

# Indicators for School Health Programs

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## Coordinated School Health Programs (CSHPs) and Physical Activity, Nutrition, and Tobacco Use (PANT)

Fiscal Year: March 1, 2011 – February 29, 2012  
Division of Adolescent and School Health

Funding Opportunity Number: CDC-RFA-DP08-801:  
Improving Health and Educational Outcomes of Young People

### Instructions

This set of indicators describes the performance in nine areas of your project to support Coordinated School Health Programs (CSHP): (1) introduction; (2) joint activities of the State Education Agency and State Health Agency; (3) policy; (4) curricula and instruction; (5) health promotion and environmental approaches; (6) external collaboration; (7) reducing health disparities among populations of youth at disproportionate risk for chronic disease; and (8) other information and activities.

A glossary of terms is included at the end of the *Indicators*.

Activities to be reported are those for which **any amount** of DASH funds were used, or in which staff time to develop, implement, or evaluate activities was funded in any amount by DASH. These questions apply only to priority health risk behaviors addressed in Funding Opportunity Announcement DP08-801, excluding supplementary funding.

Please answer each question carefully and accurately. **Not all items or activities may reflect the emphasis of your plan for the current fiscal year, and therefore you may report that you have not performed activities in those areas by entering zeros. Additionally, you may not currently collect information about some activities. If so, please leave the answer blank.** Please be sure to include materials for those items requesting attachments.

Public reporting burden of this collection of information is estimated to average 9 hours per response, including the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS-D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0672).

*For further questions or assistance with completing this report,  
please contact your CDC project officer.*



## I. INTRODUCTION

1. How many school districts do you have in your state? \_\_\_\_\_ TOTAL
2. How many schools do you have in your state? \_\_\_\_\_ TOTAL
3. How many regional support units do you have in your state? \_\_\_\_\_ TOTAL
4. During FY 2011, did your project have any funding other than DASH funding for state-level activities to support the coordination of school health programs? (May include federal, state, and/or private funding)
  - YES
  - NO
5. During FY 2011, did your project **obtain** any additional federal, state, or private funding for state-level CSHP activities to support the coordination of school health programs **because of your DASH activities and plans**?
  - YES
  - NO

## II. JOINT ACTIVITIES OF THE STATE EDUCATION AGENCY (SEA) AND STATE HEALTH AGENCY (SHA)

6. During FY 2011, did the SEA and SHA collaborate on the following activities?
- |   | <b>YES</b>            | <b>NO</b>             |
|---|-----------------------|-----------------------|
| A. Market or communicate about CSHP (i.e. create awareness or interest in new or on-going CSHP with the general public or partners) | <input type="radio"/> | <input type="radio"/> |
| B. Develop or implement CSHP activities   | <input type="radio"/> | <input type="radio"/> |
| C. Develop or change CSHP policy (e.g., statute, model policy, etc.)  | <input type="radio"/> | <input type="radio"/> |
| D. Share CSHP resources (e.g., databases, information, programs, etc.)  | <input type="radio"/> | <input type="radio"/> |
| E. Provide CSHP professional development  | <input type="radio"/> | <input type="radio"/> |
| F. Evaluate CSHP activities   | <input type="radio"/> | <input type="radio"/> |
| G. Seek additional funding for CSHP activities  | <input type="radio"/> | <input type="radio"/> |
| H. Develop or implement PANT activities   | <input type="radio"/> | <input type="radio"/> |
| I. Develop or change PANT policy  | <input type="radio"/> | <input type="radio"/> |
| J. Share PANT resources   | <input type="radio"/> | <input type="radio"/> |
| K. Provide PANT professional development  | <input type="radio"/> | <input type="radio"/> |
| L. Evaluate PANT activities   | <input type="radio"/> | <input type="radio"/> |
| M. Seek additional funding for PANT activities  | <input type="radio"/> | <input type="radio"/> |

**III. POLICY**

7. During FY 2011, which of the following activities did your project conduct to support district or school staff with regard to established or model policies, policy guidance, or other policy materials on the following topics? (Mark all that apply.)

	CSHP	PHYSICAL ACTIVITY	PHYSICAL EDUCATION	NUTRITION	TOBACCO USE PREV.
A. <b>DEVELOP</b> (or revise or assist in developing) a model policy, policy guidance, or other policy materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. <b>DISTRIBUTE</b> established or model policies, policy guidance, or other policy materials to inform policy direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Provide <b>PROFESSIONAL DEVELOPMENT</b> on established or model policies, policy guidance, or other policy materials to inform policy direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Provide <b>TECHNICAL ASSISTANCE</b> on established or model policies, policy, guidance, or other policy materials to inform policy direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on established or model policies, policy guidance, or other policy materials, indicate the total across all topic areas:

- A. Number of professional development events focusing on policy issues \_\_\_\_\_
- B. Number of participants in professional development events focusing on policy issues \_\_\_\_\_
- C. Number of professional development events focusing on policy issues for which you conducted follow-up support \_\_\_\_\_

9. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to district or school staff on established or model policies, policy guidance, or other policy materials, provide the total:

- A. Number of schools reached directly \_\_\_\_\_
- B. Number of districts reached directly \_\_\_\_\_
- C. Number of regional support units reached directly \_\_\_\_\_

10. During FY 2011, did your project assist district or school staff in **policy development** or **policy implementation** on the following topics? (Assistance to districts or schools may be through distributing materials on policy, professional development, or providing technical assistance.)

<b>A. Coordinated School Health Programs</b>		<b>YES</b>	<b>NO</b>
1.	Developing coordinated school health policy	<input type="radio"/>	<input type="radio"/>
2.	Integrating the school health objectives into the overall school improvement plan (CSH SLIM #9)	<input type="radio"/>	<input type="radio"/>
3.	Creating, improving, or maintaining school health councils and school health teams ( CSH SLIM #2)	<input type="radio"/>	<input type="radio"/>
4.	Developing policies regarding qualifications for and duties of local district CSHP coordinators	<input type="radio"/>	<input type="radio"/>
5.	Implementing policies regarding qualifications for and duties of local district CSHP coordinators	<input type="radio"/>	<input type="radio"/>
6.	Developing wellness policies	<input type="radio"/>	<input type="radio"/>
7.	Implementing wellness policies	<input type="radio"/>	<input type="radio"/>
<b>B. Health Education</b>		<b>YES</b>	<b>NO</b>
1.	Implementing or revising time or graduation requirements for K-12 health education classes	<input type="radio"/>	<input type="radio"/>
2.	Implementing or revising certification requirements for teachers of health education (CSH SLIM #5)	<input type="radio"/>	<input type="radio"/>
3.	Providing nutrition education for students (Nutrition SLIM #5)	<input type="radio"/>	<input type="radio"/>
4.	Incorporating physical activity as required content within health education (PE/PA SLIM #6)	<input type="radio"/>	<input type="radio"/>
5.	Providing tobacco-use prevention education for students (Tobacco SLIM #3)	<input type="radio"/>	<input type="radio"/>
6.	Providing health education teachers with goals, objectives, and expected outcomes for health education; a chart describing the annual scope and sequence of instruction; plans for how to assess student performance; written health education curricula (CSH SLIM #6)	<input type="radio"/>	<input type="radio"/>
<b>C. Physical Education Policies</b>		<b>YES</b>	<b>NO</b>
1.	Implementing or revising policies to increase the number of minutes dedicated to physical education for <b>elementary and middle school</b> students	<input type="radio"/>	<input type="radio"/>
2.	Implementing or revising policies to increase the number of minutes dedicated to physical education for <b>high school</b> students	<input type="radio"/>	<input type="radio"/>
3.	Implementing or revising policies to establish graduation requirements for physical education	<input type="radio"/>	<input type="radio"/>
4.	Implementing or revising certification requirements for physical education teachers (PA/PE SLIM #2)	<input type="radio"/>	<input type="radio"/>
5.	Prohibiting use of physical activity as a punishment during physical education class	<input type="radio"/>	<input type="radio"/>
6.	Prohibiting exemptions or waivers for physical education participation for participation in other activities (PE/PA SLIM #4)	<input type="radio"/>	<input type="radio"/>
7.	Establishing class size requirements for physical education	<input type="radio"/>	<input type="radio"/>
8.	Implementing or revising physical education curriculum requirements to be based on national or state standards	<input type="radio"/>	<input type="radio"/>
9.	Providing physical education teachers with goals, objectives, and expected outcomes for physical education; a chart describing the annual scope and sequence of instruction; plans for how to assess student performance; written physical education curricula (PE/PA SLIM #3)	<input type="radio"/>	<input type="radio"/>

<b>D. Physical Activity Policies</b>	<b>YES</b>	<b>NO</b>
1. Providing daily recess for elementary school students	<input type="radio"/>	<input type="radio"/>
2. Increasing physical activity opportunities during school-day breaks	<input type="radio"/>	<input type="radio"/>
3. Prohibiting denying recess as a punishment	<input type="radio"/>	<input type="radio"/>
4. Providing opportunities for after-school physical activity and/or intramurals and/or interscholastic sports (PE/PA SLIM #5)	<input type="radio"/>	<input type="radio"/>
5. Allowing children or adolescents to use school indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons outside of school hours or when school is not in session (PE/PA SLIM #7)	<input type="radio"/>	<input type="radio"/>
<b>E. Healthy Eating Policies</b>	<b>YES</b>	<b>NO</b>
1. Promoting access to and participation in school meals for all students	<input type="radio"/>	<input type="radio"/>
2. Regulating nutritional quality of all foods and beverages provided on school campuses	<input type="radio"/>	<input type="radio"/>
3. Limiting student access to unhealthy foods or beverages outside of the federally regulated school meals program (Nutrition SLIM #1)	<input type="radio"/>	<input type="radio"/>
4. Requiring nutrition standards for all foods or beverages provided outside of the federally regulated school meals program (Nutrition SLIM #1)	<input type="radio"/>	<input type="radio"/>
5. Promoting school fund-raising campaigns that consist of non-food items or healthful foods	<input type="radio"/>	<input type="radio"/>
6. Implementing or revising classroom guidelines that discourage the use of food as a reward or punishment	<input type="radio"/>	<input type="radio"/>
7. Actively promoting fruits and vegetables, whole grain foods, and low/non-fat dairy products to students	<input type="radio"/>	<input type="radio"/>
8. Prohibiting all forms of advertising and promotion (e.g., contests and coupons) of less nutritious foods and beverages on school property (Nutrition SLIM #6)	<input type="radio"/>	<input type="radio"/>
9. Promoting fruits or non-fried vegetables in vending machines, school stores, and during celebrations when foods and beverages are offered (Nutrition SLIM #2)	<input type="radio"/>	<input type="radio"/>
<b>F. Tobacco Use Prevention Policies</b>	<b>YES</b>	<b>NO</b>
1. Prohibiting use of tobacco products by students, staff, parents, and visitors on school property, in school vehicles, and at school-sponsored functions away from school property, applicable 24 hours a day and seven days a week (Tobacco SLIM #1)	<input type="radio"/>	<input type="radio"/>
2. Prohibiting tobacco advertising in school buildings, at school functions, or in school publications	<input type="radio"/>	<input type="radio"/>
3. Providing tobacco-use cessation services to faculty, staff, and students through direct service at school or arrangements with providers not on school property (Tobacco SLIM #5)	<input type="radio"/>	<input type="radio"/>
4. Enforcing tobacco-use prevention policies (Tobacco SLIM #2)	<input type="radio"/>	<input type="radio"/>
<b>G. Other</b>	<b>YES</b>	<b>NO</b>
1. Other policy topic Specify _____	<input type="radio"/>	<input type="radio"/>

## IV. CURRICULA & INSTRUCTION

11. During FY 2011, which of the following activities did your project conduct to support district or school staff with regard to standards, curriculum frameworks, instructional strategies, or other guidance on the following topics? (Mark all that apply.)

	PHYSICAL EDUCATION	HEALTH EDUCATION		
		PHYSICAL ACTIVITY	NUTRITION	TOBACCO USE PREV.
A. <b>DEVELOP</b> (or revise or assist in developing) standards, curriculum frameworks, instructional strategies, or other guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. <b>DISTRIBUTE</b> standards, curriculum frameworks, instructional strategies, or other guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Provide <b>PROFESSIONAL DEVELOPMENT</b> on standards, curriculum frameworks, instructional strategies, or other guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Nutrition SLIM #4	<input type="radio"/> Tobacco SLIM #6
D. Provide <b>TECHNICAL ASSISTANCE</b> on standards, curriculum frameworks, instructional strategies, or other guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on standards, curriculum frameworks, instructional strategies, or other guidance, indicate the total across all of the topic areas:

- A. Number of professional development events focusing on curricula \_\_\_\_\_
- B. Number of participants in professional development events focusing on curricula \_\_\_\_\_
- C. Number of professional development events focusing on curricula for which you conducted follow-up support \_\_\_\_\_

13. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to district or school staff on standards, curriculum frameworks, instructional strategies, or other guidance, provide the total:

- A. Number of schools reached directly \_\_\_\_\_
- B. Number of districts reached directly \_\_\_\_\_
- C. Number of regional support units reached directly \_\_\_\_\_

14. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on **physical education** or **physical activity**, did you address the following topics? (PE/PA SLIM #6)

	YES	NO
A. Physical, psychological, or social benefits or physical activity	<input type="radio"/>	<input type="radio"/>
B. Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition)	<input type="radio"/>	<input type="radio"/>
C. Phases of a workout (i.e., warm-up, workout, cool-down)	<input type="radio"/>	<input type="radio"/>
D. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity)	<input type="radio"/>	<input type="radio"/>
E. Developing an individualized physical activity plan	<input type="radio"/>	<input type="radio"/>
F. Monitoring progress toward reaching goals in an individual physical activity plan	<input type="radio"/>	<input type="radio"/>
G. Overcoming barriers to physical activity	<input type="radio"/>	<input type="radio"/>
H. Decreasing sedentary activities (e.g., television viewing)	<input type="radio"/>	<input type="radio"/>
I. Opportunities for physical activity in the community	<input type="radio"/>	<input type="radio"/>
J. Preventing injury during physical activity	<input type="radio"/>	<input type="radio"/>
K. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active)	<input type="radio"/>	<input type="radio"/>
L. Dangers of using performance-enhancing drugs (e.g., steroids)	<input type="radio"/>	<input type="radio"/>

15. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on health education focusing on **nutrition**, did you address the following topics? (Nutrition SLIM #5)

	YES	NO
A. Benefits of healthy eating	<input type="radio"/>	<input type="radio"/>
B. Food guidance using MyPyramid	<input type="radio"/>	<input type="radio"/>
C. Using food labels	<input type="radio"/>	<input type="radio"/>
D. Balancing food intake and physical activity	<input type="radio"/>	<input type="radio"/>
E. Eating more fruits, vegetables, and whole grain products	<input type="radio"/>	<input type="radio"/>
F. Choosing foods that are low in fat, saturated fat, and cholesterol	<input type="radio"/>	<input type="radio"/>
G. Using sugars in moderation	<input type="radio"/>	<input type="radio"/>
H. Using salt and sodium in moderation	<input type="radio"/>	<input type="radio"/>
I. Eating more calcium-rich foods	<input type="radio"/>	<input type="radio"/>
J. Food safety	<input type="radio"/>	<input type="radio"/>
K. Preparing healthy meals and snacks	<input type="radio"/>	<input type="radio"/>
L. Risks of unhealthy weight control practices	<input type="radio"/>	<input type="radio"/>
M. Accepting body size differences	<input type="radio"/>	<input type="radio"/>
N. Signs, symptoms, and treatment for eating disorders	<input type="radio"/>	<input type="radio"/>

16. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on health education focusing on **tobacco use prevention**, did you address the following topics? (Tobacco SLIM #3)

	YES	NO
A. Identifying tobacco products and the harmful substances they contain	<input type="radio"/>	<input type="radio"/>
B. Identifying short and long-term health consequences of tobacco use	<input type="radio"/>	<input type="radio"/>
C. Identifying legal, social, economic, and cosmetic consequences of tobacco use	<input type="radio"/>	<input type="radio"/>
D. Understanding the addictive nature of nicotine	<input type="radio"/>	<input type="radio"/>
E. Effects of tobacco use on athletic performance	<input type="radio"/>	<input type="radio"/>
F. Effects of second-hand smoke and benefits of a smoke-free environment	<input type="radio"/>	<input type="radio"/>
G. Understanding the social influences on tobacco use, including media, family, peers, and culture	<input type="radio"/>	<input type="radio"/>
H. Identifying reasons why students do and do not use tobacco	<input type="radio"/>	<input type="radio"/>
I. Making accurate assessments of how many peers use tobacco	<input type="radio"/>	<input type="radio"/>
J. Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness)	<input type="radio"/>	<input type="radio"/>
K. Using goal-setting and decision-making skills related to not using tobacco	<input type="radio"/>	<input type="radio"/>
L. Finding valid information and services related to tobacco-use prevention and cessation	<input type="radio"/>	<input type="radio"/>
M. Supporting others who abstain from or want to quit using tobacco	<input type="radio"/>	<input type="radio"/>
N. Supporting school and community action to support a tobacco-free environment	<input type="radio"/>	<input type="radio"/>
O. Identifying harmful effects of tobacco use on fetal development	<input type="radio"/>	<input type="radio"/>

17. During FY 2011, which of the following activities did your project conduct related to the *Physical Education Curriculum Analysis Tool* (PECAT) or the *Health Education Curriculum Analysis Tool* (HECAT)? (Mark all that apply.)

	PECAT	HECAT
A. <b>DISTRIBUTE</b> the tool	<input type="radio"/>	<input type="radio"/>
B. Provide <b>PROFESSIONAL DEVELOPMENT</b> on the tool	<input type="radio"/>	<input type="radio"/>
C. Provide <b>TECHNICAL ASSISTANCE</b> on the tool	<input type="radio"/>	<input type="radio"/>
D. None of the above	<input type="radio"/>	<input type="radio"/>

18. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on *PECAT* and/or *HECAT*, indicate the total across both tools:

- A. Number of professional development events \_\_\_\_\_
- B. Number of participants in professional development events \_\_\_\_\_
- C. Number of professional development events focusing on curricula for which you conducted follow-up support \_\_\_\_\_

19. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to district or school staff on *PECAT* and/or *HECAT*, provide the total:

- A. Number of schools reached directly \_\_\_\_\_
- B. Number of districts reached directly \_\_\_\_\_
- C. Number of regional support units reached directly \_\_\_\_\_

20. During FY 2011, did your project provide guidance to district or school staff on following a written health education curriculum that addresses the following skills? (CSH SLIM #7)

	<b>YES</b>	<b>NO</b>
A. Comprehending concepts related to health promotion and disease prevention to enhance health	<input type="radio"/>	<input type="radio"/>
B. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors	<input type="radio"/>	<input type="radio"/>
C. Accessing valid information and products and services to enhance health	<input type="radio"/>	<input type="radio"/>
D. Using interpersonal communication skills to enhance health and avoid or reduce health risks	<input type="radio"/>	<input type="radio"/>
E. Using decision-making skills to enhance health	<input type="radio"/>	<input type="radio"/>
F. Using goal-setting skills to enhance health	<input type="radio"/>	<input type="radio"/>
G. Practicing health-enhancing behaviors to avoid or reduce risks	<input type="radio"/>	<input type="radio"/>
H. Advocating for personal, family, and community health	<input type="radio"/>	<input type="radio"/>

**V. HEALTH PROMOTION AND ENVIRONMENTAL APPROACHES**

21. During FY 2011, which of the following activities did your project conduct to support district or school staff with regard to model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to **coordinate school health programs** or **promote PANT** on the following topics? (Mark all that apply.)

	District-Level School Health Councils	School-Level School Health Councils	School Health Coordinators	Securing Administrative Support for CSHP	Collaborating with Community Partners
A. <b>DEVELOP</b> (or revise or assist in developing) model programs, guidance, implementation strategies, or other resource materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. <b>DISTRIBUTE</b> model programs, guidance, implementation strategies, or other resource materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Provide <b>PROFESSIONAL DEVELOPMENT</b> on model programs, guidance, implementation strategies, or other resource materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Provide <b>TECHNICAL ASSISTANCE</b> on model programs, guidance, implementation strategies, or other resource materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to **coordinate school health programs** or **promote PANT**, provide the total:

- A. Number of professional development events \_\_\_\_\_
- B. Number of participants in professional development events \_\_\_\_\_
- C. Number of professional development events for which you conducted follow-up support \_\_\_\_\_

23. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to district or school staff on model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to **coordinate school health programs** or **promote PANT**, provide the total:

- A. Number of schools reached directly \_\_\_\_\_
- B. Number of districts reached directly \_\_\_\_\_
- C. Number of regional support units reached directly \_\_\_\_\_

24. During FY 2011, did your project conduct the following activities related to the *School Health Index* (SHI) tool to help schools assess, plan, or coordinate health programs? (Mark all that apply.) (CSH SLIM #3)

	YES	NO
A. <b>DISTRIBUTE</b> the SHI	<input type="radio"/>	<input type="radio"/>
B. Provide <b>PROFESSIONAL DEVELOPMENT</b> on the SHI	<input type="radio"/>	<input type="radio"/>
C. Provide <b>TECHNICAL ASSISTANCE</b> on the SHI	<input type="radio"/>	<input type="radio"/>

25. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on the *School Health Index*, provide the total:

- A. Number of professional development events \_\_\_\_\_
- B. Number of participants in professional development events \_\_\_\_\_
- C. Number of professional development events for which you conducted follow-up support \_\_\_\_\_

26. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** activities to district or school staff on the *School Health Index*, provide the total:

- A. Number of schools reached directly \_\_\_\_\_
- B. Number of districts reached directly \_\_\_\_\_
- C. Number of regional support units reached directly \_\_\_\_\_

27. During FY 2011, did your project engage in any of the following activities to support district or school staff with regard to model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to promote **physical activity** through
- increasing physical activity opportunities during school-day breaks,
  - adding daily recess to the school day in elementary schools,
  - planning or implementing walk-to-school initiatives, or
  - planning or implementing organized physical activity programs beyond physical education or competitive athletics (e.g., intramural or physical activity clubs, and other after school activities)?

	YES	NO
A. <b>DEVELOP</b> model programs, guidance, implementation strategies, or other resource materials to promote physical activity	<input type="radio"/>	<input type="radio"/>
B. <b>DISTRIBUTE</b> model programs, guidance, implementation strategies, or other resource materials to promote physical activity	<input type="radio"/>	<input type="radio"/>
C. Provide <b>PROFESSIONAL DEVELOPMENT</b> on model programs, guidance, implementation strategies, or other resource materials to promote physical activity	<input type="radio"/>	<input type="radio"/>
D. Provide <b>TECHNICAL ASSISTANCE</b> model programs, guidance, implementation strategies, or other resource materials to promote physical activity	<input type="radio"/>	<input type="radio"/>

28. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to promote **physical activity**, provide the total:

- A. Number of professional development events \_\_\_\_\_
- B. Number of participants in professional development events \_\_\_\_\_
- C. Number of professional development events for which you conducted follow-up support \_\_\_\_\_

29. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to district or school staff on model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to promote **physical activity**, provide the total:

- A. Number of schools reached directly \_\_\_\_\_
- B. Number of districts reached directly \_\_\_\_\_
- C. Number of regional support units reached directly \_\_\_\_\_

30. During FY 2011, did your project engage in any of the following activities to support district or school staff with regard to model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to promote **healthy eating** through
- improving nutritional quality of school meals,
  - marketing healthy school meals,
  - improving the nutritional quality of school food and beverages provided outside of school meals (e.g., vending machines and a la carte) (Nutrition SLIM #1), or
  - marketing healthy school food and beverage choices provided outside of school meals (e.g., vending machines, classroom snacks, a la carte)?

	YES	NO
A. <b>DEVELOP</b> model programs, guidance, implementation strategies, or other resource materials to promote healthy eating	<input type="radio"/>	<input type="radio"/>
B. <b>DISTRIBUTE</b> model programs, guidance, implementation strategies, or other resource materials to promote healthy eating	<input type="radio"/>	<input type="radio"/>
C. Provide <b>PROFESSIONAL DEVELOPMENT</b> on model programs, guidance, implementation strategies, or other resource materials to promote healthy eating	<input type="radio"/>	<input type="radio"/>
D. Provide <b>TECHNICAL ASSISTANCE</b> model programs, guidance, implementation strategies, or other resource materials to promote healthy eating	<input type="radio"/>	<input type="radio"/>

31. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to promote **healthy eating**, provide the total:

- A. Number of professional development events \_\_\_\_\_
- B. Number of participants in professional development events \_\_\_\_\_
- C. Number of professional development events for which you conducted follow-up support \_\_\_\_\_

32. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to district or school staff on model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to promote **healthy eating**, provide the total:

- A. Number of schools reached directly \_\_\_\_\_
- B. Number of districts reached directly \_\_\_\_\_
- C. Number of regional support units reached directly \_\_\_\_\_

33. During FY 2011, did your project engage in any of the following activities to support district or school staff with regard to model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to promote **tobacco use prevention**?
- |    |   | YES                   | NO                    |
|----|---|-----------------------|-----------------------|
| A. | <b>DEVELOP</b> model programs, guidance, implementation strategies, or other resource materials to promote tobacco use prevention                             | <input type="radio"/> | <input type="radio"/> |
| B. | <b>DISTRIBUTE</b> model programs, guidance, implementation strategies, or other resource materials to promote tobacco use prevention                          | <input type="radio"/> | <input type="radio"/> |
| C. | Provide <b>PROFESSIONAL DEVELOPMENT</b> on model programs, guidance, implementation strategies, or other resource materials to promote tobacco use prevention | <input type="radio"/> | <input type="radio"/> |
| D. | Provide <b>TECHNICAL ASSISTANCE</b> model programs, guidance, implementation strategies, or other resource materials to promote tobacco use prevention        | <input type="radio"/> | <input type="radio"/> |
34. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** to district or school staff on model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to promote **tobacco use prevention**, provide the total:
- A. Number of professional development events \_\_\_\_\_
  - B. Number of participants in professional development events \_\_\_\_\_
  - C. Number of professional development events for which you conducted follow-up support \_\_\_\_\_
35. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to district or school staff on model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) to promote **tobacco use prevention**, provide the total:
- A. Number of schools reached directly \_\_\_\_\_
  - B. Number of districts reached directly \_\_\_\_\_
  - C. Number of regional support units reached directly \_\_\_\_\_

**VI. EXTERNAL COLLABORATION**

36. During FY 2011, in which of the following activities did your project **COLLABORATE** with external partners? (Mark all that apply.)

	<b>CSHP</b>	<b>PHYSICAL ACTIVITY/ PHYSICAL EDUCATION</b>	<b>NUTRITION</b>	<b>TOBACCO USE PREV.</b>
A. Assessing policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Developing (or revising, adapting, or assisting in developing) policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Developing (or revising, adapting, or assisting in developing) exemplary curricula, health education standards, frameworks, instructional strategies, or other guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Developing a professional development infrastructure or designing, marketing, delivering, providing follow-up support, or evaluating professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Providing technical assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Identifying populations at disproportionate risk for chronic disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Reaching populations at disproportionate risk for chronic disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Strategic planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Communicating and marketing programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Sharing data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. During FY2011, did your project play an active role in changing regulations, policies, or laws affecting coordinated school health, physical activity, physical education, nutrition, or tobacco use prevention?

- YES
- NO → Skip to 38

If YES, what activities did you conduct?

- Informing proposed regulations, policies, or laws
- Working to introduce new regulations, policies, or laws
- Assisting with the implementation of new regulations, policies, or laws

38. During FY 2011, did your project **COLLABORATE** with students' families or community members to develop, communicate information about, or implement policies and programs on tobacco-use prevention, physical activity, and nutrition and healthy eating? (CSH SLIM #4)
- YES  
 NO → Skip to 39

If YES, in which topic areas did you collaborate? (Mark all that apply.)

- Physical activity/physical education  
 Nutrition and healthy eating  
 Tobacco use prevention

39. During FY 2011, did your project **receive** professional development or technical assistance from any Non-Governmental Organization (NGO) partners funded by CDC?
- YES  
 NO → Skip to 40

If YES, enter the partners from who you received professional development or technical assistance:

- A. \_\_\_\_\_  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_  
 D. \_\_\_\_\_

## VII. REDUCING HEALTH DISPARITIES AMONG POPULATIONS OF YOUTH AT DISPROPORTIONATE RISK FOR CHRONIC DISEASE

40. During FY 2011, what kinds of data did your project review to identify youth at disproportionate risk for chronic disease related to physical inactivity, unhealthy dietary patterns, and tobacco use?

	PHYSICAL INACTIVITY	UNHEALTHY DIETARY PATTERNS	TOBACCO USE
A. Youth Risk Behavior Survey (YRBS) data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Adequate Yearly Progress (AYP) data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Youth Tobacco Survey (YTS) data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Free and reduced-price lunch data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Youth morbidity and mortality data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Other state data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Other Specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. During FY 2011, which populations of youth did your project identify as being at disproportionate risk for chronic disease? (Mark all that apply.)

	<b>PHYSICAL INACTIVITY</b>	<b>UNHEALTHY DIETARY PATTERNS</b>	<b>TOBACCO USE PREVENTION</b>
A. African-American youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Hispanic/Latino youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Native American/Alaskan Native youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Youth in data-driven, high-risk geographic areas (e.g., zip codes, districts, rural areas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Youth in low performing schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Youth receiving free or reduced lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Other Specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(If your project did NOT identify any populations of youth at disproportionate risk for chronic disease, skip to 47.)**

42. During FY 2011, which of the following activities did your project conduct to increase the capacity of districts and schools to reach populations of youth at disproportionate risk for chronic disease? (Mark all that apply.)

- Partnering with agencies to deliver programs **within** school settings
- Partnering with agencies to deliver programs **outside** school settings
- Partnering with health agencies to provide health services to youth in or out of school settings
- Promoting student organizations that reach youth at disproportionate risk for chronic disease
- Providing programs and services that reach youth at disproportionate risk for chronic disease
- Other  
Specify \_\_\_\_\_
- None of these

43. During FY 2011, for the activities your project conducted to increase the capacity of districts and schools to reach populations of youth at disproportionate risk for chronic disease, which topics were included? (Mark all that apply.)

- Identifying strategies to increase youth involvement in programs and services
- Providing culturally or linguistically competent educational programs or services
- Understanding the needs of youth at disproportionate risk for chronic disease
- Building the skill of school administrators, faculty, or staff to address youth at disproportionate risk for chronic disease
- Reaching families of youth at disproportionate risk for chronic disease
- Other  
Specify \_\_\_\_\_
- None of these

44. During FY 2011, did your project provide **PROFESSIONAL DEVELOPMENT** to district or school staff that focused on improving the quality of activities that reach populations of youth at disproportionate risk for chronic disease?

- YES
- NO → Skip to 45

If YES, provide the total:

- A. Number of professional development events that focused on improving the quality of activities for populations of youth at disproportionate risk \_\_\_\_\_
- B. Number of participants in professional development events that focused on improving the quality of activities for populations of youth at disproportionate risk \_\_\_\_\_
- C. Number of professional developments events that focused on improving the quality of activities for populations of youth at disproportionate risk for which you conducted follow-up support \_\_\_\_\_

45. During FY 2011, did your project provide **TECHNICAL ASSISTANCE** to district or school staff that focused on reaching populations of youth at disproportionate risk for chronic disease?

- YES
- NO

46. During FY 2011, if your project provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to district or school staff that focused on reaching populations of youth at disproportionate risk for chronic disease, provide the total:

- A. Number of schools reached directly \_\_\_\_\_
- B. Number of districts reached directly \_\_\_\_\_
- C. Number of regional support units reached directly \_\_\_\_\_

## VIII. OTHER INFORMATION & ACTIVITIES

47. During FY 2011, did your CSH project increase the capacity of districts and schools to provide parents and families health information to increase parent and family knowledge of tobacco-use prevention, physical activity, and nutrition and healthy eating? (CSH SLIM #8)

- YES
- NO

48. During FY 2011, did you provide **PRE-SERVICE LEARNING** events that focused on policy, curriculum, or environmental interventions related to physical activity, physical education, nutrition, tobacco-use prevention, health education, or CSHP?

- YES
- NO → Skip to 49

If YES:

A. How many pre-service learning events did you provide focused on policy, curriculum, or environmental interventions related to physical activity, physical education, nutrition, tobacco-use prevention, health education, or CSHP? \_\_\_\_\_

B. Mark all the topics on which you provided pre-service learning events in FY 2011:

\_\_\_ Physical activity

\_\_\_ Physical education

\_\_\_ Nutrition

\_\_\_ Tobacco-use prevention

\_\_\_ Health education

\_\_\_ CSHP

\_\_\_ Other

Specify \_\_\_\_\_

49. Do you currently have a way to document the distribution of print materials and provision of professional development (PD) and technical assistance (TA)?

- Yes
- No
- Unsure

50. How confident are you that you accurately:

		<b>Completely confident</b>	<b>Somewhat confident</b>	<b>Not at all confident</b>
A.	Determined when an event participant represented a school, a district, or a regional support unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	Calculated schools, districts, and/or regional support units reached	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.	Used data to identify populations at disproportionate risk for chronic disease related to physical inactivity, unhealthy dietary patterns, and tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Please provide information about any additional activities not captured by the questions above. In particular, please report on any additional activities to improve physical activity, nutrition, or tobacco-use prevention policies, curriculum, instruction, collaborations, or CSH at the local level and any activities for which you could not collect information on participants or recipients of materials.

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52. Please provide any additional general comments or information in the space below.

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**THANK YOU FOR YOUR RESPONSES. PLEASE RETURN THE INDICATORS.**

## GLOSSARY

*Please refer to the following definitions when answering the questions:*

**COLLABORATE** – Two or more partners actively engage in planning, implementing, and evaluating programs, practices, and policy activities with defined roles and responsibilities.

**COORDINATED SCHOOL HEALTH PROGRAM (CSHP)** – A coordinated school health program is a planned and organized set of courses, services, policies, and interventions designed to meet the health and safety needs of K-12 students. Schools promote optimal physical, emotional, social, and educational development of students by providing health education; physical education; health services; nutrition services; counseling, psychological and social services; and a healthy and safe environment; and by promoting parent/community involvement and staff wellness. A successful and well-coordinated school health program is characterized by administrators, teachers, and school board members who view health protection and promotion as an essential part of the school’s mission; a school health council comprised of school, family, and community representatives to ensure a planning process for continuous improvement; a school health coordinator responsible for organizing and managing the school health program; and school staff who help plan and implement a full array of school health courses, services, policies, and interventions.

**COORDINATION** – the regulation of diverse elements into an integrated and harmonious operation.

**CSHP STATE-WIDE COALITION** – A confederation of organizations with similar goals that agree to work together toward a common goal. People who serve on coalitions, whether professional or volunteer, have obligations to the organization they represent as well as to the coalition.

**CURRICULUM** – An educational plan incorporating a structured, developmentally appropriate series of intended learning outcomes and associated learning experiences for students; generally organized as a related combination or series of school-based materials, content, and events.

**DEVELOPMENT** – The process of bringing into being, making active, available, or effective, CSHP-related materials, plans, policies, or activities.

**DISTRIBUTE** – Putting materials in the hands of appropriate personnel. Distribution may occur in response to requests for materials or through proactive sharing of information.

**DISTRICT** – An education agency at the local level that exists primarily to operate public schools or to contract for public school services. Synonyms include local basic administrative unit, local education agency, parish, independent school districts, etc.

**ENVIRONMENTAL APPROACHES** – Those policies and programs that are intended to affect physical surroundings and the psychosocial climate and culture of the school. Environmental approaches include policies, programs, and services that reinforce school health education and physical education curricula as well as contribute to health outcomes for students and staff.

**EXTERNAL AGENCY PARTNERS** – Agencies, organizations, and groups outside your own agency with which you collaborate or associate to further the goals of your CSHP project.

**FISCAL YEAR (FY)** – March 1, 2011 to February 29, 2012, the budget period for the cooperative agreement.

**FOLLOW-UP SUPPORT** – Assistance provided to enhance participants’ abilities to use skills, tools and techniques learned through professional development offerings. Follow-up support leads to a more sustained effect than training alone by addressing challenges and sharing successes through a variety of media (e.g., e-mail, conference calls, webcasts, site visits).

**FRAMEWORK** – An outline or plan that presents both the content (e.g., important concepts, skills, and generalizations) and the process for developing curricula, instruction, and assessment.

**GUIDANCE** – A set of strategies that apply frameworks to develop policies, curricula, and instruction.

**HEALTH EDUCATION** – Includes planned, sequential materials, instructions, and educational experiences delivered in the classroom setting that provide students with opportunities to acquire the knowledge and skills necessary for making health promoting decisions and achieving health literacy. Quality health education is based on sound theories of development and behavior change or empirically supportive practices that result in increased knowledge and positive behavior change.

**HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT)** – An assessment tool for examining school health education curricula to determine how closely they align with the National Health Education Standards and CDC’s Characteristics of Effective Health Education Curricula. The HECAT helps school districts conduct a clear, complete, and consistent analysis of health education curricula. The HECAT results can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education.

**HEALTHY EATING** – Eating behaviors that promote health, growth, and intellectual development; prevent immediate nutrition-related health problems; and reduce risks for long-term chronic disease (e.g., coronary heart disease, cancer, and stroke). Healthy eating behaviors include a diet consistent with recommendations from the Dietary Guidelines for Americans <http://www.health.gov/dietaryguidelines/>.

**IMPLEMENTATION** – To put into effect or accomplish plans, policies, or activities related to CSHP projects.

**MATERIALS** – Resources including written materials (e.g., curricula, training materials, and pamphlets); audio visual materials (e.g., motion pictures and video tapes); pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings); and electronic resources (e.g., Web sites, PDF files, and PowerPoint files).

**MODEL POLICY** – Model policies provide a framework to assist school officials in developing their own state or local policies. They are written as statements of best practice which can be adapted to fit local circumstances. Model policies reflect state-of-the-art, scientifically reliable information on what constitutes effective school health programs and the expert opinions of many reviewers. Included in model policies are excerpts or references to actual national, state, and local policies; a purpose or goals; rationale; and definitions.

**MODEL PROGRAM** – A packaged, promising, evidence-based or science-based program that results in positive outcomes.

**NUMBER OF DISTRICTS REACHED DIRECTLY** – A district is reached directly when one or more district level staff receives materials, training, or assistance from personnel funded by your CSHP project. Each district reached is counted only once as being reached for a particular topic regardless of the number of district staff from that district are reached or the number of times district staff are reached.

**NUMBER OF REGIONAL SUPPORT UNITS REACHED DIRECTLY** – A regional support unit is reached directly when one or more regional support unit staff receives materials, training, or assistance from personnel funded by your CSHP project. Each regional support unit reached is counted only once as being reached for a particular topic regardless of the number of regional support unit staff from that regional support unit are reached or the number of times regional support unit staff are reached.

**NUMBER OF SCHOOLS REACHED DIRECTLY** – A school is reached directly when one or more school staff receives materials, training, or assistance from personnel funded by your CSHP project. Each school reached is counted only once as being reached for a particular topic regardless of the number of school staff from that school are reached or the number of times school staff are reached.

**NUTRITION** – The science or practice of taking in and utilizing foods.

**PHYSICAL ACTIVITY** – Any bodily movement produced by skeletal muscles which results in caloric expenditure.

**PHYSICAL ACTIVITY, NUTRITION, AND TOBACCO-USE PREVENTION (PANT) PROJECT** – Any activities or personnel that are funded in part or in whole, through funding opportunity announcement DP08-801 funds for improving health and education outcomes of young people through CSHP with a focus on physical activity, nutrition, and tobacco-use prevention. May include the work of contract staff.

**PHYSICAL EDUCATION** – An academic curricular area that implements physical education curricula and instruction that emphasizes enjoyable participation in physical activity and that helps students develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and maintain physically active lifestyles.

**PHYSICAL EDUCATION CURRICULUM ANALYSIS TOOL (PECAT)** – A tool for analyzing written physical education curricula to determine how closely they align with national standards for high-quality physical education. The PECAT helps school districts conduct a clear, complete, and consistent analysis of physical education curricula. PECAT results can help users enhance, develop, or select appropriate and effective physical education curricula for the delivery of quality physical education, which will improve the ability of schools to positively influence motor skills and physical activity behaviors among school-age youth.

**PHYSICAL INACTIVITY** – Physical inactivity is categorized as sedentary or insufficient physical activity.

**POLICY** – Official mandates adopted by an authoritative governing body (e.g., school district boards of education, the state school board, state legislature, or other district or state agencies) that affects the environment in schools or throughout the state. These include policies developed by your agency or based on model policies developed elsewhere. Policies include legal codes, rules, standards, administrative orders, guidelines, mandates, or resolutions. Policies can be adopted at the school, state, or federal level but are implemented at the school level.

**PRE-SERVICE LEARNING** – Pre-service learning provides pre-professionals serving youth (e.g., educators, nurses, counselors) with an understanding of the central concepts, tools of inquiry, and structures of relevant disciplines.

**PROCESS EVALUATION** – Collecting and analyzing data to determine who, what, when, where, and how much of program activities have been conducted. Process evaluation allows staff to assess how well the program has been implemented.

**PROFESSIONAL DEVELOPMENT** – The systematic process used to strengthen the professional knowledge, skills and attitudes of those who serve youth to improve the health, education, and well-being of youth. Professional development is consciously designed to actively engage learners and includes the planning, design, marketing, delivery, evaluation, and follow-up of professional development offerings (events, information sessions, and technical assistance).

**PROFESSIONAL DEVELOPMENT EVENT** – A set of skill-building processes and activities designed to assist targeted groups of participants in mastering specific learning objectives. Such events are delivered in an adequate time span (at least 3 hours) and may include curriculum and other training, workshops, conferences, and on-line or distance learning courses.

**PROGRAM** – A multi-faceted approach to decrease health risk behaviors that may include a combination of strategies such as one-on-one interventions, policy and climate changes, advocacy, peer interventions, mentoring programs, youth asset development, and outreach.

**REGIONAL SUPPORT UNITS** – A state-recognized agency or organization (e.g., universities, regional education support agencies, regional offices of education, regional training centers, teacher centers, county superintendent’s offices, etc.) that provides professional development, technical assistance, and educational materials to school districts and schools within the state.

**SCHOOL** – A division of the public school system consisting of students in one or more grades or other identifiable groups organized to give instruction of a defined type. One school may share a building with another school or one school may be housed in several buildings. Each school usually has an identification number assigned by the state department of education for tracking purposes. Public schools include charter schools, magnet schools, vocational schools, and alternative schools.

**SCHOOL HEALTH COORDINATOR** – The professional at the district or school level who is responsible for the management and the coordination of all school health policies, activities, and resources.

**SCHOOL HEALTH COUNCIL** – A school health council (SHC) guides school programming and enables collaborations between the school and the community to improve students' health and learning. Ideally, the council is comprised of representatives from each of the eight components of a coordinated school health program, as well as parents, students, and other community representatives involved in the health and well-being of students. SHCs establish goals for the school health program and specific priority health issues; facilitate health programming and services in the school and between the school and community; and advocate for effective health policies, programs, and services.

**SCHOOL HEALTH INDEX** – The *School Health Index* is a self-assessment and planning tool that enables those who use it to identify the strengths and weaknesses of school health promotion policies and programs; develop an action plan for improving student health; and involve teachers, parents, students, and the community in improving school policies and programs. More information on the *School Health Index* is available at: <http://www.cdc.gov/healthyyouth/shi>.

**SLIM** – The purpose of the *School Level Impact Measures (SLIMs)* is to provide education agencies with a common set of measures for reporting progress on the implementation of CDC recommended practices and programs.

**STANDARDS** – An established set of written expectations that describe what a student should know (knowledge) and be able to do (skills) as a result of the instruction provided for a particular subject (content area). Standards provide a framework for curriculum development and selection, instruction, and assessment.

- **Health Education Standards** are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. An abbreviated version of the National Health Education Standards, Second Edition and Performance Indicators for specific grade level groupings can be found at <http://www.cdc.gov/healthyyouth/sher/standards>.
- **Physical Education Standards** are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 as a result of a quality physical education program. An abbreviated version of the National Standards for Physical Education, Second Edition, can be found at <http://www.aahperd.org/naspe/publications-nationalstandards.html>.

**STATE HEALTH AGENCY (SHA)** – The department of state or territorial government responsible for public health policy, funding, monitoring, and training within that state or territory.

**STRATEGIC PLAN** – A program planning tool that provides a blueprint to strengthen program activities, address areas for improvement, and move the program forward to new accomplishments.

**TECHNICAL ASSISTANCE** – Tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and the site(s). Assistance takes into account site-specific circumstances and culture and can be provided through phone, mail, e-mail, Internet, or in-person meetings.

**TOBACCO USE** – May be defined as the consumption of tobacco or tobacco-related products. Tobacco is predominantly consumed by inhalation of the smoke produced by items such as cigarettes, cigars, cigarillos, pipes, bidis, and kreteks. It is also consumed in the form of smokeless tobacco products, such as snuff or chewing tobacco. This smokeless consumption may occur by directly inhaling a prepared tobacco leaf product into the nostrils, or by sucking and/or chewing a prepared tobacco leaf product.

**TOBACCO-USE PREVENTION** – Interventions that prevent or delay the initiation of tobacco use or reduce the prevalence of tobacco use, including tobacco-use cessation. Interventions may target individuals or groups of youth, in terms of policy and/or environmental changes and may occur in schools or in partnership with community organizations. Tobacco-use prevention efforts may include activities designed to eliminate exposure to secondhand smoke.

**UNHEALTHY DIETARY PATTERNS** – Eating behaviors characterized by food intake that is typically high in fat, low in fiber, and low in fruits and vegetables, and are associated with increased risks for long-term chronic disease (e.g., coronary heart disease, cancer, and stroke).

**YOUTH AT DISPROPORTIONATE RISK FOR CHRONIC DISEASE** – Populations of youth for whom the incidence, prevalence, mortality, and burden of chronic disease and other related adverse health conditions, many of which result from health-related behaviors that are established during childhood and adolescence, are greater than in a comparison population. Populations can be defined by race or ethnicity, gender, education or income, disability, geographic location (i.e., rural or urban), or sexual orientation.