School Health Advisory Council Guide

A healthy, physically active child is more likely to be academically motivated, alert, and successful in school, and is more likely to establish habits that will foster good health throughout life. With access to our state's children and a strong community link, the school is the most effective setting to increase knowledge, form attitudes, and develop behaviors that affect the health and safety of young people and help them establish lifelong healthy behavior patterns.

We developed the School Health Advisory Council Guide to assist local school districts apply the Whole School, Whole Community, Whole Child (WSCC) model as part of their health and wellness activities. The WSCC model, promoted by the Centers for Disease Control and Prevention, focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community. The model consists of ten components, which every school should have to ensure the health, safety, and wellbeing of their students, staff and environment. All of the School Health Components are present amongst the Indicators of the Healthy and Safe Tenets, but by using the WSCC Model, schools, districts, and communities are able to highlight these areas and direct more attention towards them.

Many resources were used for this publication. We especially appreciate the American Cancer Society for granting permission to the Missouri Coordinated School Health Coalition to adapt selected material for use in the initial version of this guide.

We appreciate the time and expertise of the members of the Missouri Coordinated School Health Coalition who contributed to the revision of this guide in 2017.

For more information, visit the MCSHC website at www.healthykidsmo.org.

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INTRODUCTION

Research clearly shows that a healthy, physically active child is more likely to be academically motivated, alert and successful in school, and is more likely to establish habits that will foster good health throughout life.

With access to our state's children and a strong community link, the school is the most effective setting to increase knowledge, form attitudes, and develop behaviors that impact long-term health. While most young people practice healthy behaviors, the Youth Risk Behavior Survey of 9th through 12th grade students conducted by the Missouri Department of Elementary and Secondary Education indicates that some Missouri high school students are practicing behaviors that put them at risk of death, disability, or could potentially reduce their quality of life.

Congress emphasized the opportunity afforded by our nation's schools when it urged the Centers for Disease Control and Prevention (CDC) to provide for "the establishment of a comprehensive approach to health education in the school setting." The State Board of Education made a commitment to the health and well-being of Missouri's students by including health and physical education as content areas in the school improvement initiatives mandated by the Outstanding Schools Act (1993). Additionally, the State Board of Education mandated that all Missouri public school students earn ½ credit of health and one credit of physical education in order to graduate.

Impacting long-term health risks is not a simple task relegated exclusively to schools. Planning and implementing activities directed toward child and adolescent health needs, as well as school employees, requires that many people be involved. Collaborative efforts among family, community, and schools are the most effective approaches for both prevention and intervention.

**Whole School, Whole Child, Whole Community (WSCC) Model**
Realizing that effective school health programs go beyond the classroom, a WSCC model for school health includes 10 components (see the "Tools" section for definitions).

1. Health Education
2. Nutrition Environment and Services
3. Employee Wellness
4. Social and Emotional School Climate
5. Physical Environment
6. Health Services
7. Counseling, Psychological, and Social Services
8. Community Involvement
9. Family Engagement
10. Physical Education and Physical Activity

A school health advisory council can assist a school district in the promotion and protection of student and employee health. Involving parents and other community members on a school health advisory council enables the school to use valuable community resources.

This manual is designed to help school district personnel and interested community members who are seeking information and direction on the development and operation of a school health advisory council.

> A School Health Advisory Council (SHAC) is an on-going advisory group composed primarily of individuals selected from segments of the community. The group acts collectively in providing advice to the school district about aspects of the school health program. Generally, the members of a SHAC are appointed by the school district to advise the school district. Most often, SHACs are advisory to an entire school district, but a SHAC may also be useful for an individual school desiring their own advisory council.
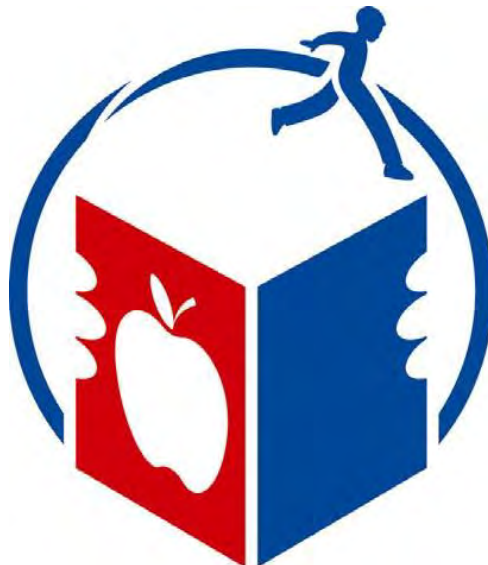
ROLE OF SCHOOL HEALTH ADVISORY COUNCILS

A SHAC has a variety of roles, depending on how the school district uses it. Some SHACs are designed to address issues around health instruction alone while others address all ten components of the WSCC model. Some common roles that are assigned to SHACs include (but are not limited to) the following:

Program Planning
SHACs ensure that professionals who directly influence student health convene regularly to learn what colleagues are doing, share teaching strategies, solve problems, and plan synergistic activities; participate in curriculum development and adaptation; offer a forum for discussion of health issues; facilitate innovation in health education; and provide professional development training programs.

Advocacy
SHACs provide visibility for school health within the school district and community; ensure that sufficient resources are allocated to school health; intervene when individuals from within or without the school seek to eliminate or unfavorably alter the school health program; facilitate understanding of schools and community segments; engage representatives from the local business, media, religious, juvenile justice and medical communities to serve as a buffer against threats to programs; and provide resources and linkage opportunities.

Fiscal Planning
SHACs assist in determining how much funding is required to conduct the school health program; integrate the various funding sources for school health programs; raise funds for local programs and prepare grant applications.

Liaison with District and State Agencies
SHACs work with agency personnel in curriculum development, allocation of school nurse time, development of food service programs, distribution of federal or state funds, and policy-making.

Direct Intervention
SHACs initiate policy related to smoking and alcohol use and the sale of nutritious foods at schools; organize school wide activities like health fairs and health promotion activities.

Evaluation, Accountability and Quality Control
SHACs ensure that school health funds are spent appropriately; that food service programs offer healthy menus and that health-related activities are conducted; conduct focus groups with parents, teachers, administrators and students; examine existing school services relative to need; assess the physical and psychological environment of the school.

> It is important to emphasize that advisory councils are formed to provide advice. These groups do not become part of the administrative structure of the schools, nor do they have any legal responsibilities within the school district.

DEVELOPING AN ADVISORY COUNCIL

Community members serving on a school health advisory council increase awareness of and support for a coordinated school health program. Rather than creating a new and possibly duplicative body, existing councils and networks may serve as the basis for the school health advisory council. For example, a Safe and Drug-Free School and Community Committee may be expanded to address all areas of a coordinated school health program.

If your school district does not already have a SHAC, here are some steps for how to begin one:

1. Review any established school district procedures for advisory councils.
2. Prepare a brief proposal on the formation of a SHAC.
3. Gain support of the school district.
4. Hold an initial meeting to determine interest in serving on the SHAC.
5. Compile the membership list.
6. Adopt by-laws and elect officers.
7. Conduct training for members.
8. Perform a needs assessment.
9. Develop task and project plans based upon needs assessment.
10. Establish a mechanism for regular reporting to the school district and community.

QUALITIES OF COUNCIL MEMBERS

Most importantly, SHAC members are committed to quality school health programs for the children of their community. Other criteria should include:

Demonstrated Interest in Youth
Individuals who work with scouts, church youth groups, human service agencies, school events, other advisory groups, environmental concern groups, civic clubs, PTAs, or business projects are good candidates for SHAC membership. They often have a good understanding of the needs of children.

Awareness of the Community
When members have a general understanding of the cultural, political, geographic, and economic structure of the community, goals are more easily reached. Some individuals are able to make significant decision and are potentially valuable members because they are familiar with these community aspects and are known by other community segments. However, a new person in the community may bring previous valuable experience without the potential of being weighed down by barriers seen by others.

Professional Ability
Individuals with professional training in a youth-related discipline are obvious potential members, as are those employed in human service agencies. However, training and agency affiliation does not predict the value of the individual to SHAC activities. While some SHACs want professional staff representatives from selected agencies, a more useful approach might be to choose individuals rather than agencies.

Willingness to Devote Time
No matter what the person's qualifications and interest in youth, if she or he will not attend meetings and participate in the work of the SHAC, it is usually better not to have that person as a member. Before appointing a member, discuss the time commitment to determine his or her willingness to make time for the SHAC. The occasional exception to this would be the influential and cooperative individual whose membership on the SHAC adds to its credibility.

Representative of the Population
Every community has population segments that are important in the overall functioning of the community. To increase the likelihood of having a SHAC that actually represents the community, it is important to consider age, sex, race, income, geography, politics, ethnicity, profession, and religion when selecting members. Representation of as many segments of the community as possible can enrich the level of discussion and acceptance of proposed activities. Additionally, such comprehensive representation can make the SHAC a more credible and widely known body. One of the most serious problems for some SHACs is that their members do not reflect the views of the community.

Credibility of Individuals
School districts should appoint respected individuals to the SHACs. Individual characteristics, such as honesty, trustworthiness, dependability, commitment, and ethics, all contribute to the character of the SHAC. The credibility of the SHAC is enhanced considerably by the personal characteristics of its members.

Suggested SHAC members	*Other Representatives*
Parents Students Medical professionals Attorneys Law enforcement officials Government officials Recreation professionals Other interested citizens	Social service agencies Business/industry volunteer Health agencies Churches/synagogues Hospitals/clinics Public health agencies Civic and service organizations Colleges/universities School/youth groups Professional societies

SELECTION OF MEMBERS

Most SHACs obtain members through one of three methods:

1. **Appointment**
   Some SHACs consist of individuals who are appointed by school board members to represent them in planning and implementing school health programs. These SHACs generally are reflective of the views of the school board members.

2. **Election**
   Some SHACs consist of individuals who are elected by citizens, school board members, or administrators. These SHACs are often reflective of the views of the group who elected them.

3. **Volunteer**
   Some SHACs consist of individuals who volunteer to serve on the SHAC. These SHACs are most often reflective of the diverse views of the community since many segments have the opportunity to serve.

Regardless of what procedure is used to acquire new members, some common steps should be taken:

1. Membership categories and SHAC size should be determined. SHACs typically have 11 to 19 members.

2. A diverse group of three to five concerned individuals should be used to identify potential members for each membership category.

3. New members should be assigned term lengths of one, two, or three years to maintain a balance of term lengths on the SHAC. This will protect the stability and develop consistency in operations of the SHAC.

4. The SHAC purpose, its general operation, current membership, and the time commitment for members should be briefly explained to each identified potential member.

5. Final decisions for membership should be made and confirmed with the designated school district contact person.

6. Appointment letters should be sent to new members from the superintendent and/or the school board. The appointment letters should indicate how much the school district values a person's willingness to participate in the SHAC. The content of the letter should also refer to the name of the SHAC, its purpose, terms of appointment, frequency of meetings, name of the school district contact person, and SHAC chairperson, if appropriate. Finally, the letter should inform the person about the next communication for getting started with the SHAC.

YOUTH AS PARTNERS

School Health Advisory Councils are formed with the goal of improving the health of schools for the benefit of everyone, including its students. However, one flaw in many SHACs is that the adults running them do not think to include youth as part of the SHAC team. Youth involvement can benefit organizations and their programs as well as the youth themselves. Programs that are developed in partnership with youth are more likely to be effective at engaging the population and, therefore, to have a greater impact. Involving youth as partners in making decisions that affect them increases the likelihood that the decisions will be accepted, adopted, and become part of their everyday lives. In addition, empowering youth to identify and respond to community needs helps them become empathetic, reflective individuals, setting them on a course to potentially continue this important work in their future.

Meaningful youth engagement views youth as equal partners with adults in the decision-making process. Programs and activities are developed with youth, rather than for youth. In this kind of equal partnership, both adults and young people need to be fully engaged, open to change in how things are done, and share a unified vision for the partnership.

Keys to Successful Youth Participation
Youth can provide added energy, ideas, and value to organizations through youth volunteering efforts, but there can be substantial barriers to the success of youth engagement. The following strategies may help overcome some common issues and barriers when working with youth:

- Openly discuss stereotypes that youth may have about adults, and that adults may have about youth.
- Practice "shared power" (i.e., shared responsibility for activities).
- Establish clearly defined roles and responsibilities for adults and youth.
- Establish clear decision-making processes that ensure youth are included in meaningful ways.
- Pay careful attention to logistical issues that may affect youth participation, including lack of transportation and conflicts with school and work schedules. Incentives—even simple ones, like food—can also make a difference.

Ways to Involve Youth Throughout the SHAC Process

Prioritizing needs
Youth provide an excellent source of human and social capital within communities. Their networks consist of their peers as well as family members and adult friends who have access to local resources.

Developing strategies/program activities
Youth can help create activities that will be of particular interest to their peers while effectively conveying program content. Many are familiar with age-appropriate team building exercises and activities that can be incorporated.

Promoting program/activities to other youth and adults
Youth should have a lead role in promoting and presenting information about the program and the activities that will be offered. Recruiting youth and getting them to participate in programs and activities can be strengthened when their peers describe what is available and how these opportunities were developed based on youth interests. Youth can also identify locations (e.g., libraries, schools, and recreational centers) that are frequented by potential participants.

Providing technical assistance on youth culture: How to effectively engage youth/how to work with youth
Youth can train adults who are interested in learning about youth culture. Youth can share what interests youth in general, conduct seminars on the relevance and use of innovative technologies such as web-based social networking, or serve on a panel to talk about what it takes to engage today's youth.

Participating in action research
Young people make excellent data collectors. As they contribute to tasks such as conducting interviews, taking photos, and reviewing feedback from surveys, they are also developing analytical skills that can serve them well in other roles.

Presenting results
Once youth have had a role in all levels of a program, most are more than willing to share the results of their hard work. Giving them the opportunity to share what a difference the experience has made in their lives will also resonate with the audience. This is very important if youth are presenting information to local leaders who can serve as potential partners and also help make a difference in the community.

COUNCIL OPERATIONS

By-laws

SHACs should have written by-laws to guide their work. By-laws clarify purpose, structure, and operational procedures. The potential for confusion among members is reduced when by-laws provide written guidelines for carrying out the business of the SHAC. The following are suggestions for what should be included in the by-laws.

1. **Name and Purpose of the SHAC**
   The name is likely to be straightforward, simply incorporating the school district's name (e.g., Hill County School Health Advisory Council). The purpose statement should reflect the advisory nature of the SHAC and the definition of school health. For example, some SHACs define school health as K-12 classroom health instruction while other SHACs include any aspect of health instruction, health services, and health environment. Still others use a broader definition that includes these three as well as health counseling, physical education, food services, staff health promotion, and community/school relations.

2. **Membership**
   The composition of the SHAC should be described in terms of the number of members, community sectors represented, terms of appointment, voting rights, termination, resignation, selection method, attendance, and criteria for eligibility.

3. **Meetings**
   Frequency, date and location of meetings, and procedures for setting the agenda, notifying of meetings, and distributing agenda and minutes should be stated. It should be specified that Robert's Rules of Order or an equivalent should govern the conduct of each meeting. (SHAC meetings are subject to open meeting laws.)

4. **Officers**
   Titles and responsibilities of officers, their terms, and a brief description of the election, removal, and resignation processes should be indicated. Generally, officers include chair or co-chairs, vice-chair, secretary, and perhaps treasurer.

5. **Voting Procedures**
   The voting process and the quorum used at regular meetings should be described.

6. **Committees**
   The name of any standing committee and a brief description of its functions and membership should be included. The process for formation of special committees should be described.

7. **Communications**
   The reporting procedures used by the SHAC for internal and external communication should be clearly stated. The method for determining the agenda, the identification of the school personnel or group receiving reports from the SHAC, any regular procedure for informing the community about SHAC activities, and the identification of a central location for records of past and current SHAC activities should be designated.

8. **Amendments**

   The procedure to be used for making amendments to the by-laws should be indicated. The by-laws should be approved by charter members, if possible, and dated. Copies should be made available to all new members and appropriate school personnel.

Statement of Philosophy

Some SHACs have written statements of their philosophy on coordinated school health programs. This serves to clarify the SHACs collective view on what school health should be. It offers the SHAC a framework to refer back to when making policy decisions. SHAC members can ask themselves: Does this new policy fit into our philosophy of school health? An example of a statement of philosophy follows:

The primary function of a school is to provide students with the learning experience necessary for maximum intellectual development. The success of this process is limited by the child's emotional, social, and physical health. For this reason, the purpose of a coordinated school health program is twofold: First, to consider the total human being in the educational process, and second, to motivate students to help themselves and others to live healthy, productive lives.

Writing a statement of philosophy can be a challenge. Professional assistance is available at local, state, and national levels through organizations that have made commitments to coordinated school health programs. The following steps can help make the process easier.

- Request that every SHAC member answer the following two questions in her or his own words:
  1. What is a WSCC model school?
  2. What do we want our WSCC school health program to achieve?

- One person should compile responses and draft the philosophical statement.

- The SHAC should review the draft and formulate a revised draft.

- The revised philosophical statement should be presented to the school board and the superintendent for their approval.

Strategic Plans

Another common strategy used by SHACs to guide their work is to develop a strategic plan. The SHACs mission statement, goals, and objectives are a part of the plan. This plan should be for a determined amount of time, perhaps for a single school year. The strategic plan should be revised as needed.

1. **Mission**

   A SHAC may first develop its mission. The mission states the ideal outcome of the SHACs work. It should be compatible with the mission of the school district. An example of a mission statement follows:

   > The school district will provide a coordinated school health program for all children, grades K-12. This program will reflect current health issues focusing on the special needs of the local community.

2. **Goals**

   Goals are what the SHAC must achieve if it is to accomplish its mission. An example of a goal statement follows:

   > To provide students with the knowledge and skills enabling them to adopt and maintain healthy attitudes and behaviors throughout their lives.

3. **Objectives**

   Objectives are the detailed descriptions of the specific actions required to achieve specific results. Objectives should be measurable so that it will be obvious when they are accomplished. An example of a measurable objective follows:

   > By January 1, 20__, 75 percent of all elementary school teachers will implement a grade-appropriate health education curriculum.

COUNCIL MEETINGS

The majority of a SHAC's work is completed during meetings. Therefore, it is essential that meetings are effective, well organized, and goal-directed.

Regular Meeting Schedule
An annual calendar of dates, times, and locations for regular meetings should be established. It is helpful to use a pattern of meeting dates, such as every three months. Some SHACs meet in the schools to help members become more familiar with the school environment. Any responsibility for food costs and transportation should be made clear at the beginning of the year.

Agenda
Members should receive a tentative agenda with a request for suggested agenda topics approximately one to two weeks before a meeting. Suggestions should be returned at least one week in advance of the meeting for incorporation into the agenda. Members should easily understand the agenda, and action items should be designated separately from information items and discussion only items. Minutes of the previous meeting should accompany the mailed tentative agenda.

Here is an example of how an agenda could be structured: 15 minutes for refreshments and socializing, 10 minutes for review and acceptance of minutes of last meeting and review of agenda, 15 minutes for report from school personnel on programs and activities, 30 minutes for discussion of future projects, 15 minutes for reviewing and voting on action items, 15 minutes for presentation of items to be voted on at next meeting, and finally review of meeting and setting next agenda.

Communication
A communication plan should be established to connect quickly on activities and for inclement weather. Have the group decide on whether members prefer communication via phone, email, text, or through a messaging app.

Punctuality
Meetings should start and end on time. Waiting for others before starting a meeting or allowing discussion to drift past a specific time will enable these behaviors to continue.

Environment and Atmosphere
The meeting should be held in a physically comfortable room with seating that allows members to easily see and hear each other. U-shaped or semi-circular seating arrangements work well. All members should be involved in discussions and positively acknowledged for their contributions. A member should be designated to keep a written record of discussion topics, major ideas, and decisions.

Follow-up
All tasks requiring follow-up or completion should be assigned to a SHAC member before moving on to a new topic.

SELF-ASSESSMENT FOR ADVISORY COUNCILS

It is important for a SHAC to periodically assess how well it works. SHAC members should ask themselves whether the SHAC does what it is supposed to, and if so, for whom and to what extent. By answering these questions honestly, the SHAC will be able to serve its school district more effectively. To help evaluate its effectiveness, the following questions should be considered.

- Does the SHAC regularly generate sound advice and activities to support the coordinated school health program?

- Do schools and the community recognize the SHAC as a valuable asset in promoting the health of students and school personnel?

- Are established procedures for implementing goals of the SHAC understood by members?

- Is membership representative of key segments of the community?

- Is an elected chairperson providing positive and productive leadership?

- Are members willing to make the necessary time?

- Do members participate in and review school health program activities?

- Are regular meetings, with attendance by most members, occurring?

Another tool for evaluating SHAC functioning is the following checklist. An effective SHAC should be able to answer "Yes" to each of the following questions.

Is there a mission statement along with written goals and objectives?	Yes		No	
Have SHAC activities developed community understanding of the school health program?	Yes		No	
Are meetings conducted in an impartial, parliamentary manner allowing all members to express opinions?	Yes		No	
Are SHAC members presented the facts and consulted when changes are made in the school health program?	Yes		No	
Are membership rosters current and updated?	Yes		No	
When appropriate, does the SHAC encourage school administrators to meet with the council or individual members on selected issues?	Yes		No	
Does the council address all ten components of a WSCC model?	Yes		No	

CONCLUSION

Although all SHACs are similar in their general purpose and function, no two SHACs are alike. After all, SHACs are comprised of people with their own characters and personalities. This is perhaps the most important element of SHACs because it ensures that their recommendations are reflective of the individual needs and values of the community. SHACs are designed and intended to provide a voice to the community about important school health issues. However, unless citizens use this opportunity to make their voice heard, SHACs do not work. Therefore, it is essential that every concerned citizen and agency remember their obligation to their SHAC, their school district, and, most importantly, their community's children.

TOOLS

This section offers a set of sample tools to carry out necessary actions. The advisory council should modify and tailor the tools as needed.

- Organizational Structure of a School Health Advisory Council

- Invitation Letter or Email to Join the School Health Advisory Council

- Thank You Letter or Email for Joining the School Health Advisory Council

- Letter or Email to Families

- Sample Agenda

- School Health Advisory Council Roster

- Membership Grid

- Information for Presentations

- Sample Situation Activity

- Ten Components of the Whole School, Whole Community, Whole Child Model

- Program Assessment

ORGANIZATIONAL STRUCTURE OF A SCHOOL HEALTH ADVISORY COUNCIL

School health advisory councils can be organized into a variety of structures with each structure interacting with the school district differently. School districts must decide early on, and review periodically, how the school health advisory council will provide advice to them. The school health advisory council structure and communication links with the school district and community should be outlined clearly for all participants. Similarly, its members may suggest modifications based upon their experience in order to enhance working relationship. As the school district and school health advisory council gain experience, it is likely that changes will be needed to facilitate the SHAC's purpose.

While many configurations are possible, three common structures are presented here. The first, shown in Figure 1, appears to be very simple and easily understood conceptually. In this structure, the school health advisory council membership is made up of the school superintendent, school health administrators, and community groups, such as PTAs or voluntary health agencies. The school health advisory council is appointed by the school board and reports to the school board. Some advantages of this structure are the communication link with the school board, the involvement of two key school personnel in school health advisory council activities, and representation from a wide variety of community segments. Potential disadvantages include the danger of domination by the school personnel and low interest levels from members who represent their agencies rather than have personal interests in youth.

Figure 1

School Board

| PTA | Private Practice Medical/Dental | Official Health Agencies | Private Industry |

| Youth Groups | Religious Groups | Professional Societies: Medical, Educational | Service Clubs |

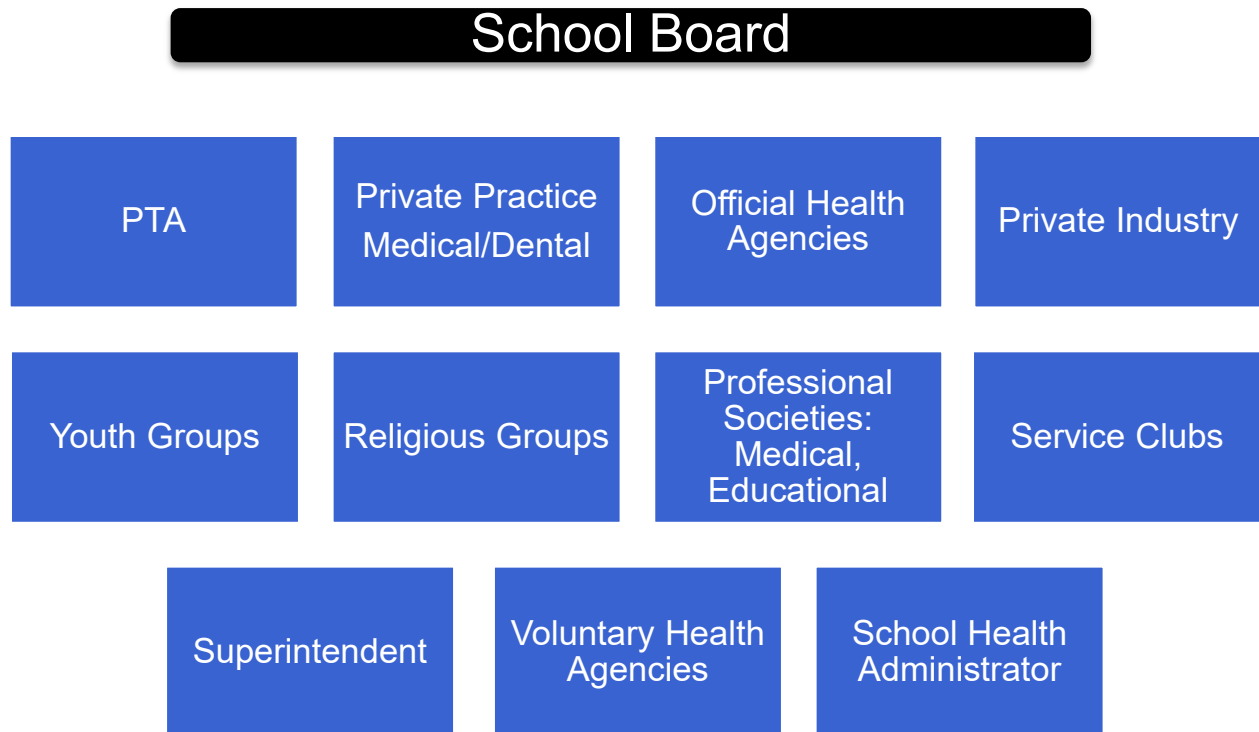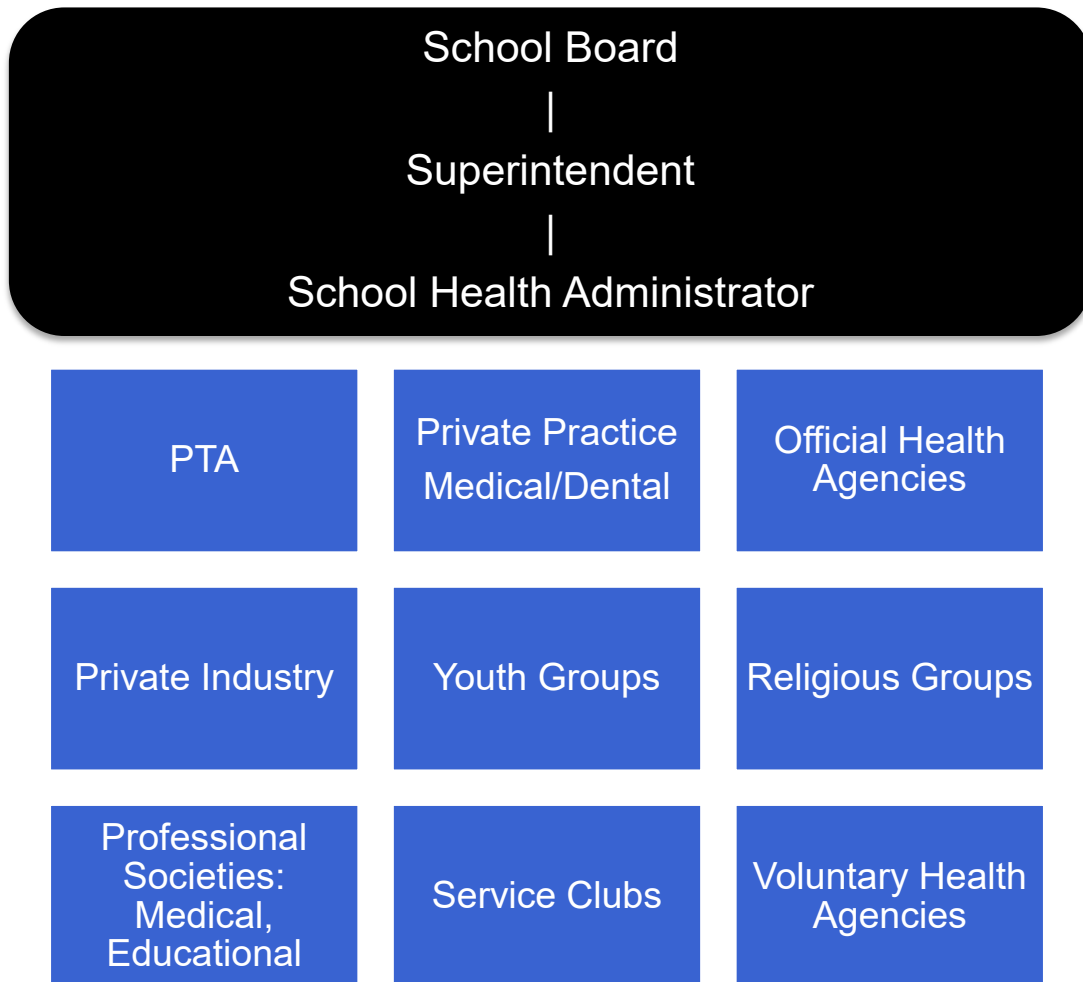| Superintendent | Voluntary Health Agencies | School Health Administrator |

Figure 2 illustrates a very common arrangement in which the school health advisory council reports to a school health administrator who reports directly or indirectly to the superintendent who reports to the school board. The council would have an elected chairperson and appointed members. One advantage of this structure is that it may operate more independently than the one presented in Figure 1. A disadvantage might be the filtering or amplifying of any reports as they move up the administrative ladder. This organization also potentially puts more distance between the school health advisory council and the school board. However, the structure allows for the orderly flow of advice from the school health advisory council to designated persons in the school district.

Figure 2

School Board
|
Superintendent
|
School Health Administrator

PTA	Private Practice Medical/Dental	Official Health Agencies
Private Industry	Youth Groups	Religious Groups
Professional Societies: Medical, Educational	Service Clubs	Voluntary Health Agencies

The configuration presented in Figure 3 deals with how the school health advisory council communicates activities to the community. In this design, the school health advisory council reports its activities to the media (usually city or county newspaper) at the same time it sends reports to the school board. Given the purposes of school health advisory councils, a more appropriate strategy would be to have information transmitted to the media only after the school district has reviewed and commented. Many councils include a media professional within their membership and encourage publicity through that person's access to the public.

Figure 3

School Board	Community | Public Media

Superintendent	PTA	Private Practice Medical/Dental	Official Health Agencies
Private Industry	Youth Groups	Religious Groups	Professional Societies: Medical, Educational
Service Clubs	Voluntary Health Agencies	School Health Administrator	
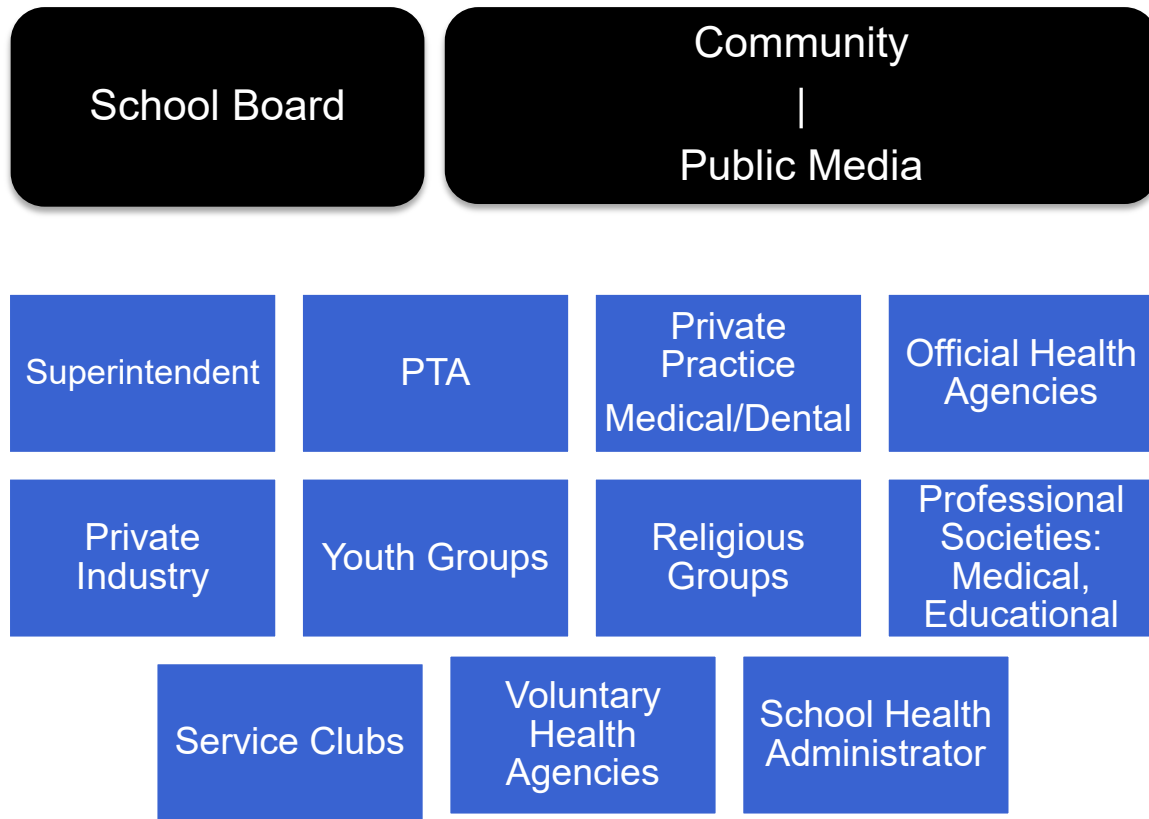
As might be expected, there are other ways of organizing the school health advisory council structure. For example, some school districts use a small executive advisory committee to determine needs for the year. After deciding upon project priorities, the group then identifies individuals to work on each project. All of these individuals working on projects are viewed collectively as the school health advisory council. Although this approach may be effective in getting projects completed, it has the potential of failing to focus on a more comprehensive view of school health. Members may come and go without being exposed to a broader view of school health.

The school district will need to choose how the school health advisory council will be organized and how the school health advisory council and school district will communicate with each other. This decision likely will reflect certain philosophical views of key school personnel. For example, school health coordinators and superintendents will vary in how they view advice from community members, the degree of their intended personal involvement, perceptions about the importance of school health programs, and the role of media persons. These variables help explain why a school health advisory council structure might work very well in one school district but not in another. Therefore, care should be taken in determining the best structure and communications option for each school health advisory council. Similarly, existing school health advisory councils might want to consider reorganization to create a more realistic and practical structure that fits better within the school district.

INVITATION LETTER OR EMAIL TO JOIN THE SCHOOL HEALTH ADVISORY COUNCIL

Date

Name
Job
Title
Agency/Organization
Address
City, State, Zip Code

Dear **<Name>**:

Children and youth who begin each day as healthy individuals can learn more effectively and are more likely to complete their formal education. Responsibility for the physical, emotional, social, mental, and intellectual health of our youth belongs to their families and the entire community. Effective Whole School, Whole Community, Whole Child (WSCC) programs can contribute to helping young people avoid health risks by increasing their skills to make responsible choices about behaviors that can affect their health.

The **<insert name of school district>** school district is establishing an advisory council to advise the school board and assist the district in developing a WSCC program. The advisory council will advise and support the district's efforts to assess their needs and to design programs to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens.

As someone interested in the welfare of our children, you are invited to join the district's advisory council. The advisory council will include parents, students, teachers, school administrators, voluntary organizations, business representatives, health professionals, and other interested, concerned citizens.

We hope that you can attend an organizational meeting on **<insert day>** at **<insert time>** at **<insert location>** to consider ways for addressing the health needs of our community's youth. **<Insert SHAC Chair Name>** will contact you next week to discuss participation and answer any questions you may have. If you wish to speak to someone before that time, call **<insert phone number>**.

We look forward to working with you to promote better health among our district's students.

Sincerely,

Name
Title
Agency/Organization

THANK-YOU LETTER OR EMAIL FOR JOINING THE SCHOOL HEALTH ADVISORY COUNCIL

Date

Name
Job
Title
Agency/Organization
Address
City, State, Zip Code

Dear **\<Insert Name\>**,

Thank you for accepting the invitation to be a member of the **\<insert name of school district\>** School Health Advisory Council. This will be an exciting opportunity to improve the overall health of our children and our community. I am sure the team that has been assembled will meet the challenge.

Our first meeting has been scheduled for **\<insert date, time, and place\>**. Snacks will be provided, and it should not last for more than two hours. At the meeting, the council will discuss strategies for bringing the project to the public and how to best involve the community. The council will also be setting the schedule for future meetings. Please bring your calendar to schedule these.

I look forward to seeing you at the meeting. If you have additional questions, please contact me at **\<insert phone number\>** or **\<insert email\>** at your convenience.

Sincerely,

Name
Title
Agency/Organization

LETTER OR EMAIL TO FAMILIES

Date

Dear **<insert Parent or Guardian name>**,

Children and youth who begin each day as healthy individuals can learn more effectively and are more likely to complete a formal education. Improving the health of our children and making them ready to learn is a concern for us all — parents, schools and the community. The **<insert school district name>** school district is developing a Whole School, Whole Community, Whole Child program for our schools. This type of program is designed to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens. Without the support and cooperation of families, this approach cannot work.

We invite you to attend a meeting at **<insert date, place>** to learn about and comment on our plans. The meeting will begin promptly at **<insert time>** and end no later than **<insert time>**. Child care will be provided.

We look forward to seeing you at the meeting. Please feel free to contact me at **<insert phone number>** or **<insert email>** if you have any questions or concerns.

Sincerely,

Name Title
Agency/Organization

SAMPLE AGENDA

<Insert School District> School Health Advisory Council
<Insert Date & Time>
<Insert Location>

Meeting Agenda

Time	Agenda Topic	Agenda Item Lead
<Insert Timeframe>	Meeting Welcome and Opening Information • Call to order • Introduction of meeting attendees • Approval of previous meetings minutes • Walk-through of today's agenda	<Insert Name of SHAC Chair>
<Insert Timeframe>	First Agenda Item • <Insert description of agenda item>	<Insert Agenda Item Lead Person>
<Insert Timeframe>	Second Agenda Item <Insert description of agenda item>	<Insert Agenda Item Lead Person>
<Insert Timeframe>	Third Agenda Item • <Insert description of agenda item>	<Insert Agenda Item Lead Person>
<Insert Timeframe>	Wrap-Up • Discuss date of next meeting • Solicit ideas for future agenda items • Adjourn	<Insert Name of SHAC Chair>

SCHOOL HEALTH ADVISORY COUNCIL ROSTER

Instructions: Distribute this worksheet to gather member information. Once this worksheet is completed, phone numbers and addresses should be compiled in an orderly manner. Copies of the roster and the membership grid should be provided to all advisory council members.

Name: _____

Email Address: _____

Address: _____

Telephone (Work):_____ (Personal): _____

Days and times available: _____

Comments: _____

_____

_____

_____

MEMBERSHIP GRID

Member's Name & Role	School Age Child	Medically Fragile Child	Special Education Child	PTA Representative	Middle School	Junior High School	High School	Physician	Dentistry	Mental Health	Public Health	Other Health Professions	Civic Group	Religious Group	Human Services	Youth Services	School Nurse	Health Teacher	Other Teacher	School Administrator	School Counselor	Food Service	Other (please note)	Business	Government Officials	Other professionals
	Parent				Student			Health					Community				Education							Other		
Ex: John Smith, co-chair	X							X																		

INFORMATION FOR PRESENTATIONS

The following information can be used for handouts or overheads in a presentation about the WSCC model.

Preventable Health Risk Behaviors
At one time, the major health risks children faced were diseases such as tuberculosis, diphtheria, whooping cough, measles, mumps, and rubella. In recent decades, this has changed. Most of today's risks have their roots in social, behavioral, or environmental conditions. Many of the risks that account for most of the serious illnesses and premature death in the U.S. are preventable, including:

- Tobacco use

- Poor eating habits

- Alcohol and other drug use

- Behaviors that result in intentional or unintentional injury

- Physical inactivity

- Sexual behaviors that result in HIV infection, other sexually transmitted infections, or unintended pregnancy

Whole School, Whole Community, Whole Child (WSCC) Model
By focusing on youth, addressing critical education and health outcomes, organizing collaborative actions and initiatives that support students, and strongly engaging community resources, the WSCC approach offers important opportunities that may improve healthy development and educational attainment for students. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community.

The WSCC model has ten components, expanding on the coordinated school health approach to strengthen a unified and collaborative approach to learning and health. This evolution meets the need for greater emphasis on both the psychosocial and physical environment as well as the ever-increasing and growing roles that community agencies and families must play. This new model also addresses the need to engage students as active participants in their learning and health.

SAMPLE SITUATION ACTIVITY

All schools have implemented some of the components of the WSCC Model. However, a fully implemented WSCC Model best meets the needs of students, their families, and the school staff when the components are fully developed, integrated, and supported by the community.

The situation activity on the following page gives participants a chance to apply their understanding of each WSCC component to a problem at school. The instructions are as follows:

1. Reproduce the Sample Situation Activity form on the next page.

2. Before the presentation or with input from presentation participants, write an individual or school-wide problem (e.g., anorexia, tobacco use, underage drinking, and frequent absences) in the center of the form.

3. Divide into groups of ten.

4. To each group, distribute a copy of the form and an envelope with slips of paper with the name of each of the ten WSCC model components.

5. Each group member draws a slip and assumes the role of that component.

6. Group members discuss how they can work together to address the problem in the center box. They then write in their section their contribution to the solution.

7. Each group could then be asked to report their ideas to the whole group.
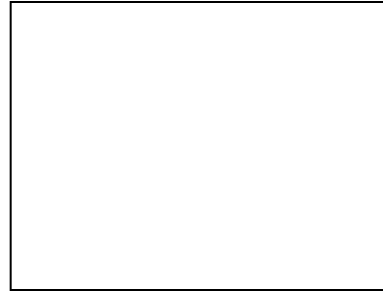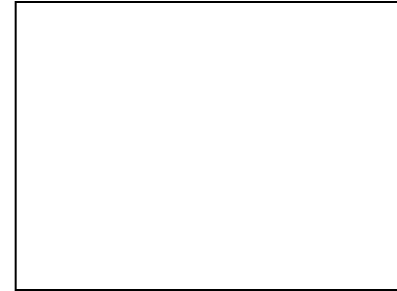
SAMPLE SITUATION ACTIVITY
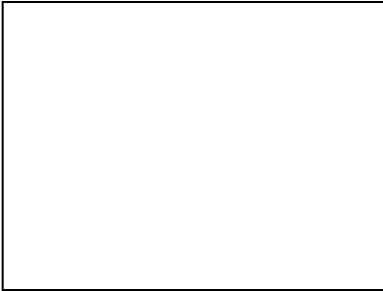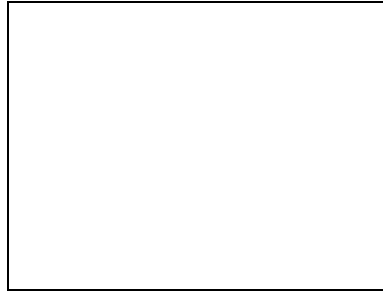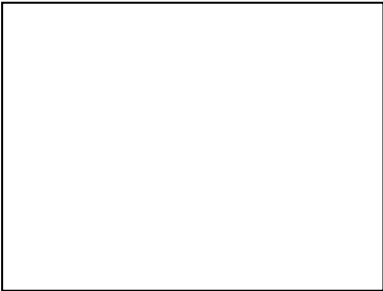
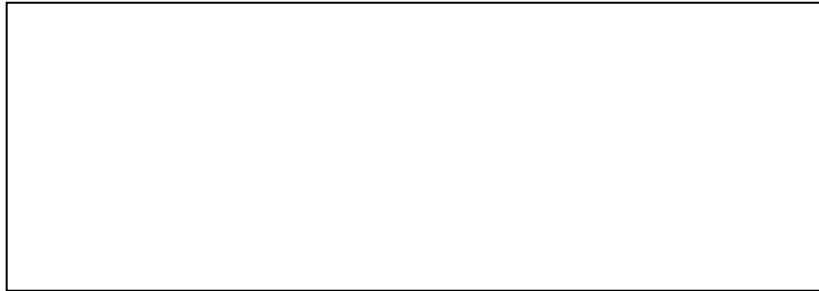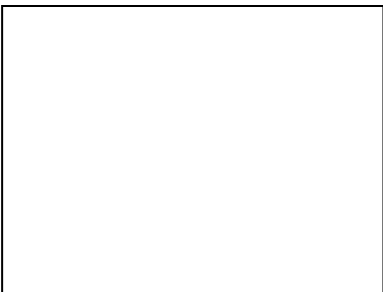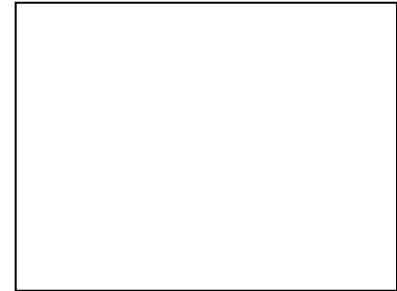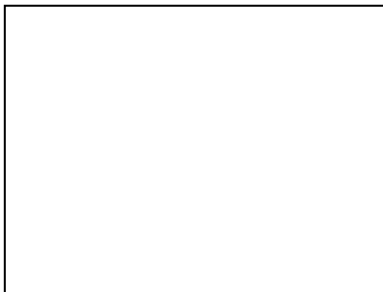|			
Health Education	Nutrition Environment & Services	Employee Wellness	Social & Emotional School Climate

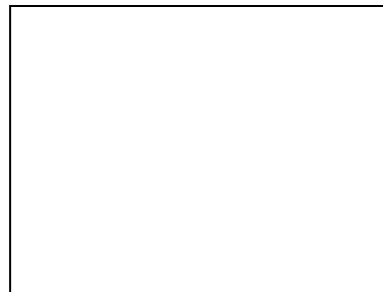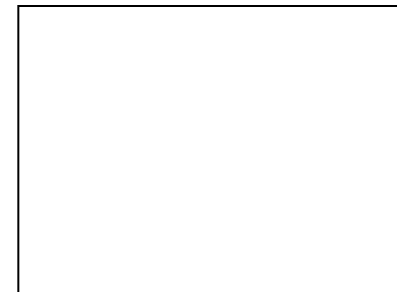|		
Physical Environment		Health Services

Counseling, Psychological, & Social Services	Community Involvement	Family Engagement	Physical Education & Physical Activity

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL

The Whole School, Whole Community, Whole Child (WSCC) Model is an expansion and update of the Coordinated School Health (CSH) approach. The WSCC incorporates the components of CSH and the tenets of the Association for Supervision Curriculum Development's (ASCD's) whole child approach to strengthen a unified and collaborative approach to learning and health. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community.

WSCC Components

1. Health Education

Formal, structured health education consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions. When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes curricula and instruction for students in pre-K through grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education curricula and instruction should address the National Health Education Standards (NHES) and incorporate the characteristics of an effective health education. Health education, based on an assessment of student health needs and planned in collaboration with the community, ensures reinforcement of health messages that are relevant for students and meet community needs. Students might also acquire health information through education that occurs as part of a patient visit with a school nurse, through posters or public service announcements, or through conversations with family and peers.

2. Nutrition Environment and Services

The school nutrition environment provides students with opportunities to learn about and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus. Students may have access to foods and beverages in a variety of venues at school including the cafeteria, vending machines, grab 'n' go kiosks, school's stores, concession stands, classroom rewards, classroom parties, school celebrations, and fundraisers.

School nutrition services provide meals that meet federal nutrition standards for the National School Lunch and Breakfast Programs, accommodate the health and nutrition needs of all students, and help ensure that foods and beverages sold outside of the school meal programs (i.e., competitive foods) meet Smart Snacks in School nutrition standards. School nutrition professionals should meet minimum education requirements and receive annual professional development and training to ensure that they have the knowledge and

skills to provide these services. All individuals in the school community support a healthy school nutrition environment by marketing and promoting healthier foods and beverages, encouraging participation in the school meal programs, role-modeling healthy eating behaviors, and ensuring that students have access to free drinking water throughout the school day.

Healthy eating has been linked in studies to improved learning outcomes and helps ensure that students are able to reach their potential.

3.   Employee Wellness

Schools are not only places of learning, but they are also worksites. Fostering school employees' physical and mental health protects school staff, and by doing so, helps to support students' health and academic success. Healthy school employees—including teachers, administrators, bus drivers, cafeteria and custodial staff, and contractors—are more productive and less likely to be absent. They serve as powerful role models for students and may increase their attention to students' health. Schools can create work environments that support healthy eating, adopt active lifestyles, be tobacco free, manage stress, and avoid injury and exposure to hazards (e.g., mold, asbestos). A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors (e.g., lack of physical activity, tobacco use) and health conditions (e.g., diabetes, depression) to meet the health and safety needs of all employees. Partnerships between school districts and their health insurance providers can help offer resources, including personalized health assessments and flu vaccinations. Employee wellness programs and healthy work environments can improve a district's bottom line by decreasing employee health insurance premiums, reducing employee turnover, and cutting costs of substitutes.

4.   Social and Emotional School Climate

Social and Emotional School Climate refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance. A positive social and emotional school climate is conducive to effective teaching and learning. Such climates promote health, growth, and development by providing a safe and supportive learning environment.

5.   Physical Environment

A healthy and safe physical school environment promotes learning by ensuring the health and safety of students and staff. The physical school environment encompasses the school building and its contents, the land on which the school is located, and the area surrounding it. A healthy school environment will address a school's physical condition during normal operation as well as during renovation (e.g., ventilation, moisture, temperature, noise, and natural and artificial lighting), and protect occupants from physical threats (e.g., crime, violence, traffic, and injuries) and biological and chemical agents in the air, water, or soil as well as those purposefully brought into the school (e.g., pollution, mold, hazardous

materials, pesticides, and cleaning agents).

6.   Health Services

School health services intervene with actual and potential health problems, including providing first aid, emergency care and assessment and planning for the management of chronic conditions (such as asthma or diabetes). In addition, wellness promotion, preventive services and staff, student and parent education complement the provision of care coordination services. These services are also designed to ensure access and/or referrals to the medical home or private healthcare provider. Health services connect school staff, students, families, community and healthcare providers to promote the health care of students and a healthy and safe school environment. School health services actively collaborate with school and community support services to increase the ability of students and families to adapt to health and social stressors, such as chronic health conditions or social and economic barriers to health, and to be able to manage these stressors and advocate for their own health and learning needs. Qualified professionals such as school nurses, nurse practitioners, dentists, health educators, physicians, physician assistants and allied health personnel provide these services.

7.   Counseling, Psychological, and Social Services

These prevention and intervention services support the mental, behavioral, and social-emotional health of students and promote success in the learning process. Services include psychological, psychoeducational, and psychosocial assessments; direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed. Additionally, systems-level assessment, prevention, intervention, and program design by school-employed mental health professionals contribute to the mental and behavioral health of students as well as to the health of the school environment. These can be done through resource identification and needs assessments, school-community-family collaboration, and ongoing participation in school safety and crisis response efforts. Additionally, school-employed professionals can provide skilled consultation with other school staff and community resources and community providers. School-employed mental health professionals ensure that services provided in school reinforce learning and help to align interventions provided by community providers with the school environment. Professionals such as certified school counselors, school psychologists, and school social workers provide these services.

8.   Community Involvement

Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, and health-related activities. The school, its students, and their families benefit when leaders and staff at the district or school solicits and coordinates information, resources, and services available from community-based organizations, businesses, cultural and civic organizations, social service agencies, faith-based organizations, health clinics, colleges and universities, and other community groups. Schools, students, and their families can contribute to the community through service-learning opportunities and by sharing school

facilities with community members (e.g., school-based community health centers and fitness facilities).

9. Family Engagement

Families and school staff work together to support and improve the learning, development, and health of students. Family engagement with schools is a shared responsibility of both school staff and families. School staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. Families are committed to actively supporting their child's learning and development. This relationship between school staff and families cuts across and reinforces student health and learning in multiple settings—at home, in school, in out-of-school programs, and in the community. Family engagement should be continuous across a child's life and requires an ongoing commitment as children mature into young adulthood.

10. Physical Education and Physical Activity

Schools can create an environment that offers many opportunities for students to be physically active throughout the school day. A comprehensive school physical activity program (CSPAP) is the national framework for physical education and youth physical activity. A CSPAP reflects strong coordination across five components: physical education, physical activity during school, physical activity before and after school, staff involvement, and family and community engagement. Physical education serves as the foundation of a CSPAP and is an academic subject characterized by a planned, sequential K-12 curriculum (course of study) that is based on the national standards for physical education. Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence. A well-designed physical education program provides the opportunity for students to learn key concepts and practice critical skills needed to establish and maintain physically active lifestyles throughout childhood, adolescence and into adulthood. Teachers should be certified or licensed, and endorsed by the state to teach physical education.

PROGRAM ASSESSMENT

After an advisory council has been established, council members will find it beneficial to complete a program assessment to help guide decision making related to designing programs to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens.

After each section has been scored, the council can now select an area or areas, based on the WSCC model components, in which the school district can improve. The lower the assessment score, the more action will be needed to improve school health.

The following assessment survey was adapted from *Effective School Health Advisory Councils*, a publication from the North Carolina Department of Public Instruction and the U.S. Department of Health and Human Services, with changes made to reflect the transition from the CSH model to the WSCC model.

For additional information on developing an action plan, the council may wish to refer to *Effective School Health Advisory Councils,* North Carolina Department of Public Instruction, available at: www.nchealthyschools.org/schoolhealthadvisorycouncil.

Reviewer Name(s): _____

School Name: _____

Town: _____ **Date:** _____

For each item, indicate if a policy exists and to what extent it is implemented by using the 0-3 scale in the table:

1. Health Education				
Circle the Appropriate Response for Each Item	**No** Policy and/or Practice Exists	Policy Exists However is **Rarely** Implemented	Policy Exists and Is **Sometimes** Implemented	Policy Exists and Is **Usually** Implemented
A documented, planned, and sequential program of health instruction for students in grades kindergarten through 12 that aligns with the state Grade Level Expectations.	0	1	2	3
A curriculum that addresses and integrates education about the ten content areas (community health, consumer health, environmental health, family life, growth and development, nutrition, personal health, prevention and control of disease, safety and accident prevention, and substance use and abuse) at developmentally appropriate ages.	0	1	2	3
Activities that help young people develop the skills they need to avoid: Tobacco use	0	1	2	3
Dietary patterns that contribute to disease	0	1	2	3
Sedentary lifestyle	0	1	2	3
Sexual behaviors that result in HIV infection	0	1	2	3
Other sexually transmitted diseases and unintended pregnancy	0	1	2	3
Alcohol and other drug use	0	1	2	3
Behaviors that result in unintentional and intentional injuries	0	1	2	3
Health education instruction is provided for a prescribed amount of time at each grade.	0	1	2	3
Health education program is managed and coordinated by an education professional trained to implement the program.	0	1	2	3
Health education instruction is provided by teachers who are trained to teach the subject.	0	1	2	3
Health education program includes involvement of parents, health professionals, and other concerned community members.	0	1	2	3
Health education program is evaluated, updated, and improved annually.	0	1	2	3
Add up the numbers that are circled and divide the total by 14 for a score on the component.	**Score =**			

2. Nutrition Services				
Circle the Appropriate Response for Each Item	**No** Policy and/or Practice Exists	Policy Exists However is **Rarely** Implemented	Policy Exists and Is **Sometimes** Implemented	Policy Exists and Is **Usually** Implemented
The National School Lunch, Breakfast, and After School Snack program serves meals and snacks in accordance with the USDA school meal regulations.	0	1	2	3
Nutrition standards exist for all other foods and beverages available to students, including vending, a la carte, classroom celebrations, and additional school activities in accordance to the Smart Snacks in Schools.	0	1	2	3
The wellness policy includes integrative nutrition education that is classroom-based and cafeteria-based.	0	1	2	3
Fresh fruits, vegetables, whole grains, and low fat/fat free dairy are offered in the school cafeteria daily.	0	1	2	3
Changes in health knowledge (including nutrition and physical activity are measured).	0	1	2	3
Changes in attitude are measured.	0	1	2	3
Changes in behavior are measured.	0	1	2	3
Lunch periods are long enough to give students time to eat and socialize. (National recommendation is at least 20 minutes after they are seated.)	0	1	2	3
Add up the numbers that are circled and divide the total by 8 for a score on the component.	**Score =**			

3. Employee Wellness				
Circle the Appropriate Response for Each Item	**No** Policy and/or Practice Exists	Policy Exists However is **Rarely** Implemented	Policy Exists and Is **Sometimes** Implemented	Policy Exists and Is **Usually** Implemented
The wellness policy includes a staff wellness program or school sponsored health promotions.	0	1	2	3
The staff wellness program is evaluated yearly.	0	1	2	3
Add up the numbers that are circled and divide the total by 2 for a score on the component.	**Score =**			

4. Social and Emotional Climate				
Circle the Appropriate Response for Each Item	**No** Policy and/or Practice Exists	Policy Exists However is **Rarely** Implemented	Policy Exists and Is **Sometimes** Implemented	Policy Exists and Is **Usually** Implemented
School staff ensure that students are not harassed, bullied, or hazed.	0	1	2	3
The school district has developed and implemented an anti-bullying policy that meets the criteria of Missouri HB 1583.				
Add up the numbers that are circled and divide the total by 2 for a score on the component.	**Score =**			

5. Physical Environment				
Circle the Appropriate Response for Each Item	**No** Policy and/or Practice Exists	Policy Exists However is **Rarely** Implemented	Policy Exists and Is **Sometimes** Implemented	Policy Exists and Is **Usually** Implemented
A policy that prohibits all students, staff, and visitors from using tobacco products on school grounds at all times.	0	1	2	3
A formal emergency response plan for handling issues such as natural disasters, violent incidents, and bioterrorism.	0	1	2	3
School facilities are clean, well maintained, and in good repair.	0	1	2	3
All heating and air conditioning systems are maintained at the recommended temperature and humidity levels.	0	1	2	3
Add up the numbers that are circled and divide the total by 4 for a score on the component.	**Score =**			

6.   Health Services

Circle the Appropriate Response for Each Item	No Policy and/or Practice Exists	Policy Exists However is Rarely Implemented	Policy Exists and Is Sometimes Implemented	Policy Exists and Is Usually Implemented
All students have access to a Registered Professional Nurse daily.	0	1	2	3
A policy in place that detects health-related barriers to learning (screening programs) that is coordinated with referral and follow-up activities for resolution.	0	1	2	3
An RN assesses, plans, and evaluates health care for students with special needs to assure it is in accordance with the State Board of Education.	0	1	2	3
Federal, state, and local statutes and guidelines are utilized for prevention and control of communicable and infectious diseases, including HIV infection.	0	1	2	3
A system for reporting an injury, and procedures implemented system wide and used in developing and implementing prevention and safety activities.	0	1	2	3
Student health records are maintained and stored in accordance with current state and federal regulations.	0	1	2	3
All children with asthma have an Asthma Action Plan.	0	1	2	3
Add up the numbers that are circled and divide the total by 7 for a score on the component.	**Score =**			

7. Counseling, Psychological, and Social Services

Circle the Appropriate Response for Each Item	No Policy and/or Practice Exists	Policy Exists However is Rarely Implemented	Policy Exists and Is Sometimes Implemented	Policy Exists and Is Usually Implemented
Access to support groups for students dealing with personal and family issues such as substance abuse, stress, pregnancy, grief, etc.	0	1	2	3
Training provided to all staff on early identification of students with signs of academic and mental/behavioral health problems.	0	1	2	3
Students with potential mental health issues are systematically identified and referred for supportive services.	0	1	2	3
Mental health staff assist teachers in conducting prevention activities related to mental/behavioral health issues.	0	1	2	3
The effectiveness of the counseling/mental health services is evaluated annually.	0	1	2	3
A crisis plan is in place for mobilizing mental health workers to assist students, staff, and families in the event of a school crisis.	0	1	2	3
The school district has adopted an anti-suicide policy to identify students at risk of suicide per Missouri HB 1583.	0	1	3	3
Add up the numbers that are circled and divide the total by 7 for a score on the component.	**Score =**			

8. Community Involvement

Circle the Appropriate Response for Each Item	No Policy and/or Practice Exists	Policy Exists However is Rarely Implemented	Policy Exists and Is Sometimes Implemented	Policy Exists and Is Usually Implemented
There is a school health advisory council.	0	1	2	3
All students could engage in community service activities.	0	1	2	3
Members of the school health advisory council represent: School administrators	0	1	2	3
Health educators	0	1	2	3
Health services (nurses, doctors)	0	1	2	3
Physical educators	0	1	2	3
School nutrition staff	0	1	2	3
Counseling staff	0	1	2	3
Community health personnel	0	1	2	3
Add up the numbers that are circled and divide the total by 9 for a score on the component.	**Score =**			

9. Family Engagement

Circle the Appropriate Response for Each Item	No Policy and/or Practice Exists	Policy Exists However is Rarely Implemented	Policy Exists and Is Sometimes Implemented	Policy Exists and Is Usually Implemented
Members of the school health advisory council represent: Parents or Guardians	0	1	2	3
School staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement.	0	1	2	3
Add up the numbers that are circled and divide the total by 2 for a score on the component.	**Score =**			

10. Physical Education and Physical Activity

Circle the Appropriate Response for Each Item	No Policy and/or Practice Exists	Policy Exists However is Rarely Implemented	Policy Exists and Is Sometimes Implemented	Policy Exists and Is Usually Implemented
All students participate in daily physical education.	0	1	2	3
All elementary students participate in classroom physical activity led by the classroom teacher.	0	1	2	3
All elementary students participate in daily active recess.	0	1	2	3
A certified physical education specialist teaches physical education.	0	1	2	3
Physical education curriculum is sequential and age appropriate.	0	1	2	3
Students are assessed according to the Grade Level Expectations and not just on dress attire and participation.	0	1	2	3
The effectiveness of the physical education curriculum is evaluated yearly.	0	1	2	3
Add up the numbers that are circled and divide the total by 7 for a score on the component.	**Score =**			

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