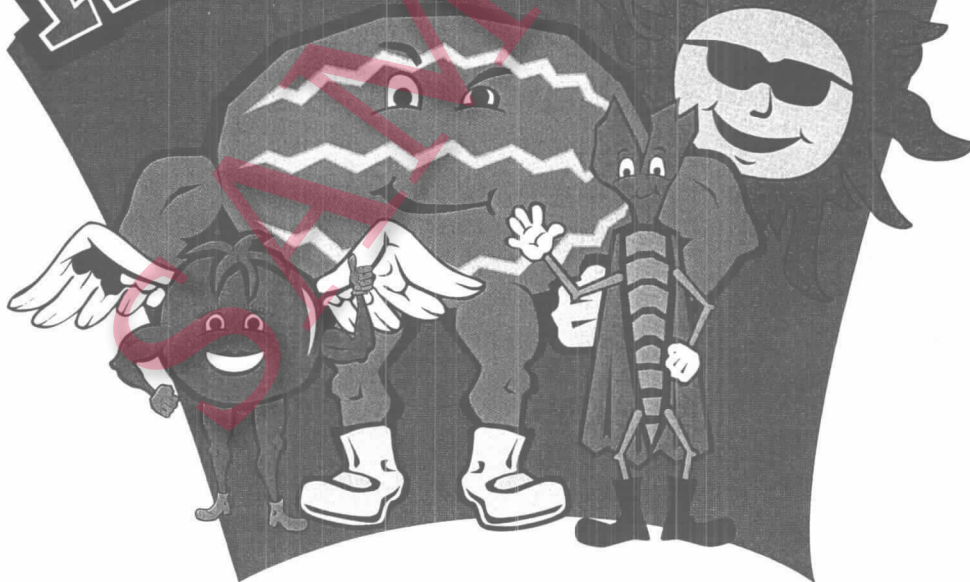


Bienestar Health Program

4th grade Health Curriculum
Teacher's Guide

IT's Healthy Heroes



BIENESTAR HEALTH CURRICULUM

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Bienestar Health Curriculum Pre/Post Exam - 4th Grade

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Programa de Bienestar y salud
Examen pre/post - 4to grado

Please print NAMES clearly
Por favor escriba los nombres claramente

School Name:

Nombre de Escuela:

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HM RM Teacher's LAST NAME:

Profesor del salón apellido

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

School ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TODAY's DATE (Fecha de hoy):

				/			/						
Month					Day					Year			
Mes					Día					Año			

Student Name:

Nombre del estudiante

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Shade Circles Like This--> ●
Rellene los círculos así

Not Like This--> ~~○~~ ✓
No así

Read each question and choose the ONE correct answer. Then fill in the bubble next to the correct answer for that question. If you need to change your answer, completely erase the mistake and mark the new answer. PLEASE DO NOT FOLD OR TEAR THIS PAPER. USE #2 PENCIL ONLY.

Lea cada pregunta y escoja una respuesta correcta. Luego rellene la burbuja al lado de la respuesta correcta para esa pregunta. Si usted necesita cambiar la respuesta, borre completamente el error y marque la nueva respuesta. POR FAVOR NO DOBLE O DESPEDACE ESTE PAPEL. USE LAPIZ # 2 SOLAMENTE

1. What needs to be "in balance" to stay at a healthy weight?

Que necesita estar "en balance" para estar en un peso saludable?

- ☐ a. eating more bread and less meat
comer mas pan y menos carne
- ☐ b. eating healthy and getting exercise
comer saludable y hacer ejercicio
- ☐ c. watching tv and eating ice cream
mirar televisión y comer crema de helado
- ☐ d. getting less exercise and more sleep
hacer mas ejercicio y dormir mas

2. What is the disease called when you have too much sugar in your blood?
Como se llama la enfermedad cuando uno tiene mucho azúcar en la sangre?

- ☐ a. glucose
glucosa
- ☐ b. digestion
digestión
- ☐ c. diabetes
diabetes
- ☐ d. stroke
derrame cerebral

TURN OVER PAGE TO ANSWER QUESTIONS ON BACK

**Test
Number:**

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Please do not mark in this box