2017
MIDDLE/HIGH
SCHOOL

SHI SCHOOL HEALTH INDEX

A Self-Assessment and Planning Guide

U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CS279567-B

✓ SHI

School Health Index

A Self-Assessment and Planning Guide

Middle School/High School
2017

Contents

Suggested citation: Centers for Disease Control and Prevention. *School Health Index: A Self-Assessment and Planning Guid*e. Middle school/high school version. Atlanta, Georgia. 2017.

Download in print or complete on CDC's website:
http://www.cdc.gov/HealthySchools/SHI/

The original and revised School Health Index (SHI) was developed by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health (DPH), DPH School Health Branch, Division of Nutrition, Physical Activity and Obesity, and Office on Smoking and Health; and the National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, and Division of Violence Prevention. It was also supported by conceptual, technical, and editorial assistance from

practitioners and professionals from the fields of health and education. Funding for the development of the first edition of the *School Health Index,* published in 2000, came from the CDC Foundation and the Robert W. Woodruff Foundation.

This page intentionally left blank.

Introduction

The School Health Index (SHI) is a self-assessment and planning guide that will enable you to

- identify the strengths and weaknesses of your school's policies and programs for promoting health and safety
- develop an action plan for improving student health and safety
- involve teachers, parents, students, and the community in improving school policies, programs, and services

Why Use the School Health Index?

Promoting healthy and safe behaviors among students is an important part of the fundamental mission of schools, which is to provide young people with the knowledge and skills they need to become healthy and productive adults. Improving student health and safety can

- increase students' capacity to learn
- reduce absenteeism
- improve physical fitness and mental alertness
- reduce aggression and violence
- reduce/prevent alcohol, tobacco and other drug use
- reduce punitive disciplinary actions
- increase academic achievement
- increase student attachment to school
- improve social and emotional skills, such as self-regulation, communication, and problem solving

What Does It Involve?

The School Health Index has two activities that are to be completed by teams from your school: 1) a self-assessment process, and 2) a planning for improvement process. First, the self-assessment process involves members of your school community coming together to discuss what your school is already doing to promote good health and to identify your strengths and weaknesses. More specifically, you will be assessing the extent to which your school implements the policies and practices recommended by the Centers for Disease Control and Prevention (CDC) and other leading health and education agencies.

Second, the planning for improvement process enables you to identify recommended actions your school can take to improve its performance in areas that received low scores. It guides you through a simple process for prioritizing the various recommendations. This step will help you decide on a handful of actions to implement this year. Finally, you will complete a School Health Improvement Plan to list the steps you will take to implement your actions.

Completing the SHI is an important first step toward improving your school's health policies and practices. Your school can then implement the School Health Improvement Plan and develop an ongoing process for monitoring progress and reviewing your recommendations for change. Your school's results from using the SHI, along with results from other tools such as ASCD's School Improvement Tool, can also help you include school health activities in your overall School Improvement Plan. The National Association of Chronic Disease Directors' Guide to Incorporating Health and Wellness into School Improvement Plans is a great resource (http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/school_health/NACDD_SIP_Guide_2016.pdf).

The SHI is designed for use at the school level. However, with appropriate adaptation, it could be used at the district level as well, especially if the district has only a few schools and those schools have similar policies and practices.

Should the SHI Be Used to Compare or Rate Schools?

No, the SHI should not be used to compare or rate schools. The SHI is your school's self-assessment tool. It is not meant to be used to compare schools. It should not be used for auditing or punishing school staff. There is no such thing as a passing grade on the SHI. You should use your SHI scores only to help you understand your school's strengths and weaknesses and to develop an action plan for improving your school health and safety policies and practices.

What Resources Are Needed?

The School Health Index is available at no cost, and the assessment process for all health topics can be completed in as little as six hours. The process may take less time if fewer health topics are chosen.

Many of the improvements you will want to make after completing the SHI can be done with existing staff and with few or no new resources. For those priority actions that may require new resources, your SHI results can help provide information needed to stimulate administrator, school board, and community support for school health and help to establish justification to support funding requests. Some states and counties have provided financial support to cover school costs in implementing the SHI (e.g., refreshments for meetings, staff stipends) and mini-grants to help schools implement actions recommended in the School Health Improvement Plan. In addition, many organizations such as the Alliance for a Healthier Generation and Action for Healthy Kids are committed to working with schools to boost their school wellness efforts through technical assistance and resources.

Framework for the SHI

The SHI is based on scientific guidance including CDC's research-based guidelines for school health programs, environmental health guidelines for school programs, and various Institute of Medicine reports on school nutrition, physical activity and physical education. All identify the policies and practices most likely to be effective in reducing youth health risk behaviors and supporting healthy behaviors. The SHI is structured

around CDC and ASCD's Whole School, Whole Community, Whole Child approach (WSCC). The WSCC approach builds upon the traditional coordinated school health model and ASCD's Whole Child approach to learning and promotes greater alignment between health and education outcomes. In addition, it highlights the importance of involving and coordinating school health and safety policies and the efforts of all ten interactive components to maintain the well-being of students.

What is WSCC and how is it integrated in the SHI?

Historically, education, public health, and school health sectors have worked together to promote health and learning among children. However, in recent years, there has been greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development. The WSCC is an approach that focuses on the child to align the common goals of both education and health. The expanded model integrates the eight components of CDC's coordinated school health (CSH) model with the tenets of ASCD's Whole Child approach to education to support a collaborative approach to learning and health. The WSCC model emphasizes a school-wide approach to student health. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

The WSCC model includes the following 10 components*:

1. *Health Education*: Formal, structured health education consists of planned learning experiences that help students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. These planned learning experiences take into account a range of cultural perspectives that support students in applying health information to their unique family and individual values and practices.
2. *Physical Education and Physical Activity Programs*: A comprehensive school physical activity program (CSPAP) provides a national framework for school-based physical education and physical activity. A well-designed physical education program provides the opportunity for students to learn key concepts and practice critical skills needed to establish and maintain physically active lifestyles

throughout childhood, adolescence and into adulthood. Such a program also requires strong partnerships between school, home, and the community.

3. *Nutrition Environment and Services*: The school nutrition environment provides students with opportunities to learn about and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus.
4. *School Health Services*: School health services intervene with actual and potential health problems, including providing first aid, emergency care and assessment and planning for the management of chronic conditions (such as asthma or diabetes).
5. *School Counseling, Psychological, and Social Services*: These prevention and intervention services support the mental, behavioral, and social-emotional health of students and promote success in the learning process. Services include psychological, psychoeducational, and psychosocial assessments; direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed.
6. *Social and Emotional School Climate*: Social and Emotional School Climate refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. The non-physical environment of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance.
7. *Physical Environment*: A healthy and safe physical school environment promotes learning by ensuring the health and safety of students and staff. The physical school environment encompasses the school building and its contents, the land on which the school is located, and the area surrounding it.
8. *Employee Wellness and Health Promotion*: A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors (e.g., lack of physical activity, tobacco use) and health conditions (e.g., diabetes, depression) to meet the health and safety needs of all employees.
9. *Family Engagement*: Families and school staff work together to support and improve the learning, development, and health of students. School staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. Families are committed to actively supporting their child's learning, development and safety.
10. *Community Involvement*: Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, safety and health-related activities.

The SHI devotes a module to each of the ten components of WSCC and includes discussion questions that address pertinent policies, processes and practices. In addition, the SHI includes an eleventh module that focuses on school health and safety polices. It identifies the most important health and safety practices and policies schools should strive to implement to ensure that students, staff, and others at school are not exposed to risks to their health and safety.

*Note: To view the full descriptions of the WSCC components, please visit the CDC Healthy Schools website: https://www.cdc.gov/healthyschools/wscc/components.htm

What is the relationship between health and academic achievement?

Schools ensure that all students gain the necessary knowledge, skills, and experience to be ready for college, career and citizenship. This includes not only developing students academically, but also socially, emotionally and physically, and in an environment which is most conducive to effective teaching and learning. The Whole School, Whole Community, and Whole Child (WSCC) model is a framework that highlights the critical connection between health and academic achievement (1). It provides guidance for supporting healthy student behaviors, school health services, safe and positive school environments, and family and community involvement.

Research to date demonstrates strong relationships between health and academic achievement in each of the ten components of WSCC (2). Among healthy student behaviors, physical activity has been found to have a significant positive association with some measures of students' cognitive functioning and improved academic achievement including better concentration and attention, higher achievement tests scores, and higher math grades (2, 3). Similarly, more participation in physical education class is associated with better grades, standardized test scores, and classroom behavior (4). For nutrition, iron intake and breakfast consumption are also associated with improved cognitive performance and the latter is also associated with attendance (2). In addition, student participation in health education classes has been found to be associated with increased academic grades and test scores, decreased school absences, improved student behavior, and reduced school dropout (5). A negative association has also been found with chronic health conditions and academic achievement (6).

Among school health services, counseling, psychological, and social services offered in school have been found to help support the mental, behavioral, and social-emotional health of students and promote success in learning (2). Studies have also shown that employee wellness programs can increase employees' ability to focus, reduce absenteeism, improve employee morale, and prevent chronic diseases (7, 8).

With respect to safe and positive school environments, research indicates that students who are more connected attached to school have better attendance, grades, and classroom behavior (9). In addition, students who have parents engaged in their school lives are more likely to have increased attendance, higher grades and test scores, better social skills, improved classroom behavior, and graduated high school (2).

Finally, among the family and community involvement components research has shown that students who have parents engaged in their school lives are less likely to smoke cigarettes, drink alcohol, become pregnant, be physically inactive, and be emotionally distressed (10). Community involvement is also associated with increased grades and test scores, improved school attendance, and improved student behavior (2).

The evidence clearly demonstrates that the health of students is linked to their academic achievement and by integrating the two, young people can be healthy and ready to learn. The integration of health and learning in schools can be reinforced through the development and implementation of policies, programs and practices and by schools, health agencies, parents, and communities working together.

What Health Topics Does the SHI Address?

The modules in the 2017 edition of the School Health Index address the following health topics:

- physical activity and physical education
- nutrition
- tobacco use prevention
- alcohol and other drug use prevention
- chronic health conditions (e.g., asthma, food allergies)
- unintentional injury and violence prevention (safety)
- sexual health, including HIV, other STD and pregnancy prevention

Questions within each module are grouped and labeled by topic area: physical activity (PA), nutrition (N), tobacco (T), alcohol and other drugs (AOD), chronic health conditions (CHC), safety (S), sexual health (SH), and cross-cutting (CC). Questions in the SHI address a broad array of cross-cutting school health policies and practices. In particular, the recent expansion includes a timely and critical focus on social and emotion learning as well as additional questions focused on the physical environment. Cross-cutting questions address issues that are relevant to all health topics. Additionally, some questions are labeled for more than one topic (e.g., PA/S) because they are relevant to more than one (e.g., physical activity and safety). Grouping questions allows schools to choose to address some, but not all, of the health topics covered by the SHI. CDC believes that a comprehensive approach to school health is the most effective way to influence students' health behaviors. However, we recognize that some schools will want to address only one topic or just a few at a time.

Some schools have already completed the SHI for some topic areas and do not wish to revisit those questions now. Others might have funding or a mandate to address a specific health topic. The web-based version of the SHI allows you to generate score cards for specific topic areas and complete the assessment online. (Web version is available at: http://www.cdc.gov/HealthySchools/SHI.) While CDC provides the most complete and comprehensive version of the SHI, other organizations (e.g., Alliance for a Healthier Generation, Action for Healthy Kids) use parts of the SHI and provide access to the tool on their websites.

Why Were These Health Topics Selected?

These health topics were chosen because both the health behaviors (e.g., dietary, physical activity, sexual risk behavior) and the health conditions (e.g., chronic health conditions such as asthma) can play a critical role in preventing the leading causes of death, disability, hospitalizations, illness, and school absences. The topic areas address common risk behaviors and chronic health conditions that are prevalent among adolescents. As a result, CDC and a number of other agencies have developed guidelines and strategies to support schools in addressing each of them. Additional health topics may be added in the future.

Physical activity reduces the risk of premature mortality in general and of coronary heart disease, hypertension, colon cancer, and diabetes mellitus in particular. Regular physical activity in childhood and adolescence improves cardiorespiratory and muscular fitness, helps build healthy bones, helps control weight, improves cardiovascular and metabolic health biomarkers such as blood pressure and cholesterol levels, and may reduce symptoms of depression.

Nutrition involves healthy eating, which is associated with reduced risk of many diseases, including the three leading causes of death—heart disease, cancer, and stroke. Healthy eating in childhood and adolescence is important for proper growth and development and can help prevent obesity, dental caries, iron deficiency anemia, and other health problems.

Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, is the single leading preventable cause of death in the United States. More than one in every five high school students currently use some kind of tobacco product.

Alcohol and other drug use, including marijuana, cocaine, other illegal drugs, and prescription drugs can lead to social, emotional, and physical health issues. Although substance misuse can occur at any age, the teenage and young adult years are particularly critical at-risk periods. Research shows that the majority of adults who meet the criteria for having a substance use disorder started using substances during their teen and young adult years. Teen substance use is also associated with sexual risk behaviors that put young people at risk for HIV, sexually transmitted diseases (STDs), and pregnancy.

Safety relates to preventing unintentional injuries and violence, which are leading causes of death and disability among children, adolescents, and young adults. Two-thirds of all deaths among adolescents are due to either unintentional injuries or violence. Major causes of unintentional injuries include motor-vehicle crashes, drowning, poisoning, fires and burns, falls, sports- and recreation-related injuries, firearm-related injuries, choking, suffocation, and animal bites. Types of violence are homicide, suicide, assault, sexual violence, rape, child maltreatment, dating and domestic violence, and self-inflicted injuries. Children and adolescents engage in many behaviors that increase their risk of injury, including not using seat belts, driving after drinking alcohol, carrying weapons, and engaging in physical fights

Chronic Health Conditions are those that are, or put a child at risk for, chronic physical, developmental, behavioral, or emotional conditions and need more health and related services than children usually do. These include, but are not limited to asthma, diabetes, food allergies, seizure disorders and poor oral health. About a quarter of U.S. school-aged youth have a chronic health condition. Because these youth spend a significant amount of their time in schools, it is important to understand the relationship between chronic health conditions and academic achievement. Studies indicate that students who are able to manage their chronic health conditions tend to have better academic achievement.

Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STD), and unintended pregnancy. Many young people engage in sexual risk behaviors that can result in unintended health outcomes. Nearly half of all U.S. high school students have had sexual intercourse. Nearly half of the 19 million new STD acquired each year are among young people aged 15–24 years.

References

1. Lewallen TC, Hunt H, Potts-Datema W, Zaza S, Giles W. The Whole School, Whole Community, Whole Child Model: a new approach for improving educational attainment and healthy development for students. J Sch Health. 2015; 85: 729-739.
2. Michael SL, Merlo CL, Basch CE, Wentzel KR, Wechsler H. Critical connections: health and academics. J Sch Health. 2015; 85: 740-758.
3. Castelli, DM., Centeio EE, Hwang J, Barcelona JM, Glowacki EM, Calvert HG, Nicksic HM. "Vii. The History of Physical Activity and Academic Performance Research: Informing The Future." Monographs of The Society For Research In Child Development 79.4 (2014): 119-148.
4. Rasberry CN, Lee SM, Robin L, Laris BA, Russell LA, Coyle KK, Nihiser AJ. The association between school-based physical activity, including physical education, and academic performance: a systematic review of the literature. Prev Med. 2011;52(suppl 1):S10-S20.
5. Murray N, Low B, Hollis C, Cross A, Davis S. Coordinated school health programs and academic achievement: a systematic review of the literature. J Sch Health. 2007;77(9):589-600.
6. Leroy Z, Wallin R, Lee S. The Role of School Health Services in Addressing the Needs of Students with Chronic Health Conditions: A Systematic Review. The Journal of School Nursing. 2017;33(1):64-72.
7. Aldana SG, Merrill RM, Price K, Hardy A, Hager R. Financial impact of a comprehensive multisite workplace health promotion program. Prev Med. 2005;40(2):131-137.

8. Heaney C, Goetzel R. A review of health-related outcomes of multi-component worksite health promotion programs. Am J Health Promot. 1997;11(4):290-307.
9. Thapa A, Cohen J, Guffey S, Higgins-D'Alessandro A. A review of school climate research. Rev Educ Res. 2013;83(3):357-385.
10. Centers for Disease Control and Prevention. Parent engagement: strategies for involving parents in school health. 2012. Available at: http://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf. Accessed May 24, 2017.

Instructions for Site Coordinator

There is no single way to implement the SHI. Schools have developed many approaches and you need to find the approach that meets your school's needs. The most essential thing to remember is that completing the SHI should be a group effort: the strength of the process comes from having individuals from different parts of the school community sit down together and plan ways to work towards improving school policies and programs. The connections that develop among SHI participants are among the most important outcomes of the process.

You can complete the SHI online or follow the step-by-step instructions below to complete the print version. Both methods are effective and you need to decide which one is best for your school. The online method is interactive and customizable. You can select the topics you want to include in your SHI and invite your team members to log in and participate. Access the SHI online at http://www.cdc.gov/HealthySchools/SHI

Step-by-Step Instructions

1. **Review the eleven modules.** Habits and practices related to health and safety are influenced by the entire school environment. That's why the SHI has eleven different modules, including ten modules that correspond to the components of the Whole School, Whole Community, Whole Child approach (See Introduction or www.cdc.gov/HealthySchools/wscc) and one additional module that focuses on school health and safety policies and practices.

2. **Assemble the School Health Index team.** Identify a team of people who will be responsible for completing the SHI. You may choose to create a new team; use an existing team, such as the school health council; or create a new subcommittee of the school management council. Broad and diverse participation is important for meaningful assessment and successful planning and implementation.

   Below are key people who you may want to invite to join the SHI team. Choose people you think are appropriate to represent your school and community. The following list is not all-inclusive, but instead provides examples of individuals you can include on the SHI team.

   - Principal, Assistant Principal
   - Physical education teacher
   - Health education teacher
   - Recess monitor
   - Classroom teacher
   - Student
   - School nutrition services manager
   - Athletic coach
   - School counselor, psychologist or social worker
   - School nurse or health care provider
   - School security personnel
   - Bus driver
   - Janitor or custodial worker
   - Facility and maintenance staff
   - Parent or other family member
   - Community-based health care and social services provider
   - Community health organization representative, e.g., American Cancer Society
   - Local health department staff member
   - Out of school time provider(s)

Getting support for the use of the SHI from school administrators greatly improves overall commitment to completing the SHI and implementing the School Health Improvement Plan. School and district-level administrators can give the SHI team the power to implement identified changes.

3. **Identify a coordinator for the School Health Index team.** The identity of the SHI coordinator varies from school to school. Some schools may decide not to identify a SHI coordinator and instead take a team approach to organizing and facilitating the SHI team. Others may identify one member of the SHI team to serve as the facilitator.

   Many schools have found that it is best to have someone from outside the school facilitate the SHI process. This person might be, for example, a retired health educator, a community-based dietitian, a professor at a local university, a graduate student, or a volunteer at a community-based health organization. Because they are removed from school politics, these individuals are neutral and can help the staff deal with internal conflicts. A SHI coordinator should be
   - a skilled group facilitator who can keep meeting participants on task while making them feel good about their participation
   - an excellent listener who does not attempt to impose his or her own opinions on the group
   - an individual who is highly respected by all participants and by the school administration

4. **Meet with all members of the SHI team.**
   - Explain the SHI and its purposes. Use the resources, including PowerPoint presentations, provided in the SHI Training Manual to help plan this meeting. (See http://www.cdc.gov/HealthySchools/SHI/training.)
   - Encourage team members to answer all questions as accurately as possible. Team members should understand that results will not be used for punishing schools or comparing your school to other schools.
   - Make sure that all team members understand that their work on the SHI can make a great difference in the lives of your school's students. Completing the SHI is not an academic exercise or a bureaucratic mandate; it is a process for bringing people together to improve a school's policies and programs.

5. **Complete the self-assessment process.** Decide whether you want to use the online version or the paper version. If you decide to complete the SHI online, create an account and a SHI for your team. After creating the account, distribute the login information to the team members. Members of your team can log into the system at any time by using the account information to answer the discussion questions assigned to them or to perform other tasks.

   Decide how you want to complete the SHI self-assessment process. Some schools have their entire SHI team stay together to do the entire self-assessment, sometimes in just one meeting. Others form sub-teams of two or more people to work on each of the eleven modules. It is very important to have at least two people work on each module, because having more than one person involved will increase accuracy and elicit a variety of creative insights for improving school policies and programs.

Answer the discussion questions. Read through the questions carefully and select the answer that best describes your school. Words and phrases that are **underlined and bolded** are further defined in the SHI Glossary. Clicking on these words in the online version will take you directly to this additional information. If a question does not apply to your school, you can designate it as not applicable. If you are not sure or need more information before you can answer the question, you can skip it and return to it at another time. You do not have to answer all the questions in a module.

Whoever completes the paper version of the modules will need to receive copies of the following documents:

- Instructions for module coordinator
- Module Score Card and Sample Completed Module Score Card
- Module Discussion Questions
- Module and Sample Completed Planning Questions
- SHI Glossary

Individuals working on each module need to

- answer the module Discussion Questions by writing the results on the module Score Card
- review the module Score Card results to answer the module Planning Questions
- use the results from the third Planning Question to identify the one, two, or three highest priority actions for this module that will be recommended for implementation this year

For some modules this will take just minutes, but for others it may take an hour or more.

6. **Complete the Overall Score Card.** Collect the Score Cards for each module, and transfer the scores to the Overall Score Card (located in the Planning for Improvement section). Make copies of the completed Overall Score Card for every SHI team member.

7. **Meet with all SHI team members to review score cards and create your School Health Improvement Plan.** Use the resources provided in the SHI Training Manual to help plan this second meeting. (See http://www.cdc.gov/HealthySchools/SHI/training.)
   - Review the Score Cards for each module. Discuss the identified strengths and weaknesses and recommended actions in each module.
   - Review the Overall Score Card.
   - Have all participants work together to identify the top priority actions for the entire school.
   - Complete the School Health Improvement Plan (located in the Planning for Improvement section). This involves setting 3 to 5 priority actions, discussing the resources needed and action steps, assigning responsibilities, setting timelines, and deciding how to present the plan to the school leadership and community.
   - Discuss how you will monitor progress and when the team will meet again.

WHAT DO WE DO IF A QUESTION SEEMS IRRELEVANT FOR OUR SCHOOL?
It is possible that some questions might not be relevant for every school. If you are sure that this is the case, you may choose not to answer the question. If you are using the paper version of the SHI just remember to appropriately adjust the denominator used for calculating the Overall Module Score (i.e., subtract 3 points for each question deleted).

In many cases questions that might appear to be irrelevant can be re-interpreted to become relevant. For example, a question might ask about the school's gymnasium or cafeteria, and your school might not have a gymnasium or cafeteria. However, if students participate in physical education or eat meals somewhere on campus, you can modify the question to make it fit your circumstances. If meals are cooked off-site at a central cooking facility, it might be harder for you to obtain information about food preparation practices and to influence those practices – but it can be done. Planning Question 3 will ask you to consider feasibility. Trying to influence practices at a central cooking facility might not be a high priority for your school because it might rate low on feasibility.

Sample Completed Score Card
Module 1: School Policies and Environment

Instructions

1. Carefully read and discuss the Module 1 Discussion Questions (pages 5-34), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module (pages 35-36).

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
CC.1	Representative school health committee or team	3	2	1	0
CC.2	Written school health and safety policies	3	2	1	0
CC.3	Communicate health and safety policies to students, parents, staff members, and visitors	3	2	1	0
CC.4	Overcome barriers to learning	3	2	1	0
CC.5	Enrichment experiences	3	2	1	0
CC.6	Local wellness policies	3	2	1	0
CC.7	Standard precautions policy	3	2	1	0
CC.8	Written crisis preparedness and response plan	3	2	1	0
CC.9	School start times	3	2	1	0
CC.10	Student involvement in decision-making	3	2	1	0
PA.1	Access to physical activity facilities outside school hours	3	2	1	0
PA.2	Prohibit using physical activity as punishment	3	2	1	0
N.1	Prohibit using food as reward or punishment	3	2	1	0
N.2	Access to free drinking water throughout the school day	3	2	1	0
N.3	All foods sold during the school day meet the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.4	All beverages sold during the school day meet the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.5	At the high school level, beverages sold during the school day exceed the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.6	All foods and beverages served and offered during the school day meet USDA's Smart Snacks in School nutrition standards	3	2	1	0
COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.		21	12	4	0

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (57) by subtracting 3 for each question eliminated).

NOTE! For simplicity, this example shows only Cross-Cutting, Physical Activity, and Nutrition Items. The denominator has been adjusted accordingly.

TOTAL POINTS: Add the four sums above and enter the total to the right. 37

MODULE SCORE = (Total Points / 54) X 100 69%

Sample Completed Planning Questions
Module 1: School Policies and Environment

The Module 1 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1

Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's health and safety policies? b) What are the **weaknesses** of your school's health and safety policies?

Strengths

- Excellent communication of policies with parents, visitors, and staff.
- Offer a wide variety of enrichment experiences.
- Have a strong standard precautions policy.
- Students are actively supervised.
- Students can access physical activity facilities.
- Do not use physical activity as punishment.
- Free drinking water is widely available and students can bring bottles to class.
- Drinks offered or sold during the school day meet strong nutrition standards.

Weaknesses

- Do not have a committee to oversee our health programs (CC.1).
- Local wellness policy has not been implemented at the school level (CC.6).
- Students could be more involved in decision making (CC.10).
- Some teachers still use candy as rewards (N.1).
- Not all food available during the day meet school nutrition standards (N.3)
- Some teachers distribute coupons for foods that do not meet school nutrition standards (N.11).

Planning Question 2

For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., create and maintain a school health committee).

1. Form a school health committee.
2. Have the school health committee review the district local wellness policy.
3. Include students on the school health committee.
4. Provide teachers ideas about non-food rewards.
5. Offer ideas for incentives other than food coupons.

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to score each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining the priority actions

Importance	**How important is the action?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to attain the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 1 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?
Form a school health committee.	5	5	4	3	3	20	✓
Have the school health committee review the district local wellness policy.	3	5	2	2	4	16	
Include students on the school health committee.	3	5	4	3	4	19	✓
Provide teachers ideas about non-candy rewards.	4	5	3	2	3	17	
Offer ideas for incentives other than food coupons.	3	2	3	2	3	13	

This page intentionally left blank.

Module 1: School Policies and Environment

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 1 focuses on school health and safety policies. It identifies the most important health and safety practices and policies schools should strive implement to ensure that students, staff, and others at school are not exposed to risks to their health and safety. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 1 team.

Principal	Parent(s)
Assistant principal	Student(s)
School nutrition services manager	School nurse or health care provider
Physical education teacher(s)	Community health agency representative(s)
Health education teacher(s)	(e.g., American Cancer Society, local health
School security personnel	department)
School psychologist	School social worker
Other teacher(s)	

2. Make a photocopy of the module Discussion Questions (pages 5-35) for each Module 1 team member. Make at least one photocopy of the module Score Card (pages 3-4) and the module Planning Questions (pages 36-37).

3. Give each Module 1 team member a copy of the Module 1 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents aside in case you need to make more photocopies.

4. At a Module 1 team meeting:
   - Discuss each of the Module 1 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The SHI is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the SHI team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up SHI team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI Glossary.

We wish you success in your efforts to improve the health and safety of young people!

Module 1: School Policies and Environment *Score Card*

Instructions

1. Carefully read and discuss the Module 1 Discussion Questions (pages 5-35), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 1 Planning Questions located at the end of this module (pages 36-37).

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
CC.1	Representative school health committee or team	3	2	1	0
CC.2	Written school health and safety policies	3	2	1	0
CC.3	Communicate health and safety policies to students, parents, staff members, and visitors	3	2	1	0
CC.4	Overcome barriers to learning	3	2	1	0
CC.5	Enrichment experiences	3	2	1	0
CC.6	Local wellness policy	3	2	1	0
CC.7	Standard precautions policy	3	2	1	0
CC.8	Written crisis preparedness and response plan	3	2	1	0
CC.9	School start times	3	2	1	0
CC.10	Student involvement in decision-making	3	2	1	0
S.1	Staff development on unintentional injuries, violence, and suicide	3	2	1	0
PA.1	Access to physical activity facilities outside school hours	3	2	1	0
PA.2	Prohibit using physical activity as punishment	3	2	1	0
N.1	Prohibit using food as reward or punishment	3	2	1	0
N.2	Water testing	3	2	1	0
N.3	Access to free drinking water throughout the school day	3	2	1	0
N.4	Access to free drinking water throughout the extended school day	3	2	1	0
N.5	All foods sold during the school day meet the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.6	All beverages sold during the school day meet the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.7	At the high school level, beverages sold during the school day exceed the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.8	All foods and beverages served and offered during the school day meet the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.9	All foods and beverages sold during the extended school day meet the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.10	All foods and beverages served and offered during the extended school day meet the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.11	Fundraising efforts during and outside school hours meet the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.12	Food and beverage marketing	3	2	1	0
T.1	Prohibit tobacco use among students	3	2	1	0

T.2	Prohibit tobacco use among school staff members and visitors	3	2	1	0
AOD.1	Prohibit alcohol and other drug use among all students, school staff members, and visitors	3	2	1	0
AOD.2 /T.3	Enforce alcohol, tobacco, and other drug use policies	3	2	1	0
AOD.3 /T.4	Prohibit alcohol and tobacco advertising	3	2	1	0
CHC.1	Written policies for carry and self-administration of quick-relief medications	3	2	1	0
CHC.2	Professional development on chronic health conditions	3	2	1	0
SH.1	Non-discrimination on the basis of HIV infection policy	3	2	1	0
SH.2	Confidentiality of HIV status	3	2	1	0
SH.3	Professional development for all staff members on HIV policies or laws	3	2	1	0
SH.4	Professional development for administrators and teachers on HIV, other STD, and pregnancy prevention	3	2	1	0
SH.5	Non-discrimination on the basis of pregnancy or parenting status policy	3	2	1	0
SH.6	Strategies to meet the needs of LGB youth	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.				
(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (114) by subtracting 3 for each question eliminated).	**TOTAL POINTS**: Add the four sums above and enter the total to the right.			
	MODULE SCORE = (Total Points / 114) X 100			%

Module 1: School Health and Safety Policies and Environment

Discussion Questions

CC.1 Representative school health committee or team

Does your school have a **representative** committee or team that meets at least four times a year and oversees school health and safety **policies** and programs?

3 = Yes.
2 = There is a committee or team that does this, **but** it could be more representative.
1 = There is a committee or team, but it is **not** representative, **or** it meets less often than four times a year.
0 = No.

CC.2 Written school health and safety policies

Does your school or district have written health and safety **policies** that include the following components?

- ✓ Rationale for developing and implementing the policy
- ✓ Population for which the policy applies (e.g., students, staff, visitors)
- ✓ Where the policy applies (e.g., on or off school property)
- ✓ When the policy applies
- ✓ Programs supported by the policy
- ✓ Designation of person(s) responsible (e.g., school administrator(s), teachers) for implementing the policy
- ✓ Designation of person(s) responsible (e.g., school administrator(s), teachers) for enforcing the policy
- ✓ Communication procedures (e.g., through staff meetings, **professional development**, website, staff handbook) of the policy
- ✓ Procedures for addressing policy infractions
- ✓ Definitions of terms

3 = **All** of our health and safety policies include **all** of these components.
2 = **Most** of our health and safety policies include **all** of these components.
1 = **Some** of our health and safety policies include **some** of these components.
0 = **Few** of our health and safety policies include only a **few** of these components, **or** our school or district does **not** have any health and safety policies.

CC.3 Communicate health and safety policies to students, parents, staff members, and visitors

Does your school communicate its school or district health and safety **policies** in all of the following ways?

- ✓ Signs (e.g., tobacco-free, weapon-free)
- ✓ Staff member orientation
- ✓ Staff meetings
- ✓ Student orientation
- ✓ Student handbook
- ✓ Staff handbook or listserv
- ✓ Employee contracts
- ✓ Parent handbook, newsletters, or listserv
- ✓ Policies included in contracts with outside vendors and organizations that use school facilities
- ✓ Announcements at school events
- ✓ School-sponsored meetings
- ✓ Community meetings
- ✓ School or district website

3 = Yes, in **all** of these ways.
2 = In **most** of these ways.
1 = In **some** of these ways.
0 = In **none** of these ways.

CC.4 Overcome barriers to learning

Does your school offer, to all students who need them, a variety of services designed to help students overcome **barriers to learning**?

3 = Yes.
2 = Our school offers a variety of services to **most** but not to all students who need them.
1 = Our school offers a limited variety of services, **or** many students who need them do not have access to them.
0 = No, our school does **not** offer such services.

CC.5 Enrichment experiences

Does your school provide a broad variety of student **enrichment experiences** that are accessible to all students?

3 = Yes.
2 = Our school offers a variety of experiences, **but** some students do not have access to them.
1 = Our school offers a limited variety of experiences, **or** many students do not have access to them.
0 = No, our school does **not** offer enrichment experiences.

CC.6 Local wellness policy

Has your school **implemented** the following components of the district's local wellness policy?

- ✓ Nutrition education and promotion activities
- ✓ Physical activity opportunities
- ✓ Nutrition standards for all foods and beverages available on each school campus during the school day that meet or exceed the USDA's requirements for school meals and competitive foods and beverages
- ✓ Marketing and advertising of only those foods and beverages that meet the USDA Smart Snacks in School nutrition standards on **school campus** during the school day
- ✓ Other school-based activities that promote student wellness
- ✓ Permit parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrators, and the general public to participate in the development, implementation, and review and update of the local school wellness policy
- ✓ Regular reporting on content and implementation to the public (including parents, students, and community members)
- ✓ Periodic measurement of school compliance with the local wellness policy and progress updates made available to the public
- ✓ Designation of a lead school official to ensure compliance with local wellness policy

NOTE: By the start of the 2006-2007 school year, every school district participating in the Federal meal program was required to establish a local school wellness policy for all schools under its jurisdiction. In addition, beginning July 1, 2014 USDA's Smart Snacks in School nutrition standards, required by the Healthy, Hunger-Free Kids Act of 2010, allowed schools to offer healthier snack foods to children, while limiting junk food. (See http://www.fns.usda.gov/sites/default/files/allfoods_flyer.pdf). USDA's Smart Snacks in School nutrition standards are practical, science-based nutrition standards for snack foods and beverages sold to children at school during the school day. The Smart Snacks in School nutrition standards were updated in 2016.Your school health team should review your district's local wellness policy before completing this question.

3 = Yes, our school has implemented **all** of these components.
2 = Our school has implemented **most** of these components.
1 = Our school has implemented a **few** of these components.
0 = No, we have **not** implemented any of these components, **or** our policy does not include any of these components, **or** our district does not have a local wellness policy.

CC.7 Standard precautions policy

Does your school implement a **standard precautions** policy that includes all of the following components?

- ✓ Providing and requiring the use of latex or poly gloves and eye wear when exposed to blood and body fluids
- ✓ Providing a hard-sided container for contaminated needles/sharps in offices where syringes may be used
- ✓ Appropriate disinfecting of surface areas and clean-up materials after exposure to blood and body fluid
- ✓ Instructions for appropriate disposal of contaminated materials (e.g., dressings, clothing, tissue/towels)
- ✓ Procedures and follow-up for **staff members** who are exposed to blood

3 = Yes, our school implements a standard precautions policy that includes all **five** of these components.
2 = Our school implements a standard precautions policy that includes **three or four** of these components.
1 = Our school implements a standard precautions policy that includes **one or two** of these components.
0 = Our school's standard precautions policy does **not** include any of these components, or we do not have a standard precautions policy.

CC.8 Written crisis preparedness and response plan

Does your school have a written **crisis preparedness and response plan** that includes preparedness, response, and recovery elements? Is the plan practiced regularly and updated as necessary?

3 = Yes, our school has a written crisis preparedness and response plan that includes preparedness, response, and recovery efforts, **and** it is practiced and updated regularly.
2 = Our school's plan includes preparedness and response, **but** not recovery elements, and it is practiced and updated regularly.
1 = Our school's plan does **not** include all the necessary components, **or** it is not practiced regularly, **or** it is not updated as necessary.
0 = We do **not** have a written crisis preparedness and response plan.

CC.9 School start times

Does your school day start at 8:30 am or later to promote sufficient sleep and improved health and academic performance?

NOTE: The American Academy of Pediatrics recommends that middle schools and high schools start classes no earlier than 8:30 a.m. in order to permit students to get adequate sleep.

3 = Yes
2 = School starts between 8:00 a.m. and 8:29 a.m.
1 = School starts between 7:30 a.m. and 8:59 a.m.
0 = School starts before 7:30 a.m.

CC.10 Student involvement in decision-making

Are students actively engaged in **school decision-making** processes?

3 = Yes, students are actively engaged in **most** school decision-making processes.
2 = Students are actively engaged in **some** school decision-making processes.
1 = A student representative sits on some school decision-making groups.
0 = No, students are **not** engaged in school decision-making processes.

S.1 Staff development on unintentional injuries, violence, and suicide

Have all **staff members** received **professional development** on preventing unintentional injuries, violence, and suicide in the past 2 years?

3 = Yes, **all** have.
2 = **Most** have.
1 = **Some** have.
0 = **None** have.

PA.1 Access to physical activity facilities outside school hours

Are indoor and outdoor physical activity facilities open to students, their families, and the community **outside school hours**?

NOTE: Making facilities open and available to students, their families, and the community outside of school hours can be conducted as a regular practice or through a formal, written joint or shared use agreement. A joint use or shared use agreement is a formal agreement between a school or school district and another public or private entity to jointly use either school facilities or community facilities to share costs and responsibilities.

3 = Yes, **both** indoor and outdoor facilities are available outside of school hours.
2 = Indoor or outdoor facilities, but **not both**, are available outside of school hours.
1 = Indoor or outdoor facilities are available, **but** the hours of availability are very limited.
0 = No, **neither** indoor nor outdoor facilities are available.

PA.2 Prohibit using physical activity as punishment

Does your school prohibit using physical activity and withholding **physical education** class as **punishment**? Is this prohibition consistently followed?

NOTE: Please do not consider issues related to participation in **interscholastic sports** programs when answering this question.

3 = Yes, using physical activity as punishment and withholding physical education class as punishment are prohibited, and both prohibitions are consistently followed.
2 = One of these practices is prohibited, and this prohibition is consistently followed.
1 = One or both of these practices is prohibited, but this prohibition is not consistently followed.
0 = Neither practice is prohibited.

N.1 Prohibit using food as reward or punishment

Does your school prohibit giving students food as a reward and withholding food as punishment? Is this prohibition consistently followed?

3 = Yes, using food as a reward and withholding food as punishment are prohibited, and both prohibitions are consistently followed.
2 = One of these practices is prohibited, and this prohibition is consistently followed.
1 = One or both of these practices is prohibited, but this prohibition is not consistently followed.
0 = Neither practice is prohibited.

N.2 Water testing

Does your school conduct periodic testing of drinking water sources for lead?

3 = Yes, we conduct testing of all drinking water sources every 3 years, and communicate the results to students, parents, and school staff.
2 = We conduct testing of all drinking water sources every 3 years, but do not make the results available to students, parents, and school staff.
1 = We conduct testing of some drinking water sources every 3 years.
0 = We do not conduct water testing periodically.

N.3 Access to free drinking water throughout the school day

Does your school make safe, unflavored, drinking water available throughout the school day at no cost to students?

3 = Yes, students can access water fountains or water filling stations throughout the school day, and they are allowed to bring filled containers to class.
2 = Students can access water fountains or water filling stations throughout the school day, but they are not allowed to bring filled containers to class.
1 = Students have limited access to water fountains or water filling stations throughout the school day.
0 = No, students do not have access to free, safe, unflavored, drinking water.

N.4 Access to free drinking water throughout the extended school day

Does your school make safe, unflavored, drinking water available throughout the extended day at no cost to students?

3 = Yes, students can access water fountains or water filling stations after school, and they are allowed to bring filled containers into classrooms and program environments.
2 = Students can access water fountains or water filling stations after school, but they are not allowed to bring filled containers into classrooms and program environments.
1 = Students have limited access to water fountains or water filling stations after school.
0 = No, students do not have access to free, safe, unflavored, drinking water after school.

N.5 All foods sold during the school day meet the USDA's Smart Snacks in School nutrition standards.

Do all competitive foods **sold** to students during the school day meet or exceed the USDA's nutrition standards for all foods sold to students (commonly called **Smart Snacks in School**)? This includes a la carte, vending, school stores, snack or food carts, and any food based fundraising (school follows fundraising exemptions and guidance set by their State agency, which also must adhere to the federal **Smart Snacks in School** nutrition standards). See below.

Smart Snacks in School – Nutrition Standards for Foods

Any food sold in schools must:

- Be a grain product that contains 50% or more whole grains by weight or have whole grains as the first ingredient; or
- Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or
- Be a combination food that contains at least ¼ cup of fruit and/or vegetable

Foods must also meet several nutrient requirements:

- Calorie limits:
  - Snack items: ≤ 200 calories
  - Entrée items: ≤ 350 calories
- Sodium limits:
  - Snack items: ≤ 200 mg
  - Entrée items: ≤ 480 mg
- Fat limits:
  - Total fat: ≤35% of calories
  - Saturated fat: < 10% of calories
  - Trans fat: zero grams
- Sugar limit:
  - ≤ 35% of weight from total sugars in foods

3 = Yes, **all** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards, **or** we do not sell competitive foods at our school.
2 = **Most** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards.
1 = **Some** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards.
0 = No, **no** competitive foods sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

N.6 All beverages sold during the school day meet the USDA's Smart Snacks in School nutrition standards.

Do all competitive beverages **sold** to students during the school day meet or exceed the USDA's nutrition standards for all beverages sold to students (commonly called **Smart Snacks in School**)? This includes a la carte, vending, school stores, snack or food carts, and any food based fundraising (school follows fundraising exemptions and guidance set by their State agency, which also must adhere to the federal **Smart Snacks in School** nutrition standards). See below.

Smart Snacks in School – Nutrition Standards for Beverages
All schools may sell: • Plain water (with or without carbonation) • Unflavored low fat milk • Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP • 100% fruit or vegetable juice • 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners *There is no portion size limit for **plain** water.* *Middle schools and high schools may sell up to 12-ounce portions of milk and juice.* **Additional beverage options for high school:** • No more than 20-ounce portions of: o Calorie-free, flavored water (with or without carbonation) o Other flavored and/or carbonated beverages that are labeled to contain < 5 calories per 8 fluid ounces or ≤ 10 calories per 20 fluid ounces • No more than 12-ounce portions of: o Beverages with ≤ 40 calories per 8 fluid ounces, or ≤ 60 calories per 12 fluid ounces

3 = Yes, **all** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards, **or** we do not sell competitive beverages at our school.
2 = **Most** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards.
1 = **Some** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards.
0 = No, **no** competitive beverages sold meet or exceed the USDA's Smart Snacks in School nutrition standards.

N.7 At the high school level, beverages sold during the school day exceed the USDA's Smart Snacks in School nutrition standards.

Does your high school sell only *plain water, 100% juice with no added sweeteners, or low-fat or fat-free milk* to students during the school day in all venues (e.g., vending machines, school stores or snack or food carts)? See below.

Nutrition Standards for High School Beverages (exceeding Smart Snacks in School)
• Plain water (with or without carbonation) • Unflavored low fat milk • Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP • 100% fruit or vegetable juice • 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners *There is no portion size limit for **plain** water.* *High schools may sell up to 12-ounce portions of milk and juice.*

3 = Yes, our high school sells only *plain water, 100% juice with no added sweeteners , or low fat or fat-free milk* during the school day in **all** venues**, or** we do not sell beverages at our high school.
2 = Our high school sells only *plain water, 100% juice with no added sweeteners, or low-fat or fat-free milk* during the school day in **most** venues.
1 = Our high school sells only *plain water, 100% juice with no added sweeteners, or low-fat or fat-free milk* during the school day in **some** venues.
0 = No, beverages sold are **not limited** to *plain water, 100% juice with no added sweeteners, or low-fat or fat-free milk* during the school day in **any** venue.

N.8 All foods and beverages served and offered during the school day meet the USDA's Smart Snacks in School nutrition standards.

Do all foods and beverages **served and offered** to students during the school day meet or exceed the USDA's **Smart Snacks in School** nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties and school-wide celebrations.

Smart Snacks in School – Nutrition Standards for Foods
Any food sold in schools must: • Be a grain product that contains 50% or more whole grains by weight or have whole grains as the first ingredient; or • Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or • Be a combination food that contains at least ¼ cup of fruit and/or vegetable **Foods must also meet several nutrient requirements:** • Calorie limits: o Snack items: ≤ 200 calories o Entrée items: ≤ 350 calories • Sodium limits: o Snack items: ≤ 200 mg o Entrée items: ≤ 480 mg • Fat limits: o Total fat: ≤35% of calories o Saturated fat: < 10% of calories o Trans fat: zero grams • Sugar limit: o ≤ 35% of weight from total sugars in foods

Smart Snacks in School – Nutrition Standards for Beverages
All schools may sell: • Plain water (with or without carbonation) • Unflavored low fat milk • Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP • 100% fruit or vegetable juice • 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners *There is no portion size limit for **plain** water.* *Middle schools and high schools may sell up to 12-ounce portions of milk and juice.* **Additional beverage options for high school:** • No more than 20-ounce portions of: o Calorie-free, flavored water (with or without carbonation)

- Other flavored and/or carbonated beverages that are labeled to contain < 5 calories per 8 fluid ounces or ≤ 10 calories per 20 fluid ounces

- No more than 12-ounce portions of:
  - Beverages with ≤ 40 calories per 8 fluid ounces, or ≤ 60 calories per 12 fluid ounces

3= Yes, **all** foods and beverages served and offered meet or exceed the USDA's Smart Snacks in School nutrition standards, **or** we do not serve or offer additional foods or beverages at our school.

2= **Most** foods and beverages served and offered meet or exceed the USDA's Smart Snacks in School nutrition standards.

1= **Some** foods and beverages served and offered meet or exceed the USDA's Smart Snacks in School nutrition standards.

0= No, **no** foods and beverages served and offered meet or exceed the USDA's Smart Snacks in School nutrition standards.

N.9 All foods and beverages sold during the extended school day meet the USDA's Smart Snacks in School nutrition standards.

Do all foods and beverages **sold** to students during the **extended school day** meet or exceed the USDA's **Smart Snacks in School** nutrition standards? This includes snacks and meals served in the extended school day that are **not** part of a federally reimbursed child nutrition program (e.g., CACFP, NSLP Afterschool Snack Program), birthday parties, holiday parties and school-wide celebrations.

Smart Snacks in School – Nutrition Standards for Foods

Any food sold in schools must:

- Be a grain product that contains 50% or more whole grains by weight or have whole grains as the first ingredient; or
- Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or
- Be a combination food that contains at least ¼ cup of fruit and/or vegetable

Foods must also meet several nutrient requirements:

- Calorie limits:
  - Snack items: ≤ 200 calories
  - Entrée items: ≤ 350 calories
- Sodium limits:
  - Snack items: ≤ 200 mg
  - Entrée items: ≤ 480 mg
- Fat limits:
  - Total fat: ≤35% of calories
  - Saturated fat: < 10% of calories
  - Trans fat: zero grams
- Sugar limit:
  - ≤ 35% of weight from total sugars in foods

Smart Snacks in School – Nutrition Standards for Beverages

All schools may sell:

- Plain water (with or without carbonation)
- Unflavored low fat milk
- Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP
- 100% fruit or vegetable juice
- 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners

*There is no portion size limit for **plain** water.*
Middle schools and high schools may sell up to 12-ounce portions of milk and juice.

Additional beverage options for high school:

- No more than 20-ounce portions of:
  - Calorie-free, flavored water (with or without carbonation)
  - Other flavored and/or carbonated beverages that are labeled to contain < 5 calories per 8 fluid ounces or ≤ 10 calories per 20 fluid ounces
- No more than 12-ounce portions of:
  - Beverages with ≤ 40 calories per 8 fluid ounces, or ≤ 60 calories per 12 fluid ounces

3= Yes, **all** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards, **or** we do not sell foods and beverages during the extended school day at our school.

2= **Most** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

1= **Some** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

0= No, **no** foods and beverages sold during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

N.10 All food and beverages served and offered during the extended school day meet the USDA's Smart Snacks in School nutrition standards.

Do all foods and beverages **served and offered** to students during the **extended school day** meet or exceed the USDA's **Smart Snacks in School** nutrition standards? This includes snacks that are not part of a federally reimbursed child nutrition program, birthday parties, holiday parties and school-wide celebrations.

Smart Snacks in School – Nutrition Standards for Foods
Any food sold in schools must: • Be a grain product that contains 50% or more whole grains by weight or have whole grains as the first ingredient; or • Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or • Be a combination food that contains at least ¼ cup of fruit and/or vegetable **Foods must also meet several nutrient requirements:** • Calorie limits: o Snack items: ≤ 200 calories o Entrée items: ≤ 350 calories • Sodium limits: o Snack items: ≤ 200 mg o Entrée items: ≤ 480 mg • Fat limits: o Total fat: ≤35% of calories o Saturated fat: < 10% of calories o Trans fat: zero grams • Sugar limit: o ≤ 35% of weight from total sugars in foods

Smart Snacks in School – Nutrition Standards for Beverages
All schools may sell: • Plain water (with or without carbonation) • Unflavored low fat milk • Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP • 100% fruit or vegetable juice • 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners *There is no portion size limit for **plain** water.* *Middle schools and high schools may sell up to 12-ounce portions of milk and juice.* **Additional beverage options for high school:** • No more than 20-ounce portions of: o Calorie-free, flavored water (with or without carbonation)

- Other flavored and/or carbonated beverages that are labeled to contain < 5 calories per 8 fluid ounces or ≤ 10 calories per 20 fluid ounces
- No more than 12-ounce portions of:
  - Beverages with ≤ 40 calories per 8 fluid ounces, or ≤ 60 calories per 12 fluid ounces

3= Yes, **all** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards, **or** we do not sell foods and beverages during the extended school day at our school.
2= **Most** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.
1= **Some** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.
0= No, **no** foods and beverages served and offered during the extended school day meet or exceed the USDA's Smart Snacks in School nutrition standards.

N.11 Fundraising efforts during and outside school hours meet the USDA's Smart Snacks in School nutrition standards.

Do fundraising efforts during and **outside school hours** sell only non-food items or only foods and beverages that meet or exceed the USDA's **Smart Snacks in School** nutrition standards? This may include, but is not limited to, donation nights; cookie dough, candy and pizza sales; and market days.

Smart Snacks in School – Nutrition Standards for Foods

Any food sold in schools must:

- Be a grain product that contains 50% or more whole grains by weight or have whole grains as the first ingredient; or
- Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or
- Be a combination food that contains at least ¼ cup of fruit and/or vegetable

Foods must also meet several nutrient requirements:

- Calorie limits:
  - Snack items: ≤ 200 calories
  - Entrée items: ≤ 350 calories
- Sodium limits:
  - Snack items: ≤ 200 mg
  - Entrée items: ≤ 480 mg
- Fat limits:
  - Total fat: ≤35% of calories
  - Saturated fat: < 10% of calories
  - Trans fat: zero grams
- Sugar limit:
  - ≤ 35% of weight from total sugars in foods

Smart Snacks in School – Nutrition Standards for Beverages

All schools may sell:

- Plain water (with or without carbonation)
- Unflavored low fat milk
- Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP
- 100% fruit or vegetable juice
- 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners

*There is no portion size limit for **plain** water.*
Middle schools and high schools may sell up to 12-ounce portions of milk and juice.

Additional beverage options for high school:

- No more than 20-ounce portions of:
  - Calorie-free, flavored water (with or without carbonation)

- Other flavored and/or carbonated beverages that are labeled to contain < 5 calories per 8 fluid ounces or ≤ 10 calories per 20 fluid ounces
- No more than 12-ounce portions of:
  - Beverages with ≤ 40 calories per 8 fluid ounces, or ≤ 60 calories per 12 fluid ounces

3 = Yes, **all** fundraising efforts sell only non-food items, or **all** foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.
2 = **Most** fundraising efforts sell only non-food items, or **most** foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.
1 = **Some** fundraising efforts sell only non-food items, or **some** foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.
0 = No, **no** fundraising efforts sell only non-food items, or **no** foods and beverages sold as fundraisers meet or exceed the USDA's Smart Snacks in School nutrition standards.

N.12 Food and beverage marketing

Does your school limit food and beverage marketing (e.g., contests or coupons) on **school property** to foods and beverages that meet or exceed the USDA's **Smart Snacks in School** nutrition standards?

This may include, but is not limited to, marketing and branding in cafeterias, hallways, common spaces, classrooms, staff lounges or school stores; and on snack or food carts, vending machine exteriors, display racks, food or beverage cups or containers, coolers, athletic equipment and sports bags. Examples may include, but are not limited to, in-school media, signs, posters and stickers.

Smart Snacks in School – Nutrition Standards for Foods

Any food sold in schools must:

- Be a grain product that contains 50% or more whole grains by weight or have whole grains as the first ingredient; or
- Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or
- Be a combination food that contains at least ¼ cup of fruit and/or vegetable

Foods must also meet several nutrient requirements:

- Calorie limits:
  - Snack items: ≤ 200 calories
  - Entrée items: ≤ 350 calories
- Sodium limits:
  - Snack items: ≤ 200 mg
  - Entrée items: ≤ 480 mg
- Fat limits:
  - Total fat: ≤35% of calories
  - Saturated fat: < 10% of calories
  - Trans fat: zero grams
- Sugar limit:
  - ≤ 35% of weight from total sugars in foods

Smart Snacks in School – Nutrition Standards for Beverages

All schools may sell:

- Plain water (with or without carbonation)
- Unflavored low fat milk
- Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP
- 100% fruit or vegetable juice
- 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners

*There is no portion size limit for **plain** water.*
Middle schools and high schools may sell up to 12-ounce portions of milk and juice.

Additional beverage options for high school:

- No more than 20-ounce portions of:
  - Calorie-free, flavored water (with or without carbonation)
  - Other flavored and/or carbonated beverages that are labeled to contain < 5 calories per 8 fluid ounces or ≤ 10 calories per 20 fluid ounces
- No more than 12-ounce portions of:
  - Beverages with ≤ 40 calories per 8 fluid ounces, or ≤ 60 calories per 12 fluid ounces

3 = Yes, **only** foods and beverages that meet or exceed the USDA's Smart Snacks in School nutrition standards are advertised or promoted, **or** no foods and beverages are advertised or promoted on school property.

2 = **Mos**t foods and beverages advertised or promoted on school property meet or exceed the USDA's Smart Snacks in School nutrition standards.

1 = **Some** foods and beverages advertised or promoted on school property meet or exceed the USDA's Smart Snacks in School nutrition standards.

0 = No, **no** foods and beverages advertised or promoted on school property meet or exceed the USDA's Smart Snacks in School nutrition standards.

T.1 Prohibit tobacco use among students

Does your school prohibit the **use of tobacco** by students, 24 hours a day, 7 days a week in the following locations?

- ✓ In all school buildings (including during extracurricular events)
- ✓ On all school grounds (including during extracurricular events)
- ✓ At all school-sponsored events off school grounds
- ✓ In all school vehicles

3 = Yes, in all locations.
2 = Tobacco use by students is prohibited in all school buildings and on all school grounds, but is allowed **either** at school-sponsored events off school grounds **or** in school vehicles.
1 = Tobacco use by students is prohibited only in school buildings, but is allowed on school grounds **or** tobacco use is allowed at **both** school-sponsored events off school grounds **and** in school vehicles.
0 = Tobacco use by students is allowed in school buildings **or** tobacco use is allowed on school grounds, at school-sponsored events off school grounds, **and** in school vehicles.

T.2 Prohibit tobacco use among school staff members and visitors

Does your school prohibit the **use of tobacco** by **staff members** and visitors, 24 hours a day, 7 days a week in the following locations?

- ✓ In all school buildings (including during extracurricular events)
- ✓ On all school grounds (including during extracurricular events)
- ✓ At all school-sponsored events off school grounds
- ✓ In all school vehicles

3 = Yes, in all locations.
2 = Tobacco use by staff members and visitors is prohibited in all school buildings and on all school grounds, but is allowed **either** at school-sponsored events off school grounds **or** in school vehicles.
1 = Tobacco use by staff members and visitors is prohibited only in school buildings, but is allowed on school grounds **or** tobacco use is allowed at **both** school-sponsored events off school grounds **and** in school vehicles.
0 = Tobacco use by staff members and visitors is allowed in school buildings **or** tobacco use is allowed on school grounds, at school-sponsored events off school grounds, **and** in school vehicles.

AOD.1 Prohibit alcohol and other drug use among all students, school staff members, and visitors

Does your school have a written policy to prohibit the **use of alcohol and other drugs** by all students, school staff members, and visitors, 24 hours a day, 7 days a week in the following locations?

- ✓ In all school buildings (including during extracurricular events)
- ✓ On all school grounds (including during extracurricular events)
- ✓ At all school-sponsored events off school grounds

3 = Yes, our written policy prohibits the use of alcohol and other drugs in all locations.
1 = Our written policy states that alcohol and other drug use is prohibited in all school buildings and on all school grounds, but it does not address alcohol and other drug use at school-sponsored events off school grounds.
2 = Our written policy states that alcohol and other drug use is prohibited in school buildings, but does not state that alcohol and other drug use is prohibited on all school grounds **or** at school-sponsored events off school grounds.
0 = Our school **does not** have a written policy to prohibit the use of alcohol and other drugs by all students, school staff members, and visitors.

AOD.2/T.3 Enforce alcohol, tobacco, and other drug use policies

Does your school handle violations of the alcohol, tobacco, and drug use **policies** in each of the following ways?

- ✓ Designating individual(s) to enforce the policies
- ✓ Having written policies for addressing violations by students, staff, and visitors
- ✓ Providing educational opportunities (e.g., alcohol, tobacco, or drug use prevention education sessions, DUI courses) and not using solely punitive measures (e.g., detention, suspension)
- ✓ Referring students to the school counselor or nurse or community-based services
- ✓ Tracking the frequency of violations by students so that repeat offenders can be identified and receive heavier consequences and more intense prevention or cessation assistance and/or referrals
- ✓ Communicating violations to parents

3 = Yes, in each of these **six** ways.
2 = In **four or five** of these ways.
1 = In **one to three** of these ways.
0 = In **none** of these ways.

AOD.3/T.4 Prohibit alcohol and tobacco advertising

Does your school prohibit advertising and displaying of alcohol- and tobacco-industry brand names, logos, and other drug-related symbols, slang, or identifiers in each of the following locations?

- ✓ On school property
- ✓ At other places where school functions occur
- ✓ In school-developed or school-sponsored publications
- ✓ On students' and **staff members**' clothing, shoes, and accessories
- ✓ On students' and staff members' gear and school supplies (e.g., backpacks, lunchboxes, games, book covers, other personal items)

3 = Yes, in each of these **five** locations.
2 = In **three or four** of these locations.
1 = In **one or two** of these locations.
0 = In **none** of these locations.

CHC.1 Written policies for carry and self-administration of quick-relief medications

Does your school or district have written **policies** that permit students to carry and self-administer prescribed quick-relief medications for chronic health conditions (e.g., asthma, diabetes, food allergies, etc.) that include all of the following?

- ✓ Approval from authorized prescriber (e.g., MD, DO, PNP, etc.)
- ✓ Approval from parent/guardian
- ✓ Approval from school nurse
- ✓ Request for back-up medication to be kept in the school health office
- ✓ Student contract with clear rules and consequences for violations
- ✓ Immediate notification of parent/guardian if permission is withdrawn
- ✓ Annual parental notification about policy

3 = Yes, our school has written policies that include **all** of these components.
2 = Our school has written policies that include **most** of these components.
1 = Our school has written policies that include **only a few** of these components.
0 = No, our school does **not** have written policies, **or** the policies do not include any of these components.

CHC.2 Professional development on chronic health conditions

Have all **staff members** received **professional development** on the **chronic health conditions basics and emergency response** in the past two years?

3 = Yes, **all** staff members have received professional development on chronic health conditions and emergency response.
2 = **Most** staff members have received professional development on chronic health conditions and emergency response.
1 = **Some** staff members have received professional development on chronic health conditions and emergency response.
0 = **No** staff members have received professional development on chronic health conditions and emergency response.

SH.1 Non-discrimination on the basis of HIV infection policy

Does your school implement a non-discrimination policy, within the context of federal, state, or local requirements, that protects HIV infected students and **staff members** and includes all of the following components?

- ✓ Children with HIV/AIDS can attend school in regular classrooms without restrictions by reason of HIV alone
- ✓ Known HIV positive students are allowed to fully participate in **physical education**, **recess**, competitive sports, extracurricular school-sponsored activities, and other physical activity programs
- ✓ **Harassment** or **bullying** of HIV infected students and staff members is not tolerated
- ✓ Reasonable accommodation is made for necessary school absences (e.g., medically-necessary absences are excused, re-enrollment procedures are straightforward and not time-consuming)
- ✓ Procedural safeguards are in place for **corrective action** when discrimination is alleged to have occurred (e.g., an impartial hearing with an opportunity for participation by the parents or guardians and representation by counsel, a review procedure)

3 = Yes, our school implements a non-discrimination policy that includes all **five** of these components.
2 = Our school implements a non-discrimination policy that includes **four** of these components.
1 = Our school implements a non-discrimination policy that includes **one to three** of these components.
0 = Our school's non-discrimination policy does **not** include any of these components, **or** we do not have such a non-discrimination policy.

SH.2 Confidentiality of HIV status

Does your school implement a confidentiality of HIV status policy, within the context of federal, state, or local requirements that includes all of the following components?

- ✓ Students or **staff members** are not required to disclose HIV status to anyone
- ✓ HIV antibody testing is not required for any purpose
- ✓ HIV status will not be divulged without court order or informed, written, signed, and dated consent of the person with HIV infection (or parent/guardian of legal minor) in compliance with federal, state or local requirements
- ✓ Health records, notes, and other documents that reference HIV status will be kept under lock and key
- ✓ Access to confidential records is limited to those named in written permission from the person (or parent/guardian) and to emergency medical personnel
- ✓ Information regarding HIV status will not be added to student's permanent educational or health record without written consent from the student (or parent/guardian of legal minor)
- ✓ Procedural safeguards for **corrective action** for policy violation

3 = Yes, our school implements a confidentiality of HIV status policy that includes all **seven** of these components.
2 = Our school implements a confidentiality of HIV status policy that includes **six** of these components.
1 = Our school implements a confidentiality of HIV status policy that includes **one to five** of these components.
0 = Our school's confidentiality of HIV status policy does **not** include any of these components, **or** we do not have a confidentiality of HIV status policy.

SH.3 Professional development for all staff members on HIV policies or laws

Have all **staff members** received **professional development** on the following HIV **policies** or laws, and enforcement of policies or laws, in the past two years?

- ✓ Attendance of students with HIV infection in regular classrooms without restrictions
- ✓ Procedures to protect HIV-infected students and staff members from discrimination
- ✓ Maintaining confidentiality of HIV-infected students and staff members

3 = Yes, **all** staff members have received professional development on HIV policies or laws.
2 = **Most** staff members have received professional development on HIV policies or laws.
1 = **Some** staff members have received professional development on HIV policies or laws.
0 = **No** staff members have received professional development on HIV policies or laws **or** staff members have not received this professional development in the past two years.

SH.4 Professional development for administrators and teachers on HIV, other STD, and pregnancy prevention

Have administrators and teachers received **professional development** on **HIV, other STD, and pregnancy prevention** in the past two years?

3 = Yes, **all** administrators and teachers have received professional development on HIV, other STD, and pregnancy prevention.
2 = **Most** administrators and teachers have received professional development on HIV, other STD, and pregnancy prevention.
1 = **Some** administrators and teachers have received professional development on HIV, other STD, and pregnancy prevention.
0 = **No** administrators and teachers have received professional development on HIV, other STD, and pregnancy prevention, **or** staff members have not received this professional development in the past two years.

SH.5 Non-discrimination on the basis of pregnancy or parenting status policy

Does your school implement a non-discrimination policy, within the context of federal, state, or local requirements that protects pregnant and parenting students and includes all of the following components?

- ✓ Pregnant and parenting students have the right to stay in their regular or current school program
- ✓ Pregnant and parenting students are allowed to fully participate in extracurricular school-sponsored activities
- ✓ Pregnant students are accommodated to the same degree as students with other temporary disabilities
- ✓ Pregnant students are permitted to take a leave of absence for pregnancy, childbirth, and related medical conditions for as long as deemed medically necessary by her physician

3 = Yes, our school implements a non-discrimination policy that includes all **four** of these components.
2 = Our school implements a non-discrimination policy that includes **three** of these components.
1 = Our school implements a non-discrimination policy that includes **one or two** of these components.
0 = Our school's non-discrimination policy does **not** include any of these components, **or** we do not have such a non-discrimination policy.

SH.6 Strategies to meet the needs of LGB youth

Does your school implement the following HIV, other STD, and pregnancy prevention strategies to meet the needs of Lesbian, Gay, and Bisexual (LGB) youth?

- ✓ Providing health education curricula or supplemental materials that include HIV, other STD, or pregnancy prevention information that is relevant to LGB youth
- ✓ Identifying spaces such as a counselor's office, designated classroom, or student organization where LGB youth can receive support from administrators, teachers, other school staff, or other students
- ✓ Prohibiting harassment and bullying based on a student's sexual orientation
- ✓ Facilitating access to providers not on school property who have experience providing health services, including HIV/STD testing and counseling and reproductive health care, to LGB youth
- ✓ Facilitating access to providers not on school property who have experience in providing social and psychological services to LGB youth
- ✓ Encouraging staff members to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation

3 = Yes, our school implements all **six** of these strategies to meet the needs of LGB youth.
2 = Our school implements **three to five** of these strategies to meet the needs of LGB youth.
1 = Our school implements **one or two** of these strategies to meet the needs of LGB youth.
0 = Our school does **not** implement any of these strategies to meet the needs of LGB youth.

Module 1: School Policies and Environment

Planning Questions
(photocopy before using)

The Module 1 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's health and safety policies? b) What are the **weaknesses** of your school's health and safety policies?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., create and maintain a school health committee).

Continued on next page

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 1 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Module 2: Health Education

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 2 focuses on health education which refers to normal, structured health education consists of planned learning experiences that provide students the opportunity to acquire information and the skills to make quality health decisions. Health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members for the Module 2 team.

Health education teacher(s)	Parent(s)
Physical education teacher(s)	Student(s)
Other teacher(s)	School counselor
School nutrition services manager	School custodial staff
School nurse	Health department representative
School security personnel	Assistant principal

2. Make a photocopy of the module Discussion Questions (pages 5-17) for each Module 2 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 19-20).

3. Give each Module 2 team member a copy of the Module 2 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

4. At a Module 2 team meeting:
   - Discuss each of the Module 2 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0 to 3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI Glossary.

We wish you success in your efforts to improve the health and safety of young people!

Module 2: Health Education

Score Card
(photocopy before using)

Instructions

1. Carefully read and discuss the Module 2 Discussion Questions (pages 5-17), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 2 Planning Questions located at the end of this module (pages 19-20).

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
CC.1	Required health education course	3	2	1	0
CC.2	Health education grading	3	2	1	0
CC.3	Sequential health education curriculum consistent with standards	3	2	1	0
CC.4	Active learning strategies	3	2	1	0
CC.5	Opportunities to practice skills	3	2	1	0
CC.6	Activities and examples	3	2	1	0
CC.7	Assignments encourage student interaction with family and community	3	2	1	0
CC.8	Credentialed health education teachers	3	2	1	0
CC.9	Professional development in health education	3	2	1	0
CC.10	Professional development in delivering curriculum	3	2	1	0
CC.11	Professional development in classroom management techniques	3	2	1	0
S.1	Essential topics on preventing unintentional injuries and violence	3	2	1	0
PA.1	Essential topics on physical activity	3	2	1	0
N.1	Essential topics on healthy eating	3	2	1	0
T.1	Essential topics on preventing tobacco use	3	2	1	0
AOD.1	Essential topics on alcohol and other drug use	3	2	1	0
CHC.1	Essential topics on chronic health conditions awareness	3	2	1	0
SH.1	Essential topics for preventing HIV, other STD, and pregnancy	3	2	1	0
SH.2	Professional development in delivery of sexual health curriculum	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (57) by the subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to right.

MODULE SCORE =
(Total Points / 57) X 100

%

This page intentionally left blank.

Module 2: Health Education

Discussion Questions

CC.1 Required health education course

Does your school or district require all students to take and pass at least one health education course?

NOTE: If your school has more than four grade levels (e.g., grades 7-12), answer this question instead: "Does the school require all students to take and pass at least two health education courses?" and for answer response 2 below replace "*one course*" with "*two courses*."

3 = Yes.
2 = Students are required to take one course, **but** they do not have to take it again if they fail it (see note above).
1 = No, **but** there is an elective health education course.
0 = No.

CC.2 Health education grading

Do students earn grades for required health education courses? Do the grades carry the same weight as grades for other subjects toward academic recognition (e.g., honor roll, class rank)?

NOTE: If a student does not pass health education courses, the school should require repeating the course as with other academic subjects.

3 = Yes. (NOTE: If the school does not give academic recognition but does give a grade, you can select 3.)
2 = Students earn grades, **but** the grades count less than grades for other subjects.
1 = Students earn grades, **but** the grades are not used in calculation of academic recognition.
0 = No, **or** there are no required health education courses.

CC.3 Sequential health education curriculum consistent with standards

Do all teachers of health education use an age-appropriate **sequential** health education curriculum that is **consistent** with state or national standards for health education (see standards box) and the districts requirements for health education?

NOTE: Consider using CDC's *Health Education Curriculum Analysis Tool* (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

3 = Yes.
2 = **Some** teachers use a sequential health education curriculum, **and** it is consistent with state or national standards and district requirements.
1 = **Some** teachers use a sequential health education curriculum, **but** it is not consistent with state or national standards or district requirements.
0 = None do, **or** the curriculum is not sequential, **or** there is no health education curriculum.

National Health Education Standards
(For Question CC.3)

1. Students will comprehend concepts related to health promotion and disease prevention to enhance health.
2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Students will demonstrate the ability to access valid information and products and services to enhance health.
4. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. Students will demonstrate the ability to use decision-making skills to enhance health.
6. Students will demonstrate the ability to use goal-setting skills to enhance health.
7. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
8. Students will demonstrate the ability to advocate for personal, family, and community health.

_____
Joint Committee on National Health Education Standards. *National health education standards: achieving excellence*, 2nd edition. 2007.

CC.4 Active learning strategies

Do all teachers of health education use **active learning strategies** and activities that students find enjoyable and personally relevant?

3 = Yes, **all** do.
2 = **Most** do.
1 = **Some** do.
0 = **None** do, **or** no one teaches health education.

CC.5 Opportunities to practice skills

Do all teachers of health education provide opportunities for students to practice or rehearse the **skills needed to maintain and improve their health**?

3 = Yes, **all** do.
2 = **Most** do.
1 = **Some** do.
0 = **None** do, **or** no one teaches health education.

CC.6 Activities and examples

Do all teachers of health education use a variety of **activities and examples** that reflect their community?

3 = Yes, **all** do.
2 = **Most** do.
1 = **Some** do.
0 = **None** do, **or** no one teaches health education.

CC.7 Assignments encourage student interaction with family and community

Do all teachers of health education use assignments or projects that encourage students to have **interactions with family members and community organizations**?

3 = Yes, **all** do.
2 = **Most** do.
1 = **Some** do.
0 = **None** do, **or** no one teaches health education.

CC.8 Credentialed health education teachers

Are all health education classes taught by **credentialed** health education teachers?

3 = Yes, **all** are.
2 = **Most** classes are.
1 = **Some** classes are.
0 = **No** classes are, **or** there are no health education courses.

CC.9 Professional development in health education

Do all teachers of health education participate at least once a year in **professional development** in health education?

3 = Yes, **all** do.
2 = **Most** do.
1 = **Some** do.
0 = **None** do, **or** no one teaches health education.

CC.10 Professional development in delivering curriculum

Have all teachers of health education received **professional development** in **delivery** of the school's health and safety curriculum in the past two years?

3 = Yes, **all** have.
2 = **Most** have.
1 = **Some** have.
0 = **None** have.

CC.11 Professional development in classroom management techniques

Have all teachers of health education received **professional development** in **classroom management techniques** in the past two years?

3 = Yes, **all** have.
2 = **Most** have.
1 = **Some** have.
0 = **None** have.

S.1 Essential topics on preventing unintentional injuries and violence

Does your health education curriculum address all of these topics on preventing unintentional injuries and violence?

Unintentional injury-related topics include:
- ✓ Motor vehicle occupant safety, such as seatbelt use
- ✓ State laws related to teen driving
- ✓ Use of protective equipment for biking, skating or other sports
- ✓ Fire, water, and pedestrian safety
- ✓ Poisoning prevention
- ✓ Emergency preparedness
- ✓ First aid and cardiopulmonary resuscitation (CPR)

Violence-related topics include:
- ✓ Anger management
- ✓ **Bullying** and what to do if someone is being bullied (including cyberbullying or bullying through electronic technology)
- ✓ Teasing
- ✓ Personal safety, for example, dealing with strangers
- ✓ Inappropriate touching
- ✓ Techniques to resolve conflicts without fighting
- ✓ Prosocial behaviors, such as cooperation, praise, or showing support for others
- ✓ Respectful and positive relationships with dating partners
- ✓ Personal safety, for example avoiding becoming a victim of a crime
- ✓ Sexual harassment
- ✓ Dating violence
- ✓ Sexual assault and rape
- ✓ Gangs
- ✓ Recognize signs and symptoms of people who are in danger of hurting themselves or others
- ✓ What to do if someone is thinking about hurting himself or herself or others
- ✓ When to seek help for suicidal thoughts
- ✓ Short- and long-term consequences of violence
- ✓ Relationship between suicide and other types of violence
- ✓ Relationship between suicide and emotional and mental health

General injury-related topics include:
- ✓ Discrimination
- ✓ Empathy, that is, identification with and understanding of another person's feelings, situation, or motives
- ✓ Perspective taking, that is, taking another person's point of view
- ✓ Relationship between alcohol or other drug use and injuries, violence and suicide
- ✓ Social influences on unintentional injury, violence and suicide, including media, family, peers, and culture
- ✓ How to find valid information or services to prevent injuries, violence and suicide

- ✓ How to develop a plan and track progress toward achieving a personal goal to prevent injuries, violence and suicide
- ✓ How to influence, support, or advocate for others to prevent injuries, violence and suicide
- ✓ How to resist peer pressure that would increase the risk of injuries, violence and suicide

NOTE: Consider using CDC's *Health Education Curriculum Analysis Tool* (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

3 = Yes, addresses **all** of these topics.
2 = Addresses **most** of these topics.
1 = Addresses **some** of these topics.
0 = Addresses **one or none** of these topics, **or** there is no health education curriculum.

PA.1 Essential topics on physical activity

Does your health education curriculum address all of these topics on physical activity?

- ✓ The physical, psychological, or social benefits of physical activity
- ✓ How physical activity can contribute to a healthy weight
- ✓ How physical activity can contribute to the academic learning process
- ✓ How an inactive lifestyle contributes to chronic disease
- ✓ Health-related fitness, that is, cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition
- ✓ Differences between physical activity, exercise, and fitness
- ✓ Phases of an exercise session, that is, warm up, workout, and cool down
- ✓ Overcoming barriers to physical activity
- ✓ Decreasing sedentary activities, such as TV watching
- ✓ Opportunities for physical activity in the community
- ✓ Preventing injury during physical activity
- ✓ Weather-related safety, for example, avoiding heat stroke, hypothermia, and sunburn while physically active
- ✓ How much physical activity is enough, that is, determining frequency, intensity, time, and type of physical activity
- ✓ Developing an **individualized physical activity and fitness plan**
- ✓ Monitoring progress toward reaching goals in an individualized physical activity plan
- ✓ Dangers of using performance-enhancing drugs, such as steroids
- ✓ Social influences on physical activity, including media, family, peers, and culture
- ✓ How to find valid information or services related to physical activity and fitness
- ✓ How to influence, support, or advocate for others to engage in physical activity
- ✓ How to resist peer pressure that discourages physical activity

NOTE: Consider using CDC's *Health Education Curriculum Analysis Tool* (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

3 = Yes, addresses **all** of these topics.
2 = Addresses **most** of these topics.
1 = Addresses **some** of these topics.
0 = Addresses **one or none** of these topics, **or** there is no health education curriculum.

N.1 Essential topics on healthy eating

Does your health education curriculum address all of these essential topics on healthy eating?

- ✓ The relationship between healthy eating and personal health and disease prevention
- ✓ Food guidance from MyPlate
- ✓ Reading and using food labels
- ✓ Eating a variety of foods every day
- ✓ Balancing food intake and physical activity
- ✓ Eating more fruits, vegetables and whole grain products
- ✓ Choosing foods that are low in saturated fat and cholesterol and do not contain transfat
- ✓ Choosing foods and beverages with little added sugars
- ✓ Eating more calcium-rich foods
- ✓ Preparing healthy meals and snacks
- ✓ Risks of unhealthy weight control practices
- ✓ Accepting body size differences
- ✓ Food safety
- ✓ Importance of water consumption
- ✓ Importance of eating breakfast
- ✓ Making healthy choices when eating at restaurants
- ✓ Eating disorders
- ✓ The Dietary Guidelines for Americans
- ✓ Reducing sodium intake
- ✓ Social influences on healthy eating, including media, family, peers, and culture
- ✓ How to find valid information or services related to nutrition and dietary behavior
- ✓ How to develop a plan and track progress toward achieving a personal goal to eat healthfully
- ✓ Resisting peer pressure related to unhealthy dietary behavior
- ✓ Influencing, supporting, or advocating for others' healthy dietary behavior

NOTE: Consider using CDC's *Health Education Curriculum Analysis Tool* (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

3 = Yes, addresses **all** of these topics.
2 = Addresses **most** of these topics.
1 = Addresses **some** of these topics.
0 = Addresses **one or none** of these topics, **or** there is no health education curriculum.

T.1 Essential topics on preventing tobacco use

Does your health education curriculum address all of these essential topics on preventing tobacco use?

- ✓ short- and long-term health consequences of tobacco use, including cigarettes, cigars and smokeless tobacco and other tobacco products
- ✓ benefits of abstaining from tobacco use
- ✓ importance of quitting tobacco use
- ✓ addictive effects of nicotine in tobacco products
- ✓ health effects of second-hand smoke and benefits of a smoke-free and overall tobacco-free environment
- ✓ how many young people use tobacco
- ✓ social influences on tobacco use, including media, family, peers, and culture
- ✓ finding valid information and services related to tobacco-use prevention and cessation
- ✓ resisting peer pressure to use tobacco
- ✓ making a personal commitment not to use tobacco
- ✓ supporting school and community action to support a tobacco-free environment
- ✓ influencing, supporting, or advocating for others to prevent tobacco use
- ✓ influencing or supporting others to quit using tobacco
- ✓ how to avoid environmental tobacco smoke or second-hand smoke

NOTE: Consider using CDC's *Health Education Curriculum Analysis Tool* (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

3 = Yes, addresses **all** of these topics.
2 = Addresses **most** of these topics.
1 = Addresses **some** of these topics.
0 = Addresses **one or none** of these topics, **or** there is no health education curriculum.

AOD. 1 Essential topics on alcohol and other drug use

Does your health education curriculum address all of these essential topics on preventing alcohol and other drug use?

- ✓ understanding the short- and long-term health consequences of alcohol and other drug use
- ✓ understanding the relationship between using alcohol and other drugs and other health risks, such as unintentional injuries, violence, suicide, sexual risk behaviors, and tobacco use
- ✓ understanding the risks associated with using alcohol or other drugs and driving a motor vehicle
- ✓ understanding the risks associated with medically prescribed opiate drug use and continued opiate use for non-medical purposes
- ✓ understanding the benefits of abstaining from alcohol and other drug use
- ✓ importance of quitting alcohol and other drug use
- ✓ recognizing social influences on alcohol and other drug use, including media, family, peers, and culture
- ✓ accessing valid information and services related to alcohol and other drug use prevention
- ✓ locating valid and trustworthy alcohol- and other drug-use treatment services
- ✓ resisting peer pressure to use alcohol and other drugs
- ✓ seeking assistance to quit using alcohol or other drugs
- ✓ choosing a healthy alternative when making a decision related to alcohol and other drug use.
- ✓ making a personal commitment not to use alcohol
- ✓ making a personal commitment to avoid riding in a motor vehicle with a driver who is under the influence of alcohol or other drugs
- ✓ influencing, supporting, or persuading for others to be alcohol- and other drug-free
- ✓ persuading others to avoid driving while under the influence of alcohol or other drugs

NOTE: Consider using CDC's *Health Education Curriculum Analysis Tool* (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

3 = Yes, addresses **all** of these topics.
2 = Addresses **most** of these topics.
1 = Addresses **some** of these topics.
0 = Addresses **one or none** of these topics, **or** there is no health education curriculum.

CHC.1 Essential topics on chronic health conditions awareness

Does your health education curriculum address all of these essential topics on chronic health conditions (e.g., asthma, diabetes, epilepsy, food allergies) awareness?

- ✓ Basic facts and triggers of common chronic health conditions
- ✓ Risk factors and symptoms related to common chronic health conditions
- ✓ Identify health problems association with common chronic diseases or conditions
- ✓ Identifying potential long-term effects of untreated or unmanaged chronic health conditions
- ✓ Accessing a trusted adult who can help someone experiencing complications due to a chronic health condition (e.g., asthma episode)
- ✓ Ways to support classmates with chronic health conditions
- ✓ Demonstrating empathy for people with chronic health conditions

NOTE: Consider using CDC's *Health Education Curriculum Analysis Tool* (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

3 = Yes, addresses **at least five** of these topics.
2 = Addresses **four** of these topics.
1 = Addresses **two or three** of these topics.
0 = Addresses **one or none** of these topics, **or** there is no health education curriculum.

SH.1 Essential topics for preventing HIV, other STD, and pregnancy

Does your health education curriculum address all of these essential topics on preventing HIV, other STD and pregnancy?

- ✓ Human development issues, including reproductive anatomy and puberty
- ✓ How HIV and other STD are transmitted
- ✓ Signs and symptoms of HIV and other STD, and how they are diagnosed and treated
- ✓ Long-term health consequences of HIV, other STD, and AIDS
- ✓ Compassion for persons living with HIV or AIDS
- ✓ Preventing HIV, other STD, and pregnancy
- ✓ Abstinence as the most effective method to avoid HIV, other STD, and pregnancy
- ✓ Social influences on sexual behavior, including media, family, peers, sex partners, and culture
- ✓ Shared risk factors for HIV, other STD, and pregnancy (e.g., alcohol or other drug use, inconsistent or incorrect condom use)
- ✓ Establishing and maintaining healthy relationships
- ✓ Why it is wrong to harass, tease or bully others
- ✓ Pregnancy and STD prevention methods and their efficacy
- ✓ How to obtain and correctly use pregnancy and STD prevention methods, including condoms
- ✓ Resisting pressure to engage in sexual behavior
- ✓ Effective communication skills for maintaining one's sexual health and healthy relationships
- ✓ Emotional, social, physical and financial effects of being a teen parent
- ✓ Finding valid information or services, including testing and counseling, related to HIV, STD, and pregnancy
- ✓ Influencing, supporting, or advocating for others to make healthy decisions related to sexual behavior
- ✓ The responsibility to verify that all sexual contact is consensual and how to recognize techniques that are used to sexually harass, coerce, or pressure others
- ✓ How to locate valid and reliable services, information, and products, including those related to sexual harassment, coercion, and violence

NOTE: Consider using CDC's *Health Education Curriculum Analysis Tool* (HECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written health education curriculum. HECAT results can help districts and schools enhance, develop, or select appropriate and effective health education curricula. The HECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

3 = Yes, addresses **all** of these topics.
2 = Addresses **most** of these topics.
1 = Addresses **some** of these topics.
0 = Addresses **one or none** of these topics, **or** there is no health education curriculum.

SH.2 Professional development in delivery of sexual health curriculum

Have all teachers of health education received **professional development** in **delivery** of the school's sexual health or HIV, STD, Pregnancy Prevention curriculum that includes

- ✓ Effective instructional strategies to deliver sexual health education content, including comfort in delivering material about sex and sexuality and handling topics that are potentially sensitive or embarrassing for students
- ✓ Developing group facilitation skills to lead specific classroom activities included in sexual health education
- ✓ How to deliver specific commercially-packaged programs with opportunity to practice skills and activities necessary for effective implementation
- ✓ Classroom management techniques
- ✓ State and district policies and guidance on what topics may be discussed in the classroom and how to handle questions
- ✓ Strategies to assess students' knowledge and skills in sexual health education
- ✓ Strategies for addressing sexual health education content as part of health education to address other health topics (e.g., alcohol and other drug use; mental and emotional health; violence

3 = Yes, addresses **all** of these topics.
2 = Yes, addresses **most** of these topics.
1 = Yes, addresses **some** of these topics.
0 = **No**, or addresses **one or none** of these topics, or there is **no health education curriculum**.

This page intentionally left blank.

Module 2: Health Education

Planning Questions
(photocopy before using)

The Module 2 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's health education program related to students' health and safety? b) What are the **weaknesses** of your school's health education program related to students' health and safety?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., require all students to take and pass at least one health education course).

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 2 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Module 3: Physical Education and Physical Activity Programs

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 3 focuses on physical education and physical activity programs. A comprehensive school physical activity program (CSPAP) provides a national framework for school-based physical education and physical activity. A well-designed physical education program provides the opportunity for students to learn key concepts and practice critical skills needed to establish and maintain physically active lifestyles throughout childhood, adolescence and into adulthood. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

*Note: For more information on the components of a CSPAP, please visit: https://www.cdc.gov/healthyschools/physicalactivity/cspap.htm

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 3 team.

Physical education teacher	Assistant principal
Teacher(s)	Parent(s)
Athletic coach(es)	Student(s)
School nurse	Community member(s)
Principal	

2. Make a photocopy of the module Discussion Questions (pages 6-19) for each Module 3 team member. Make at least one photocopy of the module Score Card (pages 3-4) and the module Planning Questions (pages 21-22).

3. Give each Module 3 team member a copy of the Module 3 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

4. At a Module 3 team meeting:
   - Discuss each of the Module 3 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI Glossary.

We wish you success in your efforts to improve the health and safety of young people!

Module 3: Physical Education and Physical Activity Programs

Score Card

(photocopy before using)

Instructions

1. Carefully read and discuss the Module 3 Discussion Questions (pages 6-19), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 3 Planning Questions located at the end of this module (pages 21-22).

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
PA.1	225 minutes of physical education per week	3	2	1	0
PA.2	Years of physical education	3	2	1	0
PA3	Time requirement for length of physical education class	3	2	1	0
PA.4	Adequate teacher/student ratio	3	2	1	0
PA.5	Sequential physical education curriculum consistent with standards	3	2	1	0
PA.6	Information and materials for physical education teachers	3	2	1	0
PA.7	Physical education grading	3	2	1	0
PA.8	Prohibit exemptions or waivers for physical education	3	2	1	0
PA.9	Substitutions for physical education				
PA.10	Students active at least 50% of class time	3	2	1	0
PA.11	Individualized physical activity and fitness plans	3	2	1	0
PA.12	Health-related physical fitness	3	2	1	0
PA.13	Promote community physical activities	3	2	1	0
PA.14	Licensed physical education teachers	3	2	1	0
PA.15/ CHC.1	Address special health care needs	3	2	1	0
PA.16/ S.1/CHC .2	Physical education safety practices	3	2	1	0
PA.17	Professional development for physical education teachers	3	2	1	0
PA.18	Professional development for classroom teachers	3	2	1	0
PA.19	Participation in intramural programs or physical activity clubs	3	2	1	0
PA.20	Availability of interscholastic sports	3	2	1	0
PA.21	Promotion or support of walking and bicycling to and/or from school	3	2	1	0
PA.22	Availability of before- and after-school physical activity opportunities	3	2	1	0
PA.23	Availability of physical activity breaks in classrooms	3	2	1	0
PA.24	Adequate physical activity facilities	3	2	1	0
PA.25	Training requirements for sports coaches	3	2	1	0
PA.26/ S.2	Physical activity facilities meet safety standards	3	2	1	0
PA.27/ S.3	Athletics safety requirements	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (81) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.			
MODULE SCORE = (Total Points / 81) X 100			%

This page intentionally left blank.

Module 3: Physical Education and Physical Activity Programs

Discussion Questions

PA.1 225 minutes of physical education per week

Do all students in each grade receive **physical education** for at least 225 minutes per week throughout the school year?

NOTE: Physical education classes should be spread over at least three days per week, with daily physical education preferable.

3 = Yes.
2 = **135-224 minutes** per week for all students in each grade throughout the school year.
1 = **90-134 minutes** per week for all students in each grade throughout the school year.
0 = **Fewer than 90 minutes** per week **or** not all students receive physical education throughout the school year.

PA.2 Years of physical education

How many total years of **physical education** are students at this school required to take?

3 = The equivalent of all academic years of physical education.
2 = The equivalent of at least one academic year but less than all academic years of physical education.
1 = The equivalent of one-half academic year of physical education.
0 = The equivalent of less than one-half academic year of physical education or students are not required to take physical education at this school.

PA.3 Time requirement for length of physical education class

Does your school have a time requirement for the length of **physical education** classes?

3 = Yes. Physical education classes are scheduled for the equivalent of 225 minutes or more per week.
2 = Yes. Physical education classes are scheduled for the equivalent of 91 – 224 minutes per week.
1 = Yes. Physical education classes are scheduled for the equivalent of 90 minutes per week.
0 = No. Our school does not have a time requirement for minutes per week for physical education or we require less than 90 minutes per week.

PA.4 Adequate teacher/student ratio

Do **physical education** classes have a student/teacher ratio **comparable** to that of other classes?

NOTE**:** Aides and volunteers should not be counted as teachers in the student/teacher ratio.

3 = Yes.
2 = The ratio is **somewhat** larger (up to one and a half times larger) than the ratio for most other classes.
1 = The ratio is **considerably** larger (more than one and a half times larger), **but** there are plans to reduce it.
0 = The ratio is **considerably** larger (more than one and a half times larger), **and** there are no plans to reduce it.

PA.5 Sequential physical education curriculum consistent with standards

Do all teachers of **physical education** use an age-appropriate, **sequential** physical education curriculum that is **consistent** with national or state standards for physical education (see national standards below) and the district's requirements for physical education?

NOTE: Consider using CDC's *Physical Education Curriculum Analysis Tool* (PECAT), which is designed to help school districts and schools conduct a clear, complete, and consistent analysis of written physical education curriculum. PECAT results can help districts and schools enhance, develop, or select appropriate and effective physical education curricula for delivering high-quality physical education in schools. The PECAT assesses how consistent curricula are with national standards and can assist users in determining if the curriculum being analyzed is sequential.

3 = Yes.
2 = **Some** use a sequential physical education curriculum, **and** it is consistent with state or national standards and the district's requirements for physical education.
1 = **Some** use a sequential physical education curriculum, **but** it is not consistent with state or national standards and the district's requirements for physical education.
0 = **None** do, **or** the curriculum is not sequential, **or** there is no physical education curriculum.

National Standards for Physical Education
(For Question PA.5)

A physically literate individual:
1. Demonstrates competency in a variety of motor skills and movement patterns.
2. Applies knowledge of concepts, principles, strategies, and tactics related to movement and performance.
3. Demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.
4. Exhibits responsible personal and social behavior that respects self and others.
5. Recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.

_____
National Standards & Grade-Level Outcomes for K-12 Physical Education (SHAPE America & Human Kinetics, 2014).

PA.6 Information and materials for physical education teachers

Are all teachers of **physical education** provided with the following information and materials to assist in delivering quality physical education?

- ✓ Goals, objectives, and expected outcomes for physical education
- ✓ A chart scope and sequence for instruction
- ✓ A written physical education curriculum
- ✓ A plan for assessing student performance
- ✓ Physical activity monitoring devices, such as pedometers, heart rate monitors
- ✓ Internet resources, such as SHAPE America online tools and resources or PE Central
- ✓ The Presidential Youth Fitness Program
- ✓ Protocols to assess or evaluate student performance in physical education
- ✓ Learning activities that increase the amount of class time students are engaged in moderate-to-vigorous physical activity
- ✓ Learning activities that actively engage students with long-term physical medical, or cognitive disabilities in physical education

3 = Yes, all teachers of physical education are provided with at **least eight** kinds of materials.
2 = Teachers of physical education are provided with **four to seven** kinds of these materials.
1 = Teachers of physical education are provided with **one to three** kinds of these materials.
0 = Teachers of physical education are **not** provided with these kinds of materials.

PA.7 Physical education grading

Do students earn grades for required **physical education** courses? Do the grades carry the same weight as grades for other subjects toward academic recognition (e.g., honor roll, class rank)?

3 **=** Yes, students earn grades and the grades carry the same weight as grades for other subjects.
2 = Students earn grades, **but** the grades count less than grades for other subjects.
1 = No, **but** there are plans to change this procedure.
0 = No, **and** there are no plans to change this procedure, **or** there are no required physical education courses.

PA.8 Prohibit exemptions or waivers for physical education

Does the school **prohibit exemptions or waivers** for **physical education**?

3 = Yes.
2 = Yes, **but** occasional exceptions or waivers are made.
1 = No, **but** there are plans to start prohibiting exemptions or waivers.
0 = No, **or** there is no physical education.

PA.9 Substitutions for physical education

Does your school prohibit the substitution of other activities (e.g., interscholastic sports) for physical education class time or credit requirements?

3 = Yes, our school prohibits substitutions for physical education.
2 = Yes, **but** occasional substitutions are made.
1 = No, **but** there are plans to start prohibiting substitutions
0 = No, **or** there is no physical education

PA.10 Students active at least 50% of class time

Do teachers keep students **moderately to vigorously active** for **at least 50% of the time** during most or all **physical education** class sessions?

3 = Yes, during **most or all** classes.
2 = During **about half** the classes.
1 = During **fewer than half** the classes.
0 = During **none** of the classes, **or** there are no physical education classes.

PA.11 Individualized physical activity and fitness plans

Do students design and implement their own **individualized physical activity and fitness plans** as part of the **physical education** program? Do teachers of physical education provide ongoing feedback to students on progress in implementing their plans?

3 = Yes.
2 = Students design and implement their own individualized plans, **but** teachers provide only occasional feedback.
1 = Students design and implement their own individualized plans, **but** teachers provide no feedback.
0 = Students do not design and implement their own individualized plans, **or** there is no physical education program.

PA.12 Health-related physical fitness

Does the **physical education** program **integrate the components of the Presidential Youth Fitness Program** (PYFP)**?**

- ✓ Fitness assessment using Fitnessgram®
- ✓ Professional development for physical education teachers on proper use and integration of fitness education, fitness assessment, and recognition.
- ✓ Recognition of students meeting Healthy Fitness Zones or their physical activity goals.

3 = Yes, all 3 components of the PYFP are integrated.
2 = 2 of the PYFP components are integrated.
1 = 1 of the PYFP components is integrated.
0 = **None** of the PYFP components are integrated.

PA.13 Promote community physical activities

Does the **physical education** program use three or more of the following **methods to promote student participation** in a variety of **community physical activity options**?

- ✓ class discussions
- ✓ bulletin boards
- ✓ public address announcements
- ✓ guest speakers who promote community programs
- ✓ take-home flyers
- ✓ homework assignments
- ✓ newsletter articles
- ✓ academic credit for participating in community physical activities and programs

3 = Yes, through **three or more** methods.
2 = The program promotes participation in a variety of community physical activity options, but through only **one or two** methods.
1 = The program promotes participation in **only one** type of community physical activity option.
0 = The program does not promote participation in community physical activity options, **or** there is no physical education program.

PA.14 Licensed physical education teachers

Are all **physical education** classes taught by licensed teachers who are certified or endorsed to teach physical education?

3 = Yes, **all** are.
2 = **Most** classes are.
1 = **Some** classes are.
0 = **No** classes are, **or** there are no physical education classes.

PA.15/CHC.1 Address special health care needs

Does the **physical education** program consistently use all or most of the following practices as appropriate to include students with **special health care needs**?

- ✓ Encouraging active participation; modifying type, intensity, and length of activity if indicated in Individualized Education Plans, chronic health condition action plans, or **504 plans**
- ✓ Offering adapted physical education classes
- ✓ Making necessary accommodations for students with special health care needs for participation in recess (e.g., game modifications)
- ✓ Using modified equipment and facilities
- ✓ Ensuring that students with **chronic health conditions** are fully participating in physical activity as appropriate and when able
- ✓ Monitoring signs and symptoms of chronic health conditions
- ✓ Encouraging students to carry and self-administer their medications (including pre-medicating and/or responding to chronic health condition symptoms) in the gym and on playing fields; assisting students who do not self-carry
- ✓ Encouraging students to actively engage in self-monitoring (i.e., using a peak flow meter, recognizing triggers) in the gym and on playing fields (if the parent/guardian, health care provider, and school nurse so advise)
- ✓ Using a second teacher, aide, physical therapist, or occupational therapist to assist students, as needed
- ✓ Using peer teaching (e.g., teaming students without special health care needs with students who have such needs)

3 = Yes, the physical education program uses **all or most** of these instructional practices consistently.
2 = The physical education program uses **some** of these instructional practices consistently.
1 = The physical education program uses **some** of these instructional practices, **but** not consistently (that is, not by all teachers or not in all classes that include students with special health care needs).
0 = The program uses **none** of these practices, **or** there is no physical education program.

PA. 16/S.1/CHC.2 Physical education safety practices

Does the **physical education** program implement and enforce all of the following safety practices?

- ✓ Practice **active supervision**
- ✓ Encourage pro-social behaviors
- ✓ Use protective clothing and safety gear that is appropriate to child's size and in good shape
- ✓ Use safe, age-appropriate equipment
- ✓ Minimize exposure to sun (including through use of sunscreen), smog, and extreme temperatures
- ✓ Use infection control practices for handling blood and other body fluids
- ✓ Monitor the environment to reduce exposure to potential allergens or irritants (e.g., pollen, bees, strong odors)

3 = Yes, **all** these safety practices are followed.
2 = All these safety practices are followed, **but** at times our school has temporary lapses in implementing or enforcing one of them.
1 = One of these safety practices is not followed, **or** at times our school has temporary lapses in implementing or enforcing more than one of them.
0 = More than one of these safety practices is not followed, **or** there is no physical education program.

PA.17 Professional development for teachers

Are all teachers (i.e., **physical education** teachers, classroom teachers) required to participate at least once a year in **professional development** in physical education?

3 = Yes, **all** do.
2 = **Most** do.
1 = **Some** do.
0 = **None** do, **or** no one teaches physical education.

PA.18 Professional development for classroom teachers

Are classroom teachers required to participate at least once a year in **professional development** on promoting and integrating physical activity in the classroom?

3 = Yes, **all** do.
2 = **Most** do.
1 = **Some** do.
0 = **None** do, **or** professional development on physical activity is not available to classroom teachers.

PA.19 Participation in intramural programs or physical activity clubs

Do both boys and girls participate in school-sponsored or community-based **intramural programs or physical activity clubs** either in school or outside of school?

3 = Yes, **many** boys and girls participate in school-sponsored or community-based intramural programs or physical activity clubs.
2 = For the most part, many students of **only one sex** participates in school-sponsored or community-based intramural programs or physical activity clubs.
1 = **Very few** students of either sex participate in school-sponsored or community-based intramural programs or physical activity clubs.
0 = There are **no** school-sponsored or community-based intramural programs or physical activity clubs.

PA.20 Availability of interscholastic sports

Does your school offer at least eight different **interscholastic sports** to both boys and girls?

3 = Yes, our school offers **at least eight** different interscholastic sports to both boys and girls.
2 = Our school offers **five to seven** different interscholastic sports to both boys and girls.
1 = Our school offers **one to four** different interscholastic sports to both boys and girls, or offers five or more sports **but** only to one sex.
0 = Our school does **not** offer interscholastic sports.

PA.21 Promotion or support of walking and bicycling to and/or from school

Does your school promote or support walking and bicycling to and/or from school in the following ways?

- Designation of safe or preferred routes to school
- Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week
- Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area)
- Instruction on walking/bicycling safety provided to students
- Promotion of safe routes program to students, staff and parents via newsletters, websites, local newspaper
- Crossing guards
- Crosswalks on streets leading to schools
- Walking school buses
- Documentation of number of children walking and or biking to and from school
- Creation and distribution of maps of school environment (sidewalks, crosswalks, roads, pathways, bike racks, etc.)

3 = Yes, our school promotes or supports walking and bicycling to school in **six or more** of these ways.
2 = Our school promotes or supports walking and bicycling to school in **three to five** of these ways.
1 = Our school promotes or supports walking and bicycling to school in **one to two** of these ways.
0 = Our school does **not** promote or support walking and bicycling to school.

PA.22 Availability of before- and after-school physical activity opportunities

Does your school offer opportunities for all students to participate in physical activity before and after school, through organized physical activities (such as physical activity clubs, intramural sports, before school physical activity)?

3 = Yes, both before and after the school.
2 = We offer before school or after school, but not both.
1 = We do not offer opportunities for students to participate in physical activity before or after school, but there are plans to initiate it.
0 = No, we do not offer opportunities for students to participate in physical activity before or after school, and there are no plans to initiate it.

PA.23 Availability of physical activity breaks in classrooms

Are all students provided opportunities to participate in **physical activity breaks in classrooms**, outside of physical education, recess, and class transition periods?

NOTE: Physical activity breaks (e.g., brain breaks, energizers, classroom activity breaks, etc.) are actual breaks that occur in the academic classroom, allowing students to take a mental and physical break from current academic tasks. These breaks can occur at any time during the school day, last from 5–30 minutes, and occur all at one time or several times during the school day.

3 = Yes, on all days during a typical school week.
2 = On most days during a typical school week.
1 = On some days during a typical school week.
0 = No, we do not provide students with opportunities to participate in physical activity breaks in classrooms.

PA.24 Adequate physical activity facilities

Are your physical activity facilities adequate in all of the following ways?

- ✓ Both indoor and outdoor spaces can be used by **physical education** classes, **intramural programs or physical activity clubs**, and **interscholastic sports** programs
- ✓ Indoor facilities exist so that physical education classes do not have to be canceled due to weather extremes (e.g., rain or temperatures extremes)
- ✓ In physical education classes, all students can be physically active without overcrowding or safety risks
- ✓ Facilities are accessible for persons with disabilities
- ✓ For physical activity clubs and interscholastic sports, all interested students can sign up and participate without overcrowding or safety risks

3 = Yes, in all **five** of these ways.
2 = In **four** of these ways.
1 = In **three** of these ways.
0 = In **two or fewer** of these ways.

PA.25 Training requirements for sports coaches

Does your school or district require all **interscholastic sports** coaches to have **training** in the sport(s) they coach that reflects competency in the skills and knowledge outlined in the National Standards for Sports Coaches (see standards below)?

3 = Yes.
2 = Our school or district requires training **but** does not require that the training reflect competency in the skills and knowledge outlined in the National Standards for Sports Coaches.
1 = Our school or district does not currently require training, **but** is in the process of implementing required training.
0 = Our school or district does not require training, **or** our school has no interscholastic sport coaches.

National Standards for Sports Coaches
(For Question PA.19)

The 40 standards are grouped into the following eight domains:
1. Philosophy and ethics
2. Safety and injury prevention
3. Physical conditioning
4. Growth and development
5. Teaching and communication
6. Sports skills and tactics
7. Organization and administration
8. Evaluation

_____
National Association for Sport and Physical Education. *Quality Coaches, Quality Sports: National Standards for Sports Coaches, 2nd edition*, 2006.

PA. 26/S.2 Physical activity facilities meet safety standards

Does the school ensure that spaces and facilities for physical activity meet or exceed recommended safety standards for design, installation, and maintenance, in the following ways?

- ✓ Regular inspection and repair of indoor and outdoor playing surfaces, including those on playgrounds and sports fields
- ✓ Regular inspection and repair of physical activity equipment such as balls, jump ropes, nets, cardiovascular machines, weights, and weight lifting machines
- ✓ Padded goal posts and gym walls
- ✓ Breakaway bases for baseball and softball
- ✓ Securely anchored portable soccer goals that are stored in a locked facility when not in use
- ✓ Bleachers that minimize the risk for falls
- ✓ Slip-resistant surfaces near swimming pool use
- ✓ Pools designed, constructed, and retrofitted to eliminate entrapment use

NOTE: Please disregard any standard that is not relevant for your campus.

3 = Yes, all these safety standards are met.
2 = All these safety standards are met, **but** at times the school has temporary lapses in one of them.
1 = One of these safety standards is not met, **or** at times the school has temporary lapses in more than one of them.
0 = More than one of these safety standards is not met, **or** there are no spaces or facilities for physical activity.

PA.27/S.3 Athletics safety requirements

Does your school athletic program implement and enforce all the following safety requirements?

- ✓ Require physical examination by physician before participation
- ✓ Avoid excesses in training regime that may result in injuries (e.g., heat stroke, exhaustion, dehydration, sprains, strains)
- ✓ Establish criteria, including clearance by a health-care provider, before allowing further participation in practice or reentry into game play after a head injury
- ✓ Reward good sportsmanship, teamwork, and adherence to safety rules
- ✓ Strictly enforce prohibitions against alcohol and drug use
- ✓ Strictly enforce prohibitions against violence and aggression by students, spectators, coaches, and other persons during sporting events
- ✓ Strictly enforce prohibitions against dangerous athletic behaviors (e.g., spearing in football, high sticking in hockey, throwing bat in baseball)
- ✓ Report all sports-related injuries to the appropriate authority

3 = Yes, all these safety requirements are met.
2 = All of these safety requirements are met, **but** at times the school has temporary lapses in implementing or enforcing one of them.
1 = One of these safety requirements is not met, **or** at times the school has temporary lapses in implementing or enforcing more than one of them.
0 = More than one of these safety requirements are not met, **or** there is no school athletic program.

This page intentionally left blank.

Module 3: Physical Education and Physical Activity Programs

Planning Questions
(photocopy before using)

The Module 3 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's physical education and physical activity policies and programs? b) What are the **weaknesses** of your school's physical education and physical activity policies and programs?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., provide 225 minutes of physical education per week).

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 3 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Module 4: Nutrition Environment and Services

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 4 focuses on nutrition environment and services. The school nutrition environment provides students with opportunities to learn about and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 4 team.

School nutrition services manager	Special education team leader
School nutrition services staff member(s)	Parent(s)
School nurse	Student(s)
Health educator(s)	Principal
Administrative office assistant	Assistant principal
Teacher(s)	

2. Make a photocopy of the module Discussion Questions (pages 5-12) for each Module 4 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 14-15).

3. Give each Module 4 team member a copy of the Module 4 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

4. At a Module 4 team meeting:
   - Discuss each of the Module 4 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI Glossary.

We wish you success in your efforts to improve the health and safety of young people!

Module 4: Nutrition Environment and Services

Score Card
(photocopy before using)

Instructions

1. Carefully read and discuss the Module 4 Discussion Questions (pages 5-12), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 4 Planning Questions located at the end of this module (pages 14-15).

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
N.1	Breakfast and lunch programs	3	2	1	0
N.2	School breakfast	3	2	1	0
N.3	School Lunch	3	2	1	0
N.4	Variety of offerings in school meals	3	2	1	0
N.5	Healthy food purchasing and preparation practices	3	2	1	0
N.6	Venues outside the cafeteria offer fruits and vegetables	3	2	1	0
N.7	Promote healthy food and beverage choices and school meals using Smarter Lunchroom techniques	3	2	1	0
N.8	Adequate time to eat school meals	3	2	1	0
N.9	Collaboration between school nutrition services staff members and teachers	3	2	1	0
N.10	Annual continuing education and training requirements for school nutrition services staff	3	2	1	0
N.11/ S.1	Clean, safe, pleasant cafeteria	3	2	1	0
N.12/ S.2	Preparedness for food emergencies	3	2	1	0
N.13/ S.3	Food safety training	3	2	1	0
N.14	Farm to School activities.	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (42) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.

MODULE SCORE =
(Total Points / 42) X 100

%

This page intentionally left blank.

Module 4: Nutrition Environment and Services

Discussion Questions

N.1 Breakfast and lunch programs

Does your school offer **school meals** (breakfast and lunch) programs that are **fully accessible** to all students?

3 = Yes.
2 = Our school offers breakfast and lunch programs, **but** they are not fully accessible to all students.
1 = Our school offers only a lunch program, **but** there are plans to add a breakfast program.
0 = Our school offers only a lunch program and there are no plans to add a breakfast program, **or** the school does not offer a breakfast or a lunch program.

N.2 School breakfast

Does your school use strategies to maximize participation in the school breakfast program?

3 = Our school offers **universal free breakfast*** after the bell, such as **breakfast in the classroom**, **grab and go to the classroom**, or **second chance breakfast** models.
2 = Our school offers breakfast after the bell, such as **breakfast in the classroom**, **grab and go to the classroom**, or **second chance breakfast** models.
1 = Our school offers a traditional breakfast program served and consumed in the cafeteria.
0 = Our school does not offer a breakfast program.

*Generally, universal free breakfast is ideal for schools with ≥70% of students eligible for free or reduced-price meals, but may still be feasible for schools with a lower percentage of eligible students depending on state and local policies and programs. Universal free breakfast refers to any program that offers breakfast to all students free of charge, regardless of their free, reduced or paid lunch status.

N.3 School lunch

Does your school provide multiple alternative points of sale for reimbursable meals, such as outside lines, kiosks, grab and go options, reimbursable vending options, to maximize participation in the National School Lunch Program?

3 = Our school provides multiple alternative points of sale at lunch.
2 = Our school provides one alternative point of sale at lunch.
1 = Our school offers a traditional lunch program served and consumed in the cafeteria.
0 = Our school does not offer a lunch program.

N.4 Variety of offerings in school meals.

Do **school meals** include a variety of offerings that meet the following criteria?

Lunch
- ✓ Go beyond the National School Lunch Program requirements to offer one additional serving per week from any of the 3 vegetable subgroups (dark green, red and orange, dry beans and peas)
- ✓ Offer a different fruit every day of the week during lunch (100% fruit juice can be counted as a fruit only once per week)
- ✓ Offer fresh fruit at least 1 day per week
- ✓ Offer foods that address the cultural practices of the student population
- ✓ Offer an alternative entrée option at least one time per week that is legume based, reduced fat dairy or fish based (including tuna)
- ✓ Offer at least 3 different types of whole grain-rich food items each week

Breakfast
- ✓ Offer at least 3 different fruits and vegetables each week (100% fruit juice can be counted as a fruit only once per week)
- ✓ Offer fresh fruit at least 1 day per week

NOTE: A school meal is a set of foods that meets school meal program regulations. This does not include **à la carte offerings**.

3 = Yes, meets **six to eight** of these criteria for variety.
2 = Meets **three to five** of these criteria for variety.
1 = Meets **one to two** of these criteria for variety.
0 = Meets **none** of these criteria for variety.

N.5 Healthy food purchasing and preparation practices.

Does the school food service consistently follow practices that ensure healthier foods are purchased and prepared for service?

- ✓ Spoon solid fat from chilled meat and poultry broth before use
- ✓ Use specifications requiring lower sodium content in prepared foods such as hamburgers, cold cuts and cured meats, chicken nuggets, pizza, sandwiches, chicken nuggets, etc.; and canned products such as vegetables, soups, etc.
- ✓ Use specifications requiring lower added sugar content in prepared foods such a whole grain cold cereals or cereal bars; breakfast items such as pancakes or waffles; and canned products such as fruit.
- ✓ Roast, bake or broil meat rather than fry it
- ✓ Use low-sodium or no-salt-added spices and seasonings, dressings, marinades, sauces (e.g., tomato or pasta sauces), and condiments (e.g., ketchup, barbeque sauce, ranch dressing, etc.).
- ✓ Prepare vegetables by steaming or baking
- ✓ Prepare vegetables using little or no fat
- ✓ Cook with nonstick spray or pan liners rather than with grease or oil
- ✓ Use frozen or canned vegetables with little or no added sodium (e.g., low sodium, fresh frozen foods) instead of regular canned vegetables
- ✓ Use products that are locally grown or produced such as milk, produce and/or meats, chicken or fish
- ✓ Follow standardized recipes that are low in saturated fat, sodium and added sugars
- ✓ Use other seasonings or spices, including fresh herbs, in place of salt. Herbs could be from school gardens or local markets.

3 = Yes, follows **ten to eleven** of these practices.
2 = Follows **eight to nine** of these practices.
1 = Follows **five to six** of these practices.
0 = Follows **four or fewer** of these practices.

N.6 Venues outside the cafeteria offer fruits and vegetables

Do **venues outside the cafeteria** (e.g., vending machines, school stores, canteens, snack bars, or snack or food carts) where food is available offer fruits and non-fried vegetables?

3 = Yes, **most or all** venues outside the cafeteria do.
2 = **About half** of the venues do.
1 = **Fewer than half** of the venues do.
0 = **None** of the venues do.

N.7 Promote healthy food and beverage choices and school meals using Smarter Lunchroom techniques

Are healthy food and beverage choices promoted through the following techniques?

- ✓ A variety of mixed whole fruits are displayed in nice bowls or baskets (instead of stainless steel pans)
- ✓ Fruit is offered in at least two locations on all service lines, one of which is right before each point of sale (POS)
- ✓ Vegetables are offered on all serving lines
- ✓ At least one vegetable is identified as the featured vegetable-of-the-day and is labeled with a creative, descriptive name at the point of selection
- ✓ Place pre-packed salads or salad bar is available in a high traffic area
- ✓ Label pre-packaged salads or salad bar choices with creative, descriptive names and display next to each choice
- ✓ Self-serve salad bar tongs, scoops, and containers are larger for vegetables and smaller for croutons, dressing, and other non-produce items.
- ✓ White milk is displayed in front of other beverages in all coolers
- ✓ 1% or non-fat white milk is identified as the featured milk and is labeled with a creative, descriptive name
- ✓ Cafeteria staff politely prompt students who do not have a full reimbursable meal to select a fruit or vegetable
- ✓ Signs show students how to make a reimbursable meal on any service line
- ✓ Alternative entrée options (salad bar, yogurt parfaits, etc.) are highlighted on posters or signs within all service and dining areas
- ✓ Cafeteria staff smile and greet students upon entering the service line and continually throughout meal service
- ✓ Students, teachers, or administrators announce today's menu in daily announcements
- ✓ A monthly menu is posted in the main office
- ✓ Information about the benefits of school meals is provided to teachers and administration at least annually
- ✓ Brand, name, and decorate the lunchroom in a way that reflects the student body.
- ✓ Conduct a taste test of a new entrée at least once a year

3 = Yes, healthy food and beverage choices are promoted through **ten or more** of these techniques.
2 = Healthy food and beverage choices are promoted through **five to nine** of these techniques.
1 = Healthy food and beverage choices are promoted through **one to four** of these techniques.
0 = Healthy food and beverage choices are promoted through **none** of these techniques.

N.8 Adequate time to eat school meals

Do students have at least 10 minutes to eat breakfast and at least 20 minutes to eat lunch, counting from the time they are seated?

3 = Yes. (NOTE: If the school does not have a breakfast program, but does provide at least 20 minutes for lunch, you can select 3.)
2 = Have adequate time for breakfast or lunch, but not for both.
1 = No, but there are plans to increase the time.
0 = No.

NOTE: The time that students are allotted for breakfast and/or lunch should be uninterrupted (i.e., designated to eating and not to completing make-up work or other academic assignments).

N.9 Collaboration between school nutrition services staff members and teachers

Do school nutrition services staff members use three or more of the following methods to collaborate with teachers to reinforce nutrition education lessons taught in the classroom?

- ✓ Participate in design and implementation of nutrition education programs
- ✓ Display educational and informational materials that reinforce classroom lessons
- ✓ Provide food for use in classroom nutrition education lessons
- ✓ Provide ideas for classroom nutrition education lessons
- ✓ Teach lessons or give presentations to students
- ✓ Tasting party in collaboration with classroom teacher
- ✓ Presentation on nutrition and food services to PTA/PTSA/PTO
- ✓ Sports nutrition – collaboration with coaches
- ✓ Classroom tour of cafeteria or meet and greet with school nutrition staff

3 = Yes, use three or more methods.
2 = Use two of these methods.
1 = Use one of these methods.
0 = Use none of these methods.

N.10 Annual continuing education and training requirements for school nutrition services staff.

Do all school nutrition program directors, managers, and staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements?

Topics covered may include, but are not limited to, food safety and Hazard Analysis Critical Control Point (HACCP), nutrition standards updates in school meals, food sensitivities and allergies, purchasing and procurement, meal counting and claiming, customer service or food production techniques.

NOTE: USDA's Professional Standards requirements establish minimum professional standards for school nutrition personnel who manage and operate the National School Lunch and School Breakfast Programs. (See http://professionalstandards.nal.usda.gov/content/professional-standards-information)

3 = Yes, **all** food and nutrition services staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.
2 = **Most** food and nutrition services staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.
1 = **Some** food and nutrition services staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.
0 = No, **no** food and nutrition services staff meet or exceed the annual continuing education/training hours required by the USDA's Professional Standards requirements.

N.11/S.1 Clean, safe, pleasant cafeteria

Does the school provide students with a clean, safe, and pleasant cafeteria, according to the following criteria?

- ✓ Physical structure (e.g., walls, floor covering) does not need repairs
- ✓ Tables and chairs are not damaged and are of appropriate size for all students
- ✓ Seating is not overcrowded (i.e., never more than 100% of capacity)
- ✓ Rules for safe behavior (e.g., no running, no throwing food or utensils) are enforced
- ✓ Tables and floors are cleaned between lunch periods or shifts, and trash is removed between each lunch period if necessary
- ✓ The lunchroom is branded and decorated in a way that reflects the student body
- ✓ Appropriate practices are used to prevent excessive noise levels (e.g., no whistles)
- ✓ Smells are pleasant and not offensive
- ✓ Appropriate eating devices are available when needed for students with **special health care needs**

3 = Yes, cafeteria meets all **nine** of these criteria.
2 = Meets **five to eight** of these criteria.
1 = Meets **three or four** of these criteria.
0 = Meets **two or fewer** of these criteria.

N.12/S.2 Preparedness for food emergencies

Are school nutrition service staff members and cafeteria monitors (e.g., teachers, aides) trained to respond quickly and effectively to the following types of food emergencies?

- ✓ Choking
- ✓ Natural disasters (e.g., electrical outages affecting refrigeration)
- ✓ Weather-related emergencies and school closures
- ✓ Medical emergencies (e.g., severe food allergy reactions, diabetic reactions)
- ✓ Attempts to introduce biological or other hazards into the food supply
- ✓ Situations that require students or others to shelter in the school

3 = Yes, all staff are trained for **five or six** types of emergencies.
2 = Some staff are trained for **three or four** types of emergencies.
1 = Some staff are trained for **one or two** types of emergencies.
0 = No, staff are trained for **none** of these types of emergencies.

N.13/S.3 Food safety training

Has your school established and provided training on food safety best practices (e.g., properly handling, preparing, and storing foods) for all food service staff?

3 = Yes, our school has established practices and provides **all** food service staff with training on food safety.
2 = Our school has established practices and provides **most** food service staff with training on food safety.
1 = Our school has established practices and provides **some** food service staff with training on food safety.
0 = No, our school has not established practices and/or **does not** provide food service staff with training on food safety.

N.14 Farm to School activities

Is your school implementing any Farm to School activities?

- ✓ Local and/or regional products are incorporated into the school meal program
- ✓ Messages about agriculture and nutrition are reinforced throughout the learning environment
- ✓ School hosts a school fruit or vegetable garden
- ✓ School hosts field trips to local farms
- ✓ School utilizes promotions or special events, such as tastings, that highlight the local/regional products
- ✓ School hosts a farmer's market (student and parent involvement)
- ✓ Menu states local product(s) being served
- ✓ Local farmers/producers participate in career day activities

3 = Yes, our school is implementing **four to five** of these activities.
2 = Our school is implementing **two to three** of these activities.
1 = Our school is implementing **one** of these activities.
0 = No, our school is **not implementing any** of these activities.

This page intentionally left blank.

Module 4: Nutrition Environment and Services

Planning Questions
(photocopy before using)

The Module 4 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's food service policies and programs? b) What are the **weaknesses** of your school's food service policies and programs?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., offer an accessible school breakfast program).

Continued on next page

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 4 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Module 5: School Health Services

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 5 focuses on school health services. School health services intervene with actual and potential health problems, including providing first aid, emergency care and assessment and planning for the management of acute and chronic conditions (e.g., asthma, diabetes). By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 5 team.

School nurse	Assistant principal
Healthcare provider	Principal
Parent(s)	Community-based health care provider
Student(s)	Health department representative(s)
Administrative office assistant	Counselor(s)/Social worker(s)
Special education team leader	

2. Make a photocopy of the module Discussion Questions (pages 5-15) for each Module 5 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 16-17).

3. Give each Module 5 team member a copy of the Module 5 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

4. At a Module 5 team meeting:
   - Discuss each of the Module 5 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI Glossary.

We wish you success in your efforts to improve the health and safety of young people!

Module 5: School Health Services

Score Card

Instructions

1. Carefully read and discuss the Module 5 Discussion Questions (pages 5-15), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 5 Planning Questions located at the end of this module (pages 16-17).

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
CC.1	Health services provided by a full-time school nurse	3	2	1	0
CC.2	School-based healthcare services	3	2	1	0
CC.3	Health and safety promotion for students and families	3	2	1	0
CC.4	Collaborate with other school staff members	3	2	1	0
CC.5	Implement a referral system	3	2	1	0
CC.6	Student health information	3	2	1	0
CC.7	Consulting school health physician	3	2	1	0
S.1	Assess extent of injuries on school property	3	2	1	0
S.2/ CHC. 1	Health emergency response plans	3	2	1	0
CHC. 2	Identify and track students with chronic health conditions	3	2	1	0
CHC. 3	Care coordination for students with poorly controlled chronic health conditions	3	2	1	0
CHC. 4	Ensure immediate and reliable access to quick-relief medications for students with chronic health conditions	3	2	1	0
CHC. 5	Offer disease-specific education to all students with identified chronic health conditions	3	2	1	0
N.1	Food allergy management plan	3	2	1	0
T.1	Address tobacco use	3	2	1	0
SH.1	Linkages to youth-friendly sexual and reproductive health services	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (48) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.

MODULE SCORE = (Total Points /48) X 100

%

This page intentionally left blank.

Module 5: School Health Services

Discussion Questions

CC.1 Health services provided by a full-time school nurse

Does your school have a **full-time**, registered school nurse **responsible** for **health services** all day, every day? Are an adequate number of full-time school nurses provided, based on the recommendation of at least one nurse per school?

NOTE: More nurses are recommended if students have extensive nursing needs.

3 = Yes, we have a registered school nurse present all day every day
2 = We have a registered school nurse present **most** of the time each week.
1 = We have a registered school nurse present **some** of the time each week, **or** we have an LPN or UAP (supervised by a school nurse) who is present at least **some** of the time each week.
0 = No, we do **not** have a registered school nurse, LPN, or UAP present in our school, **or** we have an **unsupervised** LPN or UAP in our school.

CC.2 School-based healthcare services

Does your school provide the following school-based healthcare services, delivered by a school nurse or community healthcare organization (e.g., hospital, public health department, federally qualified health center)?

- ✓ Pediatric healthcare
- ✓ Dental care
- ✓ Vision care

3 = Yes, our school provides all **three** of the school-based healthcare services.
2 = Our school provides **two** of those school-based healthcare services.
1 = Our school provides **one** of those school-based healthcare services.
0 = No, we do **not** provide school-based healthcare services.

CC.3 Health and safety promotion for students and families

Does the school nurse or other **health services provider** promote the health and safety of students and their families, through classroom activities and otherwise, on each of these topics?

- ✓ Promoting physical activity
- ✓ Promoting healthy eating
- ✓ Preventing tobacco or e-cigarette use
- ✓ Quitting tobacco use
- ✓ Preventing alcohol and other drug use
- ✓ Preventing unintentional injuries
- ✓ Preventing violence and suicide
- ✓ Managing chronic health conditions
- ✓ Preventing HIV, other STD, and unintended pregnancy

3 = Yes, addresses all **eight** of these topics.
2 = Addresses **four to seven** of these topics.
1 = Addresses **one to three** of these topics.
0 = Addresses **none** of these topics, or the school does not have a school nurse or other health services provider.

CC.4 Collaborate with other school staff members

Does the school nurse or other **health services provider** collaborate with other school **staff members** to promote student health and safety in at least six of the following ways?

- ✓ Developing plans to address student health problems (e.g., **i**ndividual health care plans, individual education plans, **504 plans**, school team plans)
- ✓ Providing **professional development**
- ✓ Developing policy
- ✓ Consulting with teachers/health educators to identify, revise or develop health-related curricula or units/lessons
- ✓ Developing and implementing school-wide and classroom activities
- ✓ Developing School Improvement Plans
- ✓ Establishing communication systems with other school staff

3 = Yes, there is collaboration in **at least six** of these ways.
2 = There is collaboration in **three to five** of these ways.
1 = There is collaboration in **one or two** of these ways.
0 = No, there is **no** collaboration, **or** the school does not have a school nurse or other health services provider.

CC.5 Implement a referral system

Does your school implement a systematic approach (including the following components) for referring students, as needed, to appropriate school- or community-based **health services**?

- ✓ Contact parents of students identified as potentially needing additional health services and recommend that the students be evaluated by their primary health care provider or specialist.
- ✓ Contact parents of students without a primary health care provider and give information about child health insurance programs and primary care providers.
- ✓ Referral information is distributed widely (e.g., through flyers, brochures, website, student handbook, health education class) so that students, staff, and families can learn about school and community services without having to contact school staff.
- ✓ **Staff members** are given clear guidance on referring students to school **counseling, psychological and social services**.
- ✓ Referral forms are easy for staff members to access, complete, submit and keep confidential.
- ✓ A designated staff person or interdisciplinary student supports team (e.g., school nurse, counselor) regularly reviews and sorts referral forms and conducts initial screening.
- ✓ With written parental permission, additional information (e.g., questionnaires, relevant records, brief testing) is gathered as necessary and in compliance with **FERPA**.
- ✓ Written consent is obtained, in compliance with **HIPAA**, to gather relevant records from other professionals or agencies, if applicable.
- ✓ A list is kept and regularly updated of youth-friendly referral providers along with basic information about each (e.g., cost, location, language, program features, previous client feedback)
- ✓ Meetings are held with all relevant parties to discuss referral alternatives.
- ✓ Potential barriers (e.g., cost, location, transportation, stigma) and how to overcome them are discussed.
- ✓ Follow-up (e.g., via telephone, text messaging, email, personal contact) is conducted to evaluate the referral and gather feedback about the service.
- ✓ A status report is provided to the person who identified the problem, if applicable and in compliance with FERPA and/or HIPAA.
- ✓ **Professional development** is provided to all staff members about the referral process.

3 = Yes, our school has a referral system that includes **all** of these components.
2 = Our school has a referral system that includes **many** of these components.
1 = Our school has a referral system that includes a **few** of these components.
0 = Our school's referral system does **not** include any of these components, **or** our school does not have a referral system.

CC.6 Student health information

Does your school have a system for collecting student health information prior to school entry and every year thereafter? Is **all pertinent information** communicated **in writing** to all **appropriate staff members**?

3 = Yes, all pertinent information is systematically collected and communicated **in writing** to **all** appropriate staff members.
2 = All pertinent information is systematically collected and communicated to **some**, **but not all** appropriate staff members.
1 = **Some** pertinent information is collected and communicated to **some** staff members.
0 = Pertinent information is **not** collected.

CC.7 Consulting school health physician

Does your school have access to and work with a **consulting school health physician** who assists with your school health programs?

3 = Yes, our school has access to a consulting school health physician **and** has worked with him/her within the past year.
2 = Our school has access to a consulting school health physician through our state or local education or health agency **and** has worked with him/her within the past **two** years.
1 = Our school has access to a consulting school health physician through our state or local education or health agency but has **not** worked with him/her within the past **two** years.
0 = No, our school does **not** have access to a consulting school health physician.

S.1 Assess extent of injuries on school property

Does the school nurse or other **health services provider** systematically collect **information** on unintentional injuries, incidents, and violence that occur on school property (including school buses) or that are associated with school-sponsored events? Is the information analyzed, consistently reviewed, and acted upon as appropriate by school nurses and school policy-makers?

3 = Yes, information is collected, analyzed, and consistently reviewed by school nurses and school policy-makers.
2 = Information is collected, analyzed, and occasionally reviewed by school nurses and school policy-makers.
1 = Information is collected and analyzed **but** not reviewed by school nurses and school policymakers.
0 = Information is collected but not analyzed or reviewed, **or** information is not collected, **or** the school does not have a school nurse or other health services provider.

S.2/CHC.1 Health emergency response plans

Does the school nurse or other **health services provider** have an emergency plan that includes all the components listed below for assessing, managing, and referring students and **staff members** suffering from a medical emergency (e.g., injury, severe asthma episode) to the appropriate level of care?

- ✓ Written instructions on contacting emergency service providers, with telephone numbers posted in prominent locations
- ✓ List of health services and other staff members and their assignments, including at least one qualified person who will assess the person(s) suffering from a medical emergency and manage immediate care; one person who will call emergency medical services (EMS); one person who will control students in the area; and one person who will direct EMS to the location of the person(s) suffering from a medical emergency
- ✓ Plan for transporting and referring person(s) suffering from a medical emergency to care, including a protocol for situations in which staff members need to be with a student at a treatment center
- ✓ System for contacting parents and **appropriate staff members** (e.g., a central file with daytime contact information for parents and guardians)
- ✓ Provisions for obtaining parental consent if referral for immediate treatment is required
- ✓ Copies of treatment and referral protocols available in first aid kits

3 = Yes, **all** of these components are part of the emergency plan.
2 = **All but one** of these components are part of the emergency plan.
1 = There is a plan, **but** it lacks more than one of these components.
0 = No, the school does **not** have a plan.

CHC.2 Identify and track students with chronic health conditions

Does the school nurse or other **health services provider** have a system for **identifying and tracking** students with **chronic health conditions**?

3 = Yes, there is a system to identify and track students with chronic health conditions.
2 = Students are systematically identified, **but** not systematically tracked.
1 = Students are identified **only** when an urgent need related to their condition arises at school.
0 = No, there is no system for identifying or tracking students with chronic health conditions, **or** the school does not have a school nurse or other health services provider.

CHC.3 Care coordination for students with poorly controlled chronic health conditions

Does your school nurse **facilitate** or provide **care coordination** for students with **poorly controlled** chronic health conditions (e.g., asthma, diabetes, etc.)?

3 = Yes, care coordination is facilitated or provided to **all** students with poorly controlled chronic health conditions.
2 = Care coordination is facilitated or provided to **most** students with poorly controlled chronic health conditions.
1 = Care coordination is facilitated or provided to **some** students with poorly controlled chronic health conditions.
0 = No, care coordination is **not** facilitated or provided to students with chronic health conditions.

CHC.4 Ensure immediate and reliable access to quick-relief medications for students, if appropriate

Does your school use all of these methods to ensure students with chronic health conditions, such as asthma or food allergies, have immediate and reliable access to quick-relief medications (e.g. asthma inhalers or epinephrine auto-injectors) in school?

- ✓ Allow students to carry and self-administer quick-relief medications with written permission from physician, parent/guardian, and school nurse.
- ✓ Ensure quick-relief medication is readily accessible, clearly labeled, and not accessible to other students.
- ✓ School nurse or other health care provider provides annual training to the appropriate school staff on how to recognize acute symptoms such as those of allergic reactions or asthma, as well as the administration of quick relief medications.

3 = Yes, students are allowed to carry and self-administer quick-relief medications.
2 = Quick-relief medication is readily accessible, clearly labeled, and not accessible to other students **and** someone trained to recognize acute or emergency symptoms and administer quick-relief medications is always present at the school.
1 = Quick-relief medication is readily accessible, clearly labeled, and not accessible to other students **or** someone trained in administering quick-relief medications is always present at the school.
0 = No, **none** of these methods are used.

CHC.5 Offer disease-specific education to all students with identified chronic health conditions

Does your school **offer disease-specific education** at school for all students with known chronic health conditions?

3 = Yes, our school offers disease-specific education for students with known chronic health conditions.
2 = Our school offers disease-specific education for students with chronic health conditions, but only offers education related to **some** chronic health conditions.
1 = Our school offers disease-specific education for students with chronic health conditions, but only offers education related to **a few** chronic health conditions.
0 = No, our school does **not** offer disease-specific education for students with known chronic health conditions.

N.1 Food allergy management plan

Does your school have a plan to address food allergy management and prevention (e.g., Food Allergy Management and Prevention Plan) which includes the following priorities needed to manage food allergies in the school setting?

- ✓ Ensure daily management of food allergies for individual children (e.g., identifying children with food allergies, a plan to manage and reduce risks of food allergy reactions)
- ✓ Prepare for food allergy emergencies (e.g., easy to use communication systems, easy access to epinephrine auto-injectors, plans for contacting emergency medical services, identification of staff roles in emergencies)
- ✓ Provide professional development on food allergies for staff (e.g., general training on food allergies for all staff, in-depth training for staff who have frequent contact with children with food allergies (including cafeteria/food service staff), specialized training for staff responsible for managing children with food allergies)
- ✓ Educate children and family members about food allergies (e.g., teach all children, all parents and families about food allergies)
- ✓ Create and maintain a healthy and safe educational environment (e.g., limit exposure to food allergens, develop food-handling policies to prevent unintentional contact, make outside groups aware of food allergy policies and rules when they use school facilities, create a positive psychosocial climate)

3 = Yes, our school has a plan that includes **all 5 priorities** needed to manage food allergies in the school setting.
2 = Our school has a plan that includes **3-4 priorities** needed to manage food allergies in the school setting.
1 = Our school has a plan that includes **1-2 priorities** needed to manage food allergies in the school setting.
0 = Our school does **not** have a plan to address food allergy management and prevention.

T.1 Address tobacco use

Does the school nurse or other **health services provider** take the following actions with students who use tobacco?

- ✓ Provide a strong message regarding the importance of totally abstaining from tobacco use
- ✓ Provide self-help materials
- ✓ Provide, or provide referrals to, tobacco-use cessation counseling

3 = Yes, takes all **three** of these actions for students who use tobacco.
2 = Takes **two** of these actions.
1 = Takes **one** of these actions.
0 = Takes **none** of these actions, **or** the school does not have a school nurse or other health services provider.

SH.1 Linkages to youth-friendly sexual and reproductive health services

Does your school identify **youth-friendly** community-based health services providers and **systematically link** with them to provide **sexual and reproductive health services** to students?

3 = **Yes**, our school identifies youth-friendly community providers and systematically links with them to provide sexual and reproductive health services to students.
2 = Our school systematically links with community providers to provide sexual and reproductive health services to students, **but** does not identify youth-friendly community providers.
1 = Our school refers students to community-based sexual and reproductive health services, **but** does not have a system for linking with these providers or identify youth-friendly providers.
0 = **No**, our school does not link with or refer students to sexual and reproductive health services or identify youth-friendly community providers.

Module 5: School Health Services

Planning Questions
(photocopy before using)

The Module 5 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's health services related to students' health and safety? b) What are the **weaknesses** of your school's health services related to students' health and safety?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., implement a system to refer students to community-based health services).

Continued on next page

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 5 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Module 6: School Counseling, Psychological, and Social Services

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 6 focuses on school counseling, psychological, and social services. These prevention and intervention services support the mental, behavioral, and social-emotional health of students and promote success in the learning process. Services include psychological, psychoeducational, and psychosocial assessments; direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 6 team.

School counselor	Parent(s)
School psychologist	Student(s)
School social worker	Community-based social services provider
School nurse	Health care provider
Assistant principal	Special education team leader

2. Make a photocopy of the module Discussion Questions (pages 5-10) for each Module 6 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 11-12).

3. Give each Module 6 team member a copy of the Module 6 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

4. At a Module 6 team meeting:
   - Discuss each of the Module 6 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI glossary**.**

We wish you success in your efforts to improve the health and safety of young people!

Module 6: School Counseling, Psychological, and Social Services

Score Card
(photocopy before using)

Instructions

1. Carefully read and discuss the Module 6 Discussion Questions (pages 5-10), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 6 Planning Questions located at the end of this module (pages 11-12).

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
CC.1	Counseling, psychological, and social services provided by a full-time counselor, social worker, and psychologist	3	2	1	0
CC.2	Health and safety promotion and treatment	3	2	1	0
CC.3	Collaborate with other school staff members	3	2	1	0
CC.4	Identify and track students with emotional, behavioral and mental health needs	3	2	1	0
CC.5	Establish referral system	3	2	1	0
CC.6	Aid students during transitions	3	2	1	0
S.1	Identify and refer students involved in violence	3	2	1	0
T.1	Identify and address tobacco use	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (24) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.

MODULE SCORE =
(Total Points / 24) X 100 %

This page intentionally left blank.

Module 6: School Counseling, Psychological, and Social Services

Discussion Questions

CC.1 Counseling, psychological, and social services provided by a full-time counselor, social worker, and psychologist

Does your school have access to a **full-time** counselor, social worker, and psychologist for providing **counseling, psychological, and social services**? Is an adequate number of these staff members provided based on the following recommended ratios?

- ✓ One counselor for every 250 students
- ✓ One social worker for every 400 students
- ✓ One psychologist for every 1,000 students

3 = Yes, we have a full-time counselor, social worker, and psychologist, **and** the recommended ratios are present.
2 = We have a full-time counselor, social worker, and psychologist, but **fewer** than the recommended ratios.
1 = We have a full-time counselor, social worker **or** psychologist, **but** not all three.
0 = No, we do **not** have even one full-time counselor, social work or psychologist.

CC.2 Health and safety promotion and treatment

Does the **counseling, psychological, or social services** provider promote the **emotional, behavioral, and mental health** of and provide treatment to students and families in the following ways?

- ✓ 1-on-1 counseling/sessions
- ✓ Small group counseling/sessions
- ✓ Classroom-based health promotion and prevention
- ✓ School-wide health promotion and prevention

3 = Yes, it is provided in all four ways.
2 = It is provided in 1-on-1 and small group sessions, **and** classroom-based **or** school-wide activities.
1 = It is provided **only** via 1-on-1 and small group sessions.
0 = No, our counseling, psychological, or social services provider does **not** promote emotional, behavioral, and mental health or provide treatment in any of these ways **or** we do not have such a provider.

CC.3 Collaborate with other school staff members

Does the **counseling, psychological, or social services** provider collaborate with other school **staff members** to promote student health and safety in at least six of the following ways?

- ✓ Developing plans to address student health problems (e.g., **i**ndividual health care plans, individual education plans, **504 plans**, school team plans)
- ✓ Providing **professional development** on managing student health and safety concerns, a component of which educates staff on the impact of Adverse Childhood Experiences (ACEs) and the principles of a trauma-informed school
- ✓ Developing policy
- ✓ Identifying, revising or developing curricula or units/lessons
- ✓ Developing and implementing school-wide and classroom activities
- ✓ Developing School Improvement Plans
- ✓ Establishing communication systems with other school staff

3 = Yes, there is collaboration in **at least six** of these ways.
2 = There is collaboration in **three to five** of these ways.
1 = There is collaboration in **one or two** of these ways.
0 = No, there is **no** collaboration, or the school does **not** have a counseling, psychological, or social services provider.

CC.4 Identify and track students with emotional, behavioral, and mental health needs

Does the **counseling, psychological, or social services** provider have a system for **identifying and tracking** students with **emotional, behavioral, and mental health needs**?

3 = Yes, there is a system to identify and track students with emotional, behavioral, and mental health needs.
2 = Students are systematically identified, **but** not systematically tracked.
1 = Students are identified **only** when an urgent need arises at school.
0 = No, there is **no** system for identifying or tracking students with emotional, behavioral, and mental health needs, **or** the school does not have a counseling, psychological, or social services provider.

CC.5 Establish referral system

Does your school implement a systematic approach (including the following components) for referring students, as needed, to appropriate school- or community-based **counseling, psychological, and social services**?

- ✓ Case management, including assessment, referral, education, support, and monitoring, is offered.
- ✓ Referral information is distributed widely (e.g., through flyers, brochures, website, student handbook, health education class) so that students, staff, and families can learn about school and community services without having to contact school staff.
- ✓ **Staff members** are given clear guidance on referring students to school counseling, psychological, and social services.
- ✓ Referral forms are easy for staff members to access, complete, and submit confidentially.
- ✓ A designated staff person (e.g., school counselor, social worker, or psychologist) regularly reviews and sorts referral forms and conducts initial screening.
- ✓ With written parental permission, additional information (e.g., questionnaires, relevant records, brief testing) is gathered as necessary and in compliance with **FERPA**.
- ✓ Written consent is obtained, in compliance with **HIPAA**, to gather relevant records from other professionals or agencies, if applicable.
- ✓ A list is kept and regularly updated of youth-friendly referral providers along with basic information about each (e.g., cost, location, language, program features, previous client feedback, types of insurance accepted)
- ✓ Meetings are held with all relevant parties to discuss referral alternatives.
- ✓ Potential barriers (e.g., cost, location, transportation, stigma), and how to overcome them, are discussed.
- ✓ Follow-up (e.g., via telephone, text messaging, email, personal contact) is conducted to evaluate the referral and gather feedback about the service.
- ✓ A status report is provided to the person who identified the problem, if applicable and in compliance with FERPA and/or HIPAA.
- ✓ Professional development is provided to all staff members about the referral process.

3 = Yes, our school has a referral system that includes **all** of these components.
2 = Our school has a referral system that includes **some** of these components.
1 = Our school has a referral system that includes a **few** of these components.
0 = Our school's referral system does **not** include any of these components, **or** our school does not have a referral system.

CC.6 Aid students during transitions

Does your school aid students during school and life transitions (such as changing schools or changes in family structure) in the following ways?

- ✓ Matching new students with another student or buddy
- ✓ Opportunities for students to check-in with a trusted adult
- ✓ Orientation programs that focus on adapting to transitions

3 = Yes, our school aids students during school and life transitions in all **three** of these ways.
2 = Our school aids students during school and life transitions in **two** of these ways.
1 = Our school aids students during school and life transitions in **one** of these ways.
0 = No, our school does **not** aid students during school and life transitions in these ways.

S.1 Identify and refer students involved in violence

Does the **counseling, psychological, or social services** provider have a system for identifying students who have been involved (as a bystander, victim, perpetrator, or some combination of these) in any type of violence (e.g., child abuse, dating violence, sexual assault, **bullying** or **harassment**, fighting, suicide and self-harm behaviors) and, if necessary, refer them to the most appropriate school-based or community-based services?

3 = Yes, identifies and refers students to the most appropriate services.
2 = Identifies and refers students, **but** does not always refer them to the most appropriate services.
1 = Identifies students, **but** sometimes does not refer them to appropriate services.
0 = Does not identify students at risk, **or** the school does not have a counseling, psychological, or social services provider.

T.1 Identify and address tobacco use

Does the **counseling, psychological, or social services** provider take the following actions with students who use tobacco?

- ✓ Provide a strong message regarding the importance of totally abstaining from tobacco use
- ✓ Provide self-help materials
- ✓ Provide, or provide referrals to, tobacco-use cessation counseling

3 = Yes, takes all **three** of these actions for students who use tobacco.
2 = Takes **two** of these actions.
1 = Takes **one** of these actions.
0 = Takes **none** of these actions, **or** the school does not have a counseling, psychological, or social services provider.

Module 6: School Counseling, Psychological, and Social Services

Planning Questions
(photocopy before using)

The Module 6 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's counseling, psychological, and social services related to students' health and safety? b) What are the **weaknesses** of your school's counseling, psychological, and social services related to students' health and safety?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., establish a system for referring students to appropriate community-based counseling, psychological, and social services).

Continued on next page

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 6 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Module 7: Non-Physical Environment

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 7 focuses on the non-physical environment. This refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. The non-physical environment of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 7 team.

School counselor	Parent(s)
School psychologist	Student(s)
School social worker	Community-based social services provider
School nurse	Health care provider
Assistant principal	Special education team leader

2. Make a photocopy of the module Discussion Questions (pages 5-9) for each Module 7 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 11-12).

3. Give each Module 7 team member a copy of the Module 7 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

4. At a Module 7 team meeting:
   - Discuss each of the Module 7 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI Glossary.

We wish you success in your efforts to improve the health and safety of young people!

Module 7: Non-Physical Environment

Score Card
(photocopy before using)

Instructions

1. Carefully read and discuss the Module 7 Discussion Questions (pages 5-9), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 7 Planning Questions located at the end of this module (pages 11-12).

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
CC.1	Positive school environment	3	2	1	0
CC.2	Positive student relationships	3	2	1	0
CC.3	Professional development on meeting needs of students	3	2	1	0
CC.4	Collaboration to promote learning	3	2	1	0
CC.5	School-wide programs	3	2	1	0
CC.6	Community partnerships to promote wellbeing	3	2	1	0
CC.7	Prevent harassment and bullying	3	2	1	0
CC.8	Active supervision	3	2	1	0
CC.9	Engaging all students	3	2	1	0
S.1	Prevent school violence	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (30) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.

MODULE SCORE =
(Total Points / 30) X 100

%

This page intentionally left blank.

Module 7: Non-Physical Environment

Discussion Questions

CC.1 Positive school climate

Does your school foster a **positive psychosocial school environment** using all of the following practices?

- ✓ Communicate clear expectations for learning and behavior to students, and share those expectations with families to encourage them to reinforce them at home
- ✓ Foster pro-social behavior by engaging students in activities such as peer tutoring, classroom chores, service learning, and teacher assistance
- ✓ Foster an appreciation of students and families and respect for all families
- ✓ Hold school-wide activities that give students opportunities to learn about different cultures and experiences
- ✓ Use instructional materials that reflect the needs and experiences of all students
- ✓ Establish an expectation that **staff members** to greet each student by name
- ✓ Expect staff members to encourage students to ask for help when needed
- ✓ Expect staff members to take timely action to solve problems reported by students or parents
- ✓ Expect staff members to praise positive student behavior to students and their parents

3 = Yes, our school fosters a positive psychosocial school environment by using **all** of these practices.
2 = Our school fosters a positive psychosocial school environment by using **most** of these practices.
1 = Our school fosters a positive psychosocial school environment by using **some** of these practices.
0 = Our school does **not** foster a positive psychosocial school environment by using these practices.

CC.2 Positive student relationships

Does your school foster peer relationships among students by allowing students time to socialize and engage with one another outside of classroom or learning time (e.g., classroom breaks, lunch), during school hours?

3= Yes, our school **frequently** allows students time to socialize and engage with one another outside of classroom or learning time.
2= Our school **often** allows students time to socialize and engage with one another outside of classroom or learning time.
1= Our school **occasionally** allows time for students to socialize and engage with one another outside of classroom or learning time.
0= No, our school **does not** allow time for students to socialize and engage with one another outside of classroom or learning time.

CC.3 Professional development on meeting needs of students

Have all teachers received professional development on meeting the different cognitive, emotional, and social needs of children and adolescents in the past two years?

3 = Yes, **all** teachers have received professional development on practices to meet the needs of children and adolescents.
2 = **Most** teachers have received professional development on practices to meet the needs of children and adolescents.
1 = **Some** teachers have received professional development on practices to meet the needs of children and adolescents.
0 = **No** teachers have received professional development on practices to meet the needs of children and adolescents.

CC.4 Collaboration to promote learning

Do teachers at your school collaborate with counseling and psychological services staff to promote student learning about concepts such as self-awareness, self-management, social awareness, relationships skills, and responsible decision making?

3 = Yes, teachers **often** collaborate with counseling and psychological services staff to promote such learning for students.
2 = Teachers **sometimes** collaborate with counseling and psychological services staff to promote such learning for students.
1 = Teachers **rarely** collaborate with counseling and psychological services staff to promote such learning for students.
0 = No, teachers **do not** collaborate with the counseling and psychological services staff to promote such for students.

CC.5 School-wide programs

Does your school implement programs for all students to learn about concepts such as self awareness, self management, social awareness, relationships skills, and responsible decision making?

3= Yes, our school implements such programs for **all** students.
2= Our school implements such programs for **most** students.
1= Our school implements such programs for **some** students.
0= No, our school does **not** implement such programs for students.

CC.6 Community partnerships to promote wellbeing

Does your school partner with community organizations to provide students with educational materials and/or resources (e.g., fact sheets on well-being, information on community-based counseling services, stress management skill building, depression screenings) to promote wellbeing for students in school?

3 = Yes, our school **often** partners with community organizations to provide students with educational materials and/or resources to promote wellbeing for students.
2 = Our school **sometimes** partners with community organizations to provide students with educational materials and/or resources to promote wellbeing for students.
1 = Our school rarely partners with community organizations to provide students with educational materials and/or resources to promote wellbeing for students.
0 = Our school does not partner with community organizations to provide students with educational materials and/or resources to promote social and emotional learning and wellbeing for students.

CC.7 Prevent harassment and bullying

Has the school established a climate, in each of the following ways that prevents **harassment** and **bullying**?

- ✓ **Staff members**, students and parents are informed through a variety of mechanisms of **policies** defining harassment and bullying and explaining the consequences of such behaviors
- ✓ Disciplinary policies are fairly and consistently implemented among all student groups
- ✓ Staff members and students treat each other with respect and courtesy
- ✓ Fair play and nonviolence is emphasized on the playground, on the school bus, and at school events
- ✓ Students are encouraged to report harassment or bullying, including through anonymous reporting methods
- ✓ Support is provided for victims of harassment or bullying

3 = Yes, in each of these **six** ways.
2 = In **four or five** of these ways.
1 = In **two or three** of these ways.
0 = In **one or fewer** of these ways.

CC.8 Active supervision

Do **staff members** **actively supervise** students, in each of the following ways, everywhere on campus (e.g., classroom, lunchroom, playground, locker room, hallways, bathroom, and school bus)?

- ✓ Observing students and being available to talk to students before, during, and after school
- ✓ Anticipating and effectively responding to unsafe situations
- ✓ Discouraging pushing and **bullying**
- ✓ Promoting prosocial behaviors, such as cooperation, conflict resolution, and helping others

3 = Yes, in each of these **four** ways.
2 = In **three** of these ways.
1 = In **two** of these ways.
0 = In **one or none** of these ways.

CC. 9 Engaging all students

Does your school prioritize efforts to engage all students in extracurricular school activities to foster student sense of belonging in the following ways?

- ✓ Plan activities and events that intentionally include all members of the student body
- ✓ Provide space and time for students with similar interests to interact
- ✓ Include representations of youth from different backgrounds in school posters and/ or advertisements
- ✓ Take measures to protect the emotional and physical safety of all students

3 = Yes, in each of these **four** ways.
2 = In **three** of these ways.
1 = In **two** of these ways.
0 = In **one or none** of these ways.

S.1 Prevent school violence

Does your school take steps to prevent violence, in each of the following ways?

- ✓ School administrators and staff implement and enforce a clear and consistent code of conduct to uphold a standard of nonviolence for students
- ✓ Students and families receive hard copies and/or electronic copies of the school's code of conduct and must read and sign to acknowledge receipt of the code of conduct
- ✓ School administrators and staff implement and enforce a written policy prohibiting any weapons (e.g., guns, knives, makeshift weapons) on school campus.
- ✓ Teachers implement conflict prevention strategies (e.g., mediation)
- ✓ Teachers and staff demonstrate and encourage the use of appropriate conflict resolution skills
- ✓ Staff members are regularly assigned to be responsible for monitoring and protecting student safety on the school campus

3 = Yes, in each of these **six** ways.
2 = In **four or five** of these ways.
1 = In **two or three** of these ways.
0 = In **one or fewer** of these ways.

This page intentionally left blank.

Module 7: Non-Physical Environment

Planning Questions
(photocopy before using)

The Module 7 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's non-physical environment related to student's health and safety? b) What are the **weaknesses** of your school's non-physical environment related to student's health and safety?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., partner with community organizations to provide students with educational materials and/or resources to promote well-being).

Continued on next page

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 7 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Module 8: Physical Environment

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 8 focuses on the physical environment. A healthy and safe physical school environment promotes learning by ensuring the health and safety of students and staff. The physical school environment encompasses the school building and its contents, the land on which the school is located, and the area surrounding it. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 8 team.

Principal	School social worker
Assistant principal	Other teacher(s)
Facility and maintenance staff	Parent(s)
Janitor or custodial worker	Student(s)
School nutrition services manager	School nurse or health care provider
Physical education teacher(s)	Community health agency representative(s)
Health education teacher(s)	(e.g., American Cancer Society, local health
School security personnel	department)

School psychologist

2. Make a photocopy of the module Discussion Questions (pages 5-9) for each Module 8 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 11-12).

3. Give each Module 8 team member a copy of the Module 8 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

4. At a Module 8 team meeting:
   - Discuss each of the Module 8 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI Glossary.

We wish you success in your efforts to improve the health and safety of young people!

Module 8: Physical Environment

Score Card
(photocopy before using)

Instructions

1. Carefully read and discuss the Module 8 Discussion Questions (pages 5-9), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 9 Planning Questions located at the end of this module (pages 11-12).

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
S.1	Safe physical environment	3	2	1	0
CC.1	School environmental health program	3	2	1	0
CC.2	Effective management of an environmental health and safety program	3	2	1	0
CC.3	Professional development for school environmental health	3	2	1	0
CC.4	Student involvement in promoting environmental health	3	2	1	0
CC.5	Cleaning and maintenance practices	3	2	1	0
CC.6	Implement indoor air quality practices	3	2	1	0
CC.7	Implement integrated pest management practices	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (24) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.

MODULE SCORE =
(Total Points / 24) X 100

%

This page intentionally left blank.

Module 8: Physical Environment

Discussion Questions

S.1 Safe physical environment

Does the school provide a safe physical environment, inside and outside school buildings, by following all of these practices?

- ✓ Flooring surfaces are slip-resistant and stairways have sturdy guardrails
- ✓ Poisons and chemical hazards are labeled and are stored in locked cabinets
- ✓ First-aid equipment and notices describing safety procedures are available
- ✓ First aid/school nurse office is equipped with running water
- ✓ All areas of the school have sufficient lighting, and secluded areas are sealed off or supervised
- ✓ Smoke alarms, sprinklers, and fire extinguishers are installed and operational
- ✓ Pedestrians are offered special protection, including crossing guards, escorts, crosswalks, and safe bus and car loading
- ✓ A variety of methods are used to keep weapons out of the school environment
- ✓ School buses do not idle while loading or unloading students, to reduce emission of diesel exhaust and fine particles
- ✓ Spaces and facilities for physical activity (including playgrounds and sports fields) meet or exceed recommended safety standards
- ✓ The campus and buildings are pleasant and welcoming (e.g., uncluttered, uncrowded, well-lit, graffiti-free)

3 = Yes, **all** of these practices are followed.
2 = All the safety practices are followed, **but** at times the school has temporary lapses in one of them.
1 = One of the safety practices is **not** followed, **or** at times the school has temporary lapses in more than one of them.
0 = More than one of the safety practices are **not** followed.

CC.1 School environmental health program

Does your school have a school environmental health program that addresses each of the following components to maintain a healthy physical environment?

- ✓ Effective cleaning and maintenance
- ✓ Mold and moisture prevention
- ✓ Chemical and environmental contaminant hazard reduction
- ✓ Ventilation maintenance
- ✓ Pest prevention and pesticide exposure reduction

3 = Yes, our school has a school environmental health program that addresses all **five** components
2 = Our school has a school environmental health program that addresses **three or four** components
1 = Our school has a school environmental health program that addresses **two** components
0 = Our school has a school environmental health program that addresses **one or fewer** components or does not have an environmental safety program

CC.2 Effective management of an environmental health and safety program

Does your school takes steps to effectively manage an **environmental health** and/or safety program in each of the following ways?

- ✓ Organize key school staff to develop, implement, and monitor the environmental health and safety program, based on an established action plan and tracking system
- ✓ Communicate the goals of the program to school staff , teachers, students and/or families
- ✓ Regularly assess the school environment for potential health risks
- ✓ Train staff on how to use Personal Protection Equipment (PPE)
- ✓ Develop plans to address potential environmental health and safety risks
- ✓ Evaluate the implementation of policies and practices developed as part of the program

3 = Yes, in **four or more** ways.
2 = Yes, in **two or three** ways.
1 = Yes, in **one** way
0 = No, our school does not have an environmental health or safety program or take steps to manage such a program.

CC.3 Professional development for school environmental health

Does your school provide professional development and training for key staff (e.g., facility manager, maintenance staff, custodian, teachers, etc.) on managing school **environmental health** and safety?

3 = Yes, our school provides professional development and training to **all** staff members.
2 = Our school provides professional development and training to **most** staff members.
1 = Our school provides professional development and training to **some** staff members.
0 = No, our school **does not** provide professional development and training to staff members on managing school environmental health and safety.

CC.4 Student involvement in promoting environmental health

Does your school encourage student involvement in promoting school **environmental health** in each of the following ways?

- ✓ Incorporates environmental health curricula and lesson plans in classroom learning
- ✓ Encourages students to complete school projects related to environmental health
- ✓ Engages students in extracurricular activities related to environment or environmental health
- ✓ Gives students opportunities to volunteer to contribute to maintaining school environmental health

3 = Yes, in all **four** ways.
2 = Yes, in **two** or **three** ways.
1 = Yes, in **one** way.
0 = In **none** of these ways.

CC.5 Cleaning and maintenance practices

Does your school consistently implement all of the following school cleaning and maintenance practices*?

- ✓ Schedule routine cleaning when students are not in the building.
- ✓ Use cleaning products as instructed on the product label
- ✓ Store cleaning products in locations that are not accessible to students.
- ✓ Maintain an up-to-date inventory of all cleaning products used.
- ✓ Regularly clean and remove dust from hard, impermeable surfaces with a water-dampened cloth.
- ✓ Wipe up paint chips with a wet sponge or rag.
- ✓ Vacuum using high-efficiency vacuums and filters (e.g., high efficiency particulate air filters (HEPA)).
- ✓ Ensure garbage is stored in appropriate containers and disposed of properly at the end of each day.
- ✓ Use floor mats at building entrances to reduce the amount of dust and soil tracked into school buildings.
- ✓ Thoroughly clean kitchens, cafeterias, and other food use areas
- ✓ Monitor the interior of the roof for water damage.
- ✓ Inspect windows and doors for physical damage and improper seals.
- ✓ Ensure all windows and doors are functioning properly.
- ✓ Cut back overgrown vegetation near exterior walls.
- ✓ Inspect ceilings and duct work for deteriorating tiles and heating, ventilation, and air conditioning (HVAC) lining, as well as loose insulation.

*Environmental Protection Agency (EPA) School Cleaning and Maintenance Practices

3 = Yes, **all** of these practices are implemented consistently.
2 = **Most** of these practices are implemented consistently.
1 = **Only a few** of these practices are implemented consistently.
0 = **None** of these practices are implemented consistently.

CC.6 Implement indoor air quality practices

Does your school consistently implement all of the following indoor air quality practices?

- ✓ Regularly clean and vacuum when students are not in school (consider using vacuums with high efficiency particulate filters (HEPA) or central vacuums where carpeting exists)
- ✓ Respond quickly to signs of moisture, including mold, mildew, and water leaks in the building (e.g., plumbing) and around the building envelope (e.g., doors, windows, roof)
- ✓ Prevent exhaust fumes from entering the school or accumulating in the outdoor areas by prohibiting buses and cars from idling outside of the school building
- ✓ Maintain adequate ventilation with humidity control throughout the building
- ✓ Schedule regular maintenance and repair for heating, ventilation, and air condition (HVAC) system
- ✓ Select interior building materials, office furniture, and equipment that minimize exposure to indoor air contaminants
- ✓ Reduce or eliminate exposure to furred and feathered animals
- ✓ Schedule painting, floor resurfacings, and major building maintenance or renovations during times when school is not in session, and isolate renovation areas so that dust and debris are confined
- ✓ Install carbon monoxide detectors and test for indoor radon levels
- ✓ Implement integrated pest management practices

3 = Yes, **all** of these practices are implemented consistently.
2 = **Most** of these practices are implemented consistently.
1 = **Only a few** of these practices are implemented consistently.
0 = **None** of these practices are implemented consistently.

CC.7 Implement integrated pest management practices

Does your school consistently use the safest and lowest risk approach to controlling problems with **pests** by implementing the following integrated pest management practices?

- ✓ Monitor potential pest infestations with regular and detailed inspections
- ✓ Use adequate sanitation practices (e.g., cover trash cans, place dumpsters away from buildings and entryways) and structural modifications (sealing holes and openings & repair screening, door sweeps) to minimize pests
- ✓ Use proper food handling, preparation, and storage techniques
- ✓ Use pest removal strategies first before using pesticides, such as sticky traps, pheromone traps, vacuuming and insect light traps.
- ✓ Use low risk pesticides (herbicides, fungicides, insecticides) after all other non-pesticide removal strategies have been tried and when no alternative measures are practical.
- ✓ Be sure no students and **staff members** are in the area.
- ✓ Refrain from calendar based pesticide applications; use baits when possible.

Notify parents, employees, and students of all pesticide applications.

3 = Yes, **all** of these practices are implemented consistently.
2 = **Most** of these practices are implemented consistently.
1 = **Only a few** of these practices are implemented consistently.
0 = **None** of these practices are implemented consistently.

This page intentionally left blank.

Module 8: Physical Environment

Planning Questions
(photocopy before using)

The Module 8 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's physical environment related to students' health and safety? b) What are the **weaknesses** of your school's physical environment related to students' health and safety?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., establish an action plan and tracking system for the implementation of environmental health practices).

Continued on next page

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 8 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Module 9: Employee Wellness and Health Promotion

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 9 focuses on employee wellness and health promotion. A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors (e.g., lack of physical activity, tobacco use) and health conditions (e.g., diabetes, depression) to meet the health and safety needs of all employees. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 9 team.

Physical education teacher	Community health agency representatives(s) (e.g., American Cancer Society, local health department)
School nurse	
Teacher(s)	
Health educator(s)	Parent(s)
Assistant principal	Community business representative

2. Make a photocopy of the module Discussion Questions (pages 5-15) for each Module 9 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 17-18).

3. Give each Module 9 team member a copy of the Module 9 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

4. At a Module 9 team meeting:
   - Discuss each of the Module 9 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI Glossary.

We wish you success in your efforts to improve the health and safety of young people!

Module 9: Employee Wellness and Health Promotion

Score Card
(photocopy before using)

Instructions

4. Carefully read and discuss the Module 9 Discussion Questions (pages 5-15), which contains questions and scoring descriptions for each item listed on this Score Card.
5. Circle the most appropriate score for each item.
6. After all questions have been scored, calculate the overall Module Score and complete the Module 9 Planning Questions located at the end of this module (pages 17-18).

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
CC.1	Health education for staff members	3	2	1	0
CC.2	Health assessments for staff members	3	2	1	0
CC.3	Promote staff member participation	3	2	1	0
CC.4	Stress management programs for staff	3	2	1	0
CC.5	Staff mental health promotion	3	2	1	0
CC.6	Breastfeeding policy	3	2	1	0
S.1	Training for staff members on conflict resolution	3	2	1	0
S.2	Training for staff members on first aid and CPR	3	2	1	0
PA.1	Programs for staff members on physical activity/fitness	3	2	1	0
N.1	Programs for staff members on healthy eating/weight management	3	2	1	0
N.2	All foods served and sold to staff meet the USDA's Smart Snacks in School nutrition standards	3	2	1	0
N.3/ PA.2	Modeling healthy eating and physical activity behaviors	3	2	1	0
T.1	Programs for staff members on tobacco-use cessation	3	2	1	0
AOD. 1	Programs for staff members on alcohol and other drug use prevention and treatment	3	2	1	0
CHC.1	Programs for staff members on chronic health condition management	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (45) by the subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to right.

MODULE SCORE =
(Total Points / 45) X 100

%

This page intentionally left blank.

Module 9: Employee Wellness and Health Promotion

Discussion Questions

CC. 1 Health education for staff members

Does your school or district **offer staff members** health education and health-promoting activities that focus on skill development and behavior change and that are **tailored** to their needs and interests?

3 = Yes, health education is offered **and** it is tailored to staff members' needs and interests.
2 = Health education is offered and it is tailored to staff members' needs and interests, **but** it does not focus on skill development or behavior change.
1 = Health education is offered, **but** it is not tailored nor does it focus on skill development or behavior change.
0 = No, health education is **not** offered.

CC.2 Health assessments for staff members

Does your school or district **offer staff members** accessible and free or low-cost **health assessments** at least once a year?

3 = Yes, health assessments are offered, and **all** staff members find them accessible and free or low-cost.
2 = Health assessments are offered, but **some** staff members find them inaccessible or high-cost.
1 = Health assessments are offered, but **many** staff members find them inaccessible or high-cost.
0 = Health assessments are **not** offered at least once a year.

CC.3 Promote staff member participation

Does your school or district use three or more **methods to promote and encourage staff member participation** in its health promotion programs?

3 = Yes, uses **three or more** of these methods.
2 = Uses **two** of these methods.
1 = Uses **one** of these methods.
0 = Uses **none** of these methods.

CC.4 Stress management programs for staff

Does your school or district **offer staff members** accessible and free or low-cost stress management programs at least once a year?

3 = Yes, stress management programs are offered, and **all** staff members find them accessible and free or low-cost.
2 = Stress management programs are offered, but **some** staff members find them inaccessible or high-cost.
1 = Stress management programs are offered, but **many** staff members find them inaccessible or high-cost.
0 = Stress management programs are **not** offered at least once a year.

CC.5 Staff mental health promotion

Does your school offer staff members **counseling, psychological, or social services** to promote the **emotional, behavioral, and mental health** for employees in each of the following ways?

- ✓ 1-on-1 counseling/sessions
- ✓ Small group counseling/sessions
- ✓ School-wide health promotion and prevention
- ✓ Referrals to resources or services outside of the school

3 = Yes, it is offered in all four ways.
2 = It is offered in 1-on-1 and small group sessions, **and** school-wide activities **or** referrals.
1 = It is offered **only** via 1-on-1 and small group sessions.
0 = No, our school or district does **not** offer counseling, psychological, or social services to promote emotional, behavioral, and mental health for employees in any of these ways **or** we do not have such services.

CC.6 Breastfeeding policy

Does your school have a breastfeeding policy that includes the following components?

- ✓ Work schedule flexibility, including breaks and work patterns to provide time for expression of milk
- ✓ Private location to breastfeed or express milk
- ✓ Refrigerator for safe storage of expressed milk
- ✓ Access nearby to a clean, safe water source and a sink for washing hands and rinsing out any breast-pumping equipment

3 = Yes our breastfeeding policy includes all **four** of these components.
2 = Our breastfeeding policy includes **two or three** of these components.
1 = Our breastfeeding policy includes **one** of these components.
0 = Our breastfeeding policy includes **none** of these components, **or** we do **not** have a breastfeeding policy.

S.1 Training for staff members on conflict resolution

Does the school or district **offer staff members** training on conflict resolution that is accessible and free or low-cost?

3 = Yes.
2 = Offers training on conflict resolution, but **some** staff members find it inaccessible or expensive.
1 = Offers training on conflict resolution, but **many** staff members find it inaccessible or expensive.
0 = Does **not** offer training on conflict resolution.

S.2 Training for staff members on first aid and CPR

Does the school or district **offer staff members** training on first aid, cardiopulmonary resuscitation (CPR) and automated external defibrillators (AED) that is accessible and free or low-cost?

3 = Yes.
2 = Offers training on first aid, CPR and AED, but **some** staff members find it inaccessible or expensive.
1 = Offers training on first aid, CPR and AED, but **many** staff members find it inaccessible or expensive.
0 = Does **not** offer training on first aid, CPR, and AED.

PA.1 Programs for staff members on physical activity/fitness

Does the school or district **offer staff members** accessible and free or low-cost **physical activity/fitness programs**?

3 = Yes.
2 = Offers physical activity/fitness programs, but **some** staff members find them inaccessible or expensive.
1 = Offers physical activity/fitness programs, but **many** staff members find them inaccessible or expensive.
0 = Does **not** offer physical activity/fitness programs.

N.1 Programs for staff members on healthy eating/weight management

Does the school or district **offer staff members** healthy eating/weight management programs that are accessible and free or low-cost?

3 = Yes.
2 = Offers healthy eating/weight management programs, but **some** staff members find them inaccessible or expensive.
1 = Offers healthy eating/weight management programs, but **many** staff members find them inaccessible or expensive.
0 = Does **not** offer healthy eating/weight management programs.

N.2 All foods served and sold to staff meet the USDA's Smart Snacks in School nutrition standards

Do food and beverages **served and sold** at staff meetings, school-sponsored staff events, and in the staff lounge meet USDA's **Smart Snacks in School** nutrition standards?

Smart Snacks in School – Nutrition Standards for Foods

Any food sold in schools must:

- Be a grain product that contains 50% or more whole grains by weight or have whole grains as the first ingredient; or
- Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or
- Be a combination food that contains at least ¼ cup of fruit and/or vegetable

Foods must also meet several nutrient requirements:

- Calorie limits:
  - Snack items: ≤ 200 calories
  - Entrée items: ≤ 350 calories
- Sodium limits:
  - Snack items: ≤ 200 mg
  - Entrée items: ≤ 480 mg
- Fat limits:
  - Total fat: ≤35% of calories
  - Saturated fat: < 10% of calories
  - Trans fat: zero grams
- Sugar limit:
  - ≤ 35% of weight from total sugars in foods

Smart Snacks in School – Nutrition Standards for Beverages

All schools may sell:

- Plain water (with or without carbonation)
- Unflavored low fat milk
- Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP
- 100% fruit or vegetable juice
- 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners

*There is no portion size limit for **plain** water.*
Middle schools and high schools may sell up to 12-ounce portions of milk and juice.

Additional beverage options for high school:

- No more than 20-ounce portions of:
  - Calorie-free, flavored water (with or without carbonation)
  - Other flavored and/or carbonated beverages that are labeled to contain < 5 calories per 8 fluid ounces or ≤ 10 calories per 20 fluid ounces

- No more than 12-ounce portions of:
  - Beverages with ≤ 40 calories per 8 fluid ounces, or ≤ 60 calories per 12 fluid ounces

3 = Yes, all foods and beverages served and sold meet Smart Snacks.
2 = Most foods and beverages served and sold meet Smart Snacks.
1 = Some foods and beverages served and sold meet Smart Snacks.
0 = No, no foods and beverages meet Smart Snacks.

N.3/PA.2 Modeling healthy eating and physical activity behaviors

Does your school support staff to model healthy eating and physical activity behaviors?

- ✓ Provide staff with information about the importance of modeling healthy eating behaviors
- ✓ Provide staff with information about the importance of engaging in physical activities with students
- ✓ Encourage staff not to bring in or consume unhealthy foods and beverages in front of students, in classrooms, or areas common to both staff and students
- ✓ Provide staff with examples of healthy foods and beverages to bring in or consume during the regular or extended school day
- ✓ Provide staff with information or strategies on how to incorporate physical activity into classrooms
- ✓ Encourage staff to use non-food items, activities, and opportunities for physical activity to recognize students for their achievements or good behavior

3 = Yes, our school uses **5 or more** of the strategies to support staff to model healthy eating and physical activity behaviors.
2 = Yes, our school uses **3 to 4** of the strategies to support staff to model healthy eating and physical activity behaviors.
1 = Yes, our school uses **1-2** of the strategies to support staff to model healthy eating and physical activity behaviors.
0 = No, our school does not use any strategies to support staff to model healthy eating and physical activity behaviors.

T.1 Programs for staff members on tobacco-use cessation

Does the school or district **offer staff members** tobacco-use **cessation services** that are accessible and free or low-cost?

3 = Yes.
2 = Offers tobacco-use cessation services, but **some** staff members find them inaccessible or expensive.
1 = Offers tobacco-use cessation services, but **many** staff members find them inaccessible or expensive.
0 = Does **not** offer tobacco-use cessation services.

AOD.1 Programs for staff members on alcohol and other drug use prevention and treatment

Does the school or district **offer staff members** alcohol and other drug use programs or services that are accessible and free or low-cost?

3 = Yes.
2 = Offers alcohol and other drug use programs and services, but **some** staff members find them inaccessible or expensive.
1 = Offers alcohol and other drug use programs and services, but **many** staff members find them inaccessible or expensive.
0 = Does **not** offer alcohol and other drug use programs and services.

CHC.1 Programs for staff members on chronic health conditions management

Does the school or district **offer staff members** chronic health conditions management programs (e.g., smoking cessation programs) that are accessible and free or low-cost?

3 = Yes.
2 = Offers chronic health conditions management programs, but **some** staff members find them inaccessible or expensive.
1 = Offers chronic health conditions management programs, but **many** staff members find them inaccessible or expensive.
0 = Does **not** offer chronic health conditions management programs.

This page intentionally blank

Module 9: Employee Wellness and Health Promotion

Planning Questions
(photocopy before using)

The Module 9 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve the staff's health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's policies and programs related to health promotion for staff? b) What are the **weaknesses** of your school's policies and programs related to health promotion for staff?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., provide easy access to health assessments for staff).

Continued on next page

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 9 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Module 10: Family Engagement

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 10 focuses on family engagement. Families and school staff work together to support and improve the learning, development, and health of students. School staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. Families are committed to actively supporting their child's learning and healthy development. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 10 team.

Parent(s)	Community health agency representative(s) (e.g., American Cancer Society, local health department)
Student(s)	
Teacher(s)	
School nurse	School counselor
Assistant principal	Local faith-based organization representative(s)
Community member(s)	

2. Make a photocopy of the module Discussion Questions (pages 5-9) for each Module 10 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 10-11).

3. Give each Module 10 team member a copy of the Module 10 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

4. At a Module 10 team meeting:
   - Discuss each of the Module 10 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI Glossary.

We wish you success in your efforts to improve the health and safety of young people!

Module 10: Family Engagement

Score Card
(photocopy before using)

Instructions

1. Carefully read and discuss the Module 10 Discussion Questions (pages 5-9), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 8 Planning Questions located at the end of this module (pages 10-11). Be sure to keep your documentation from the small groups to support your recommendations.

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
CC.1	Communication with families	3	2	1	0
CC.2	Parenting strategies	3	2	1	0
CC.3	Family engagement in school decision making	3	2	1	0
CC.4	Family volunteers	3	2	1	0
CC.5	Family engagement in learning at home	3	2	1	0
CC.6	Family access to school facilities	3	2	1	0
CC.7	Professional development on family engagement strategies	3	2	1	0
CC.8	Professional development to assist parents seeking services	3	2	1	0
CC.9	School health updates for families	3	2	1	0
N.1	Student and family involvement in the school meal programs and other foods and beverages sold, served and offered on school campus.	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (30) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.

MODULE SCORE =
(Total Points / 30) X 100

%

This page intentionally left blank.

Module 10: Family Engagement

Discussion Questions

CC.1 Communication with families

Does your school communicate with all families about school health activities and programs in a way that is understandable and accessible for all families, using a variety of **communication methods**?

3 = Yes, **all** families are communicated with in ways that are understandable and accessible to all, using a variety of communication methods.
2 = **All** families are communicated with using a variety of communication methods, but not in ways that are understandable and accessible to all families.
1 = Our school only uses very **few** methods to communicate about health-related activities or programs.
0 = Our school does **not** communicate with families in these ways, or families receive communications solely about academic subjects but not about health-related activities or programs.

CC.2 Parenting strategies

Does your school's family education program address all of the following parenting strategies?

- ✓ Praising and rewarding desirable behavior
- ✓ Staying actively involved with children in fun activities
- ✓ Making time to listen and talk with their children
- ✓ Setting expectations for appropriate behavior and academic performance
- ✓ Sharing parental values
- ✓ Communicating with children about health-related risks and behaviors
- ✓ Making a small number of clear, understandable rules designed to increase level of self-management (e.g., routine household chores, homework, time spent using TV and computer)
- ✓ Consistently enforcing family rules with consequences (e.g., an additional chore, restricting TV/computer use for the evening)
- ✓ Monitoring children's daily activities (knowing child's whereabouts and friends)
- ✓ Modeling nonviolent responses to conflict
- ✓ Modeling healthy behaviors
- ✓ Emphasizing the importance of children getting enough sleep
- ✓ Providing a supportive learning environment in the home

3 = Yes, addresses **all** of these topics.
2 = Addresses **most** of these topics.
1 = Addresses **some** of these topics.
0 = Addresses **none** of these topics, **or** there is no parent education program.

CC.3 Family engagement in school decision making

Do families have opportunities to be involved in **school decision making** for health and safety policies and programs?

3 = Yes, families have opportunities to be involved in **all** school decision-making processes for health and safety policies and programs.
2 = Families have opportunities to be involved in **most** school decision-making processes for health and safety policies and programs.
1 = Families have opportunities to be involved in **some** school decision-making processes for health and safety policies and programs.
0 = No, families do **not** have opportunities to be involved in school decision-making processes for health and safety policies and programs.

CC.4 Family volunteers

Does your school or district have a formal process to recruit, train, and involve family members as **volunteers** to support school health and safety programs?

3 = Yes, our school or district has a formal process to recruit, train, and involve family members to support school health and safety programs.
2 = Our school or district has an informal process to recruit, train and involve family members to support school health and safety programs.
1 = Our school or district does **not** recruit or train family members **but** involves family members, when needed, to support school health and safety programs.
0 = No, our school or district does **not** recruit, train, or involve family members to support school health and safety programs.

CC.5 Family engagement in learning at home

Does your school provide opportunities for family members to reinforce **learning at home** that focuses on improving health knowledge and behaviors?

3 = Yes, our school provides family members with opportunities to reinforce learning at home.
2 = Our school provides family members with **limited** opportunities to reinforce learning at home.
1 = Our school provides family members with **very limited** opportunities to reinforce learning at home.
0 = No, our school does **not** provide family members with these opportunities.

CC.6 Family access to school facilities

Do family members have access to indoor (e.g., gymnasium) and outdoor (e.g., track, sports field) school facilities **outside school hours** to participate in or conduct health promotion and education programs at low or no cost?

3 = Yes, family members have access to indoor and outdoor school facilities at low or no cost.
2 = Family members have **limited** access to indoor and outdoor school facilities at low or no cost.
1 = Family members have **very limited** access to school facilities at low or no cost, **or** there is access to indoor or outdoor facilities but not to both.
0 = Family members do **not** have access to school facilities.

CC.7 Professional development on family engagement strategies

Have all school staff received **professional development** on **strategies for family engagement** in school health in the past two years?

3 = Yes, **all** school staff have received professional development on strategies for family engagement.
2 = **Most** school staff have received professional development on strategies for family engagement.
1 = **Some** school staff have received professional development on strategies for family engagement.
0 = **No** school staff have received professional development on strategies for family engagement.

CC.8 Professional development to assist parents seeking services

Does your school provide staff with **professional development** on ways to assist parents seeking mental health services for students (e.g., direct parents to appropriate mental health resources, identify steps for securing counseling or therapy services for youth)?

3 = Yes, our school provides **all** staff with professional development to assist parents seeking mental health services for students.
2 = Our school provides **most** staff with professional development to assist parents seeking mental health services for students.
1 = Our school provides **some** staff with professional development to assist parents seeking mental health services students.
0 = No, our school **does not** provide staff with professional development to assist parents seeking mental health services for students.

CC.9 School health updates for families

Does your school provide regular updates (e.g., school newsletter, school or district website, parent meetings) to families on issues related to all aspects of student health (i.e., nutrition, physical activity, chronic health condition management, social and emotional wellbeing)?

3= Yes, our school provides regular updates to families on **all** aspects of student health.
2= Our school provides regular updates to families on **most** aspects of student health.
1= Our school provides updates to families on **some** aspects of student health, **but** the updates are not distributed regularly.
0= No, our school does **not** provide student health updates for families.

N.1 Student and family involvement in the school meal programs and other foods and beverages sold, served and offered on school campus

Do students and family members have opportunities to provide both suggestions for school meals and other foods and beverages sold, served and offered on **school campus** and feedback on the meal programs and other foods and beverages sold, served and offered on school campus?

3 = Yes, **both** students and family members have opportunities to provide suggestions and feedback.
2 = Yes, **both** students and family members have opportunities to provide **either** suggestions for school meals or feedback on the meal program.
1 = **Either** students or family members have opportunities, **but** not both.
0 = **Neither** students nor family members have these opportunities.

Module 10: Family Engagement

Planning Questions
(photocopy before using)

The Module 8 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's family engagement efforts related to students' health and safety? b) What are the **weaknesses** of your school's family engagement efforts related to students' health and safety?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., increase family education on parenting strategies).

Continued on next page

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 11 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Module 11: Community Involvement

Instructions for Module Coordinator

Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Module 11 focuses on community involvement. Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, and health-related activities. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

Instructions for completing the module

1. Work with the site coordinator to organize a team to complete the module's documents. Below are some suggested members of the Module 11 team.

Parent(s)	Community health agency representative(s) (e.g., American Cancer Society, local health department)
Student(s)	
Teacher(s)	
School nurse	School counselor
Assistant principal	Local faith-based organization representative(s)
Community member(s)	Out of school time provider(s)

2. Make a photocopy of the module Discussion Questions (pages 5-9) for each Module 11 team member. Make at least one photocopy of the module Score Card (page 3) and the module Planning Questions (pages 10-11).

3. Give each Module 11 team member a copy of the Module 11 Discussion Questions. Use the copies of the module Score Card and the Planning Questions to record the team's work. Put the originals of these documents away in case you need to make more photocopies.

4. At a Module 11 team meeting:
   - Discuss each of the Module 11 Discussion Questions and its scoring choices.
   - Decide how to collect any information you need to answer each question accurately.
   - After you have all the information you need, arrive at a consensus score for each question. Answer each question as accurately as possible. The School Health Index is **your** self-assessment tool for identifying strengths and weaknesses and for planning improvements; it should not be used for evaluating staff.
   - Record the scores (0-3) for each question on the module Score Card and calculate the overall Module Score.
   - Use the scores written on the module Score Card to complete the Planning Questions at the end of the module.
   - Use the results from the third Planning Question to identify the one, two, or three highest priority actions that you will recommend to the School Health Index team for implementation this year.
   - Use the answers to the Planning Questions to decide how you will present your results and recommendations at the follow-up School Health Index team meeting.

Please note that some words are in **bold font and underlined** throughout the SHI, which indicates that the term and definition are included in the SHI Glossary.

We wish you success in your efforts to improve the health and safety of young people!

Module 11: Community Involvement

Score Card
(photocopy before using)

Instructions

1. Carefully read and discuss the Module 11 Discussion Questions (pages 5-9), which contains questions and scoring descriptions for each item listed on this Score Card.
2. Circle the most appropriate score for each item.
3. After all questions have been scored, calculate the overall Module Score and complete the Module 11 Planning Questions located at the end of this module (pages 10-11). Be sure to keep your documentation from the small groups to support your recommendations.

		Fully in Place	Partially in Place	Under Develop-ment	Not in Place
CC.1	Community involvement in school decision making	3	2	1	0
CC.2	Community volunteers	3	2	1	0
CC.3	Community involvement in school health initiatives	3	2	1	0
CC.4	Community-wide health promotion events	3	2	1	0
CC.5	Out-of-school programs	3	2	1	0
CC.6	Community involvement in improving student health	3	2	1	0
CC.7	Student involvement with community organizations	3	2	1	0
CC.8	Partnerships with community healthcare providers	3	2	1	0
CC.9	Agreement with community partners	3	2	1	0

COLUMN TOTALS: For each column, add up the numbers that are circled and enter the sum in this row.

(If you decide to skip any of the topic areas, make sure you adjust the denominator for the Module Score (27) by subtracting 3 for each question eliminated).

TOTAL POINTS: Add the four sums above and enter the total to the right.

MODULE SCORE =
(Total Points / 27) X 100

%

This page intentionally left blank.

Module 11: Community Involvement

Discussion Questions

CC.1 Community involvement in school decision making

Do community members (e.g., community groups, organizations) have opportunities to help with **school decision making** on health and safety policies and programs? (NOTE: Community members include individuals other than school board members)

3 = Yes, community members are actively engaged in **most** school decision-making on health and safety policies and programs.
2 =Community members are actively engaged in **some** school decision-making on health and safety policies and programs.
1 = Community members are offered opportunities to provide input on a few school decisions on health and safety policies and programs, **but** not consistently.
0 = No, community members are **not** engaged in school decision-making on health and safety policies and programs.

CC.2 Community volunteers

Does your school or district have a formal process to recruit, train, and involve community members as **volunteers** to enrich school health and safety programs?

3 =Yes, our school or district has a formal process to recruit, train, and involve community members.
2 = Our school or district has an informal process to get community members involved.
1 = Our school or district does **not** recruit or train, **but** involves community members when needed.
0 = No, our school or district does **not** recruit, train, or involve community members.

CC.3 Community involvement in school health initiatives

Does your school partner with local community organizations, businesses, or local hospitals to engage students and their families in health promotion activities?

3= Yes, our school partners with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities, for **all** school health initiatives.
2= Our school partners with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities, for **most** school health initiatives.
1= Our school partners with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities, for **some** school health initiatives.
0= No, our school does **not** partner with local community organizations, businesses, or local hospitals to promote and engage students and their families in health promotion activities for school health initiatives.

CC.4 Community-wide health promotion events

Does your school work with local community organizations, businesses, or local hospitals to plan community events that promote health and wellness for students, families, and community members?

3= Yes, our school **frequently** works with local community organizations, businesses, or local hospitals to plan community events that promote health and wellness.
2= Our school **often** works with local community organizations, businesses, or local hospitals to plan community events that promote health and wellness.
1= Our school **occasionally** works with local community organizations, businesses, or local hospitals to plan community events that promote health and wellness.
0= No, our school does **not** work with local community organizations, businesses, or local hospitals to plan community events that promote health and wellness.

CC.5 Out-of-school programs

Does your school work with community-based, out-of-school programs (e.g., Boys & Girls Clubs, 21st Century Community Learning Centers, Parks and Recreation) to develop and implement routine activities that promote health* for all participating students?

3= Yes, our school works with out-of-school programs to develop and implement **routine** activities that promote health for **all** participating students.
2= Our school works with out-of-school programs to develop and implement **routine** activities that promote health for **select** participating students.
1= Our school work with out-of-school programs to develop and implement **occasional** activities that promote health for participating students.
0= No, our school **does not** work with out-of-school programs to develop or implement activities that promote health for participating students.

Note: Routine activities that promote health refer to activities that are intended to improve student health status, such as health assessments, health education, and physical activity/physical education.

CC.6 Community involvement in improving student health

Do community partners visit your school to present information and engage students from all grade levels in learning activities to improve student health?

3= Yes, community partners visit our school to present information and engage students from **all** grade levels in health-oriented learning activities to improve student health.
2= Community partners visit our school to present information and engage students from **most** grade levels in health-oriented learning activities to improve student health.
1= Community partners visit our school to present information and engage students from **some** grade levels in health-oriented learning activities to improve student health.
0= No, community partners **do not** visit our school to present information or engage students in learning activities to improve student health.

CC.7 Student involvement with community organizations

Does your school connect students with community organizations to participate in events that promote and distribute information on health and wellness?

3= Yes, our school **frequently** connects students with community organizations to participate in events that promote and distribute information on health and wellness.
2= Yes, our school **often** connects students with community organizations to participate in events that promote and distribute information on health and wellness.
1= Yes, our school **sometimes** connects students with community organizations to participate in events that promote and distribute information on health and wellness.
0= No, our school **does not** connect students with community organizations to participate in events that promote and distribute information on health and wellness.

CC.8 Partnerships with community healthcare providers

Does your school partner with community-based healthcare providers to link students and families with accessible community health services and resources?

3= Yes, our school partners with community-based healthcare providers to link students and families with accessible community health services **and** resources.
2= Yes, our school partners with community-based healthcare providers to link students and families with accessible community health services **or** resources.
1= Yes, our school partners with community-based healthcare providers to link students with accessible community health services **or** resources, **but** does not link families with community health services or resources.
0= No, our school **does not** partner with community-based healthcare providers to link students and families with community health services or resources.

CC.9 Agreement with community partners

Does your school have a written agreement with community partners to develop and support school health programs and activities that addresses each of the following?

- ✓ Program decision-making processes
- ✓ Plan for the implementation of program activities
- ✓ Designated program responsibilities, including responsibilities for related costs, for the school and the community partner(s)

3 = Yes, our written agreement with community partners addresses each of the **three** components.
2 = Our written agreement addresses **two** of the components
1 = Our written agreement addresses **one** of the components
0 = No, our written agreement addresses **none** of the components or our school does not have a written agreement with community partners to develop and support school health programs and activities.

Module 11: Community Involvement

Planning Questions
(photocopy before using)

The Module 11 Planning Questions will help your school use its School Health Index results to identify and prioritize changes that will improve policies and programs to improve students' health and safety.

Planning Question 1
Look back at the scores you assigned to each question, and answer the following questions based on these scores: a) what are the **strengths** of your school's community involvement related to students' health and safety? b) What are the **weaknesses** of your school's community involvement related to students' health and safety?

Planning Question 2
For each of the weaknesses identified above, list several recommended actions to improve the school's scores (e.g., partner with community organizations to engage students and their families in health promotion activities).

Planning Question 3. List each of the actions identified in Planning Question 2 on the table below. Use the five-point scales defined below to rank each action on five dimensions (importance, cost, time, commitment, feasibility). Add the points for each action to get the total points. Use the total points to help you choose one, two, or three top priority actions that you will recommend to the School Health Index team for implementation this year. The actions with the highest points should be considered in determining your priority actions. The actions with the highest points should be considered in determining your priority actions.

Importance	**How important is the action to my school?** 5 = Very important 3 = Moderately important 1 = Not important
Cost	**How expensive would it be to plan and implement the action?** 5 = Not expensive 3 = Moderately expensive 1 = Very expensive
Time	**How much time and effort would it take to implement the action?** 5 = Little or no time and effort 3 = Moderate time and effort 1 = Very great time and effort
Commitment	**How enthusiastic would the school community be about implementing the action?** 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic
Feasibility	**How difficult would it be to complete the action?** 5 = Not difficult 3 = Moderately difficult 1 = Very difficult

Module 11 Actions	Importance	Cost	Time	Commitment	Feasibility	Total Points	Top Priority Action?

Planning for Improvement

Note: Complete this section after all modules have been scored and you are ready to take action.

We all share the same goal: to develop healthy children who come to school ready and able to learn. Among the hundreds of individual actions you can take to meet this goal, you've already begun the most important one – appraising your school's strengths and weaknesses. No matter how your school scores on the SHI, you now have the information you need to start planning for a healthier school.

Taking Action, One Step at a Time

After all eight module teams have completed their sections of the SHI, it is time to summarize the results, reflect on your school's strengths, identify and discuss areas that need improvement, and plan for making improvements.

This section, *Planning for Improvement*, contains two forms, the Overall Score Card and the School Health Improvement Plan, that will help you make the best use of the information collected by each module team.

The four action steps described in this section can help you plan improvements and implement recommended changes.

Step 1: Complete the Overall Score Card
Step 2: Complete the School Health Improvement Plan
Step 3: Implement recommendations
Step 4: Reassess annually and strive for continuous improvement

Step 1: Complete the Overall Score Card

Use the completed module Score Cards to fill in the Overall Score Card (see page 5 of this section). The completed Overall Score Card will help you determine which of the eight areas covered by the SHI are most in need of improvement. A low score for a module indicates that the school is not performing well in an area, whereas a high score indicates that it is performing well.

Step 2: Complete the School Health Improvement Plan

Bring together the full SHI team for its second meeting. Use the resources, including PowerPoint presentations, provided in the SHI Training Manual to help plan this meeting. (See http://www.cdc.gov/HealthyYouth/SHI/training.) At this meeting:

- Ask each module team to present its self-assessment and the two or three actions they believe should be implemented first.

- Decide on several actions that the school can realistically commit to implementing over the course of the year. Having a relatively small number of recommended actions is important, because pushing for too many changes at once can be overwhelming and reduce your chances of success. Module actions not included in the School Health Improvement Plan can be addressed later.

- The group may consider different criteria in deciding which actions to implement first. Some very important actions may be too expensive, too labor-intensive, or too complex to address in the short term. Others may be less important, but require fewer resources and thus may be easier to implement. It's always a good idea to start with some goals that you are confident can be met in the short term; having some early successes will generate enthusiasm for your efforts. Use the collective judgment and knowledge of your team members. Together, the team knows the school and can arrive at the best mix of important and achievable recommendations.

- Have the team complete the School Health Improvement Plan form (see a sample completed form on page 9) as follows:
  - **Actions column**: Write the agreed-upon actions in order of priority.
  - **Steps column**: Write brief descriptions of all the specific steps that need to be taken to implement an action. Examples of action steps include collecting information on the issue, preparing a slide presentation, making presentations at staff and PTA meetings, scheduling a meeting with the school board, and drafting a new school policy.
  - **By Whom and When column**: Write the name of the person who will be responsible for planning and implementing the action steps and the targeted completion date.

- Decide who will prepare a concise report that summarizes the School Health Improvement Plan, as well as all the recommended actions from all the modules. This report can be presented to the school administrators (or the site decision-making team) for approval and inclusion in the overall School Improvement Plan, and it can guide future school health planning efforts.

- Discuss how the team will monitor implementation of the School Health Improvement Plan and when the team will meet again.

Step 3: Implement Recommendations

When your School Health Improvement Plan has been approved, implement the recommendations and monitor progress. To identify materials and organizations that can help you implement your actions, review the SHI Resources section and the resources available online

at www.cdc.gov/HealthyYouth/publications. The online list includes resources for each of the health topics addressed in SHI and for cross-cutting topics such as coordinated school health.

Some actions can be handled quickly and easily by one team member, whereas others may require information gathering, fundraising, or a group effort. A full discussion of project management is beyond the scope of this document, but here are some general principles:

- **Workgroups.** Form implementation workgroups so that no single person is overwhelmed with responsibility.
- **Short-term and long-term goals**. Most positive changes will take some time to put in place, but delayed gratification can be frustrating for many volunteers. Having a mix of short-term and long-term goals creates some early accomplishments that will keep the team motivated while it tackles the longer-term goals.
- **Timeline.** Create a timeline of activities, and set monthly or quarterly implementation milestones.
- **Assistance.** Ask for help when you need it. Look for help from the school district, the state department of education, and local universities.
- **Monitoring progress.** Ongoing monitoring of activities and strategies is essential for smooth and successful implementation. Special achievements and problems should be recognized and discussed.
- **Reporting progress.** Establish a mechanism for reporting progress so that there is some level of accountability.
- **Recognition.** Recognize your volunteers. Write letters of appreciation and publicize their good work so that the entire community will know about their contributions.
- **Money.** If you need money but it is not available at the school, don't be shy about visiting local businesses, especially if you need an amount under $1,000. Write a two-page proposal that uses data, such as the data available for health topics addressed in the SHI at https://www.cdc.gov/healthyschools/dataandstatistics.htm.

Step 4: Reassess Annually and Strive for Continuous Improvement

Establish an annual SHI assessment. An annual assessment will ensure that students' health remains high on the school agenda. Take the time to measure and recognize the progress and accomplishments of the previous school year. Report annually to the principal, the superintendent, and the school board on progress made during the past year and plans set for the upcoming year.

This page intentionally left blank.

School Health Index

Overall Score Card

	For each module (row), write an X in the one column where the Module Score falls*				
	Low		**Medium**		**High**
	0 – 20%	**21% – 40%**	**41% – 60%**	**61% – 80%**	**81% – 100%**
School Health and Safety Policies and Environment – Module 1					
Health Education – Module 2					
Physical Education and Physical Activity Programs – Module 3					
Nutrition & Environment Services – Module 4					
School Health Services – Module 5					
School Counseling, Psychological, and Social Services – Module 6					
Non-Physical Environment – Module 7					
Physical Environment – Module 8					

Employee Wellness and Health Promotion – Module 9					
Family Engagement – Module 10					
Community Involvement – Module 11					

** Some schools like to write the module scores in each box.*

School Health Improvement Plan

Instructions

1. In the first column: list, in priority order, the **actions** that the School Health Index team has agreed to implement.
2. In the second column: list the specific **steps** that need to be taken to implement each action.
3. In the third column: list the people **who** will be responsible for each step and **when** the work will be completed.

Actions	Steps	By Whom and When
1.	**a.** _____ **b.** _____ **c.** _____ **d.** _____ **e.** _____ **f.** _____ **g.** _____	_____ _____ _____ _____ _____ _____ _____

Continued on next page

Actions	Steps	By Whom and When

2.	**a.** _____ **b.** _____ **c.** _____ **d.** _____ **e.** _____ **f.** _____ **g.** _____	_____ _____ _____ _____ _____ _____ _____
3.	**a.** _____ **b.** _____ **c.** _____ **d.** _____ **e.** _____ **f.** _____ **g.** _____	_____ _____ _____ _____ _____ _____ _____

Actions	Steps	By Whom and When
4.	**a.** _____ **b.** _____ **c.** _____ **d.** _____ **e.** _____ **f.** _____ **g.** _____	_____ _____ _____ _____ _____ _____ _____
5.	**a.** _____ **b.** _____ **c.** _____ **d.** _____ **e.** _____ **f.** _____ **g.** _____	_____ _____ _____ _____ _____ _____ _____

Sample School Health Improvement Plan

Instructions

1. In the first column: list, in priority order, the **actions** that the School Health Index team has agreed to implement.
2. In the second column: list the specific **steps** that need to be taken to implement each action.
3. In the third column: list the people **who** will be responsible for each step and **when** the work will be completed.

Actions	Steps	By Whom and When
1. Establish a set of competitive food offerings that align with strong nutrition standards.	a. Contact other schools and experts to identify different models.	Sally H. 10/2
	b. Conduct taste tests for healthy alternatives that students like.	Mildred P. 10/23
	c. Meet with principal to get support.	Sally H. 10/25
	d. Develop draft competitive food offerings.	Henry T. 11/3
	e. Get feedback from teachers, parents, students, administrators, and community members.	Sally H. 11/15
	f. Develop slide show about new choices to staff, students, parents, and district.	Mildred P. 11/26
	g. Schedule and deliver presentations to staff, students, and parents.	Henry T. 12/2

This page intentionally left blank.

SHI Resources

A list of resources is available online at https://www.cdc.gov/healthyschools/shi/resources.htm. The online list includes resources for many of the health topics addressed in SHI and for cross-cutting topics such as the WSCC model. Below are some key resources for the modules with cross-cutting questions.

Module 1: School Health and Environment

School Connectedness: Strategies for Increasing Protective Factors Among Youth
CDC

Improving School Health: A Guide for School Health Councils
American Cancer Society

Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Advisory Councils
Iowa Department of Public Health

Local School Wellness Policies
U.S. Department of Agriculture, Food and Nutrition Service

Wellness Policy Tool
Action for Healthy Kids

Wellness Policies
Alliance for a Healthier Generation

School Meals
CDC

Smart Snacks
CDC

Celebrations and Rewards
CDC

Food and Beverage Marketing
CDC

Water Access
CDC

National Clearinghouse for Educational Facilities
National Institute of Building Sciences

Readiness and Emergency Management for Schools Technical Assistance Center
U.S. Department of Education

Module 2: Health Education

Health Education Curriculum Analysis Tool (HECAT)
CDC

Characteristics of an Effective Health Education Curriculum
CDC

Health, Mental Health, and Safety Guidelines for Schools: Health and Safety Education
Maternal and Child Health Bureau, American Academy of Pediatrics, National Association of School Nurses, American School Health Association, and CDC

National Health Education Standards
Joint Committee on National Health Education Standards

A Competency-based Framework for Health Educators
National Council for Accreditation of Teacher Education (NCATE)

Module 3: Physical Education and Other Physical Activity Programs
See Physical Education and Physical Activity resources.

Comprehensive School Physical Activity Programs: A Guide for Schools (2013)
CDC

Tips for Teachers (2014)
CDC

E-learning course on Comprehensive School Physical Activity Programs: A Guide for Schools
CDC

Physical Education Curriculum Analysis Tool (PECAT) (2006)
CDC

National Standards for K–12 Physical Education (2013)
SHAPE America

The Essential Components of Physical Education (2015)
SHAPE America

Recess Planning in Schools: A Guide to Putting Strategies for Recess into Practice (2017)
CDC and SHAPE America

Recess Planning Template (2017)
CDC and SHAPE America

Strategies for Recess in Schools (2017)
CDC and SHAPE America

Guide for Recess Policy (2016)
SHAPE America

National After School Association Standards for Healthy Eating and Physical Activity (2011)
Healthy Out of School Time Coalition

Physical Activity
Alliance for a Healthier Generation

Module 4: Nutrition Services

School Nutrition Environment Overview
CDC

School Meals
CDC

Smart Snacks
CDC

Celebrations and Rewards
CDC

Food and Beverage Marketing
CDC

Water Access
CDC

Healthy Eating in Out of School Time
Alliance for a Healthier Generation

Module 5: Health Services

See School Health Services and Chronic Conditions

Health Services for Teens
CDC

Family Educational Rights and Privacy Act (FERPA)
U.S. Department of Education

Module 6: Counseling, Psychological, and Social Services

Family Educational Rights and Privacy Act (FERPA)
U.S. Department of Education

Mental Health in Schools: An Overview
Center for Mental Health in Schools

Safe Schools/Healthy Students
Substance Abuse and Mental Health Services Administration

Student Mental Health
American School Counselor Association

Children's Mental Health
Mental Health America

School Mental Health
American Association of School Administrators

Module 7: Non-Physical Environment

Social and Emotional Learning
National Center on Safe Supportive Learning environments

Effective Social and Emotional Learning Programs
Collaborative for Academic Social and Emotional Learning

The SEL School: Connecting Social and Emotional Learning to Effective Teaching
Center on Great Teachers and Leaders

ED School Climate Survey
National Center on Safe Supportive Learning Environments

Creating a Safe and Respectful Environment in Our Nation's Classrooms
National Center on Safe Supportive Learning Environments

Module 8: Physical Environment

Healthy Schools, Healthy Kids
US Environmental Protection Agency

State School Environmental Health Guidelines
US Environmental Protection Agency

Schools: Indoor Air Quality
US Environmental Protection Agency

Readiness and Emergency Management for Schools Technical Assistance Center
U.S. Department of Education

Preventing Pests for Healthier Schools: The health Case for Integrated Pest Management
US Environmental Protection Agency

Module 9: Employee Wellness and Health Promotion

Worksite Health Scorecard
CDC

Workplace Health Model
CDC

Work@Health® Program
CDC

School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools
Directors of Health Promotion and Education

Health Promotion for Staff
Alliance for a Healthier Generation

Module 10: Family Engagement and Module 11: Community Involvement

Parent Engagement: Strategies for Involving Parents in School Health
CDC

Positive Parenting Tips
CDC

Parents for Healthy Schools
CDC

Parent Involvement: Getting Involved
National Parent Teacher Association

Helping Your Child Series
U.S. Department of Education

Parent, Family, Community Involvement in Education
National Education Association

Family and Community Engagement
U.S. Department of Education

Dual Capacity-Building Framework for Family-School Partnerships
U.S. Department of Education

This page intentionally left blank.

Glossary

504 plans are written descriptions of educational, health, and other related services or modifications needed to assist students with special needs who are in a regular educational setting.

Active learning strategies include interactive teaching methods to encourage student involvement rather than relying solely on a lecture format.

At least 50% of the time means at least half of the total time scheduled for a physical education class session.

Bullying is when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. Bullying can occur in person or through technology. It is not bullying when two students of about the same strength or power argue or fight or tease each other in a friendly way. Anyone can be bullied but those who are perceived as different are more frequently bullied.

Care coordination refers to nurse-guided activities to implement a care plan to benefit the patient (or student) through integration of services with the patient, family, health care providers, and other significant personnel, such as educators, participating in the patient's (or student's) care.

Case management is a comprehensive set of services provided by either an individual or a team of medical professionals, school staff, and/or social work staff. These services could include:

- providing referrals to primary healthcare providers
- ensuring an appropriate written chronic health condition action plan is obtained
- ensuring access to and appropriate use of medications to treat chronic health conditions at home and at school
- offering chronic health condition education for the student and family
- facilitating environmental modifications at home and at school
- identifying and addressing psychosocial issues related to chronic health conditions
- providing additional support services as needed

Certified or endorsed means teachers who have been awarded a certificate or license by the state, permitting them to teach physical education.

Cessation services can include any of the following:

- group tobacco-use cessation counseling
- brief clinical counseling
- self-help educational material
- computer-based cessation program
- referral to local physician
- telephone quit line
- pharmacological cessation aid (e.g., nicotine replacement therapy)

Chronic health conditions may include asthma, diabetes, overweight/obesity, food allergies, anemia, eating disorders, epilepsy, oral/dental conditions, sickle cell disease, or other health conditions.

Competitive foods and beverages are those outside the federal school meal programs. They include those offered in vending machines, a la carte, school stores, snack bars, canteens, classroom parties, classroom snacks, school celebrations, fundraisers, or school meetings. These foods and beverages are required to meet science-based nutrition standards, as published by the USDA and required by the Healthy Hunger-Free Kids Act of 2010, and are often referred to as "Smart Snacks." (See also Smart Snacks in School.)

Consulting school health physicians support school staff members who are employed to provide physical and mental health services for students and/or staff. He/she has training and/or experience in infant, child, adolescent and/or school health. The physician's function should be specified in a written agreement or contract and may include planning school-based programs, procedures, and protocols; developing health-related school policies; addressing specific health issues of students or staff; or interacting with health professionals in the community on behalf of the school or district.

Counseling, Psychological, and Social Services are provided to improve student and/or staff mental, emotional, and behavioral health and include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

Credentialed means teachers who have been awarded a credential, by the state, permitting them to teach health education.

Emotional, behavioral, and mental health needs can impact student learning and behavior if not treated or managed. They include diagnosed mental health disorders (for example, Attention Deficit/Hyperactivity Disorder, Anxiety, Bipolar Disorder and Depression).

Employees include administrators and clerical workers, classroom teachers, instructional assistants, physical education teachers, health education teachers, aides, nutrition services personnel, school nurses, health assistants, counseling/psychological/social services providers, recess supervisors, athletic coaches, facility and maintenance personnel, bus drivers, security personnel, volunteers, and before- and after-school personnel.

Environmental health is the condition of the school's physical environment as it relates to pollutants, toxins, ventilation, and comfortable lighting and temperature conditions. Promoting environmental health involves limiting the amount of exposure students and staff have to allergens, pollutants, chemicals, mold and moisture in the school building. Managing conditions, such as lighting, acoustics, ventilation, and temperature, also is important to school environmental health.

Extended school day means time during, before- and afterschool activities that includes clubs, intramural sports, band and choir practice, drama rehearsals, etc.

FERPA, the Family Educational Rights and Privacy Act, is a Federal law that protects the privacy of students' "education records."

Harassment is defined under federal civil rights law as conduct based on race, color, national origin, sex, or disability that is so severe, pervasive, or persistent that it creates a hostile environment that interferes or limits a student's ability to participate in or benefit from the services, activities, or opportunities offered by a school. Some state and school district bullying policies go beyond prohibiting bullying on the basis of traits expressly protected by the federal civil rights laws. Unlike bullying, harassment does not have to include intent to harm, be directed at a specific person, or involve repeated incidents.

Health education is a planned, sequential, K-12 curriculum that addresses the physical, mental, emotional, and social dimensions of health.

Health promotion for staff refers to activities that enable school staff to improve their health status, such as health assessments, health education, and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health efforts. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling.

Health services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health.

Health services providers are qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel.

HIPAA, the Health Insurance Portability and Accountability Act of 1996 Privacy Rule, requires covered entities to protect individuals' health records and other identifiable health information by requiring appropriate safeguards to protect privacy, and setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization.

Interscholastic sports refer to sports that a school sponsors and are competitive in nature.

Intramural programs or physical activity clubs are voluntary in nature (i.e., students have a choice of activities or participation), provide every student an equal opportunity to participate regardless of physical ability, and provide students the opportunity to be involved in planning, organizing, and administering the programs. Examples of intramural activities or physical activity clubs are: open gym days, hiking or walking clubs, dance activities, and tennis clubs.

Moderately to vigorously active means engaging in physical activity that is equal in intensity to or more strenuous than fast walking.

Nutrition services involve access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

Physical education means structured physical education classes or lessons, not physical activity breaks or recess and not substitution of participation in a sport team, ROTC, marching band, etc., for physical education course credit. Physical education is a planned, sequential, K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas, such as basic movement skills; physical fitness; rhythm and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Through a variety of planned physical activities, quality physical education should promote each student's optimum physical, mental, emotional, and social development, including sports that all students enjoy and can pursue throughout their lives. Physical education is provided by qualified trained teachers.

Policies are legal codes, rules, standards, administrative orders, guidelines, mandates, resolutions, or protocols. Policies are usually developed at the school district or state level and implemented at the school level.

Professional development is the systematic process used to strengthen the professional knowledge, skills, and attitudes of those who serve youth to improve the health, education and well-being of youth. It is consciously designed to actively engage learners and includes the planning, design, marketing, delivery, evaluation, and follow-up of professional development offerings (events, information sessions, and technical assistance).

Recess is an opportunity for unstructured physical activity.

School campus means all areas of the property under the jurisdiction of the school that are accessible to students during the school day. It includes areas that are owned or leased by the school and used at any time for school-related activities such as the school building or on the school campus, including on the outside of the school building, areas adjacent to the school building, school buses or other vehicles used to transport students, athletic fields and stadiums (e.g. on scoreboards, coolers, cups, and water bottles), or parking lots.

School level is the grade level in your school—elementary, middle, or high school. You must choose a school level when creating your SHI.

School meals are school-sponsored or district-sponsored programs that are designed to meet the current U.S. Department of Agriculture (USDA) School Meal Nutrition Standards. As mandated in the Healthy Hunger-Free Kids Act of 2010, the USDA established new meal patterns and nutrition standards for all school meals served in the National School Lunch Program and School Breakfast Program. Key changes include:

- ensuring students are offered both fruits and vegetables every day of the week
- requiring that whole grain-rich foods be offered each week
- establishing age-appropriate calorie limits for meals
- limiting the amounts of saturated fat, trans fats and sodium

Sequential means a curriculum that builds on concepts taught in preceding years and provides opportunities to reinforce skills across topics and grade levels

Smart Snacks in School are a set of science-based nutrition standards for all foods and beverages sold to students on the school campus during the school day, which is defined as the midnight before to 30 minutes after the end of the school day. These standards, published by the USDA and required by the Healthy Hunger-Free Kids Act of 2010, went in to effect July 1, 2014 and are required for all foods and beverages sold outside the school meals programs, including vending machines, a la carte, school stores, snack or food carts and in-school fundraising. The SHI refers to Smart Snacks in School in questions regarding foods and beverages that may not fall under the scope or time frame of Smart Snacks in School; however, consistent use of these standards when and wherever foods and beverages are available to students helps ensure a consistent message about healthy eating and nutritious choices is being sent to students at all times in all places.

Special health care needs include learning disabilities, developmental disabilities, behavioral disorders, physical disabilities, temporary physical limitations, and chronic medical conditions such as diabetes, asthma, and scoliosis.

Standard precautions are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care, or clean up and disposal of contaminated materials or fluids. Under standard precautions, blood and certain other body fluids of all individuals are considered potentially infectious for HIV, HBV and other bloodborne pathogens.

Universal Free Breakfast – breakfast is offered to all students free of charge, regardless of their free, reduced or paid lunch status.

This page intentionally left blank.