CREATING A HEALTHY SCHOOL

USING THE

Healthy School Report Card

2nd Edition

ASCD®

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Getting Ready for the Healthy School Report Card

Use these tools as you lay the groundwork for support.

Objective: Receive approval for scoring the Healthy School Report Card from the appropriate school district or school officials who have the appropriate level of authority.			
Activity	**Person Responsible**	**Completion Date**	**Evidence of Completion**

Step 1

Objective:
Complete a marketing and awareness campaign to generate support for completing the Healthy School Report Card and recruit stakeholder participants.

Activity	Person Responsible	Completion Date	Evidence of Completion

Objective:
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

Step 1

Step 1

Objective:
Determine the Healthy School Report Card completion pattern—entire school district, school clusters, or individual schools.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 1

Objective:
Acquire and organize the support and resources needed to collect and interpret Healthy School Report Card data.

Activity	Person Responsible	Completion Date	Evidence of Completion

Establishing a Steering Committee

Use these tools as you establish a steering committee.

Objective: 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

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

Step 1

Step 1

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

Objective:
Prepare for the initial meeting.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 1

Step 1

Objective:
Hold the initial meeting.

Activity	Person Responsible	Completion Date	Evidence of Completion

Objective:
Conduct follow-up activities, including contacting meeting attendees.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 1

Step 1

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 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:			
_____	☐	☐	☐
_____	☐	☐	☐
Business and industry leaders:			
_____	☐	☐	☐
_____	☐	☐	☐
Civic, service, and professional organization representatives:			
_____	☐	☐	☐
_____	☐	☐	☐
Clergy:			
_____	☐	☐	☐
_____	☐	☐	☐
Clients and customers of community services:			
_____	☐	☐	☐
_____	☐	☐	☐
Community leaders:			
_____	☐	☐	☐
_____	☐	☐	☐
Community government officials:			
_____	☐	☐	☐
_____	☐	☐	☐
Extension specialists:			
_____	☐	☐	☐
_____	☐	☐	☐

Step 1

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

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

Step 1

Step 1

Community Members (Name, Affiliation)	Invited	Accepted	Attended
Youth groups members:			
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
Senior citizens:			
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
Others:			
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

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

Step 1

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, State, 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, state, 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: _____ State: _____ ZIP: _____

Work phone: _____ Home phone: _____ Fax: _____

E-mail address: _____

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

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.
- 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 inititiative)

- 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.

Step 1

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.
  - o 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.
    - ▪ 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.

Objective:
Appoint chairs of multiple work groups and prepare them to facilitate Healthy School
Report Card scoring.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 1

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

Tools for Organizing

Objective:
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

Step 1

Objective:
Establish the processes within each group for compiling scores and data input.

Activity	Person Responsible	Completion Date	Evidence of Completion

Tools for Organizing

Objective:
Determine who within each group will be responsible for completing a draft report.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 1

Step 1

Resources

Association of State and Territorial Health Officials. (n.d.). ASTHO [Home page]. Retrieved from http://www.astho.org

Canadian Association for Health, Physical Education, Recreation and Dance. (2005). CAH-PERD [Home page]. Retrieved from http://www.cahperd.ca/

Communities and Schools Promoting Health. (n.d.). *School health policies.* Retrieved from http://www.safehealthyschools.org/shpolicies/school_health_policies.htm

Egerter, S., Braveman, P., Sadegh-Nobari, T., Grossman-Kahn, R., & Dekker, M. (2009, September). Education matters for health. *Issue Brief, 6.* Retrieved from http://www.rwjf.org/files/research/commission2009eduhealth.pdf

National Association of State Boards of Education. (n.d.). *State school healthy policy database.* Retrieved from http://nasbe.org/healthy_schools/hs/index.php

National Center for Chronic Disease Prevention and Health Promotion. (2007). *CDC's school health education resources (SHER): National health education standards (NHES).* Retrieved from http://www.cdc.gov/healthyyouth/sher/standards/

Smith, J. (2003). *Education and public health: Natural partners in learning for life.* Alexandria, VA: ASCD.

Taras, H., Duncan, P., Luckenbill, D., Robinson, J., Wheeler, L., & Wooley, S. (2004). *Health, mental health and safety guidelines for schools.* Retrieved from www.nationalguidelines.org

U.S. Department of Education. (n.d.). *Education resource organizations directory.* Available: http://wdcrobcolp01.ed.gov/Programs/EROD/org_list_by_territory.cfm

Reviewing and Clarifying Characteristics and Indicators

Copy and complete these tools for each work group.

Objective:
Prior to each work group meeting, distribute the appropriate section of the Healthy School Report Card to each work group for review.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 2

Objective:
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.

Objective: 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**

Step 2

Objective: 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.

Objective:
Review all indicators to determine if available information is sufficient to allow for scoring.

Activity	Person Responsible	Completion Date	Evidence of Completion

Objective:
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 Progress Report

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

Objective: 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**

Step 2

Step 2

Objective:
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

Objective:
Enter indicator scores for every characteristic in the online analysis tool at www.healthyschool
communities.org/reportcard and print the generated color-coded output document.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 2

The Healthy School Report Card

CHARACTERISTIC 1: SCHOOL HEALTH PROGRAM POLICY AND STRATEGIC PLANNING

	Question 1 To what extent does the standard set by this indicator appear in your school?	Question 2 How much will a change in this indicator improve the health and safety of students and staff?	Question 3 How much effort will it take to significantly change the current status of this indicator?
Description: My school maintains a culture that supports health through compliance with comprehensive policies that address all aspects of a coordinated approach to school health.	**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
1. Policy, Professional Development, Monitoring, and Compliance			
a. The health program is governed by an extensive set of school board-approved policies that are consistent with best practice recommendations of state and federal agencies or professional education and health organizations.			
b. All health program staff members, including health education and physical education teachers, are properly credentialed and well qualified.			
c. All staff members responsible for health program policy implementation participate in regularly scheduled professional development activities.			
d. All staff members are provided the time and resources required to comply with health program policies.			
e. Administrators and supervisors attend professional development that prepares them to authoritatively monitor health policy compliance.			
f. Administrators and supervisors routinely monitor health policy compliance and take action to remedy deficiencies.			
2. Strategic Planning and Evaluation			
a. Strategic plans are periodically developed for all aspects of the health program, including coordination.			
b. The Healthy School Improvement Plan is the basis for the annual school improvement plan.			

Step 2

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

Description: My school maintains a culture that supports health through compliance with comprehensive policies that address all aspects of a coordinated approach to school health.	**Question 1** 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	**Question 2** 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	**Question 3** 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
2. Strategic Planning and Evaluation *(continued)*			
c. Confidential student health indicator data are collected at least once every two years and are carefully considered when determining strategic plan objectives and activities.			
d. Results of periodic health program needs and status assessments are carefully considered in the strategic planning process.			
e. Progress toward fully implementing the health program strategic plan is monitored on a regular basis.			
f. 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.

Allensworth, D., Lawson, E., Nicholson, L., & Wyche, J. (Eds.). (1997). *Schools and health: Our nation's investment.* Washington, DC: National Academy Press.

Bogden, J. F. (2000). *Fit, healthy, and ready to learn: A school health policy guide—Parts I and II.* Alexandria, VA: National Association of State Boards of Education.

Council of Chief State School Officers and the Association of State and Territorial Health Officials. (2003). *The school health starter kit* (2nd ed.). Washington, DC: Council of Chief State School Officers.

Greene, B. Z., & McCoy, K. I. (1998). The national role in coordinated school health programs. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 269–291). New York: Teachers College Press.
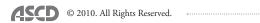
Levi, J., Vinter, S., Richardson, L., St. Laurent, R., & Segal, L. M. (2009). *F as in fat 2009: How obesity policies are failing America*. Retrieved from http://healthyamericans.org/reports/obesity2009/Obesity 2009Report.pdf

Lohrmann, D. K. (2006). Process evaluation for school health professionals. *Journal of School Health,76*(4), 154–155.

National Center for Chronic Disease Prevention and Health Promotion. (2010). *Nutrition, physical activity, and childhood obesity: Local wellness policy tools and resources*. Retrieved from http://www.cdc.gov/ HealthyYouth/healthtopics/wellness.htm

National Center for Chronic Disease Prevention and Health Promotion. (2010). *Student health and academic achievement*. Retrieved from http://www.cdc.gov/HealthyYouth/health_and_academics/index .htm

National School Boards Association. (2010). *Search the school health database* [Database]. Available from http://www.nsba.org/MainMenu/SchoolHealth/SearchSchoolHealth.aspx

Robert Wood Johnson Foundation. (2009, June). *RWJF research brief—Local school wellness policies: How are schools implementing the congressional mandate?* Retrieved from http://www.rwjf.org/files/ research/20090708localwellness.pdf

Sweeney, D. B., & Nichols P. (1998). The state role in coordinated school health programs. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 244–268). New York: Teachers College Press.

U.S. Department of Agriculture Food and Nutrition Service. (n.d.) *Local wellness policy*. Retrieved from http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html

RECOMMENDED ASCD RESOURCES

ASCD. (2007). *The learning compact redefined: A call to action*. Retrieved from http://www.wholechild education.org/resources/Learningcompact7-07.pdf

Grebow, P. M., Greene, B. Z., Harvey, J., & Head, C. J. (2000). Shaping health policies. *Educational Leadership, 57*(6), 63–66.

Johnson, D. P. (2005). *Sustaining change in schools: How to overcome differences and focus on quality*. Alexandria, VA: ASCD.

Lambert, L. (2003). *Leadership capacity for lasting school improvement*. Alexandria, VA: ASCD.

Lewallen, T. C. (2004, August). Healthy learning environments. *ASCD InfoBrief, 38.*

Marx, E., & Checkley, K. (2003). *An ASCD professional development online course: Supporting student health and achievement.* Alexandria, VA: ASCD.

Osorio, J., Marx, E., & Bauer, L. (2000). Finding the funds for health resources. *Educational Leadership, 57*(6), 30–32.

Smith, J. (2003). *Education and public health: Natural partners in learning for life*. Alexandria, VA: ASCD.

Westbrook, J., & Spiser-Alberb, V. (2002). *Creating the capacity for change: An ASCD action tool*. Alexandria, VA: ASCD.

CHARACTERISTIC 2: COORDINATION OF SCHOOL HEALTH PROGRAMS

Description: 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.	**Question 1** 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	**Question 2** 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	**Question 3** 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
1. Essential Structures			
a. School staff members responsible for health program components meet regularly as a school health team to coordinate activities.			
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.			
c. 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.			
d. A designated staff member (e.g., administrator, nurse, teacher, counselor) is responsible for ensuring coordination of health programs.			
e. A designated staff member is responsible for ensuring compliance with the Child Nutrition and WIC Reauthorization Act wellness policy mandate, especially the implementation, monitoring, and evaluation requirements.			
f. Sufficient resources (e.g., funds, staff time, space) are provided to support the health program.			
2. Essential Activities			
a. When a new health problem arises, school staff members from different health programs routinely coordinate plans and activities aimed at alleviating the problem.			

Step 2

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

Description: 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.	Question 1 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	Question 2 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	Question 3 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
2. Essential Activities *(continued)*			
b. School staff members responsible for health programs blend resources (e.g., funding, materials, staff time) from different sources.			
c. School health staff members regularly inform the principal, district superintendent, or school board of current developments in the school health program.			
d. 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.

Allensworth, D., Lawson, E., Nicholson, L., & Wyche, J. (Eds.). (1997). *Schools and health: Our nation's investment.* Washington, DC: National Academy Press.

Butterfoss, F. D., & Kegler, M. C. (2002). Toward a comprehensive understanding of community coalitions: Moving from practice to theory. In R. J. DiClemente, R. A. Crosby, & M. C. Kegler (Eds.), *Emerging theories in health promotion practice and research* (pp. 157–191). San Francisco, CA: Jossey-Bass.

Center for Health and Health Care in Schools. (2007). [Home page]. Retrieved from http://www.healthinschools .org

Fetro, J. V. (1998). Implementing coordinated school health programs in local schools. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 15–42). New York: Teachers College Press.

Fetro, J. V. (1998). *Step by step to health promoting schools.* Santa Cruz, CA: ETR Associates.

Health, Mental Health and Safety Guidelines for Schools. (n.d.) *Overarching guidelines*. Retrieved from http://www.nationalguidelines.org/chapter_full.cfm?chapter=overarching

Johnson, A. J., & Breckon, D. J. (2007). *Managing health education and promotion programs: Leadership skills for the 21st century*. Boston: Jones and Bartlett Publishers.

Lohrmann, D. K. (2008). A complimentary ecological model of coordinated school health promotion. *Public Health Reports, 123*(6), 695–703.

McKenzie, F. D., & Richmond, J. B. (1998). Linking health and learning: An overview of coordinated school health programs. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 1–14). New York: Teachers College Press.

National Center for Chronic Disease Prevention and Health Promotion. (2010). *School health policy*. Retrieved from http://www.cdc.gov/HealthyYouth/policy/index.htm

Rogers, E. M. (2003). *Diffusion of innovations* (5th ed.). New York: The Free Press.

Wiley, D. C., & Howard-Barr, E. M. (2005). Advocacy to action: Addressing coordinated school health program issues with school boards. *Journal of School Health*, *75*, 6–9.

Wilkinson, M. (2004). *The secrets of facilitation: The S.M.A.R.T. guide to getting results with groups*. San Francisco, CA: Jossey-Bass.

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ASCD. (2009). *L2L webinar series: Creating a healthy school community*. Available from https://admin.na4.acrobat.com/_a824650571/p65505378/

Brown, J. L. (2004). *Making school improvement happen with what works in schools: School-level factors: An ASCD action tool*. Alexandria, VA: ASCD.

Lewallen, T. C. (2004, August). Healthy learning environments. *ASCD InfoBrief, 38*.

Reeves, D. B. (2009). *Leading change in your school: How to conquer myths, build commitment, and get results*. Alexandria, VA: ASCD.

Zmuda, A., Kuklis, R., & Kline E. (2004). *Transforming schools: Creating a culture of continuous improvement*. Alexandria, VA: ASCD.

Step 2

CHARACTERISTIC 3: SOCIAL AND EMOTIONAL CLIMATE

Description: The culture in my school is conducive to making students, families, and staff members feel safe, secure, accepted, and valued.	Question 1 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	Question 2 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	Question 3 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
1. Overall School Climate: Expectations for Students and Staff			
a. 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. Students are taught and expected to practice sound coping, anger management, negotiation, and communication skills.			
c. 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.			
2. Overall School Climate: Ownership and Bonding			
a. Students, school staff, and parents or guardians participate in establishing school norms and rules.			
b. Students function in smaller groupings or within smaller school structures such as schools within the school.			
c. 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.			
d. A wide array of extracurricular activities is available to students.			
e. Before-school and after-school latchkey programs are available to students.			
f. Both structured and informal academic and nonacademic opportunities to collaborate with others are available to students.			

Step 2

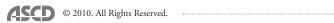## CHARACTERISTIC 3: SOCIAL AND EMOTIONAL CLIMATE *(continued)*

Description: The culture in my school is conducive to making students, families, and staff members feel safe, secure, accepted, and valued.	Question 1 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	Question 2 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	Question 3 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
2. Overall School Climate: Ownership and Bonding *(continued)*			
g. Students have opportunities to engage the school and community through service learning and other sponsored programs.			
3. Overall School Climate: Conduct and Discipline			
a. 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. Rules of conduct are fairly, consistently, and uniformly enforced for all students.			
c. Disciplinary penalties are appropriate and constructive.			
d. School rules apply equally to school staff members and students.			
4. Within Individual Classrooms: Opportunity to Learn			
a. Teachers provide a robust curriculum based on their thorough knowledge of the subject and the methods that are most effective for teaching it.			
b. Teachers identify essential content and provide all students ample opportunity to learn it.			
5. Within Individual Classrooms: Classroom Tone			
a. Teachers emphasize and model mutual respect for all persons in their classrooms.			

Step 2

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

Description: The culture in my school is conducive to making students, families, and staff members feel safe, secure, accepted, and valued.	**Question 1** To what extent does the standard set by this indicator appear in your school?	**Question 2** How much will a change in this indicator improve the health and safety of students and staff?	**Question 3** 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
5. Within Individual Classrooms: Classroom Tone *(continued)*			
b. Teachers support and have high expectations for all students.			
c. Teachers treat all students fairly, consistently, and uniformly.			
6. Within Individual Classrooms: Classroom Student Self-Management			
a. Teachers promote students' use of learned cooperative skills including listening carefully, disagreeing respectfully, and compromising.			
b. Teachers expect students to assume age-appropriate responsibility for learning through effective decision making, goal setting, and time management.			
7. Within Individual Classrooms: Classroom Management			
a. Teachers apply clear routines, rules, and behavioral expectations, which students participate in establishing and maintaining.			
b. Teachers arrange seating and traffic patterns to facilitate learning and classroom management.			
c. Teachers reinforce prosocial behavior.			
d. Teachers assess misbehavior to determine the cause and the purpose* the misbehavior serves for the student.			
e. Teachers select interventions based on an understanding of the cause and purpose* of the misbehavior.			

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

Step 2

RESOURCES

The following resources will help you develop a safe, healthy, and supportive school climate.

Adelman, H. (1998). School counseling, psychological, and social services. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 142–168). New York: Teachers College Press.

Benard, B. (n.d.). *Resilience: What we have learned*. San Francisco: WestEd.

Freiberg, H. J. (1999). *School climate: Measuring, improving and sustaining healthy learning environments*. Philadelphia, PA: Falmer Press.

Gilman, R., Huebner, E. S., & Furlong, M. J. (2009). *Handbook of positive psychology in schools*. New York: Routledge.

Hanson, T. L., Austin, G., & Lee-Bayha, J. (2004). *Ensuring that no child is left behind: How are student health risks and resilience related to the academic progress of schools?* Retrieved from http://www.wested .org/online_pubs/hd-04-02.pdf

Health, Mental Health and Safety Guidelines for Schools. (n.d.) *Social environment*. Retrieved from http:// www.nationalguidelines.org/chapter_full.cfm?chapter=social

Knoff, H. M. (2001). *The stop and think social skills program teacher's manual: Grades preK–8*. Boston, MA: Sopris West. Available from http://www.projectachieve.info/productsandresources/thestopthinksocial skillsprogramschool.html

Los Angeles County Office of Education. (2000). *Classroom management: A California resource guide*. (Available from Los Angeles County Office of Education, Safe Schools Center, 9300 Imperial Highway, Downey, CA 90242-2890)

Quality counts 2008: Tapping into teaching, unlocking the key to student success. (2008). *Education Week, 27*(18). Retrieved from http://www.edweek.org/ew/toc/2008/01/10/index.html

U.S. Department of Education. (n.d.). *Doing what works: Dropout prevention* [Home page]. Retrieved from http://dww.ed.gov/topic/?T_ID=24

RECOMMENDED ASCD RESOURCES

Blum, R. W. (2005). A case for school connectedness. *Educational Leadership*, *62*(7), 16–20.

Bosher, W., Kaminski, K. R., & Vacca, R. S. (2004). *The school law handbook: What every leader needs to know*. Alexandria, VA: ASCD.

Creating caring schools. (2003). *Educational Leadership, 60*(6).

Cummings, C. (2000). *Winning strategies for classroom management*. Alexandria, VA: ASCD.

Engaging the whole child. (2007). *Educational Leadership, 64*(9). Retrieved from http://www.ascd.org/ publications/educational-leadership/summer07/vol64/num09/toc.aspx

Erwin, J. C. (2004). *The classroom of choice: Giving students what they need and getting what you want*. Alexandria, VA: ASCD.

Learning First Alliance. (2001). *Every child learning: Safe and supportive schools*. Alexandria, VA: ASCD.

McCloskey, M. (2007). The whole child. *ASCD Infobrief, 51*. Retrieved from http://www.ascd.org/ publications/newsletters/infobrief/fall07/num51/toc.aspx

McLeod, J., Fisher, J., & Hoover, G. (2003). *The key elements of classroom management: Managing time and space, student behavior, and instructional strategies.* Alexandria, VA: ASCD.

Novick, B., Kress, J. S., & Elias, M. J. (2002). *Building learning communities with character: How to integrate academic, social, and emotional learning.* Alexandria, VA: ASCD.

Scherer, M. (Ed.). (2010). *Keeping the whole child healthy and safe: Reflections on best practices in learning, teaching, and leadership.* Alexandria, VA: ASCD. Available from http://shop.ascd.org/productdisplay .cfm?productid=110130E4

Shaps, E. (2003). Creating a school community: Building a strong sense of community in schools is both important and doable. *Educational Leadership, 60*(6), 31–33.

Strong, J. H. (2002). *Qualities of effective teachers.* Alexandria, VA: ASCD.

Step 2

The Healthy School Report Card

CHARACTERISTIC 4: FAMILY AND COMMUNITY INVOLVEMENT

Description: The culture in my school encourages, supports, and facilitates involvement of parents or guardians and the broader community in health programming.	**Question 1** 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	**Question 2** 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	**Question 3** 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
1. Family Involvement			
a. Families are welcomed by all staff as partners in the education of their children.			
b. Family members are encouraged to visit the school.			
c. The school has a family resource room that includes information about health resources.			
d. School outreach workers offer school orientation and social and health services to families via home visits.			
e. Health-related parent education programs are conducted.			
f. Families are provided information about health-related education programs offered in the community.			
g. Family members serve on school health committees.			
h. School health staff members routinely collaborate with parent groups (e.g., PTA or PTO, Safe Homes).			
2. Community Involvement			
a. Community members participate in mentoring programs for at-risk youth.			
b. School health programs are routinely coordinated with local health department programs for children, adolescents, and families.			
c. The school health program is included in overall community health planning.			

Step 2

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

Description: The culture in my school encourages, supports, and facilitates involvement of parents or guardians and the broader community in health programming.	**Question 1** 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	**Question 2** 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	**Question 3** 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
2. Community Involvement *(continued)*			
d. Public health and social service agencies provide services to families after regular school hours.			
e. 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.			
f. Outside agencies (e.g., public health, public safety, hospitals, businesses, foundations) secure funding and other resources for school health and safety programs.			
g. Public health, public safety, social service, medical, and dental agencies provide services to students during the school day.			
h. 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.

Carlyon, P., Carlyon, W., & McCarthy, A. R. (1998). Family and community involvement in school health. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 67–95). New York: Teachers College Press.

Center for the Education and Study of Diverse Populations at New Mexico Highlands University. (2007). *Working together: School-family-community partnerships* [Home page]. Retrieved from http://www.cesdp.nmhu.edu/toolkit/index.html

Dryfoos, J. G. (1994). *Full service schools: A revolution in health and social services for children, youth, and families*. San Francisco: Jossey-Bass.

Health, Mental Health and Safety Guidelines for Schools. (n.d.). *Family and community involvement*. Retrieved from http://www.nationalguidelines.org/chapter_full.cfm?chapter=family

Institute of Medicine. (2009). *Local government actions to prevent childhood obesity*. Washington, DC: National Academies Press.

National Association of State Boards of Education. (2009). *Partners in prevention: The role of school-community partnerships in dropout prevention*. Retrieved from http://www.nasbe.org/index.php/file-repository/func-startdown/1007/

RECOMMENDED ASCD RESOURCES

Allen, R. (2005). New paradigms for parental involvement: Stronger family role in schools seen as key to achievement. *Education Update*, *47*(3), 3–5.

ASCD. (2009). *L2L webinar series: Developing successful community partnerships*. Retrieved from http://ascd.na4.acrobat.com/p91523757/

Blank, M., & Berg, M. (2006, July). *All together now: Sharing responsibility for the whole child*. Retrieved from http://www.ascd.org/ASCD/pdf/sharingresponsibility.pdf

Building schools that build learners. (2006). *Education Update, 48*(11). Retrieved from http://www.ascd.org/publications/newsletters/education-update/nov06/vol48/num11/toc.aspx

Tapping parent and community support to improve student learning. (2008). *Education Update, 50*(4). Retrieved from http://www.ascd.org/publications/newsletters/education-update/apr08/vol50/num04/toc.aspx

Step 2

CHARACTERISTIC 5: SCHOOL FACILITIES AND TRANSPORTATION

Description: The culture in my school ensures that buildings, grounds, and vehicles are secure and meet all established safety and environmental standards.	**Question 1** 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	**Question 2** 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	**Question 3** 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
1. Safety and Quality			
a. In collaboration with appropriate state and local agencies, a school committee periodically monitors the safety, security, and environmental quality of buildings, grounds, and school-owned vehicles.			
b. Facilities meet and, preferably, exceed all workplace and public facilities, fire and safety codes, rules, and regulations.			
c. 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).			
d. Facilities are structurally sound and free of defects.			
e. Facilities, grounds, and vehicles are alcohol, drug, tobacco, and smoke free.			
f. Allergens that can trigger asthma and food allergy attacks are minimized to the greatest possible extent.			
g. Facilities and grounds have structural features and plantings that limit sun exposure.			
h. The bus fleet is maintained in accordance with state safety and operating standards.			
i. Through a formal reporting, tracking, and investigation system, causes of injuries to students and staff are determined and, if possible, eliminated.			

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

Description: The culture in my school ensures that buildings, grounds, and vehicles are secure and meet all established safety and environmental standards.	Question 1 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	Question 2 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	Question 3 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
2. Security			
a. Effective natural surveillance structures (e.g., clear lines of sight, no isolated areas) are present and, as needed, augmented by electronic surveillance devices.			
b. All school entrances are monitored to deny access to intruders.			
c. Visitors must register in the main office and wear a pass at all times.			
d. Smooth traffic flow is facilitated by wide halls and stairs, no bottlenecks, and limited and controlled access.			
e. The number of well-qualified security staff is adequate to meet the school's needs.			
f. Internal common areas and external grounds and play areas are supervised by adults before and after school, during recess, and at lunchtime.			
3. Emergencies			
a. Emergencies (e.g., weather, violence, bioterrorism) are handled through planned procedures in accordance with recommendations of state and national emergency management and criminal justice agencies.			
b. Aspects of emergency management strategies are closely coordinated with local law enforcement, emergency response, and medical and mental health agencies and personnel.			

Step 2

RESOURCES

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

Collaborative for High Performance Schools. (2001). *High performance schools best practices manual*. Available from http://www.chps.net/dev/Drupal/node/288

Frumkin, H., Geller, R. J., & Rubin, I. L. (Eds.). (2006). *Safe and healthy school environments*. New York: Oxford University Press.

Health, Mental Health and Safety Guidelines for Schools. (n.d.). *Physical environment and transportation*. Retrieved from http://www.nationalguidelines.org/chapter_full.cfm?chapter=physical

Healthy Schools Network. (n.d.). *Healthy schools network, inc.* [Home page]. Retrieved from http://www.healthyschools.org

Kerns, J. T., & Ellis, R. E. (2003). *Health and safety guide for K–12 schools in Washington*. Retrieved from http://www.k12.wa.us/SchFacilities/Publications/pubdocs/CompleteSafety&HealthManual 2002-2003.pdf

Los Angeles Unified School District, Office of Environmental Health and Safety. (n.d.). *Model safe school plan: A template for ensuring a safe, healthy and productive learning environment*. Retrieved from http://www.lausd-oehs.org/schoolsafetyplans_v1.asp

U. S. Environmental Protection Agency. (2010). *Healthy school environments resources*. Retrieved from http://cfpub.epa.gov/schools/index.cfm

RECOMMENDED ASCD RESOURCES

Healthy bodies, minds, and buildings. (2000). *Educational Leadership, 57*(6).

Learning First Alliance. (2001). *Every child learning: Safe and supportive schools*. Alexandria, VA: ASCD.

Schonfeld, D. J., Lichtenstein, R., Pruett, M. K., & Speese-Linehan, D. (2002). *How to prepare for and respond to a crisis* (2nd ed.). Alexandria, VA: ASCD.

Step 2

CHARACTERISTIC 6: HEALTH EDUCATION

Description: The culture in my school strongly supports and reinforces the health literacy knowledge, attitudes, behaviors, and skills students learn through a high-quality curriculum.	**Question 1** 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	**Question 2** 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	**Question 3** 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
1. Curriculum and Instruction			
a. The health curriculum addresses age-appropriate and developmentally appropriate critical health topics, including social and emotional learning and the six priority health behaviors identified by the Centers for Disease Control and Prevention (CDC),* in a manner that is consistent with state health education standards and frameworks or the National Health Education Standards.			
b. All health curriculum topical units and modules are research-based or consistent with recognized best practice criteria.			
c. 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, safety, first aid, and advocacy).			
d. Student-centered, active teaching strategies are extensively used.			
e. Multiple types of authentic assessment strategies are extensively employed.			
2. Structural Supports			
a. Specific, planned strategies are routinely implemented to support and reinforce healthy behaviors taught through the health curriculum (e.g., the overall school culture supports and reinforces healthy eating choices taught in health education).			

*The six priority child and adolescent health risk behaviors identified by the Centers for Disease Control and Prevention are: intentional and unintentional injury; unhealthy eating; sedentary living; behavior that leads to HIV, STD infection, and unintended pregnancy; tobacco use; and use of alcohol and other drugs.

Step 2

CHARACTERISTIC 6: HEALTH EDUCATION (continued)

Description: The culture in my school strongly supports and reinforces the health literacy knowledge, attitudes, behaviors, and skills students learn through a high-quality curriculum.	**Question 1** 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	**Question 2** 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	**Question 3** 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
2. Structural Supports (continued)			
b. An advisory committee of administrators, teachers, parents or guardians, students, and community representatives is involved in health curriculum review and revision.			
c. Students in every grade receive at least the recommended minimum 50 hours of health instruction annually.			
d. Health is taught at every grade through specific courses (if a middle or junior high or high school) or by all classroom teachers (if an elementary school).			
e. Students receive regular report card grades in health that are factored into their grade point average.			
f. Health education items are included in elementary, middle, and high school-wide assessments of student achievement.			
3. Family Engagement			
a. Programs are held annually to ensure family awareness of and participation in the more sensitive aspects of health education (e.g., human sexuality, HIV prevention).			
b. Families receive publications that tell them how they can reinforce health lessons their children learn in school.			
c. Some health education homework is designed to be completed with family members.			

Step 2

RESOURCES

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

American Alliance for Health, Physical Education, Recreation and Dance: Joint Committee on National Health Education Standards. (1995). *National health education standards: For students.* Retrieved from http://www.gdoe.net/ci/hlth_ed_supp/Nat_Hlth_Ed_Std.pdf

CCSSO-SCASS Health Education Assessment Project. (2006). *Aligning health and reading with a HEAP of books.* Kent, OH: American School Health Association.

Communities and Schools Promoting Health. (n.d.). *Health lesson plans.* Retrieved from http://www.safehealthyschools.org/lessonplansintro.htm

Health, Mental Health and Safety Guidelines for Schools. (n.d.). *Health and safety education.* Retrieved from http://www.nationalguidelines.org/chapter_full.cfm?chapter=health

Joint Committee on National Health Education Standards. (2007). *National health education standards: Achieving excellence* (2nd ed.). Atlanta, GA: American Cancer Society.

Lohrmann, D. K., & Wooley, S. F. (1998). Comprehensive school health education. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 43–66). New York: Teachers College Press.

Marx, E., & Northrop, D. (1995). *Educating for health: A guide to implementing a comprehensive approach to school health education.* Newton, MA: Education Development Center.

National Center for Chronic Disease Prevention and Health Promotion. (2008). *CDC's school health education resources (SHER)* [Database]. Available from http://apps.nccd.cdc.gov/sher/

National Center for Chronic Disease Prevention and Health Promotion. (2008). *CDC's school health education resources (SHER): Characteristics of an effective health education curriculum.* Retrieved from http://www.cdc.gov/HealthyYouth/SHER/characteristics/index.htm

National Center for Chronic Disease Prevention and Health Promotion. (2009). *Health education curriculum analysis tool (HECAT).* Retrieved from http://www.cdc.gov/HealthyYouth/HECAT/index.htm

Rothstein, R., & Jacobson, R. (2006). The goals of education. *Phi Delta Kappan, 88,* 264–272.

RECOMMENDED ASCD RESOURCES

Checkley, K. (2000, Spring). Health education: Emphasizing skills and prevention to form a more health-literate people. *Curriculum Update.*

Health and physical education. (2004, Winter). *Curriculum Technology Quarterly, 14*(2).

Health education and physical education. (2002, Spring). *Curriculum Technology Quarterly, 11*(3).

Holt-Hale, S. A., Ezell, G., & Mitchell, M. (2000). *Health and physical education: A chapter of the curriculum handbook.* Alexandria, VA: ASCD.

Lewallen, T. C. (2004, August). Healthy learning environments. *ASCD InfoBrief, 38.*

Step 2

CHARACTERISTIC 7: PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

	Question 1 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	**Question 2** 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	**Question 3** 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
Description: The culture in my school strongly supports and reinforces the lifelong fitness knowledge, attitudes, behaviors, and skills students learn through a high-quality curriculum.			
1. Curriculum and Instruction			
a. Physical education emphasizes lifetime physical fitness activities through a curriculum that is consistent with the state's physical education standards or framework or the National Physical Education Standards.			
b. Elementary students receive at least 150 minutes of formal physical education instruction per week; middle or junior high or high school students receive 225 minutes per week.			
c. Students are physically active for at least half of every physical education class session.			
d. Students are taught how to safely engage in all types of physical activity.			
e. Physical education classes have a student–teacher ratio similar to classes in other subjects.			
f. Students are never exempt from taking required physical education because of participation in other activities, such as school sports, marching band, or ROTC.			
g. All students are required to develop and monitor a personal physical activity plan, in addition to participating in physical education.			
2. Structural Supports: Facilities			
a. The teaching area (i.e., gym and outdoor fields) is large enough so that daily physical education can be provided for all students.			

Step 2

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

Description: The culture in my school strongly supports and reinforces the lifelong fitness knowledge, attitudes, behaviors, and skills students learn through a high-quality curriculum.	**Question 1** 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	**Question 2** 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	**Question 3** 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
2. Structural Supports: Facilities *(continued)*			
b. Physical education facilities are available for teaching throughout the entire school day.			
c. Proper sport and physical activity safety equipment is provided for all students.			
d. The playground has an array of well-designed equipment and structures constructed over safe, soft surfaces.			
3. Structural Supports: Assessment			
a. All students complete an annual physical fitness test and learn how to interpret results.			
b. Individual physical fitness test results are reported to parents or guardians and aggregate results to the community.			
c. Students receive regular report card grades for physical education that are factored into their overall grade point average.			
4. Opportunities for Physical Activity			
a. Semi-structured games and other activities are offered during recess and lunch periods.			
b. Students can participate in a wide array of competitive and noncompetitive physical activity options through school intramurals or physical activity clubs.			
c. Before-school and after-school child care programs include opportunities for participation in a variety of competitive and noncompetitive physical activities.			

Step 2

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

Description: The culture in my school strongly supports and reinforces the lifelong fitness knowledge, attitudes, behaviors, and skills students learn through a high-quality curriculum.	**Question 1** 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	**Question 2** 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	**Question 3** 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
4. Opportunities for Physical Activity *(continued)*			
d. 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.			
e. Physical activity is not used or withheld as punishment.			

RESOURCES

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

Annie E. Casey Foundation. (n.d.). *Kids count* [Home page]. Retrieved from http://www.kidscount.org

Centers for Disease Control and Prevention. (1997). Guidelines for school and community programs to promote lifelong physical activity among young people. *Morbidity and Mortality Weekly Report: Recommendations and Reports, 46*(RR-6). Available from http://www.cdc.gov/healthyyouth/physicalactivity/guidelines/index.htm

Centers for Disease Control and Prevention. (2008). *Make a difference at your school.* Retrieved from http://www.cdc.gov/HealthyYouth/keystrategies/pdf/make-a-difference.pdf

Centers for Disease Control and Prevention. (2010). *Division of nutrition, physical activity and obesity* [Home page]. Retrieved from http://www.cdc.gov/nccdphp/dnpa/recommendations.htm

Department of Health and Human Services. (2005). *The president's council on physical fitness and sports* [Home page]. Retrieved from http://www.fitness.gov

Hannaford, C. (2005). *Smart moves: Why learning is not all in your head.* Salt Lake City, UT: Great River Books.

Health, Mental Health and Safety Guidelines for Schools. (n.d.). *Physical education.* Retrieved from http://www.nationalguidelines.org/chapter_full.cfm?chapter=physEd

National Association for Sport and Physical Education. (n.d.). *NASPE national standards.* Retrieved from http://www.aahperd.org/naspe/standards/nationalStandards/index.cfm

Step 2

National Association for Sport and Physical Education. (2004). *Moving into the future: National standards for physical education* (2nd ed.). Reston, VA: Author.

National Center for Chronic Disease Prevention and Health Promotion. (2008). *Physical education curriculum analysis tool (PECAT)*. Available from http://www.cdc.gov/HealthyYouth/PECAT/index.htm

National Consortium for Physical Education and Recreation for Individuals with Disabilities. (1995). *Adapted physical education national standards (APENS)*. Champaign, IL: Human Kinetics.

National School Boards Association. (2010). *Childhood obesity and schools* [Home page]. Retrieved from http://www.nsba.org/MainMenu/SchoolHealth/obesity-and-schools.aspx

Paterson, K. (2007). *3-minute motivators: More than 100 simple ways to reach, teach and achieve more than you ever imagined*. Markham, Canada: Pembroke Publishers.

Physical and Health Education Canada. (2009). *Quality daily physical education* [Home page]. Retrieved from http://www.cahperd.ca/eng/physicaleducation

Ratey, J. J. (2008). *Spark the revolutionary new science of exercise and the brain*. New York: Little, Brown and Company.

Seefeldt, V. D. (1998). Physical education. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 116–141). New York: Teachers College Press.

RECOMMENDED ASCD RESOURCES

Franklin, J. (2004, Winter). Shaping up at school: Programs aim to promote fitness and nutrition. *Curriculum Update.*

Health and physical education. (2004, Winter). *Curriculum Technology Quarterly, 14*(2).

Health education and physical education. (2002, Spring). *Curriculum Technology Quarterly, 11*(3).

Holt, S. A., Hale, G. E., & Murray, M. (2002). *Health and physical education: A chapter of the curriculum handbook.* Alexandria, VA: ASCD.

Lambert, L. T. (2000). The new physical education. *Educational Leadership, 57*(6), 34–38.

Step 2

CHARACTERISTIC 8: FOOD AND NUTRITION SERVICES

Description: The culture in my school supports, promotes, and reinforces healthy eating patterns and food safety for students and staff.	**Question 1** 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	**Question 2** 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	**Question 3** 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
1. Cafeteria Meal Quality			
a. Meals offered in the cafeteria meet U.S. Department of Agriculture nutritional guidelines.			
b. Meals offered in the cafeteria include a variety of tasty, appealing, and healthy foods.			
c. The cafeteria offers to students and staff foods that are low in fat, salt, and sugar.			
d. A high-quality, nutritional breakfast is available for students every day.			
2. Support for Healthy Eating			
a. Messages displayed in the cafeteria prompt and reinforce healthy food selection.			
b. Food and Nutrition Services staff members collaborate with health education teachers to teach the knowledge and skills necessary for healthy eating.			
c. Foods and beverages are not used as rewards or punishment for academic performance or behavior.			

Step 2

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

Description: The culture in my school supports, promotes, and reinforces healthy eating patterns and food safety for students and staff.	**Question 1** 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	**Question 2** 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	**Question 3** 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
3. Availability of Food in Schools			
a. 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. 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.			
c. Beverages with non-nutritive sweeteners are only available at high schools, and then only after the school day.			
d. 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.			
e. No food and drink vending machines are accessible to students during regular lunch periods.			
f. 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).			

Step 2

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

Description: The culture in my school supports, promotes, and reinforces healthy eating patterns and food safety for students and staff.	**Question 1** 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	**Question 2** 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	**Question 3** 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
3. Availability of Food in Schools *(continued)*			
g. Parents or guardians receive nutrition and food safety guidelines for classroom snacks, sack lunches, field trips, and potlucks.			
h. 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.)			
i. 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).			
4. Food Safety			
a. The cafeteria is sanitary, attractive, and orderly.			
b. Foods in all venues are purchased, stored, handled, and prepared in accordance with all U.S. Department of Agriculture, state, and local food safety guidelines.			
c. 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.

Action for Healthy Kids. (2004, October). *The learning connection: The value of improving nutrition and physical activity in our schools*. Retrieved from http://www.actionforhealthykids.org/resources/files/learning-connection.pdf

Caldwell, D., Nestle, M., & Rogers, W. (1998). School nutrition services. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 195–223). New York: Teachers College Press.

Center for Science in the Public Interest. (n.d.). *Healthy school snacks*. Retrieved from http://www.cspinet .org/nutritionpolicy/healthy_school_snacks.pdf

Center for Science in the Public Interest. (2007, February). *Sweet deals: School fundraising can be healthy and profitable*. Retrieved from http://cspinet.org/new/pdf/schoolfundraising.pdf

Centers for Disease Control and Prevention. (1996). Guidelines for school health programs to promote lifelong healthy eating. *Morbidity and Mortality Weekly Report: Recommendations and Reports, 46*(RR-9). Retrieved from http://www.cdc.gov/mmwr/PDF/RR/RR4509.pdf

Committee on Nutrition Standards for Foods in Schools. (2007). *Nutrition standards for foods in schools: Leading the way toward healthier youth*. Washington, DC: Institutes of Medicine of the National Academies.

Health, Mental Health and Safety Guidelines for Schools. (n.d.). *Nutrition and food services*. Retrieved from http://www.nationalguidelines.org/chapter_full.cfm?chapter=nutrition

Kessler, D. A. (2009). *The end of overeating: Taking control of the insatiable American appetite*. New York: Rodale Inc.

Miura, M. R., Smith, J. A., & Alderman, J. (2009). *Mapping school foods*. Retrieved from http://www .chefann.com/html/tools-links/cool-food-tools/mappingschoolfood.pdf

National Center for Chronic Disease Prevention and Health Promotion. (n.d.). *Health topics: Nutrition* [Home page]. Retrieved from http://www.cdc.gov/HealthyYouth/nutrition/index.htm

School Nutrition Association. (n.d.). [Home page]. Retrieved from http://www.schoolnutrition.org/

U.S. Department of Agriculture Food and Nutrition Service. (n.d.). *Local wellness policy*. Retrieved from http://www.fns.usda.gov/tn/Healthy/wellnesspolicy.html

U.S. Department of Agriculture Food and Nutrition Service. (2000). *Changing the scene: Improving the school nutrition environment*. Available from www.fns.usda.gov/tn/Resources/changing.html

U.S. Department of Agriculture Food and Nutrition Service. (2005). *Making it happen! School nutrition success stories*. Available from www.fns.usda.gov/tn/Resources/makingithappen.html

RECOMMENDED ASCD RESOURCES

Franklin, J. (2004, Winter). Shaping up at school: Programs aim to promote fitness and nutrition. *Curriculum Update.*

Health and learning. (2009). *Educational Leadership, 67*(4). Retrieved from http://www.ascd.org/ publications/educational-leadership/dec09/vol67/num04/toc.aspx

Health and physical education. (2004). *Curriculum Technology Quarterly, 14*(2).

Lewallen, T. C. (2004, August). Healthy learning environments. *ASCD InfoBrief, 38.*

Wolfe, P., Burkman, M. A., & Streng, K. (2000). The science of nutrition. *Educational Leadership, 57*(6), 57–59.

Step 2

CHARACTERISTIC 9: SCHOOL HEALTH SERVICES

Description: The culture in my school ensures student access to primary prevention, intervention, and treatment of disease and medical disorders.	Question 1 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	Question 2 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	Question 3 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
1. Staffing			
a. 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. School medical personnel routinely promote and reinforce healthy and safe behaviors.			
c. Key school staff members are currently trained to administer emergency first aid, including CPR.			
d. Medical procedures and medications are administered by licensed health professionals.			
e. School health services personnel monitor students who are allowed to self-administer medications.			
2. Basic Services			
a. Health services personnel routinely screen students for vision, hearing, and dental problems.			
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.			
c. 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)*

Description: The culture in my school ensures student access to primary prevention, intervention, and treatment of disease and medical disorders.	**Question 1** 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	**Question 2** 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	**Question 3** 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
2. Basic Services *(continued)*			
d. Health services personnel communicate with teachers regarding the health needs of students on a confidential, case-by-case, need-to-know basis.			
e. Health services personnel act as a resource to the health education curriculum.			
f. Current complete, confidential, computerized health records (including required physical exam results and immunization information) are maintained on every enrolled student.			
g. A current emergency card for every student is on file.			
h. The health status of students with chronic illness (e.g., diabetes, asthma, allergies, obesity, eating disorders, hemophilia, cancer) is routinely monitored.			
i. On-site health services are provided for students with special needs.			
j. Student attendance records are routinely monitored to identify health-related causes of absences.			
k. Prescription and over-the-counter medications are stored and administered in accordance with state law.			
l. 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).			
m. Students are referred to community-based medical and dental facilities, as needed.			

Step 2

CHARACTERISTIC 9: SCHOOL HEALTH SERVICES *(continued)*

Description: The culture in my school ensures student access to primary prevention, intervention, and treatment of disease and medical disorders.	**Question 1** 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	**Question 2** 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	**Question 3** 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
2. Basic Services *(continued)*			
n. Child health insurance enrollment of eligible students is facilitated.			
3. Access to School-Based or School-Linked Medical Care			
a. 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. Students have access to a physician, physician's assistant, or nurse practitioner at school.			
c. Students have access to dental services at school.			

Step 2

RESOURCES

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

American School Health Association. (n.d.). *Confidentiality of student health records.* Retrieved from http://www.ashaweb.org/i4a/pages/index.cfm?pageid=3298

Center for Health and Health Care in Schools. (2007). [Home page]. Retrieved from http://www.healthinschools.org

Dryfoos, J. G. (1994). *Full service schools: A revolution in health and social services for children, youth, and families.* San Francisco: Jossey-Bass.

Duncan, P., & Igoe, J. B. (1988). School health services. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 169–194). New York: Teachers College Press.

Health, Mental Health and Safety Guidelines for Schools. (n.d.). *Health and mental health services.* Retrieved from http://www.nationalguidelines.org/chapter_full.cfm?chapter=mentalHealth

National Assembly on School-Based Health Care. (n.d.). [Home page]. Retrieved from http://www .nasbhc.org

National Center for Chronic Disease Prevention and Health Promotion. (2010). *Strategies for addressing asthma within a coordinated school health program.* Retrieved from http://www.cdc.gov/HealthyYouth/ asthma/strategies.htm

National Diabetes Education Program. (n.d.). *Teens.* Retrieved from http://www.ndep.nih.gov/diabetes/ youth/youth.htm

National Diabetes Education Program American Indian Work Group. (2006). *Move it! And reduce your risk of diabetes school kit.* Retrieved from http://www.ndep.nih.gov/media/moveit_school_kit.pdf

Nihiser, A. J., Lee, S. M., Wechsler, H., McKenna, M., Odom, E., Reinold, C., Thompson, D., & Grummer-Strawn, L. (2007). Body mass index measurement in schools. *Journal of School Health, 77*(10), 651–671. Retrieved from http://www.cdc.gov/HealthyYouth/obesity/BMI/pdf/BMI_ execsumm.pdf

Teufel, J. A. (2006). An overview of school health center sustainability from an ecological perspective. *The Health Education Monograph Series, 23*, 24–29.

RECOMMENDED ASCD RESOURCES

Maguire, S. (2000). A community school. *Educational Leadership, 57*(6), 18–21.

Marx, E., & Northrop, D. (2000). Partnerships to keep students healthy. *Educational Leadership, 57*(6), 22–24.

Wooley, S. F., Eberst, R. M., & Bradley, B. J. (2000). Creative collaborations with health providers. *Educational Leadership, 57*(6), 25–28.

CHARACTERISTIC 10: COUNSELING, PSYCHOLOGICAL, AND SOCIAL SERVICES

Description: The culture in my school ensures student access to primary prevention, intervention, and treatment of mental health and substance abuse problems.	**Question 1** 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	**Question 2** 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	**Question 3** 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
1. Staffing			
a. The ratio of students to professional counselors is maintained at a minimum of 250:1.			
2. Classroom Support			
a. Mental health staff members assist with the development and classroom implementation of the social and emotional learning lessons of the health curriculum.			
b. Mental health staff members assist teachers in determining the best behavioral interventions for chronically disruptive students.			
3. Support and Intervention Services			
a. Students are periodically assessed for social and emotional development.			
b. Early intervention is provided for students who may have mental health or substance abuse problems, including the potential to commit violent acts.			
c. Staff members are trained in early identification of signs of deteriorating behavior or academic problems indicative of mental health or substance abuse problems.			
d. A team of mental health and health services professionals recommends interventions or alternative placements for students with behavior or learning problems.			

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

Description: The culture in my school ensures student access to primary prevention, intervention, and treatment of mental health and substance abuse problems.	**Question 1** 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	**Question 2** 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	**Question 3** 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
3. Support and Intervention Services *(continued)*			
e. 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).			
f. Students who are at risk have access to on-site mental health or case management services, including social worker and probation officer support.			
4. Appropriate and Constructive Discipline-Related Intervention			
a. 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. Students who commit tobacco-related offenses are subject to alternative methods of discipline, such as community service or monetary fines, instead of suspension.			
c. 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.			
5. Crisis Management			
a. 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.			

Step 2

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

Description: The culture in my school ensures student access to primary prevention, intervention, and treatment of mental health and substance abuse problems.	**Question 1** 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	**Question 2** 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	**Question 3** 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
5. Crisis Management *(continued)*			
b. Community-based mental health professionals assist with crisis events.			

RESOURCES

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

Adelman, H. (1998). School counseling, psychological, and social services. In E. Marx, S. F. Wooley, & D. Northrop (Eds.), *Health is academic: A guide to coordinated school health programs* (pp. 142–168). New York: Teachers College Press.

American School Counselor Association. (n.d.). *National model for school counseling programs.* Retrieved from http://www.ascanationalmodel.org

American School Counselor Association. (2009). *The role of the professional school counselor.* Retrieved from http://www.schoolcounselor.org/content.asp?pl=133&sl=240&contentid=240

Anderson, M. B., Crowley, J. F., Herzog, C. L., & Wenger, S. (2007). *Help is down the hall: A handbook on student assistance.* Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from http://www.nacoa.net/pdfs/SAP%20HANDBOOK.pdf

Center for Health and Health Care in Schools. (2007). [Home page]. Retrieved from http://www.healthinschools.org

Center for School Mental Health Assistance at University of Maryland School of Medicine. (n.d.). *CSMH: Advancing effective school mental health* [Home page]. Retrieved from http://csmh.umaryland.edu/

Health, Mental Health and Safety Guidelines for Schools. (n.d.). *Health and mental health services.* Retrieved from http://www.nationalguidelines.org/chapter_full.cfm?chapter=mentalHealth

UCLA School Mental Health Project. (n.d.). [Home page]. Retrieved from http://smhp.psych.ucla.edu

Step 2

RECOMMENDED ASCD RESOURCES

The adolescent learner. (2005). *Educational Leadership, 62*(7).

Creating caring schools. (2003). *Educational Leadership*, *60*(6).

Eichel, J., Goldman, L., & Kaufman, F. (Presenters). (2004). *Shaping powerful learning by promoting mental and emotional health* [Audio recording]. Alexandria, VA: ASCD.

CHARACTERISTIC 11: SCHOOL-SITE HEALTH PROMOTION FOR STAFF

Description: 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.	**Question 1** 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	**Question 2** 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	**Question 3** 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
1. Health Promotion Programming			
a. All staff members have opportunities to participate in on-site physical activity programs.			
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).			
c. All staff can participate in basic health screenings (e.g., health risk appraisal, blood pressure, blood lipids, height and weight).			
d. Incentives and rewards (e.g., prizes, cost reimbursement, compensation for unused sick days) are used to motivate staff members' participation in health activities.			
e. The health promotion program is planned by a committee representing all employee classifications and collective bargaining units.			
f. A survey of staff members' wellness programming interests, preferred modes of program delivery, and availability to participate is conducted annually.			
g. A calendar of health promotion programming is provided to employees at least once per month.			
h. A planned marketing campaign, including a unique logo, is implemented to encourage employee participation.			
i. The employee health and disability insurance carrier provides funds, materials, and other resources for the employee health promotion program.			

Step 2

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

Description: 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.	**Question 1** 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	**Question 2** 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	**Question 3** 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
1. Health Promotion Programming *(continued)*			
j. Local health providers (e.g., hospitals, clinics, HMOs, voluntary health organizations) collaborate in the staff health promotion program.			
k. Special discounts for school employees are arranged with community-based physical fitness and health-promotion organizations.			
2. Employee Assistance Program			
a. An ongoing information campaign is implemented to inform employees about the employee assistance program and how to voluntarily access employee assistance program services.			
b. All staff members can receive from an outside agency short-term, confidential assistance with personal problems at no cost to them.			
c. As part of a plan of assistance, staff members with deteriorating work performance can be required to attend short-term, confidential, personal counseling 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: Teachers College Press.

Directors of Health Promotion and Education. (2007). *School employee wellness: A guide for protecting the assets of our nation's schools.* Available from http://www.schoolempwell.org/

Health, Mental Health and Safety Guidelines for Schools. (n.d.). *Staff health and safety.* Retrieved from http://www.nationalguidelines.org/chapter_full.cfm?chapter=staff

RECOMMENDED ASCD RESOURCES

Allen, R. (2004, Winter). Keeping teachers healthy: Staff wellness program yields results. *Curriculum Update.*

Davies, J., Davies, R., & Heacock, J. (2003). *Educational Leadership*, *60*(8), 68–70.

Kiernan, L. J. (Producer). (1997). *How to reduce stress in your school* [Videotape]. Alexandria, VA: ASCD.

Step 2

Developing Work Group Summary Reports

Distribute a copy of these tools to each group chair.

Objective: 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**

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

Objective:
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

Step 3

Objective:
Submit work group reports to the steering committee after gaining consensus approval.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 3

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.

Objective: Include the school district- or school-specific information in the introduction of the compiled Healthy School Report Card report.			
Activity	**Person Responsible**	**Completion Date**	**Evidence of Completion**

Tools for Reporting

Objective:
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

Step 3

Objective:
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

Objective:
Conduct follow-up, including revisions to the summary report, acknowledgements, and so forth.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 3

Objective:
Print and duplicate the report and executive summary.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 3

Disseminating the Summary Report

Use these tools to organize and track dissemination strategies.

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

Objective:
Gauge solicited and collected reactions to the report.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 3

Objective:
Capture additional offers of assistance or requests to participate in a coordinated school health program.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 3

Developing Plans

Use these tools to track your progress.

Objective: 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**

Step 4

Objective:
Using the Healthy School Report Card 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

Step 4

Tools for Using the Results

Objective: Develop a Healthy School Improvement Plan document based directly on the color-coded output from the Healthy School Report Card online analysis tool.			
Activity	**Person Responsible**	**Completion Date**	**Evidence of Completion**

Step 4

Objective:

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

Objective: Implement your Healthy School Improvement Plan over time.			
Activity	**Person Responsible**	**Completion Date**	**Evidence of Completion**

Step 4

Healthy School Improvement Plan Chart

For each indicator in the Healthy School Report Card, 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. For example, the program improvement objective for Characteristic 2's indicator 1d (A designated staff member [e.g., administrator, nurse, teacher, counselor] is responsible for assuring coordination of health programs.) could be "Hire a full-time school health coordinator."

Characteristic:				
Indicator:				
Objective:				
Priority time: ☐ Short Term ☐ Long Term		**Priority level:** ☐ High ☐ Medium ☐ Low		
Activities	**Resources**	**Individual or Group Responsible**	**Completion Date**	**Evidence of Completion**

Step 4

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.

Objective: 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**

Step 4

Objective:
Document accomplishments and achievements related to implementing your Healthy School Improvement Plan.

Activity	Person Responsible	Completion Date	Evidence of Completion

Step 4

Tools for Using the Results

Objective:
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

Objective: Celebrate participation and successes.			
Activity	**Person Responsible**	**Completion Date**	**Evidence of Completion**

Step 4