
- Active participation
- Equalized teacher attention
- High-level thinking
- Procedural language
- Group skills for life

### Cooperative Learning Essentials

(Johnson, Johnson & Holubec, 1994)

1. **Structures and Structuring.** Structures are ways of organizing student interactions with each other and with content. Teachers add the content focus to the structure.
2. **Positive Interdependence.** Students need one another to achieve. When one student achieves, others benefit.
3. **Team Formation and Teambuilding.** Groups are formed in various ways, but with attention to developing an identity and promoting positive learning interactions.
4. **Individual and Group Responsibility.** Students are evaluated through grades and assessment of group products and are responsible for learning both as individuals and as group members.
5. **Social Skills.** Students learn both the language and the behaviors for working together to achieve in groups as part of the learning process.

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### Pair Share and Think, Pair, Share.

*This 2-step or 3-step interview is a valuable introductory cooperative learning activity. It requires almost no movement or classroom rearrangement.*

#### Pair Share

1. Introduce a topic or concept with a question, e.g., “What do you know about how someone gets AIDS?” Ask students to think about it for a little while, and perhaps jot down ideas.
2. Have students share their answers with a partner.
3. Check ideas with a written text or class presentation.

#### Think, Pair, Share

Add this step between steps 2 and 3

- 2.5 Have each pair join with a second pair. Each person tells the group his or her partner's ideas.

**Variation****Stand and Deliver**

Have students:

1. Stand up.
  2. Find a buddy.
  3. Share your ideas in response to the teacher's question.
  4. Check your ideas with an answer key or through class discussion.
- 

**Paired Verbal Fluency (Levine & McCloskey, 2000).**

*In this structure students review content as they develop fluency by talking continuously for short time periods.*

1. Before the activity, review and practice language you have covered that students will need in the activity. Demonstrate the activity with a student, using language they have learned from course materials.
2. Have participants work in pairs: partner A & partner B. They can turn to someone beside them or behind or in front of them.
3. Ask a question requiring students to retell something they've learned.
4. A speaks for 45 seconds about the topic while B listens. Then B speaks for 45 seconds while A listens.
5. Repeat for 30 seconds each, then 15 seconds each.

**Example:**

1. Teacher's Question: "What is an example of a risky situation and a way to get out it?"
  2. A partners answers for 45 seconds
  3. B Partners answer for 45 seconds
  4. A partners answer for 30 seconds
  5. B partners answer for 30 seconds
  6. A partners answer for 15 seconds
  7. B partners answer for 15 seconds
- 

**Numbered Heads Together**

*This is an excellent structure for assuring that everyone actively participates in a discussion, lesson or lesson review.*

1. Have participants work in groups of about 3 or 4.
2. Each student has an assigned number.
3. Ask a question, for example, "Can mothers give AIDS to their babies?"
4. Tell students to "put their heads together" to figure out the answer. Give students time to discuss the answer in their groups.
5. Pull a number out of a box or hat and have the students with that number stand up.
6. Call on the students standing to share their group's answers.

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## Inside-Outside Circles

*This activity is useful for review of vocabulary/terminology/content*

1. Each student makes or is given an index card with a new term on one side and its meaning on the other.
2. Students study their term and think of a way to help themselves and others remember it.
3. Students pair off, partners face each other and form two concentric circles.
4. Partners teach each other their words.
5. Teacher gives instructions to change partners, e.g., “Inside circle move two people to your right.” or “Inside and outside partners exchange cards.”
6. Continue until all pairs have met.
7. Assess with a quiz or in small groups with the “Numbered Heads Together” activity.

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## Jigsaw

*This activity is useful for reading that's too long for each student or for a topic with many facets.*

1. Home group members choose sub-topic areas to study.
2. “Experts” from each home group get together to research and study topic.
3. “Experts” return to home groups to share what they have learned.
4. Group members demonstrate what they have learned through product, process, or content assessment.

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## Playing Card Roles

1. Use a deck of cards to assign differentiated leadership roles to group members.
2. Give each group member a playing card, making sure that each group receives cards of all 4 suits.
3. Explain the roles that members holding each suit will play during the group activity.
4. Teach and role play language and behaviors each group member will need.
5. Remind students to play their roles during the activity.
6. After the activity, have groups evaluate how well they performed their roles and make suggestions for improvement for next time.

## Handout 7: Nine Instructional Accommodations for Language-through-Content Classrooms (Adapted from Laturneau, 2001)

Accommodation	Rationale
Use home language strategically	<ul style="list-style-type: none"> <li>• Strategic use of the native language for development of higher-order thinking skills can accelerate and enhance learning.</li> <li>• When learners' home language is valued and used, they are more likely to have increased self-esteem and a sense of control. (Hakuta, 2001)</li> </ul>
Provide "think alouds" and modeling	<ul style="list-style-type: none"> <li>• Language learners benefit when teachers explain strategies and steps for tackling instructional tasks, check for student understanding before students start an independent task and present numerous examples (Gerstin, Baker &amp; Marks, 1998)</li> </ul>
Set language, content, and learning strategy objectives	<ul style="list-style-type: none"> <li>• Chamot &amp; O'Malley (1994) contend that content should be the primary focus of language instruction. Academic skills and learning strategies can be developed with the content</li> </ul>
Tap students' prior knowledge	<ul style="list-style-type: none"> <li>• Instruction that values and continues to cultivate the educational and personal experiences learners bring to the classroom enables students to make meaningful connections with what is being taught (Cummins, 1994)</li> </ul>
Use visuals/manipulatives	<ul style="list-style-type: none"> <li>• Concrete examples and experiences give learners a variety of ways to understand the information being presented</li> </ul>
Teach key vocabulary	<ul style="list-style-type: none"> <li>• Traditional vocabulary lists do not work as well as other strategies, e.g., graphic organizers to help learners gain deep understanding of abstract academic concepts (O'Malley and Pierce, 1996)</li> </ul>
Adjust speech	<ul style="list-style-type: none"> <li>• See next page.</li> </ul>
Use cooperative learning	<ul style="list-style-type: none"> <li>• Cooperative learning enhances interaction, promotes positive academic and social support systems, prepares students for increasingly interactive workplaces and aids classroom management for language learning classrooms (Holt, 1993)</li> </ul>
Teach coping strategies	<ul style="list-style-type: none"> <li>• Language learners may not have the confidence or facility in English to ask for help or clarification.</li> </ul>

## **Handout 8: Eleven Ways Teachers can Adjust their Speech to Increase Comprehensibility**

Center for Applied Linguistics (1998)

1. Face students
2. Pause frequently
3. Paraphrase often
4. Clearly indicate the most important ideas and vocabulary through intonation and/or writing terms on the board
5. Avoid "asides"
6. Avoid or clarify pronouns
7. Use shorter sentences
8. Use subject-verb-object word order
9. Increase wait time for students to answer
10. Focus on students' meaning, not grammar
11. Avoid frequent interruptions of students.

## Handout 9: Lesson Plan Format

<b>Lesson # : (Title)</b>	<b>Level:</b>	<b>Time:</b>
<b>Summary:</b>		
<b>Goals</b> (Including Content Goals (C), Language Goals (L) and Process Goals (P) (Long-term outcomes in attitudes or behaviors) By the end of the lesson participants will know/ be able to:		
<b>Module Outline:</b>		
<hr/> <b>Procedure 1:</b> <b>Warm-up</b>		
<hr/> <b>Procedure 2:</b> <b>Introduction</b>		
<hr/> <b>Procedure 3</b> <b>Instruction</b>		
<hr/> <b>Procedure 4:</b> <b>Practice</b>		
<hr/> <b>Procedure 5:</b> <b>Wrap Up</b>		
<hr/> <b>Procedure 6:</b> <b>Assessment</b>		
<b>Source(s):</b>		

## Handout 9: Lesson Plan Format, Continued

Teacher's Notes for Lesson # : (Title)		
Goals	Teacher and student activities	Materials / Aids

## Handout/Transparency 10: Refusal Skills

# Ten Refusal Skills

1. Talking to Myself
2. Listening to Myself
3. Setting Limits
4. Recognizing a Risk Situation
5. Making a Decision
6. Giving No for an Answer
7. Offering Alternatives
8. Protecting Myself in a Risk Situation
9. Leaving a Risk Situation
10. Dealing with Rejection



## Handout 10 Ten: Refusal Skills (cont.)

### 1. Talking to Myself

I remind myself of my feelings and thoughts, give myself encouragement, puzzle out problems by talking to myself, e.g., "I can stay in control in this situation." "I've made my decision and I'm going to stick to it."

### 2. Listening to Myself

I hear and accept that what I say to myself is true – "I can stay in control in this situation." I recognize my own feelings and instincts and don't deny them.

### 3. Setting Limits

I set limits for risky situations, e.g., how far I will go in a sexual context. "My boyfriend/girlfriend and I will keep our clothes on and our hands outside them."

### 4. Recognizing a Risk Situation

I pay attention to signs of fear and discomfort that indicate risk situations and I work to avoid them.

### 5. Making a Decision

I recognize my feelings and instincts, know my limit, and recognize a risk situation. I use that information to make a good decision.

### 6. Giving No for an Answer

I say "no" firmly and unambiguously, include an expression of my feelings, and use pronouns "I" and "you." "What you are doing makes me uncomfortable, so please stop." "No, I don't want you to do that." I give clear nonverbal messages as well.

### 7. Offering Alternatives

I avoid or get out of risky situations by offering an alternative.

### 8. Protecting myself in a Risk Situation

I negotiate the limits (ahead of time whenever I can) to protect myself from risky situations.

### 9. Leaving a Risk Situation

If I find myself in a risk situation, first I try to get out gently. "This party isn't fun – let's go somewhere else." If that doesn't work, I firmly, with clear body language, say, "I don't want to do this. I'm leaving."

### 10. Dealing with Rejection

I know who I am and what is good for me. If other people want me to do things that are risky, I don't need to be with them.

**Resources: HIV/AIDS Education & Prevention  
in the English Language Classroom  
It's Up to Us!**

Resources developed by Barbara Martinez and Mary Lou McCloskey for consultancy on Developing HIV/AIDS Content-Based Material in the English Language Classroom, October 31-November 15, South Africa, & Mozambique, sponsored by U.S. Department of State - Public Diplomacy, Public Affairs Regional English Language Programs Office, U.S. Embassy, Pretoria, South Africa

[AIDS: 20 Years of an Epidemic \(CNN\)](#)

[AIDS Education Global Information System \(AEGIS\) - Site Map](#)

[AIDS in AFRICA](#)

[AIDScience: Prevention and Vaccine Research](#)

[Angola Data](#)

[Angola UNGASS Statement](#)

[AVERT - Quizzes and Information for Young People](#)

[CDC National Prevention Information Network](#)

[Elton John Song Lyrics - "That's What Friends are For](#)

[Global data 2000 - UNAIDS \(& PowerPoint Slides\)](#)

[HIV/AIDS & pregnancy](#)

[HIV/AIDS Glossary](#)

[International Declaration of Commitment on HIV/AIDS](#)

[Journal of the American Medical Association HIV/AIDS Resource Center](#)

[LoveLife Website \(South Africa\)](#)

[Mozambique Epidemiological Fact Sheet](#)

[Medweb - search for HIV/AIDS related topics/using this data base](#)

[Microbicides](#)

[Mozambique's UNGASS Statement](#)

[Mozambique and AIDS](#)

[Nonoxynol-9](#)

[PositiveWords](#)

[South Africa Epidemiological Fact sheet](#)

[South Africa UNGASS speech](#)

[Stop AIDS Now Information Center \(online peer education for young adults\)](#)

[Terms to Avoid](#)

[The Body - AIDS and HIV Information Resource](#)

[The Body-World AIDS Day](#)

[UNAIDS Publications Care](#), [UNAIDS Graphics antiretroviral medications](#), [microbicides](#), [female condoms](#), [male condoms](#), [drug-access initiative](#)

[World AIDS Day 1988-2001](#) [World AIDS Day 2002](#)

[Red Cross HIV/AIDS Education Resources](#)

[TESOL AIDS Education Resolution](#)

[TESOL AIDS Education: "It's Up to Us!" - An AIDS Education Curriculum for ESL Students and Other English Language Learners \(Henry Lesnick\)](#)

[WHO-HIV and Infant Feeding](#)