



CREATING A HEALTHY SCHOOL

USING THE

# Healthy School Report Card

Canadian  
2nd Edition

**ASCD**  
LEARN. TEACH. LEAD.

Alexandria, Virginia USA



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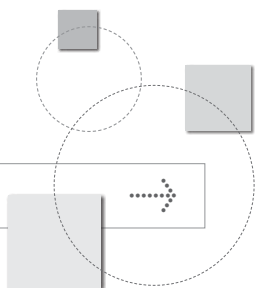
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## Getting Ready for the Healthy School Report Card–Canadian Edition

Use these tools as you lay the groundwork for support.

<b>Objective:</b> Receive approval for scoring the Healthy School Report Card–Canadian Edition from the appropriate school district or school officials who have the appropriate level of authority.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

Step 1

<b>Objective:</b> Complete a marketing and awareness campaign to generate support for completing the Healthy School Report Card–Canadian Edition and recruit stakeholder participants.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

<b>Objective:</b> Implement strategies for managing administrator and participant expectations about data collection and planning in lieu of extensive, immediate programmatic change.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

Step 1

<b>Objective:</b> Determine the Healthy School Report Card—Canadian Edition completion pattern—entire school district, school clusters, or individual schools.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

<b>Objective:</b> Acquire and organize the support and resources needed to collect and interpret Healthy School Report Card–Canadian Edition data.			
Activity	Person Responsible	Completion Date	Evidence of Completion



# Establishing a Steering Committee

Use these tools as you establish a steering committee.

<b>Objective:</b> Prepare and approve a committee charge, which includes a statement of purpose and expectations.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

<b>Objective:</b> Draft an agenda including the date, time, and place for an initial organizing meeting.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

Step 1

<b>Objective:</b> Select and invite potential members to attend an initial meeting.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

<b>Objective:</b> Prepare for the initial meeting.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

Step 1

<b>Objective:</b> Hold the initial meeting.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

<b>Objective:</b> Conduct follow-up activities, including contacting meeting attendees.			
Activity	Person Responsible	Completion Date	Evidence of Completion

## Sample Steering Committee Charge

Review this sample charge and write an appropriate one for your committee.

A charge serves to keep a group's work on track. The steering committee's charge should reflect its overarching responsibility for completion of the process, from inception to final report. Each work group will have a specific charge that includes the assessment, data input, and use of the data analysis to make recommendations to the full steering committee.

Below is a sample charge to a school health steering committee.

Health and safety issues can serve as barriers to learning and teaching. In addition, a school in which some students, staff, or community members do not feel safe, secure, and supported is itself less than conducive to learning. These issues can be managed in a school through a coordinated approach that ensures compliance with comprehensive policies that are designed to address positive health and academic outcomes for students and staff.

This steering committee will use the Healthy School Report Card—Canadian Edition to conduct an assessment to determine our school's strengths and shortcomings to assist us in becoming a high-quality, health-promoting school. The steering committee will establish a time line for completion of the assessment and will form work groups, and members will serve as work group chairs to coordinate the assessment process. This committee will draft a summary report of findings and make recommendations for actions to be included in the school improvement plan.

## Community Partners

Use this tool as you consider who to invite to be on the steering committee.

Membership on a healthy school steering committee and on the work groups should be as representative of the entire school community as possible. Identify the key players in your community. Involve people with a broad variety of education, experience, opinion, economic level, gender, race, age, and ethnic background. Some of the community members listed may serve well as steering committee members while others would be important on a work group assessing a specific set of services.

Community Members (Name, Affiliation)	Invited	Accepted	Attended
Attorneys:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business and industry leaders:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civic, service, and professional organization representatives:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clergy:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients and customers of community services:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community leaders:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community government officials:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension specialists:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Tools for Organizing

Community Members (Name, Affiliation)	Invited	Accepted	Attended
Health care providers:			
Clinic _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical services _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human service agencies:			
Child protection services _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and alcohol counselling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile court system:			
Judge _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation officer _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonprofit service providers:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent–teacher organization representatives:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police department officials:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tools for Organizing

Community Members (Name, Affiliation)	Invited	Accepted	Attended
Public media members:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School personnel:			
Area education agency representative _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family and Consumer Science teacher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service worker _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health teacher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-school support services provider _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical education teacher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principal _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special education teacher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School board member _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School social worker _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nurse _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student government representative _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer health agency representatives:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tools for Organizing

Community Members (Name, Affiliation)	Invited	Accepted	Attended
Youth groups members:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior citizens:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Adapted from *Healthy Schools—Healthy Kids* by the Texas American Cancer Society. Retrieved October 10, 2005, from [www.schoolhealth.info](http://www.schoolhealth.info). Copyright 2004 by Texas American Cancer Society. Reprinted with permission.

## Sample Invitation to Participate Letter

Use this sample letter for your first steering committee meeting. Print your letter on school letterhead.

[Date]

[Title, Name, Position]

[Address]

[City, Province, Zip]

Dear [Title, Name]:

Our schools' administration recognizes the importance of creating a school that supports the well-being of our students and staff to improve their abilities to learn and teach. To begin this work, we will assess our current efforts to create a healthy environment for our students and staff and compare those results with best practices recognized on the local, province, and national levels.

Our first step is to develop a steering committee that includes key members of our school and community. We invite you to be a member of this committee. The work we do together will identify our strengths and our services already in place, as well as illuminate areas for improvement. Ultimately, our work will identify priorities, describe activities, and develop time lines that will result in a school culture that supports a coordinated approach to meeting the health, safety, and academic needs of our students.

Our organizational meeting will be held [date, time, and location]. Please contact \_\_\_\_\_  
by phone \_\_\_\_\_ or e-mail \_\_\_\_\_  
by \_\_\_\_\_ [date] to express your interest in joining this effort.

Your participation will help us create a high-quality school that supports positive outcomes for our students and our community.

We look forward to seeing you at the meeting.

Sincerely,

[superintendent]

[school leader]

## Sample Invitation Response Form

Use this tool with the invitation letter. This could be printed on a self-addressed, stamped postcard.

\_\_\_\_\_ YES, I would like to serve on the Healthy School Steering Committee and will attend the organizational meeting.

\_\_\_\_\_ YES, I'm interested in serving as a member of the Healthy School Steering Committee, but I cannot attend the meeting. Please keep me on your list and inform me of future plans.

\_\_\_\_\_ NO, I'm not interested in being involved at this time. Please remove my name from your list.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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## Sample Agenda for the Organizational Meeting

Use this sample agenda tool for your first meeting.

### Healthy School Steering Committee Meeting

[Date, Time, Location]

#### Objectives:

- To gain commitment for creating a healthy school
- To outline the process for assessing the school's health environment
- To establish a steering committee

#### Get Acquainted (15 minutes)

- Refreshments
- Sign-in
- Name tags

#### Welcome (5 minutes, school leader in charge of facilitating this initiative)

- Introduce yourself
- Thank those attending for their interest
- Introduce the superintendent

#### Opening Remarks (10 minutes, superintendent or principal)

- Describe a health-promoting school and the administration's commitment to this project.
- Clarify the potential envisioned and the results hoped for with the creation of this steering committee and use of the Healthy School Report Card—Canadian Edition.
- Express appreciation for everyone's attendance, interest, and commitment to helping improve the school community.
- Ask attendees for their support to the process.

#### Introductions (10 minutes, leader in charge of facilitating this initiative)

- Ask those attending to introduce themselves, identify their affiliation, and explain what motivated them to attend.

#### Overview of Steering Committee (15 minutes, meeting chair)

- Provide an overview of the process.
- Discuss the membership of the steering committee.
- Describe the role of the steering committee and the expectations for the members.
- Explain the role of the work groups in the assessment process.

**Feedback and Question-and-Answer Period** (15 minutes)

- Open up discussion to all members.

**Next Steps** (15 minutes)

- Set the next meeting date, time, and location.
  - Indicate the next steps that need to be taken and ask for agreement on those steps as the purpose for the next meeting.
    - Complete a thorough review of the Healthy School Report Card—Canadian Edition.
    - Determine a time line and process, and form multiple work groups.
- Ask for volunteers to help plan and lead the next meeting. Set a planning time with those volunteers to prepare for the next steering committee meeting.
- Ask for the names, addresses, phone numbers, and e-mail addresses of others who should be invited to the next meeting.
- Remind the volunteers that their active involvement is important.

**Adjournment** (5 minutes, superintendent or principal)

- Thank participants again for their attendance and input.

## Forming Multiple Work Groups

Copy these tools for all groups to complete as needed for tracking work group formation and progress.

<b>Objective:</b> Appoint chairs of multiple work groups and prepare them to facilitate Healthy School Report Card—Canadian Edition scoring.			
Activity	Person Responsible	Completion Date	Evidence of Completion



Tools for Organizing

Step 1

<b>Objective:</b> Work with chairs to recruit appropriate, qualified, and interested work group members.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

<b>Objective:</b> Distribute documents containing a charge to each work group with a list of tasks and proposed time line.			
Activity	Person Responsible	Completion Date	Evidence of Completion

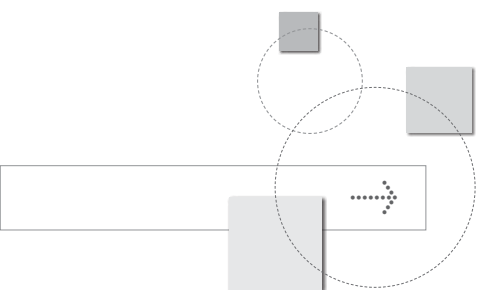
Tools for Organizing

Step 1

<b>Objective:</b> Establish the processes within each group for compiling scores and data input.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

<b>Objective:</b> Determine who within each group will be responsible for completing a draft report.			
Activity	Person Responsible	Completion Date	Evidence of Completion



## Tools for Scoring

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## Reviewing and Clarifying Characteristics and Indicators

Copy and complete these tools for each work group.

<b>Objective:</b> Prior to each work group meeting, distribute the appropriate section of the Healthy School Report Card—Canadian Edition to each work group for review.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Scoring

Step 2

<b>Objective:</b> Within each work group, develop a consistent common, understanding of the characteristics and indicators through review and discussion.			
Activity	Person Responsible	Completion Date	Evidence of Completion

## Standards for Scoring Indicators

Copy and complete these tools for each work group.

<b>Objective:</b> Analyze characteristics and indicators to determine the appropriate level of assessment (i.e., school district or school).			
Activity	Person Responsible	Completion Date	Evidence of Completion



Tools for Scoring

Step 2

<b>Objective:</b> Gather documentation and background information from appropriate documents, internal experts, external experts, and other sources and share with all work group members.			
Activity	Person Responsible	Completion Date	Evidence of Completion

## Preliminary Assessment of Question 1

Copy and complete these tools for each work group.

<b>Objective:</b> Review all indicators to determine if available information is sufficient to allow for scoring.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Scoring

Step 2

<b>Objective:</b> Gather and distribute to work group members additional documentation and background information from appropriate documents, internal experts, external experts, and other sources.			
Activity	Person Responsible	Completion Date	Evidence of Completion

## The Healthy School Report Card–Canadian Edition Progress Report

Use these tools to outline the steering committee's tasks.

<b>Objective:</b> Through facilitated work group meetings, determine and enter appropriate scores for each of the three questions (i.e., existence, benefit, effort), being sure to cover every indicator.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Scoring

Step 2

<b>Objective:</b> Gather indicator scores from every work group, making sure that all characteristics and indicators are addressed.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Scoring

<b>Objective:</b> Enter indicator scores for every characteristic in the online analysis tool at <a href="http://www.healthyschoolcommunities.org/reportcard">www.healthyschoolcommunities.org/reportcard</a> and print the generated color-coded output document.			
Activity	Person Responsible	Completion Date	Evidence of Completion

**CHARACTERISTIC 1: SCHOOL HEALTH PROGRAM POLICY AND STRATEGIC PLANNING**

<b>Description:</b> My school maintains a culture that supports health through compliance with comprehensive policies that address all aspects of a coordinated approach to school health.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?
	1 - Does not exist 2 - Partially met 3 - Fully met 4 - Exceeds	1 - Very little 2 - Some 3 - Quite a bit 4 - A lot	1 - Very little 2 - Some 3 - A lot 4 - Overwhelming
<b>1. Policy, Professional Development, Monitoring, and Compliance</b>			
<b>a.</b> The health program is governed by an extensive set of school board-approved policies that are consistent with health goals for Canada and best practice recommendations of national, provincial, and territorial agencies or professional education and health organizations.			
<b>b.</b> All health program staff members, including health education and physical education teachers, are properly trained through preservice or inservice professional preparation.			
<b>c.</b> All staff members responsible for health program policy implementation participate in regularly scheduled professional development activities.			
<b>d.</b> All staff members are provided the time and resources required to comply with health program policies.			
<b>e.</b> Administrators and supervisors attend professional development that prepares them to authoritatively monitor health policy compliance.			
<b>f.</b> Administrators and supervisors routinely monitor health policy compliance and take action to remedy deficiencies.			
<b>2. Strategic Planning and Evaluation</b>			
<b>a.</b> Strategic plans are periodically developed for all aspects of the health program, including coordination.			
<b>b.</b> The Healthy School Improvement Plan is the basis for the annual school improvement plan.			

**CHARACTERISTIC 1: SCHOOL HEALTH PROGRAM POLICY AND STRATEGIC PLANNING** *(continued)*

<b>Description:</b> My school maintains a culture that supports health through compliance with comprehensive policies that address all aspects of a coordinated approach to school health.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>2. Strategic Planning and Evaluation</b> <i>(continued)</i>			
<b>c.</b> Confidential student health indicator data are collected at least once every two years and are carefully considered when determining strategic plan objectives and activities.			
<b>d.</b> Results of periodic health program needs and status assessments are carefully examined in the strategic planning process.			
<b>e.</b> Progress toward fully implementing the health program strategic plan is monitored on a regular basis.			
<b>f.</b> Benefits of the school health program to participants (e.g., better health), the school (e.g., improved attendance), and the school district (e.g., reduced costs) are identified and reported.			

**RESOURCES**

The following resources will help you maintain a supportive culture through comprehensive policies that address all aspects of a coordinated school health program.

Anderson, A., Kalnins, I., & Raphael, D. (1999). *Partners for health: Schools, communities, and young people working together*. Retrieved from <http://www.phecanada.ca/sites/default/files/PartnersForHealth.pdf>

Bertrand, J. A., & Giles, A. R. (2010). New Brunswick's community school approach: A form of comprehensive school health? *Physical & Health Education Academic Journal*, 2(2), 1–11. Retrieved from <http://ojs.acadiau.ca/index.php/phenex/article/viewArticle/1315>

Canadian Association for Health, Physical Education, Recreation and Dance. (2005). *Quality school health: QSH checklist*. Retrieved from <http://www.phecanada.ca/programs/quality-school-health>

Canadian Association for Health, Physical Education, Recreation and Dance. (2008). *Health promoting schools: A proactive approach to creating a healthier society*. Retrieved from <http://www.phecanada.ca/sites/default/files/QSHschoolkit.pdf>



**CHARACTERISTIC 2: COORDINATION OF SCHOOL HEALTH PROGRAMS**

<b>Description:</b> The culture in my school facilitates coordination of all health programs to eliminate gaps and overlaps, expand access to health resources, and ensure high quality.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  1 - Does not exist 2 - Partially met 3 - Fully met 4 - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  1 - Very little 2 - Some 3 - Quite a bit 4 - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  1 - Very little 2 - Some 3 - A lot 4 - Overwhelming
<b>1. Essential Structures</b>			
<b>a.</b> School staff members responsible for health program components meet regularly as a school health team to coordinate activities.			
<b>b.</b> A school health council or coalition made up of the school health team, a parent or guardian, and community and business representatives functions effectively.			
<b>c.</b> Persons with substantial influence in the school or community (e.g., physicians, dentists, medical administrators, parents, civic or business leaders, school board members, high-level school administrators) are strong advocates for school health.			
<b>d.</b> A designated staff member (e.g., administrator, nurse, teacher, counsellor) is responsible for ensuring coordination of health programs.			
<b>e.</b> Sufficient resources (e.g., funds, staff time, space) are provided to support the health program.			
<b>2. Essential Activities</b>			
<b>a.</b> When a new health problem arises, school staff members from different health programs routinely coordinate plans and activities aimed at alleviating the problem.			
<b>b.</b> School staff members responsible for health programs blend resources (e.g., funding, materials, staff time) from different sources.			

**CHARACTERISTIC 2: COORDINATION OF SCHOOL HEALTH PROGRAMS** *(continued)*

<b>Description:</b> The culture in my school facilitates coordination of all health programs to eliminate gaps and overlaps, expand access to health resources, and ensure high quality.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? <hr/> <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>2. Essential Activities</b> <i>(continued)</i>			
<b>c.</b> School health staff members regularly inform the principal, superintendent, or school district of current developments in the school health program.			
<b>d.</b> School health staff members communicate with key constituencies (e.g., school staff, parents or guardians, community members, business and industry representatives) at least monthly.			

**RESOURCES**

The following resources will help you eliminate gaps and overlaps, expand access to health programming, and ensure high quality.

- British Columbia Ministry of Children and Family Development. (2003). *Healthy schools: Resource guide*. Retrieved from [http://www.mcf.gov.bc.ca/early\\_childhood/pdf/healthy\\_schools\\_website.pdf](http://www.mcf.gov.bc.ca/early_childhood/pdf/healthy_schools_website.pdf)
- British Columbia Ministry of Health Planning. (2003). *An ounce of prevention: A public health rationale for the school as a setting for health promotion: A report of the provincial health officer*. Retrieved from [http://www.healthservices.gov.bc.ca/pho/pdf/o\\_prevention.pdf](http://www.healthservices.gov.bc.ca/pho/pdf/o_prevention.pdf)
- Deschesnes, M., Martin, C., & Hill, A. J. (2003). Comprehensive approaches to school health promotion: How to achieve broader implementation? *Health Promotion International*, 18(4), 387–396.
- Government of Prince Edward Island. (2006). *Active healthy school initiative*. Retrieved from [http://cbpp-pcpe.phac-aspc.gc.ca/intervention\\_pdf/en/486.pdf](http://cbpp-pcpe.phac-aspc.gc.ca/intervention_pdf/en/486.pdf)
- MacDougall, C., & Laforêt-Fliesser, Y. (2009). Canada: The evolution of healthy schools in Ontario, Canada: Top-down and bottom-up. In C. V. Whitman & C. E. Aldinger (Eds.), *Case studies in global school health promotion* (pp. 143–158). New York, NY: Springer.
- McIntosh, K., Filter, K. J., Bennett, J. L., Ryan, C., & Sugai, G. (2009). Principles of sustainable prevention: Designing scale-up of school-wide positive behavior support to promote durable systems. *Psychology in the Schools*, 47(1), 5–21.

**CHARACTERISTIC 3: SOCIAL AND EMOTIONAL CLIMATE**

<b>Description:</b> The culture in my school is conducive to making students, families, and staff members feel safe, secure, accepted, and valued.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? <hr/> <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? <hr/> <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? <hr/> <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>1. Overall School Culture: Expectations for Students and Staff</b>			
<b>a.</b> Through oral presentations and print materials, students are informed of what they must do to be responsible, successful, contributing members of a learning community.			
<b>b.</b> Students are taught and expected to practice sound coping, anger management, negotiation, and communication skills.			
<b>c.</b> Staff members display the same levels of civility and respect to each other and to students as students are expected to display toward each other and adults.			
<b>2. Overall School Culture: Ownership and Bonding</b>			
<b>a.</b> Students, school staff, and parents or guardians participate in establishing school norms and rules.			
<b>b.</b> Students function in smaller groupings or within smaller school structures such as schools within the school.			
<b>c.</b> Structured programs assist students with transitions (e.g., middle to high school, new to the school) through which they also learn the norms and culture of the school.			
<b>d.</b> A wide array of extracurricular activities is available to students.			
<b>e.</b> Before-school and after-school programs are available to students.			
<b>f.</b> Both structured and informal academic and nonacademic opportunities to collaborate with others are available to students.			

**CHARACTERISTIC 3: SOCIAL AND EMOTIONAL CLIMATE** *(continued)*

<b>Description:</b> The culture in my school is conducive to making students, families, and staff members feel safe, secure, accepted, and valued.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  1 - Does not exist 2 - Partially met 3 - Fully met 4 - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  1 - Very little 2 - Some 3 - Quite a bit 4 - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  1 - Very little 2 - Some 3 - A lot 4 - Overwhelming
<b>2. Overall School Culture: Ownership and Bonding</b> <i>(continued)</i>			
<b>g.</b> Students have opportunities to engage the school and community through service learning and other sponsored programs.			
<b>3. Overall School Culture: Conduct and Discipline</b>			
<b>a.</b> The school clearly articulates how it expects students and staff to conduct themselves and behave and outlines steps for ensuring that all school participants comply.			
<b>b.</b> Rules of conduct are fairly, consistently, and uniformly enforced for all students.			
<b>c.</b> Disciplinary penalties are appropriate and constructive.			
<b>d.</b> School rules apply equally to school staff members and students.			
<b>4. Within Individual Classrooms: Opportunity to Learn</b>			
<b>a.</b> Teachers provide a robust curriculum based on their thorough knowledge of the subject and the methods that are most effective for teaching it.			
<b>b.</b> Teachers identify essential content and provide all students ample opportunity to learn it.			
<b>5. Within Individual Classrooms: Classroom Tone</b>			
<b>a.</b> Teachers emphasize and model mutual respect for all persons in their classrooms.			
<b>b.</b> Teachers support and have high expectations for all students.			

**CHARACTERISTIC 3: SOCIAL AND EMOTIONAL CLIMATE** *(continued)*

<b>Description:</b> The culture in my school is conducive to making students, families, and staff members feel safe, secure, accepted, and valued.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? <hr/> <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>5. Within Individual Classrooms: Classroom Tone</b> <i>(continued)</i>			
<b>c.</b> Teachers treat all students fairly, consistently, and uniformly.			
<b>6. Within Individual Classrooms: Classroom Student Self-Management</b>			
<b>a.</b> Teachers promote students' use of learned cooperative skills including listening carefully, disagreeing respectfully, and compromising.			
<b>b.</b> Teachers expect students to assume age-appropriate responsibility for learning through effective decision making, goal setting, and time management.			
<b>7. Within Individual Classrooms: Classroom Management</b>			
<b>a.</b> Teachers apply clear routines, rules, and behavioural expectations, which students participate in establishing and maintaining.			
<b>b.</b> Teachers arrange seating and traffic patterns to facilitate learning and classroom management.			
<b>c.</b> Teachers reinforce prosocial behaviour.			
<b>d.</b> Teachers assess misbehaviour to determine the cause and the purpose* the misbehaviour serves for the student.			
<b>e.</b> Teachers select interventions based on an understanding of the cause and purpose* of the misbehaviour.			

\*The purpose of misbehaviour may be idiosyncratic to the cultural or socioeconomic status of a student and may be inconsistent with the traditional middle class behavioural expectations found in most schools.

**CHARACTERISTIC 4: FAMILY AND COMMUNITY INVOLVEMENT**

<b>Description:</b> The culture in my school encourages, supports, and facilitates involvement of parents or guardians and the broader community in health programming.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? <hr/> <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? <hr/> <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? <hr/> <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>1. Family Involvement</b>			
<b>a.</b> Families are welcomed by all staff as partners in the education of their children.			
<b>b.</b> Family members are encouraged to visit the school.			
<b>c.</b> The school has a family resource room that includes information about health resources.			
<b>d.</b> School outreach workers offer school orientation and social and health services to families via home visits.			
<b>e.</b> Health-related parent education programs are conducted.			
<b>f.</b> Families are provided information about health-related education programs offered in the community.			
<b>g.</b> Family members serve on school health committees.			
<b>h.</b> School health staff members routinely collaborate with parent groups or council (e.g., Parent Advisory Council or Home and School).			
<b>2. Community Involvement</b>			
<b>a.</b> Community members participate in mentoring programs for at-risk youth.			
<b>b.</b> School health programs are routinely coordinated with local health department programs for children, adolescents, and families.			

**CHARACTERISTIC 4: FAMILY AND COMMUNITY INVOLVEMENT** *(continued)*

<b>Description:</b> The culture in my school encourages, supports, and facilitates involvement of parents or guardians and the broader community in health programming.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>2. Community Involvement</b> <i>(continued)</i>			
<b>c.</b> The school health program is included in overall community health planning.			
<b>d.</b> Public health and social service agencies provide services to families after regular school hours.			
<b>e.</b> Public health department, public safety agency, community social service agency, and medical and dental facility staff members participate on health committees, provide consultation and training, and serve as guest speakers.			
<b>f.</b> Outside agencies (e.g., public health and public safety agencies, hospitals, businesses, parks and recreation services, foundations) secure funding and provide other resources for school health programs.			
<b>g.</b> Public health, public safety, social service, medical, and dental agencies provide services to students during the school day.			
<b>h.</b> Outside regular school hours, school facilities are used to provide personal development, educational, health, social, and recreational programming for the community.			

**RESOURCES**

The following resources will help you encourage, support, and facilitate involvement of parents or guardians and the broader community.

Andrews, J., Andrews L., Harris-Anstey, V., Coady, D., Cowan, R., Dwyer, K.,...Singh, K. (1999). Some observations on school–community–family relations in selected schools in Newfoundland. *The Morning Watch: Educational and Social Analysis*, 26(3–4). Retrieved from <http://www.mun.ca/educ/faculty/mwatch/win99/singhetal.htm>

**CHARACTERISTIC 5: SCHOOL FACILITIES AND TRANSPORTATION**

<b>Description:</b> The culture in my school ensures that buildings, grounds, and vehicles are secure and meet all established safety and environmental standards.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>1. Safety and Quality</b>			
<b>a.</b> In collaboration with appropriate national, provincial, territorial, and local agencies, a school committee periodically monitors the safety, security, and environmental quality of buildings, grounds, and school-owned vehicles.			
<b>b.</b> Facilities meet and, preferably, exceed all workplace and public facilities, fire and safety codes, rules, and regulations.			
<b>c.</b> Environmental quality standards are met (i.e., water, temperature, lighting, sewage, ventilation, indoor air quality, sound, sanitation, pest control, hazardous materials, and blood-borne pathogen and exposure control).			
<b>d.</b> Facilities are structurally sound and free of defects.			
<b>e.</b> Facilities, grounds, and vehicles are alcohol, drug, tobacco, and smoke free.			
<b>f.</b> Allergens that can trigger asthma and food allergy attacks are minimized to the greatest possible extent.			
<b>g.</b> Facilities and grounds have structural features and plantings that limit sun exposure.			
<b>h.</b> All school playground areas and equipment are designed, monitored, and maintained in accordance to the Canadian Standards Association guidelines.			
<b>i.</b> Work habits and equipment setup (e.g., desk and computer station) promote proper posture and prevent computer-related injuries, such as musculoskeletal disorders.			



**CHARACTERISTIC 5: SCHOOL FACILITIES AND TRANSPORTATION** *(continued)*

<b>Description:</b> The culture in my school ensures that buildings, grounds, and vehicles are secure and meet all established safety and environmental standards.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? <hr/> <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>1. Safety and Quality</b> <i>(continued)</i>			
<b>j.</b> Through a formal reporting, tracking, and investigation system, causes of injuries to students and staff are determined and, if possible, eliminated.			
<b>k.</b> The bus fleet is maintained in accordance with Transport Canada's safety and operating standards.			
<b>l.</b> A pedestrian safety community is used where traffic safety problems are evident (e.g., crossing guards, school safety patrols).			
<b>m.</b> Schools regularly communicate with parents, community groups, agencies, businesses, government, and law enforcement (RCMP) to ensure walking is a safe, comfortable mode of travel.			
<b>2. Security</b>			
<b>a.</b> Effective natural surveillance structures (e.g., clear lines of sight, no isolated areas) are present and, as needed, augmented by electronic surveillance devices.			
<b>b.</b> All school entrances are monitored to deny access to intruders.			
<b>c.</b> Visitors must register in the main office and wear a pass at all times.			
<b>d.</b> Smooth traffic flow is facilitated by wide halls and stairs, with limited and controlled access to common areas.			
<b>e.</b> The number of well-qualified security staff is adequate to meet the school's needs.			

**CHARACTERISTIC 5: SCHOOL FACILITIES AND TRANSPORTATION** (*continued*)

<b>Description:</b> The culture in my school ensures that buildings, grounds, and vehicles are secure and meet all established safety and environmental standards.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? <hr/> <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>2. Security</b> ( <i>continued</i> )			
<b>f.</b> Internal common areas and external grounds and play areas are supervised by adults before and after school, during recess, and at lunchtime.			
<b>3. Emergencies</b>			
<b>a.</b> Emergencies (e.g., weather, violence) are handled through planned procedures in accordance with recommendations of national and provincial emergency management and law enforcement (RCMP).			
<b>b.</b> Aspects of emergency management strategies are closely coordinated with local law enforcement, emergency response, and medical and mental health agencies and personnel.			

**RESOURCES**

The following resources will help you meet all established security, safety, and environmental standards for buildings, grounds, and vehicles.

Canada Safety Council. (2005). *Swings, slides and safety*. Retrieved from <http://archive.safety-council.org/info/child/playground-05.html>

Canada Safety Council. (2006). *Canada sun guide*. Retrieved from <http://safety-council.org/safety-canada-online/>

Canada Safety Council. (2006). *Ergonomics for kids*. Retrieved from <http://archive.safety-council.org/info/child/ergo.html>

Canada School Boards Association. (2001). *Anaphylaxis: A handbook for school boards*. Ottawa, ON: Author. Retrieved from [http://www.safe4kids.ca/content/schools/anaphylaxis\\_eng.pdf](http://www.safe4kids.ca/content/schools/anaphylaxis_eng.pdf)

Canadian Centre for Occupational Health and Safety. (n.d.). *School workers health and safety guide* (4th ed.). Retrieved from <http://www.ccohs.ca/products/publications/school.html>

**CHARACTERISTIC 6: HEALTH EDUCATION**

<b>Description:</b> The culture in my school strongly supports and reinforces the health literacy knowledge, attitudes, behaviours, and skills students learn through a high-quality curriculum.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? ..... <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? ..... <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? ..... <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>1. Curriculum and Instruction</b>			
<b>a.</b> The health curriculum addresses age-appropriate and developmentally appropriate critical health topics, including social and emotional learning and the six priority health behaviours identified by the World Health Organization and U.S. Centers for Disease Control and Prevention, in a manner that is consistent with the Canadian Consensus Statement on Comprehensive School Health and the Ministry of Education health curriculum guidelines.			
<b>b.</b> All health curriculum topical units and modules are research-based or consistent with recognized best practice criteria to promote student health literacy.			
<b>c.</b> Instruction is devoted to mastery of both essential health knowledge and skills (i.e., interpersonal communication, refusal, negotiation, decision making, goal setting, anger management, stress management, self-management, advocacy).			
<b>d.</b> Students receive health education instruction from qualified teachers who are certified to teach health education.			
<b>e.</b> Student-centred, active teaching strategies are extensively used to provide ample learning experiences that allow for practicing health skills and modeling healthy behaviours.			
<b>f.</b> Multiple types of authentic assessment strategies are extensively employed.			
<b>g.</b> Cultural awareness and sensitivity are integrated into health instruction and health messages delivered to students.			

**CHARACTERISTIC 6: HEALTH EDUCATION** *(continued)*

<b>Description:</b> The culture in my school strongly supports and reinforces the health literacy knowledge, attitudes, behaviours, and skills students learn through a high-quality curriculum.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>2. Structural Supports</b>			
<b>a.</b> Specific, planned strategies are routinely implemented to support and reinforce healthy behaviours taught through the health curriculum (e.g., the overall school climate and culture supports and reinforces healthy eating choices taught in health education).			
<b>b.</b> An advisory committee of administrators, teachers, parents or guardians, students, and community representatives is involved in health curriculum review and revision.			
<b>c.</b> Students in every grade receive at least the recommended minimum 50 hours of health instruction annually.			
<b>d.</b> Health is taught at every grade through specific courses (if a middle or high school) or by all classroom teachers (if an elementary school).			
<b>e.</b> Students receive regular report card grades in health that are factored into their grade point average.			
<b>f.</b> Health education items are included in K–12 assessments of student achievement.			
<b>3. Family Engagement</b>			
<b>a.</b> Families receive information annually to facilitate their awareness of and participation in the more sensitive aspects of health education (e.g., human sexuality, HIV prevention).			
<b>b.</b> Families receive publications that tell them how they can reinforce health lessons their children learn in school.			

**CHARACTERISTIC 6: HEALTH EDUCATION** *(continued)*

<b>Description:</b> The culture in my school strongly supports and reinforces the health literacy knowledge, attitudes, behaviours, and skills students learn through a high-quality curriculum.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? <hr/> <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>3. Family Engagement</b> <i>(continued)</i>			
<b>c.</b> Some health education homework is designed to be completed with family members.			
<b>d.</b> Students are exposed to health strategies that deliver positive health messages for personal and family health with the integration of local community health resources, services, and links.			

**RESOURCES**

The following resources will help you build a culture that supports and reinforces health literacy, knowledge, attitudes, behaviours, and skills.

- Association for the Advancement of Health Education. (1994). *Cultural awareness and sensitivity: Guidelines for health educators*. Reston, VA: Author.
- Awartani, M., Whitman, C. V., & Gordon, J. (2008). Developing instruments to capture young people's perceptions of how school as a learning environment affects their well-being. *European Journal of Education*, 43(1), 51–70.
- British Columbia Ministry of Education. (2005). *Health-promoting schools* [Background paper for the health-promoting schools forum, Vancouver, BC]. Retrieved from <http://www.bced.gov.bc.ca/health/background.pdf>
- Cameron, C., Craig, C. L., Coles, C., & Cragg, S. (2001). *Increasing physical activity: Encouraging physical activity through school*. Retrieved from <http://www.cflri.ca/media/node/453/files/2001capacity.pdf>
- Canadian Association for Health, Physical Education Recreation and Dance. (1996). *Towards healthy active living through quality school health: A position paper of CAHPERD*. Retrieved from [http://www.phcanada.ca/sites/default/files/advocacy\\_tools/TowardsHealthyActiveLiving.pdf](http://www.phcanada.ca/sites/default/files/advocacy_tools/TowardsHealthyActiveLiving.pdf)
- Canadian Association for School Health. (2007). *Consensus statement on comprehensive school health*. Retrieved from [http://www.safehealthyschools.org/CSH\\_Consensus\\_Statement2007.pdf](http://www.safehealthyschools.org/CSH_Consensus_Statement2007.pdf)
- Canadian Centre for Occupational Health and Safety. (2011). *Canadian health network*. Retrieved from <http://www.ccohs.ca/chn/>

**CHARACTERISTIC 7: PHYSICAL EDUCATION AND PHYSICAL ACTIVITY**

<b>Description:</b> The culture in my school strongly supports and reinforces the lifelong fitness knowledge, attitudes, behaviours, and skills students learn through a high-quality curriculum.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>1. Curriculum and Instruction</b>			
<b>a.</b> Physical education emphasizes lifetime physical fitness activities through a curriculum that is consistent with quality daily physical education as identified by the Canadian Association for Health, Physical Education, Recreation and Dance and provincial and territorial physical education guidelines as outlined by the Ministry of Education.			
<b>b.</b> All K–12 students receive at least 150 minutes of quality formal physical education instruction per week.			
<b>c.</b> Students are physically active for at least 30 minutes during physical education class sessions.			
<b>d.</b> Students are taught how to safely participate in all types of physical activity.			
<b>e.</b> Students receive physical education instruction from qualified teachers who are certified to teach physical education.			
<b>f.</b> Physical education programs encourage participation of all students in each class, regardless of ability.			
<b>g.</b> Classes are designed for maximum active student participation to encourage the development of healthy interpersonal relationships and behaviours.			
<b>h.</b> All students are required to develop and monitor a personal physical activity plan, in addition to participating in physical education.			

**CHARACTERISTIC 7: PHYSICAL EDUCATION AND PHYSICAL ACTIVITY** *(continued)*

<b>Description:</b> The culture in my school strongly supports and reinforces the lifelong fitness knowledge, attitudes, behaviours, and skills students learn through a high-quality curriculum.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>1. Curriculum and Instruction</b> <i>(continued)</i>			
<b>i.</b> Physical education activities are modified to meet individual students' needs and abilities (e.g., modify rules and scoring system, modify equipment, provide extra practice).			
<b>2. Structural Supports: Facilities</b>			
<b>a.</b> The teaching area (i.e., gym and outdoor fields) is large enough so that daily physical education can be provided for all students.			
<b>b.</b> Physical education facilities are available for teaching throughout the entire school day.			
<b>c.</b> Proper sport and physical activity safety equipment is provided for all students.			
<b>d.</b> The playground has an array of well-designed equipment and structures constructed over safe, soft surfaces.			
<b>3. Structural Supports: Assessment</b>			
<b>a.</b> All students complete an annual physical fitness test and learn how to interpret results.			
<b>b.</b> Individual physical fitness test results are reported to parents or guardians and aggregate results to the community.			
<b>c.</b> Students receive regular report card grades for physical education that are factored into their overall grade point average.			

**CHARACTERISTIC 7: PHYSICAL EDUCATION AND PHYSICAL ACTIVITY** *(continued)*

<b>Description:</b> The culture in my school strongly supports and reinforces the lifelong fitness knowledge, attitudes, behaviours, and skills students learn through a high-quality curriculum.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? <hr/> <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? <hr/> <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>4. Opportunities for Physical Activity</b>			
<b>a.</b> A wide array of intramural recreational physical activities during recess and lunch hours are offered.			
<b>b.</b> Students can participate in a wide array of competitive and noncompetitive physical activity options through school intramurals or physical activity clubs.			
<b>c.</b> Before-school and after-school child care programs include opportunities for participation in a variety of competitive and noncompetitive physical activities.			
<b>d.</b> Every effort is made to collaborate with community-based organizations, including use of school play fields, pools, and gyms, to make supervised physical activity opportunities available to students and families after school hours, on weekends, and during breaks, including summers.			

**RESOURCES**

The following resources will help you support and reinforce lifelong fitness knowledge, attitudes, behaviours, and skills through high-quality curriculum.

Active Healthy Kids. (2010). *Report card on physical activity for children and youth*. Retrieved from <http://kidcompanions.com/archives/4654>

Alberta Government. (2006). *Daily physical activity initiative*. Retrieved from <http://www.education.gov.ab.ca/ipr/DailyPhysAct.asp>

British Columbia Ministry of Education. (2008). *Curriculum subject areas: Physical education integrated resource packages*. Retrieved from [http://www.bced.gov.bc.ca/irp/course.php?lang=en&subject=Physical\\_Education&course=Physical\\_Education\\_8\\_to\\_10&year=2008](http://www.bced.gov.bc.ca/irp/course.php?lang=en&subject=Physical_Education&course=Physical_Education_8_to_10&year=2008)

Brawley, L. R., & Latimer, A. E. (2007). Physical activity guides for Canadians: messaging strategies, realistic expectations for change, and evaluation. *Canadian Journal of Public Health*, 98(2), S170–S184.



**CHARACTERISTIC 8: FOOD AND NUTRITION SERVICES**

<b>Description:</b> The culture in my school supports, promotes, and reinforces healthy eating patterns and food safety for students and staff.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  1 - Does not exist 2 - Partially met 3 - Fully met 4 - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  1 - Very little 2 - Some 3 - Quite a bit 4 - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  1 - Very little 2 - Some 3 - A lot 4 - Overwhelming
<b>1. Cafeteria Meal Quality</b>			
<b>a.</b> Meals offered in the cafeteria are consistent with nutritional recommendations in Canada's Food Guide to Healthy Eating.			
<b>b.</b> Meals offered in the cafeteria include a variety of tasty, appealing, and healthy foods (i.e., low in fat, salt, and sugar).			
<b>c.</b> A high-quality, nutritional breakfast is available for students every day.			
<b>d.</b> À la carte food items are offered at prices students can afford.			
<b>2. Support for Healthy Eating</b>			
<b>a.</b> Students are taught about nutrition, body image, and physical activity along with age-appropriate development within a K–12 health curriculum.			
<b>b.</b> Food and Nutrition Services staff members collaborate with health and physical education teachers to teach the knowledge and skills necessary for healthy eating.			
<b>c.</b> Food messages displayed in the cafeteria prompt and reinforce healthy food selection.			
<b>d.</b> The school partners with public or local health organizations and agencies to participate in community-based initiatives that support healthy eating practices.			

**CHARACTERISTIC 8: FOOD AND NUTRITION SERVICES** *(continued)*

<b>Description:</b> The culture in my school supports, promotes, and reinforces healthy eating patterns and food safety for students and staff.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>3. Availability of Food in Schools</b>			
<b>a.</b> À la carte food items offered in the cafeteria, in school vending machines, and through other venues (e.g., school stores, snack bars, concession stands) meet healthy total calorie, fat, and sugar content standards (i.e., < 200 total calories, < 35% calories from fat, < 10% calories from saturated fats, 0 trans fats, < 35% calories from total sugars, and < 200 mg salt).			
<b>b.</b> À la carte beverages offered in the cafeteria, in school vending machines, and through other venues (e.g., school stores, snack bars, concession stands) are limited to plain water, low-fat and nonfat milk (8 oz. portions), 100% fruit juice (4 oz. portions for elementary and middle school, 8 oz. portions for high school), and caffeine-free; sports drinks are available only to athletes.			
<b>c.</b> Beverages with non-nutritive sweeteners are only available at high schools, and then only after the school day.			
<b>d.</b> À la carte food items and beverages offered in the cafeteria, in school vending machines, and through other venues (e.g., school stores, snack bars, concession stands) are sold at prices that students can afford.			
<b>e.</b> No food and drink vending machines are accessible to students during regular lunch periods.			
<b>f.</b> The lunch period is long enough and enough serving lines are available to allow all students time to get and eat their food without rushing (i.e., at least 10 minutes at breakfast and 20 minutes at lunch once they sit down).			

**CHARACTERISTIC 8: FOOD AND NUTRITION SERVICES** *(continued)*

<b>Description:</b> The culture in my school supports, promotes, and reinforces healthy eating patterns and food safety for students and staff.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>3. Availability of Food in Schools</b> <i>(continued)</i>			
<b>g.</b> Parents or guardians receive nutrition and food safety guidelines for classroom snacks, sack lunches, field trips, and potlucks.			
<b>h.</b> School fund-raising activities involve only nonfood items or food items and beverages that meet or exceed established healthy food standards (see indicators 8.3a, 8.3b, and 8.3c above.)			
<b>i.</b> Any contract(s) with food and soft drink distributors stipulates that the products they provide must meet or exceed established healthy food standards (see indicators 8.3a, 8.3b, and 8.3c above).			
<b>4. Food Safety</b>			
<b>a.</b> The cafeteria is sanitary, attractive, and orderly.			
<b>b.</b> Foods in all venues are purchased, stored, handled, and prepared in accordance with Canadian Food Inspection Agency, provincial, and local food safety guidelines.			
<b>c.</b> Hand-washing facilities are accessible to both students and staff in or near the cafeteria.			

**RESOURCES**

The following resources will help you promote and reinforce healthy eating patterns and food safety for students and staff.

British Columbia Ministry of Education, & British Columbia Ministry of Health. (2005). *School food sales and policies: Provincial report*. Victoria, BC: Author.

**CHARACTERISTIC 9: SCHOOL HEALTH SERVICES**

<b>Description:</b> The culture in my school ensures student access to primary prevention, intervention, and treatment of disease and medical disorders.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>1. Staffing</b>			
<b>a.</b> The ratio of school nurses to students is maintained at a minimum of 1:750 (1:225 in student populations that may require daily professional school nursing services or interventions; 1:125 in student populations with complex health care needs).			
<b>b.</b> School medical personnel routinely promote and reinforce healthy and safe behaviours.			
<b>c.</b> Key school staff members are currently trained to administer emergency first aid, including CPR.			
<b>d.</b> Medical procedures and medications are administered by licensed health professionals.			
<b>e.</b> School health services personnel monitor students who are allowed to self-administer medications.			
<b>2. Basic Services</b>			
<b>a.</b> Health services personnel routinely screen students for vision, hearing, and dental problems.			
<b>b.</b> Health services personnel (or their designees) routinely measure students' height and weight, calculate body mass index (BMI), and report findings with recommendations to parents.			
<b>c.</b> A school nurse can provide immunizations and physical assessments, as well as some medical treatments, case management, and follow-up.			

**CHARACTERISTIC 9: SCHOOL HEALTH SERVICES** *(continued)*

<b>Description:</b> The culture in my school ensures student access to primary prevention, intervention, and treatment of disease and medical disorders.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?
	1 - Does not exist 2 - Partially met 3 - Fully met 4 - Exceeds	1 - Very little 2 - Some 3 - Quite a bit 4 - A lot	1 - Very little 2 - Some 3 - A lot 4 - Overwhelming
<b>2. Basic Services</b> <i>(continued)</i>			
<b>d.</b> Health services personnel communicate with teachers regarding the health needs of students on a confidential, case-by-case, need-to-know basis.			
<b>e.</b> Health services personnel act as a resource to the health education curriculum.			
<b>f.</b> Current complete, confidential, computerized health records (e.g., immunization information, disabilities) are maintained on every enrolled student.			
<b>g.</b> A current emergency card for every student is on file.			
<b>h.</b> The health status of students with chronic illness (e.g., diabetes, asthma, allergies, obesity, eating disorders, hemophilia, cancer) is routinely monitored.			
<b>i.</b> On-site health services are provided for students with special needs.			
<b>j.</b> Student attendance records are routinely monitored to identify health-related causes of absences.			
<b>k.</b> Prescription and over-the-counter medications are stored and administered in accordance with provincial or territorial and district regulations.			
<b>l.</b> The school has a separate, private, and well-equipped health facility (e.g., sink, bed, computer, locked file cabinet, locked medical cabinet, proper waste containers).			
<b>m.</b> Students are referred to community-based medical and dental facilities, as needed.			

**CHARACTERISTIC 9: SCHOOL HEALTH SERVICES** *(continued)*

<b>Description:</b> The culture in my school ensures student access to primary prevention, intervention, and treatment of disease and medical disorders.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school?  <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff?  <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator?  <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>3. Access to School-Based or School-Linked Medical Care</b>			
<b>a.</b> The school has or is linked to a fully staffed medical clinic where students go for primary medical care (e.g., immunizations, physicals, examinations, treatment, follow-up) and case management.			
<b>b.</b> Students have access to a physician, physician's assistant, or nurse practitioner at school.			
<b>c.</b> Students have access to dental services at school.			

**RESOURCES**

The following resources will help you ensure that students have access to primary prevention, intervention, and treatment of disease and medical disorders.

Fraser Health. (2011). *Medical conditions at school*. Retrieved from [http://www.fraserhealth.ca/your\\_health/school\\_health/medical\\_conditions\\_at\\_school/medical\\_conditions\\_at\\_school](http://www.fraserhealth.ca/your_health/school_health/medical_conditions_at_school/medical_conditions_at_school)

Fraser Health. (2011). *School health*. Retrieved from [http://www.fraserhealth.ca/your\\_health/school\\_health/school\\_health](http://www.fraserhealth.ca/your_health/school_health/school_health)

Fraser Health. (2011). *School health nurses*. Retrieved from [http://www.fraserhealth.ca/your\\_health/school\\_health/school\\_health\\_nurses](http://www.fraserhealth.ca/your_health/school_health/school_health_nurses)

High, P. C., Committee on Early Childhood, Adoption, & Dependent Care, & Council on School Health. (2008). *From the American academy of pediatrics: School readiness*. Retrieved from <http://pediatrics.aappublications.org/content/121/4/e1008.full>

Public Health Agency of Canada. (2005). *Vaccine safety*. Retrieved from <http://www.phac-aspc.gc.ca/im/vs-sv/index-eng.php>

Roberts, A., & Gerber, L. (2003). *Nursing perspectives on public health programming in Nunavut*. Retrieved from <http://time4wellbeing.wikispaces.com/file/view/Report%2520on%2520Nursing%2520Perspectives%2520on%2520Public%2520Health%2520Programming%2520in%2520Nunavut.pdf>

**CHARACTERISTIC 10: COUNSELLING, PSYCHOLOGICAL, AND SOCIAL SERVICES**

<b>Description:</b> The culture in my school ensures student access to primary prevention, intervention, and treatment of mental health and substance abuse problems.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? ..... <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? ..... <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? ..... <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>1. Staffing</b>			
<b>a.</b> The ratio of students to professional counsellors is maintained at a minimum of 250:1.			
<b>2. Classroom Support</b>			
<b>a.</b> Mental health staff members assist with the development and classroom implementation of the social and emotional learning lessons of the health curriculum.			
<b>b.</b> Mental health staff members assist teachers in determining the best behavioural interventions for chronically disruptive students.			
<b>3. Support and Intervention Services</b>			
<b>a.</b> Students are periodically assessed for social and emotional development.			
<b>b.</b> Early intervention is provided for students who may have mental health or substance abuse problems, including the potential to commit violent acts.			
<b>c.</b> Staff members are trained in early identification of signs of deteriorating behaviour or academic problems indicative of mental health or substance abuse problems.			
<b>d.</b> A team of mental health and health services professionals recommends interventions or alternative placements for students with behaviour or learning problems.			

**CHARACTERISTIC 10: COUNSELLING, PSYCHOLOGICAL, AND SOCIAL SERVICES** *(continued)*

<b>Description:</b> The culture in my school ensures student access to primary prevention, intervention, and treatment of mental health and substance abuse problems.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? ..... <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? ..... <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? ..... <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>3. Support and Intervention Services</b> <i>(continued)</i>			
<b>e.</b> Support groups are provided for students dealing with personal issues that interfere with learning (e.g., family conflict, parental divorce, parental substance abuse and addiction, stress, grief and loss, teen parenting, weight problems, eating disorders, smoking cessation).			
<b>f.</b> Students who are at risk have access to on-site mental health or case management services, including social worker and probation officer support.			
<b>4. Appropriate and Constructive Discipline-Related Intervention</b>			
<b>a.</b> Students who violate the student code of conduct due to tobacco, alcohol, or other drug use; violence; bullying; intimidation; and harassment can volunteer to attend intensive school-based intervention programs instead of suspension.			
<b>b.</b> Students who commit tobacco-related offenses are subject to alternative methods of discipline, such as community service or monetary fines, instead of suspension.			
<b>c.</b> Students at risk of alcohol and other drug dependency, committing violent acts, or mental health problems are referred to community agencies for assessment and treatment.			
<b>5. Crisis Management</b>			
<b>a.</b> A crisis team manages emergencies such as drug overdose, injury, or death of a student or staff member in accordance with an established crisis management plan.			



**CHARACTERISTIC 10: COUNSELLING, PSYCHOLOGICAL, AND SOCIAL SERVICES** *(continued)*

<b>Description:</b> The culture in my school ensures student access to primary prevention, intervention, and treatment of mental health and substance abuse problems.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? ..... <b>1</b> - Does not exist <b>2</b> - Partially met <b>3</b> - Fully met <b>4</b> - Exceeds	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? ..... <b>1</b> - Very little <b>2</b> - Some <b>3</b> - Quite a bit <b>4</b> - A lot	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? ..... <b>1</b> - Very little <b>2</b> - Some <b>3</b> - A lot <b>4</b> - Overwhelming
<b>5. Crisis Management</b> <i>(continued)</i>			
<b>b.</b> Community-based mental health professionals assist with crisis events.			
<b>c.</b> The school has an established and regularly updated crisis-management plan.			

**RESOURCES**

The following resources will help you ensure student access to primary prevention, intervention, and treatment of mental health and substance abuse problems.

- Alberta Government. (2006). *Student health*. Retrieved from <http://education.alberta.ca/admin/healthandsafety/studenthealth.aspx>
- British Columbia Ministry of Education. (2011). *Special education services: A manual of policies, procedures, and guidelines*. Retrieved from <http://www.bced.gov.bc.ca/specialed/ppandg.htm>
- Canadian Mental Health Association. (2005). *Mental health and high school: Teachers and staff*. Retrieved from <http://www.cmha.ca/highschool/teachersH.htm>
- Dixon, A. L., & Tucker, C. (2008). Every student matters: Enhancing strengths-based school counseling through the application of mattering. *Professional School Counseling*, 12(2), 123–126.
- Fraser Health. (2007). *Fraser Health offers grants to high school dry grad projects*. Retrieved from [http://www.fraserhealth.ca/about\\_us/media\\_centre/news\\_releases/news\\_releases\\_archive/2007\\_news\\_releases/fraser\\_health\\_offers\\_grants\\_to\\_high\\_school\\_dry\\_grad\\_projects](http://www.fraserhealth.ca/about_us/media_centre/news_releases/news_releases_archive/2007_news_releases/fraser_health_offers_grants_to_high_school_dry_grad_projects)
- Hamilton, H. A., Marshall, L., Rummens, J. A., Fenta, H., & Simich, L. (2011). Immigrant parents' perceptions of school environment and children's mental health and behavior. *Journal of School Health*, 81(6), 313–319.
- Heath, M. A., Nickerson, A. B., Annandale, N., Kemple, A., & Dean, B. (2009). Strengthening cultural sensitivity in children's disaster mental health services. *School Psychology International*, 30(4), 347–373.
- Huculak, S., & McLennan, J. D. (2010). Pilot investigation of service use by children referred to a school-mental health program in Alberta, Canada. *School Mental Health*, 2(4), 192–201.

**CHARACTERISTIC 11: SCHOOL-SITE HEALTH PROMOTION FOR STAFF**

<b>Description:</b> The culture in my school ensures high-level job performance and healthy role models for students by supporting and facilitating the physical and mental health and well-being of all employees.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? <hr/> <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? <hr/> <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? <hr/> <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>1. Health Promotion Programming</b>			
<b>a.</b> All staff members have opportunities to participate in on-site physical activity programs.			
<b>b.</b> All staff members have opportunities to regularly participate in self-improvement activities on health-related topics (e.g., stress management, nutrition, weight management, smoking cessation, personal planning, safety, and first aid).			
<b>c.</b> All staff can participate in basic health screenings (e.g., health risk appraisal, blood pressure, blood lipids, height and weight).			
<b>d.</b> The health promotion program is planned by a committee representing all employee classifications and collective bargaining units.			
<b>e.</b> Incentives and rewards (e.g., prizes, cost reimbursement, compensation for unused sick days) are used to motivate staff members' participation in health activities.			
<b>f.</b> The employee health and disability insurance carrier provides funds, materials, and other resources for the employee health promotion program.			
<b>g.</b> Local health providers (e.g., hospitals, clinics, agencies, voluntary health organizations) collaborate in the staff health promotion program.			
<b>h.</b> A survey of staff members' wellness programming interests, preferred modes of program delivery, and availability to participate is conducted annually.			
<b>i.</b> A calendar of health promotion programming is provided to employees at least once per month.			

**CHARACTERISTIC 11: SCHOOL-SITE HEALTH PROMOTION FOR STAFF** *(continued)*

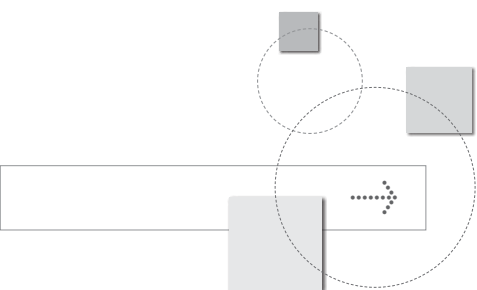
<b>Description:</b> The culture in my school ensures high-level job performance and healthy role models for students by supporting and facilitating the physical and mental health and well-being of all employees.	<b>Question 1</b> To what extent does the standard set by this indicator appear in your school? <hr/> <b>1 - Does not exist</b> <b>2 - Partially met</b> <b>3 - Fully met</b> <b>4 - Exceeds</b>	<b>Question 2</b> How much will a change in this indicator improve the health and safety of students and staff? <hr/> <b>1 - Very little</b> <b>2 - Some</b> <b>3 - Quite a bit</b> <b>4 - A lot</b>	<b>Question 3</b> How much effort will it take to significantly change the current status of this indicator? <hr/> <b>1 - Very little</b> <b>2 - Some</b> <b>3 - A lot</b> <b>4 - Overwhelming</b>
<b>1. Health Promotion Programming</b> <i>(continued)</i>			
<b>j.</b> A planned marketing campaign, including a unique logo, is implemented to encourage employee participation.			
<b>k.</b> Special discounts for school employees are arranged with community-based physical fitness and health-promotion organizations.			
<b>2. Employee Assistance Program</b>			
<b>a.</b> The staff health promotion programs include an employee assistance program.			
<b>b.</b> All staff members can receive from an outside agency short-term, confidential assistance with personal problems at no cost to them.			
<b>c.</b> As part of a plan of assistance, staff members with deteriorating work performance can be required to attend short-term, confidential, personal counselling at no cost to them.			

**RESOURCES**

The following resources will help you ensure high-level job performance and healthy role models for students by supporting and facilitating the physical and mental health and well-being of all employees.

Allegrante, J. P. (1998). School-site health promotion for staff. In E. Marx, S. F. Wooley, & D. Northrop, (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 224–243). New York, NY: Teachers College Press.

Darling-Hammond, L., & Rothman, R. (2011). *Teacher and leader effectiveness in high-performing education systems*. Retrieved from <http://72.47.207.55/files/TeacherLeaderEffectivenessReport.pdf#page=29>



## Tools for Reporting

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## Developing Work Group Summary Reports

Distribute a copy of these tools to each group chair.

<b>Objective:</b> Distribute and explain the color-coded output document from the online analysis tool at a work group meeting.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Reporting

Objective:

Within each work group, use the color-coded output to generate lists of strengths and potential areas of improvement for each characteristic.

Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Reporting

<b>Objective:</b> Review the draft work group reports for accuracy by consulting internal and external experts and revise as needed.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Reporting

<b>Objective:</b> Submit work group reports to the steering committee after gaining consensus approval.			
Activity	Person Responsible	Completion Date	Evidence of Completion



## Sample Work Group Report Format

Copy and distribute this sample report outline for each work group.

### **Name of characteristic**

### **Work group participants (name, affiliation)**

### **Assessment process**

- What method or methods did you use to collect the data? How did you choose these methods?
- If you used a survey, focus group, or interviews, how did you determine who to talk to?
- If you used a document review, list the documents included in your review.
- What challenges did you find? What opportunities did the process reveal?

### **Recommendations**

- What outcomes did you find?
- What conclusions did you draw for the indicators and the characteristic? What areas are high-quality? Which need improvement?
- What recommendations were made by the data analysis program?
- What recommendations does the work group have for the steering committee?

**Attach a copy of your completed score sheet and a copy of your data analysis report.**

## Sharing Work Group Summary Reports

Copy these tools for each work group chair and for steering committee members to use for record keeping.

<b>Objective:</b> Include the school district- or school-specific information in the introduction of the compiled Healthy School Report Card—Canadian Edition report.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Reporting

<b>Objective:</b> Compile the completed report that includes the introduction, sections covering every indicator, and appropriate supporting documentation and prepare an executive summary.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Reporting

<b>Objective:</b> Conduct a joint meeting of the steering committee and all work group members to review the report and executive summary.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Step 3

Tools for Reporting

<b>Objective:</b> Conduct follow-up, including revisions to the summary report, acknowledgements, and so forth.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Reporting

<b>Objective:</b> Print and duplicate the report and executive summary.			
Activity	Person Responsible	Completion Date	Evidence of Completion

## Disseminating the Summary Report

Use these tools to organize and track dissemination strategies.

<b>Objective:</b> Using appropriate dissemination strategies and spokespersons, distribute the report to identified key audiences.			
Activity	Person Responsible	Completion Date	Evidence of Completion

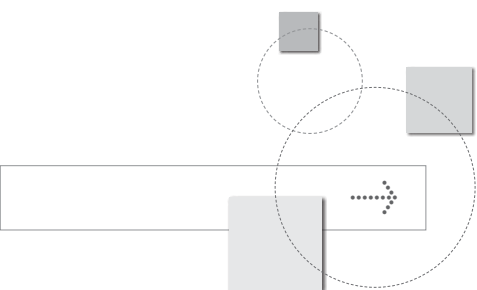
Tools for Reporting

<b>Objective:</b> Gauge solicited and collected reactions to the report.			
Activity	Person Responsible	Completion Date	Evidence of Completion



Tools for Reporting

<b>Objective:</b> Capture additional offers of assistance or requests to participate in a coordinated school health program.			
Activity	Person Responsible	Completion Date	Evidence of Completion



## Tools for Using the Results

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## Developing Plans

Use these tools to track your progress.

<b>Objective:</b> Involve previous and new members of work groups in the preparation of a Healthy School Improvement Plan.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Using the Results

<b>Objective:</b> Using the Healthy School Report Card–Canadian Edition report and color-coded output document, finalize the prioritized actions for every characteristic and categorize them by level of importance and urgency.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Using the Results

<b>Objective:</b> Develop a Healthy School Improvement Plan document based directly on the color-coded output from the Healthy School Report Card—Canadian Edition online analysis tool.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Using the Results

<b>Objective:</b> Using appropriate dissemination strategies and spokespersons, distribute the Healthy School Improvement Plan to identified key audiences.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Using the Results

<b>Objective:</b> Implement your Healthy School Improvement Plan over time.			
Activity	Person Responsible	Completion Date	Evidence of Completion

## Healthy School Improvement Plan Chart

For each indicator in the Healthy School Report Card—Canadian Edition, fill out a separate planning template. Pay special attention to indicators whose results in the color-coded report card analysis show that, if initiated or improved, you can accrue substantial health benefit for students or staff.

Plan objectives should be measurable and parallel the indicators of the Healthy School Report Card—Canadian Edition. For example, the program improvement objective for Characteristic 2's indicator 1d (A designated staff member [e.g., administrator, nurse, teacher, counsellor] is responsible for assuring coordination of health programs.) could be "Hire a full-time school health coordinator."

<b>Characteristic:</b>				
<b>Indicator:</b>				
<b>Objective:</b>				
<b>Priority time:</b> <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term		<b>Priority level:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
Activities	Resources	Individual or Group Responsible	Completion Date	Evidence of Completion



## Track Your Progress

Copy these tools for the facilitator of the Healthy School Communities process or the school health coordinator to use to assess the progress of your school improvement plan implementation.

<b>Objective:</b> Use a formal tracking system to record progress on implementing your Healthy School Improvement Plan and identify midcourse corrections.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Using the Results

<b>Objective:</b> Document accomplishments and achievements related to implementing your Healthy School Improvement Plan.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Using the Results

<b>Objective:</b> Using appropriate dissemination strategies and spokespersons, publicize accomplishments, achievements, and benefits associated with implementing your Healthy School Improvement Plan.			
Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Using the Results

<b>Objective:</b> Celebrate participation and successes.			
Activity	Person Responsible	Completion Date	Evidence of Completion