2006 HSC Notes from the Marking Centre Personal Development, Health and Physical Education

2006 HSC Notes from the Marking Centre - PDHPE

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2006 HSC NOTES FROM THE MARKING CENTRE Personal Development, Health and Physical Education

Introduction

This document has been produced for the teachers and candidates of the Stage 6 course in PDHPE. It provides comments with regard to responses to the 2006 Higher School Certificate examination, indicating the quality of candidate responses and highlighting the relative strengths and weaknesses of the candidature in each section and each question.

It is essential for this document to be read in conjunction with the relevant syllabus, the 2006 Higher School Certificate examination, the marking guidelines and other support documents which have been developed by the Board of Studies to assist in the teaching and learning of Personal Development, Health and Physical Education.

Section I - Core

Part A – Multiple Choice

Question	Correct Response
1	D
2	В
3	A
4	A
5	С
6	В
7	В
8	A
9	С
10	A

Question	Correct Response
11	В
12	В
13	C
14	D
15	В
16	D
17	C
18	D
19	D
20	D

Part B

Question 21 – Health Priorities in Australia

(a) Better responses expressed in a concise manner reasons for the growth of alternative health care and provided relevant examples to illustrate their response. Common reasons included: cultural factors; the appeal to patients of the holistic nature of many alternative approaches; the capacity for these approaches to work in conjunction with traditional treatments; recognition from the World Health Organisation; and improved qualification and accreditation processes.

Weaker responses tended to simply identify some reasons and provide limited or no examples in support.

(b) Better responses clearly demonstrated a knowledge and understanding of the Jakarta Declaration and made explicit reference to its principles. In making the principles explicit, these responses made the relationship between the Jakarta Declaration and the implementation a major health promotion initiative evident. Some high range responses used one health promotion initiative throughout while others used more than one example of a health promotion initiative.

Mid range responses tended to demonstrate either a more basic understanding of the Jakarta Declaration or a reduced capacity to apply it to a health promotion initiative. Some mid range responses were familiar with some of the Jakarta Declaration principles but unable to effectively show links to a health promotion initiative.

Weaker responses provided basic information about the Jakarta Declaration or a health promotion initiative.

(c) Better responses acknowledged the factors/criteria used to identify priority areas and clearly linked these to CVD. Additionally, these responses provided examples and arguments in support of CVD being identified as a priority area. Examples include: 'CVD has many preventable risk factors and so there is great potential to change. Since being identified as a priority area mortality rates for CVD have decreased, therefore justifying its inclusion as a priority area.'

Mid range responses commonly demonstrated some knowledge about CVD being identified as a priority area but provided limited or no arguments in support of its inclusion as a priority area. Other mid range responses discussed the nature of CVD or discussed the factors used to identify priority areas with limited reference to CVD.

Weaker responses provided basic information about CVD or identified priority areas.

Question 22 – Factors Affecting Performance

(a) The majority of the candidates were able to name the cause of fatigue for each energy system.

Weaker responses generally gave the same answer for all three systems or explained the features of each energy system without indicating the cause of fatigue.

(b) High range responses made evident the relationship between supplementation and the performance of athletes. These responses provided detailed information about how carbohydrate loading affected the performance of endurance athletes, as well as the benefits of specific vitamins and minerals, for example iron and its link to oxygen-carrying capacity in the blood.

Mid-range responses described the relationship between supplementation and performance generally with one to two supporting examples.

Low range responses either provided some information about the role of a balanced diet to an athlete or provided some general information about supplementation with no supporting examples.

(c) Many of the candidates were able to identify both the immediate physiological responses and the physiological adaptations to exercise.

High range responses included a broad range of physiological adaptations and immediate responses to exercise, and were able to make evident the differences between both. The responses were well structured and used specific terminology to explain the reasons for these changes occurring.

Mid-range answers included some of the body's responses with either a definition of each or an indication of the changes that occurred in response to exercise. Other mid range responses discussed immediate responses OR adaptations only.

Low range responses provided some information about exercise generally or about energy systems or types of aerobic exercise or exercise generally. Some responses showed confusion with the terms 'physiological' and 'psychological'. They also failed to identify either immediate physiological responses or adaptations to exercise.

Section II

Question 23 – The Health of Young People

There was evidence to suggest that a significant number of candidates who did not study this option chose to answer this question, as their responses demonstrated a limited understanding of the issues or drew upon knowledge from Core 1 only.

(a) Most responses demonstrated an understanding of the term 'social action' and could show how this could support the health of young people by, using relevant examples.

High range responses identified the components of social action by such things as 'supportive environments', 'access to health services', 'legislation and public policy' and 'health promotion campaigns'. These responses showed very clear support of social action on the attainment of better health for young people. Better responses used syllabus terminology and a range of relevant examples and presented them in a clear and logical way.

Some responses successfully applied Ottawa Charter principles to respond to the question. Common examples included Healthy Canteens, Beyond Blue, Graduated Licensing Scheme, Counsellors and Peer Group Influences.

Mid-range responses identified the components of 'social action' but could only give an outline of how each could support the health of young people with some weak examples. Other mid-range responses identified two components with relevant examples. The use of syllabus terminology was not always demonstrated.

Low range responses provided some information on how being 'social' could support the health of young people or the action areas of the 'Ottawa Charter' without relevant examples or links to young people. Weaker responses were brief, lacking in syllabus terminology, repetitive and general, for example including references to physical activity and good nutrition to overcome obesity.

(b) Many responses accurately identified the 'developmental factors' that relate to young people, and inquired into and drew conclusions about how 'developmental factors' impact on the health of young people. In addition to exploring both the positive and negative impacts, some responses provided relevant and appropriate examples. A significant number of candidates did explore the impact of the 'social factors' or the 'skills and actions' that would support young people to attain better health. Some candidates did not use appropriate terminology. Some candidates provided a discussion about developmental factors but did not provide any outcomes that may arise as a result of these developmental factors.

High range responses inquired in a detailed way and drew conclusions about both the positive and negative impacts of many developmental factors on the health of young people. These responses demonstrated a deep understanding of the syllabus content and provided relevant outcomes with quality and appropriate examples as well as presenting this information in a clear and logical way.

Most mid-range responses provided a discussion of a range of developmental aspects that impact on the health of young people without drawing conclusions or presenting outcomes. Some responses inquired into one developmental aspect as well as providing detailed discussion with outcomes. Some relevant examples were provided. While responses lacked the necessary depth they were presented in a clear and logical manner. Mid range responses tended to focus more on the health of young people rather than the management of these developmental aspects.

Low range responses did not address syllabus content but presented their ideas in a general way, providing an outline of a limited number of developmental factors, or some information about the health of young people. Many responses focused on the transition from childhood to adulthood, including managing physical changes (eg puberty). These responses lacked relevant examples and were not presented in a clear and logical way.

Question 24 – Sport and Physical Activity in Australian Society

In general, responses used a variety of examples to clarify how the media contribute to the relationship between sexuality and sport. It was evident in some responses that the terms *sexuality* and *sex appeal* were used inter-changeably.

(a) Better responses demonstrated an excellent knowledge and understanding of the option. Responses used a clear discussion of stereotypical ideas of femininity and masculinity in sport as well as drawing out the possible consequences of not meeting the stereotypical expectations. Reference was also made to athletes who challenge these stereotypes.

Mid range responses outlined the role the media plays in constructing femininity and masculinity as well as outlining media messages. These responses provided only limited connections between sexuality and sport.

Low range responses made vague references to syllabus content and did not identify relevant examples. These responses demonstrated a limited understanding of the term 'sexuality' and therefore a relationship between sport and media was not drawn.

(b) The majority of responses investigated some of the consequences that illustrate the emergence of sport as a commodity.

The higher range responses inquired into and drew conclusions about the development of professional sport and sport as big business, including sponsorship and advertising. Less common were responses that drew conclusions about the economics of the Olympics. Most responses traced the beginnings of amateur and professional sport and explored how this had changed over time. Examples cited the loss of some traditions including the changes to one day cricket, the modification of rules of many sports to suit television, the expansion of sport shown on both free to air and pay television channels and the status professional athletes as role models. Responses focused heavily on sponsorship in sport and athletes.

Higher range responses also provided positive and negative consequences of the emergence of sport as a commodity and were able to clearly show that they had drawn conclusions from their investigation by using language such as 'has resulted in...', 'has become ...', 'therefore ...' and 'due to ...'. Syllabus terminology in the high range responses was clear and evident.

Mid range responses discussed in detail a number of consequences of sport as a commodity but failed to draw conclusions. These responses tended to only discuss the positive <u>or</u> negative consequences of the commodification of sport.

A number of mid range candidates focused upon one issue only relating to sport as a commodity eg sponsorship in sport.

Lower range responses neglected to use relevant syllabus terminology and many seemed unclear as to the meaning of 'commodity'. Examples were brief and often not linked to the question or syllabus points. No inquiry was provided. Many of the lower range responses focused on Australia's national identity and nationalism in sport, which did not address the question asked.

Question 25 – Sports Medicine

(a) Better responses demonstrated how the nature and extent of injuries are determined by applying the TOTAPS procedure or detailed the classification of the nature of the injury, recognizing the need for medical intervention for assessment purposes. The high range responses gave detailed examples throughout including: observe for swelling; compare injured limb to non-injured limb; touch to feel for heat; deformity; and level of pain.

The best responses stressed the need to stop TOTAPS at any given point if pain was too great. Mid range responses outlined either the TOTAPS procedure or the classification of injuries, but failed to give detail through specific examples. The low range responses listed types of injuries or identified DRABC or RICER.

(b) The high range responses showed a thorough understanding of thermoregulation and its management as a preventative action. Responses drew conclusions about thermoregulation and preventative actions as well as how they were linked to enhance the athlete's wellbeing. The common preventative actions included hydration, clothing, timing of events, and internal body processes such as vasodilation, vasoconstriction, evaporation, convection, conduction and radiation. The best responses distinguished between internal and external management, for example: while 'the body attempts to regulate thermoregulation through internal procedures, adverse environmental conditions, exercise, poor ventilation in clothing and inadequate fluid replacement can make managing this process extremely difficult, leading to dehydration and possibly placing an athlete's health at risk.' These responses produced a number of conclusions that were clearly linked to the management of thermoregulation as a preventative action, supported by relevant examples.

Mid-range responses lacked depth and discussed thermoregulation and/or management processes without specific conclusions and detailed examples. Many responses showed an understanding of the process of thermoregulation and applied some management strategies. However, they did not include reasons for the application, for example: 'Heat gain can be maintained by wearing appropriate clothing suitable for the training and competitive environment, by wearing sunscreen, hats and by appropriate fluid intake.'

Low range responses provided a brief description of thermoregulation, or management processes to enhance the wellbeing of the athlete, for example: 'Athletes need to be cautious of weather conditions during training and competition.'

Question 26 – Improving Performance

(a) Responses displayed knowledge of a range of flexibility methods and linked these to improved performance. Better responses described how the types of flexibility training (eg ballistic, static and PNF) affected specific events. These responses included the contraindications of flexibility exercises, using specific examples. Responses provided detailed and thorough discussions of injury prevention and performance improvement.

Mid-range responses tended to describe types of flexibility training without detailing how it could be used to improve performance.

Low range responses lacked any link to improving performance. Typically, these responses identified some relevant information on flexibility training or simply described a weak example of stretching.

(b) High range responses provided detail on the full range of coaching considerations when establishing a training program. Typically, these responses highlighted the phases of competition, long term training plans and data gathering as the major considerations to optimise performance. Many used a range of clear examples on which to draw conclusions.

Mid-range responses discussed a vast array of coaching considerations with weak links to improved performance. The responses used examples of coaching techniques to supplement the discussion but failed to reach a conclusion about the performance of athletes.

Low range responses described, outlined or identified some relevant information on the coaching considerations or training programs. Responses typically demonstrated general coaching principles, methods or training only.

Question 27 – Equity and Health

(a) High range responses clearly and logically clarified through explanation and/or definitions. These responses included specific examples of a broad range of the social factors that contribute to health inequities in Australia.

Mid-range responses provided an outline of a number of social factors contributing to health inequities in Australia and some relevant examples.

Low range responses tended to provide general information about social risk factors (Core 1 content) or simply listed and discussed groups experiencing health inequities.

(b) High range responses clearly and logically displayed a deep and detailed inquiry into a broad range of characteristics that contribute to the effectiveness of health strategies in Australia. The responses were conclusive and drew upon a variety of specific and highly relevant examples to further elucidate the answer.

Mid range responses either inquired into or discussed a number of the characteristics that contribute to the effectiveness of health strategies in Australia with relevant examples. Some used the Ottawa Charter and other health promotion theories to explain specific characteristics of health promotion and provided some examples.

Low range responses addressed in general terms some relevant characteristics of health promotion strategies with examples. The weaker responses occasionally described specific health promotion initiatives or provided only vague information about health promotion.

Personal Development, Health and Physical Education

2006 HSC Examination Mapping Grid

Question	Marks	Content	Syllabus outcomes
Section I, Pa	art A		
1	1	Priority areas for action For each of the priority areas – the nature of the problem	H1
2	1	The health status of Australians – major causes of illness and death	Н1
3	1	Identifying priority areas	H1
4	1	Measuring health status Health status of Australians - current trends major causes of illness and death - groups experiencing health inequities – men	H2
5	1	Approaches to health promotion Characteristics of the new public health	H3, H4, H15
6	1	The health status of Australians – current trends: Major causes of illness and death Priority areas for action – CVD	H1, H2
7	1	Priority areas for action – mental health	H1, H2, H3, H5, H14, H15
8	1	Health status of Australians Groups experiencing health inequities ATSI	H2, H3, H15
9	1	Major health promotion initiatives Funding of health care in Australia	H5, H15, H16
10	1	Measuring health status	H2, H15, H16
11	1	Managing anxiety	H8, H11
12	1	Stages of skill acquisition – associative	H8, H9
13	1	Skilled performers vs unskilled performers	H7, H9
14	1	The learning environment – nature of skill	H9, H17
15	1	Objective measurement of skill	H8, H11, H17
16	1	Balanced diet	H9, H16
17	1	Principles of training	H8, H10, H16, H17



Question	Marks	Content	Syllabus outcomes
18	1	Energy systems	H7, H10, H16, H17
19	1	Energy systems	H7, H10, H16, H17
20	1	Anxiety – optimal arousal	H8, H16, H17
Section I, Pa	nrt B		
21 (a)	4	Alternative health care approaches	H14, H15
21 (b)	6	Major health promotion initiatives - Jakarta Declaration - government responses - community responses	H4, H5, H14, H15
21 (c)	10	Priority areas for action CVD	H1, H2, H3, H14, H15, H16
22 (a)	3	Energy systems	Н7
22 (b)	5	Supplementation	H8, H11
22 (c)	12	Immediate physiological response to training. Physiological adaptations in response training	H7, H8, H16, H17
Section II			
23 (a)	5	Social action	H4, H6, H16
23 (b)	15	Developmental aspects that impact on the health of young people	H2, H6, H15, H16
24 (a)	5	Sexuality and Sport	H12
24 (b)	15	The emergence of sport as a commodity	H12, H16
25 (a)	5	Assessment of injuries	H13, H17
25 (b)	15	Thermoregulation Children and young athletes – thermoregulation	H8, H13, H16, H17
26 (a)	5	Training for flexibility	H7, H8, H10
26 (b)	15	Establishing training programs	H7, H8, H10, H16, H17
27 (a)	5	Factors that create health inequities	H3, H5, H14
27 (b)	15	Characteristic of effective strategies	H15, H16



2006 HSC Personal Development, Health and Physical Education Marking Guidelines

Section I, Part B

Question 21 (a)

Outcomes assessed: H14, H15

Criteria	Marks
• Expresses concisely the reasons for the growth of alternative health care approaches in Australia.	2.4
 Uses relevant examples to illustrate answer 	3-4
Presents ideas in a clear and logical way	
 Identifies reason/s for the growth of alternative health care approaches in Australia. 	1-2
 May use examples to support answer 	



Question 21 (b)

Outcomes assessed: H4, H5, H14, H15

Criteria	Marks
Provides characteristics and features of the influence of the Jakarta Declaration on the implementation of a major health promotion initiative in Australia	5-6
Uses relevant examples to illustrate answer	
Presents ideas in a clear and logical way	
Outlines some features of the influence of the Jakarta Declaration on the implementation of a major health promotion initiative in Australia	3-4
May use examples to illustrate answer	
• Provides some relevant information about the Jakarta Declaration or a major health promotion initiative	1-2



Question 21 (c)

Outcomes assessed: H1, H2, H3, H14, H15, H16

Criteria	Marks
Supports in a detailed way arguments for identifying CVD as a health priority area in Australia	0.10
Uses a range of relevant examples to illustrate answer	9-10
Presents ideas in a clear and logical way	
Supports arguments for identifying CVD as a health priority area in Australia.	
OR	
• Provides some detailed arguments for identifying CVD as a health priority area in Australia	7-8
Uses relevant examples to illustrate answer	
Presents ideas in a clear and logical way	
Describes reasons for CVD being identified as a health priority area in Australia	
OR	
Discusses factors that identify health priority areas	5-6
OR	
Discusses the nature of CVD	
Uses examples to illustrate answer	
Descries the nature of CVD	
OR	3-4
Describes factors that identify health priority areas	3-4
May use examples	
Provides some information about CVD	
OR	1-2
Provides some information about identifying priority health areas	



Section II

Question 22 (a)

Outcomes assessed: H7

MARKING GUIDELINES

Criteria	Marks
Names the causes of fatigue in each of the energy systems	3
Names the causes of fatigue for some energy systems	2
Provides some relevant information	1

Question 22 (b)

Outcomes assessed: H8, H11

Criteria	Marks
 Makes evident the relationship between supplementation and the performance of athletes 	<i>-</i>
Uses relevant examples to illustrate answer	5
Presents ideas in a clear and logical way	
 Describes the relationship between supplementation and the performance of athletes 	3-4
Uses some relevant examples	
 Provides some information about supplementation and/or the performance of athletes 	1-2
Provides some relevant information	



Question 22 (c)

Outcomes assessed: H7, H8, H16, H17

MARKING GUIDELINES

Criteria	Marks
Makes very clear the differences between the body's immediate physiological responses to training and physiological adaptations to aerobic training by indicating the broad range of responses and adaptations	10-12
Presents ideas in a clear and logical way	
Makes clear the differences between the body's immediate physiological responses to training and physiological adaptations to aerobic training by indicating the broad range of responses and adaptations	7-9
Presents ideas in a clear and logical way	
Outlines some of the physiological responses to training and physiological adaptations to aerobic training	
OR	4-6
Indicates a range of immediate physiological responses OR physiological adaptations	
Identifies some information about immediate physiological responses AND/OR physiological adaptations	1-3
OR	1-3
Provides general information about the body responds to aerobic training	

Question 23 (a)

Outcomes assessed: H4, H6, H16

Criteria	Marks
Makes clear how social action can support young people to attain better health	5
 Uses relevant examples to illustrate answer 	3
Presents ideas in a clear and logical way	
Outlines how social action can support young people to attain better health	3-4
• Uses some relevant examples	3-4
• Provides some information about social action OR attaining better health for young people	1-2
Provides some relevant information	



Question 23 (b)

Outcomes assessed: H2, H6, H15, H16

Criteria	Marks
Inquires in a detailed way into and draws conclusions about the impact of managing a range of developmental aspects on the health of young people	13-15
Uses relevant examples to illustrate answer	13-13
Presents ideas in a clear and logical way	
Inquires into and draws conclusions about the impact of managing some developmental aspects on the health of young people	10.12
Uses relevant examples to illustrate answer	10-12
Presents ideas in a clear and logical way	
Inquires into a developmental aspect in a detailed manner and relates its impact on the health of young people	
OR	
• Discusses the impact of managing a range of developmental aspects on the health of young people	7-9
Uses some relevant examples to illustrate answer	
Presents ideas in a logical way	
Outlines a range of developmental aspects related to the health of young people	
OR	
Describes some developmental aspects related to the health of young people	4-6
OR	
Describes the health of young people	
May use some examples	
Provides some information about health of young people	
OR	1-3
Provides some information about developmental aspects	



Question 24 (a)

Outcomes assessed: H12

MARKING GUIDELINES

Criteria	Marks
Makes clear the role of the media in constructing meanings related to sexuality and sport in Australia	-
Uses relevant examples to illustrate answer	5
Presents ideas in a clear and logical way	
Outlines the role of the media in constructing meanings related to sexuality and/or sport in Australia	3-4
Uses some relevant examples	
Provides some information about the role of the media and/or sexuality in relation to sport	1-2

Question 24 (b)

Outcomes assessed: H12, H16

Criteria	Marks
In a detailed manner, inquires into and draws conclusions about the consequences of the emergence of sport as a commodity in Australia	13-15
Uses relevant examples to illustrate answer	13-13
Presents ideas in a clear and logical way	
Inquires into and draws conclusions about the consequences of the emergence of sport as a commodity in Australia	10-12
Uses relevant examples to illustrate answer	10-12
Presents ideas in a clear and logical	
Inquires into the consequences of the emergence of an issue relating to sport as a commodity in Australia	
OR	
• Discusses in detail some of the consequences related to the emergence of sport as a commodity in Australia	7-9
Uses some examples to illustrate answer	
Presents ideas in a logical way	
Describes the emergence of sport as a commodity in Australia	
OR	
• Outlines some issues relating to the emergence of sport as a commodity in Australia	4-6
May use some examples	
Provides some information relating to the emergence of sport in Australia	1-3



Question 25 (a)

Outcomes assessed: H13, H17

MARKING GUIDELINES

Criteria	Marks
Makes clear in a detailed manner how the nature and extent of injuries are determined	_
Uses relevant examples to illustrate answer	5
Presents ideas in a clear and logical way	
Outlines how the nature and/or extent of injuries are determined	3-4
Uses some relevant examples	3-4
Provides some information about the nature and/or extent of injuries	1–2

Question 25 (b)

Outcomes assessed: H8, H13, H16, H17

Criteria	Marks
In a detailed manner, inquires into and draws conclusions about the management of thermoregulation as a preventative action to enhance the wellbeing of athletes	13-15
Uses relevant examples to illustrate answer	
Presents ideas in a clear and logical way	
• Inquires into and draws conclusions about the management of thermoregulation as a preventative action to enhance the wellbeing of athletes	10-12
Uses relevant examples to illustrate answer	
Presents ideas in a clear and logical way	
Explanation of thermoregulation	
OR	
• Discusses some issues related to the management of thermoregulation as a preventative action to enhance the wellbeing of athletes	7-9
Uses some examples	
Presents ideas in a logical way	
Outlines the management of thermoregulation as a preventative action to enhance the wellbeing of athletes	
OR	4-6
Describes thermoregulation	
May use some examples	
• Provides some information relating to thermoregulation OR the wellbeing of the athlete	1-3



Question 26 (a)

Outcomes assessed: H7, H8, H10

MARKING GUIDELINES

Criteria	Marks
Makes clear how flexibility training is used to improve performance	
Uses relevant examples to illustrate answer	5
Presents ideas in a clear and logical way	
Outlines how flexibility training is used to improve performance	3-4
Uses some relevant examples	3-4
Provides some information about types of flexibility training	1-2

Question 26 (b)

Outcomes assessed: H7, H8, H10, H11, H16, H17

Criteria	Marks
 In a detailed manner, inquires into and draws conclusions and/or outcomes about the coaching considerations when establishing training programs to improve performance Uses relevant examples to illustrate answer 	13-15
Presents ideas in a clear and logical way	
Inquires into and draws some conclusions related to the coaching considerations when establishing training programs to improve performance	10-12
Uses relevant examples to illustrate answer	10-12
Presents ideas in a clear and logical way	
• Inquires into a coaching consideration when establishing training programs to improve performance	
OR	
Discusses some issues related to the coaching considerations when establishing training programs to improve performance	7-9
Uses some examples to illustrate examples	
Presents ideas in a logical way	
Describes some coaching considerations when establishing training programs to improve performance	
OR	4-6
Outlines a range of coaching considerations when establishing training programs to improve performance	4-0
May use some examples	
Provides some information about coaching considerations	1-3



Question 27 (a)

Outcomes assessed: H3, H5, H14

MARKING GUIDELINES

Criteria	Marks
Makes clear how a range of social factors contribute to health inequities in Australia	5
Uses relevant examples to illustrate answer	
Presents ideas in a clear and logical way	
Outlines how social factors contributes health inequities in Australia	3-4
Uses some relevant examples	
Provides some information about factors creating inequities	1-2

Question 27 (b)

Outcomes assessed: H15, H16

Criteria	Marks
• In a detailed manner, inquires into and draws conclusions about a range of characteristics that contribute to the effectiveness of health strategies in Australia	13-15
Uses relevant examples to illustrate answer	
Presents ideas in a clear and logical way	
Inquires into and draws conclusions about some characteristics that contribute to the effectiveness of health strategies in Australia	10.12
Uses relevant examples to illustrate answer	10-12
Presents ideas in a clear and logical way	
Inquires into and draws conclusions about a characteristic that contributes to the effectiveness of health strategies in Australia	
OR	
Discusses some issues related to characteristics that contribute to the effectiveness of health strategies in Australia	7-9
Uses some examples to illustrate examples	
Presents ideas in a logical way	
Outlines a range of characteristics that contribute to the effectiveness of health strategies in Australia	
OR	4-6
Describes some characteristics that contribute to the effectiveness of health strategies in Australia	4-0
May use some examples	
Provides some information about health strategies	1-3