

Indicators for School Health Programs

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HIV Prevention State Education Agencies

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

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

Instructions

This set of indicators describes the performance in six areas of your HIV prevention project: (1) introduction; (2) policy; (3) curricula and instruction; (4) external collaboration; (5) reducing disparities among populations of youth at disproportionate risk for acquiring HIV; and (6) 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. Do not include HIV prevention activities funded through supplements to DP08-801.

Please answer each question carefully and accurately. **Not all items or activities may reflect the emphasis of your HIV Prevention Project 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 7 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

II. POLICY

4. During FY 2011, did your HIV prevention project **DEVELOP** (or revise or assist in developing) model policies, policy guidance, or other policy materials for district or school staff on the following topics?

	YES	NO
A. HIV prevention education for students	<input type="radio"/>	<input type="radio"/>
B. Infection control/universal precautions for all school staff	<input type="radio"/>	<input type="radio"/>
C. Maintaining confidentiality of HIV-infected students and staff (SLIM #9)	<input type="radio"/>	<input type="radio"/>
D. Professional development requirements for teachers of HIV prevention education	<input type="radio"/>	<input type="radio"/>
E. Confidential counseling for HIV-infected students	<input type="radio"/>	<input type="radio"/>
F. Procedures to protect HIV-infected students and staff from discrimination (SLIM #9)	<input type="radio"/>	<input type="radio"/>
G. Attendance of students with HIV infection (SLIM #9)	<input type="radio"/>	<input type="radio"/>

5. During FY 2011, did your HIV prevention project **DISTRIBUTE** to district or school staff established or model policies, policy guidance, or other policy materials on the following topics?

	YES	NO
A. HIV prevention education for students	<input type="radio"/>	<input type="radio"/>
B. Infection control/universal precautions for all school staff	<input type="radio"/>	<input type="radio"/>
C. Maintaining confidentiality of HIV-infected students and staff (SLIM #9)	<input type="radio"/>	<input type="radio"/>
D. Professional development requirements for teachers of HIV prevention education	<input type="radio"/>	<input type="radio"/>
E. Confidential counseling for HIV-infected students	<input type="radio"/>	<input type="radio"/>
F. Procedures to protect HIV-infected students and staff from discrimination (SLIM #9)	<input type="radio"/>	<input type="radio"/>
G. Attendance of students with HIV infection (SLIM #9)	<input type="radio"/>	<input type="radio"/>

6. During FY 2011, did your HIV prevention project provide **PROFESSIONAL DEVELOPMENT** to district or school staff that included information on established or model policies, policy guidance, or other policy materials?

- YES
- NO → Skip to 7

If YES, provide the total:

- A. Number of professional development events that focused on HIV policy _____
- B. Number of participants in professional development events that focused on HIV policy _____
- C. Number of professional development events that focused on HIV policy for which you conducted follow-up support _____

7. During FY 2011, did your HIV prevention project provide **TECHNICAL ASSISTANCE** to district or school staff on established or model policies, policy guidance, or other policy materials?

- YES
- NO

8. 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 _____

III. CURRICULA & INSTRUCTION

9. During FY 2011, did your HIV prevention project **DEVELOP** (or revise or assist in developing) any of the following on HIV prevention for district or school staff?

		YES	NO
A.	A list of exemplary curricula for school districts or guidance on selecting exemplary curricula	<input type="radio"/>	<input type="radio"/>
B.	Health education standards and frameworks	<input type="radio"/>	<input type="radio"/>
C.	Instructional strategies for sexual risk reduction	<input type="radio"/>	<input type="radio"/>

10. During FY 2011, did your HIV prevention project **DISTRIBUTE** to district or school staff any of the following on HIV prevention:

- | | YES | NO |
|--|-----------------------|-----------------------|
| A. A list of exemplary curricula for school districts or guidance on selecting exemplary curricula | <input type="radio"/> | <input type="radio"/> |
| B. Health education standards and frameworks | <input type="radio"/> | <input type="radio"/> |
| C. Instructional strategies in sexual risk reduction | <input type="radio"/> | <input type="radio"/> |

11. During FY 2010, did your HIV prevention project provide **PROFESSIONAL DEVELOPMENT** for district or school staff on a list of exemplary curricula or guidance on selecting exemplary curricula, health education standards and frameworks, or instructional strategies?

- YES
 NO → Skip to 14

If YES, provide the total:

- A. Number of professional development events that focused on HIV curricula or instruction _____
- B. Number of participants in professional development events that focused on HIV curricula or instruction _____
- C. Number of professional development events that focused on HIV curricula or instruction for which you conducted follow-up support _____

12. During FY 2011, in the **PROFESSIONAL DEVELOPMENT** events provided for district or school staff, did you address the following topics? (SLIM #7)

- | | YES | NO |
|---|-----------------------|-----------------------|
| A. Describing how widespread HIV and other STD infections are and the consequences of these infections | <input type="radio"/> | <input type="radio"/> |
| B. Understanding the modes of transmission and effective prevention strategies for HIV and other STDs | <input type="radio"/> | <input type="radio"/> |
| C. Identifying populations of youth who are at high risk of being infected with HIV and other STDs | <input type="radio"/> | <input type="radio"/> |
| D. Implementing health education strategies using prevention messages that are likely to be effective in reaching youth | <input type="radio"/> | <input type="radio"/> |

FISCAL YEAR 2011 INDICATORS FOR SCHOOL HEALTH PROGRAMS

13. During FY 2011, in the **PROFESSIONAL DEVELOPMENT** events provided for district or school staff, did you address the following **instructional strategies**? (SLIM #8)

		YES	NO
A.	Teaching HIV prevention education to students with physical, medical, or cognitive disabilities	<input type="radio"/>	<input type="radio"/>
B.	Teaching HIV prevention education to students of various cultural backgrounds	<input type="radio"/>	<input type="radio"/>
C.	Using interactive teaching methods for HIV prevention education such as role plays or cooperative group activities	<input type="radio"/>	<input type="radio"/>
D.	Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills	<input type="radio"/>	<input type="radio"/>
E.	Teaching about health-promoting social norms and beliefs related to HIV prevention	<input type="radio"/>	<input type="radio"/>
F.	Strategies for involving parents, families and others in student learning of HIV prevention	<input type="radio"/>	<input type="radio"/>
G.	Assessing students' performance in HIV prevention education	<input type="radio"/>	<input type="radio"/>
H.	Implementing standards-based HIV prevention education curriculum and student assessment	<input type="radio"/>	<input type="radio"/>
I.	Using technology to improve HIV prevention education instruction	<input type="radio"/>	<input type="radio"/>
J.	Teaching HIV prevention education to students with limited English proficiency	<input type="radio"/>	<input type="radio"/>
K.	Addressing community concerns and challenges related to HIV prevention	<input type="radio"/>	<input type="radio"/>

14. During FY 2011, did your HIV prevention project provide **PROFESSIONAL DEVELOPMENT** for district or school staff on **any specific HIV prevention education curricula and/or programs to deliver to youth**? (Do not include textbook titles or programs on general instructional strategies.)

- YES
- NO → Skip to 15

If YES, provide the name of the curricula or programs:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

15. During FY 2011, did your HIV prevention project provide **TECHNICAL ASSISTANCE** to district or school staff on a list of exemplary curricula or guidance on selecting exemplary curricula, health education standards and frameworks, or instructional strategies?

- YES
- NO

16. During FY 2011, if you provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to district or school staff on a list of exemplary curricula or guidance on selecting exemplary curricula, health education standards and frameworks, or instruction strategies, provide the total:

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

17. During FY 2011, did your HIV prevention project emphasize the following topics in guidance, curricula, professional development, or technical assistance for students in **grades 6, 7, and 8?** (SLIM #1)

	YES	NO
A. The differences between HIV and AIDS	<input type="radio"/>	<input type="radio"/>
B. How HIV and other STDs are transmitted	<input type="radio"/>	<input type="radio"/>
C. How HIV and other STDs are diagnosed and treated	<input type="radio"/>	<input type="radio"/>
D. Health consequences of HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
E. The benefits of being sexually abstinent	<input type="radio"/>	<input type="radio"/>
F. How to prevent HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
G. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
H. The influences of media, family, and social and cultural norms on sexual behavior	<input type="radio"/>	<input type="radio"/>
I. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
J. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
K. Compassion for persons living with HIV or AIDS	<input type="radio"/>	<input type="radio"/>

FISCAL YEAR 2011 INDICATORS FOR SCHOOL HEALTH PROGRAMS

18. During FY 2011, did your HIV prevention project emphasize the following topics in guidance, curricula, professional development, or technical assistance for students in **grades 9, 10, 11, and 12?** (SLIM #2 & #3)

		YES	NO
A.	The relationship among HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
B.	The relationship between alcohol and other drug use and risk for HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
C.	The benefits of being sexually abstinent	<input type="radio"/>	<input type="radio"/>
D.	How to prevent HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
E.	How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
F.	The influences of media, family, and social and cultural norms on sexual behavior	<input type="radio"/>	<input type="radio"/>
G.	Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
H.	Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy	<input type="radio"/>	<input type="radio"/>
I.	Efficacy of condoms, that is, how well condoms work and do not work	<input type="radio"/>	<input type="radio"/>
J.	The importance of using condoms consistently and correctly	<input type="radio"/>	<input type="radio"/>
K.	How to obtain condoms	<input type="radio"/>	<input type="radio"/>
L.	How to correctly use a condom	<input type="radio"/>	<input type="radio"/>

19. During FY 2011, did your HIV prevention project provide districts and schools guidance or instructional strategies to increase parent and family knowledge of HIV, other STD, and teen pregnancy prevention? (SLIM #5)

- YES
- NO

IV. EXTERNAL COLLABORATION

20. During FY 2011, did your HIV prevention project **COLLABORATE** with any external agency partners?

- YES
- NO → Skip to 21

If YES, in what type of activities did you engage external partners: (Mark all that apply.)

- Assessing policy
- Developing (or revising, adapting, or assisting in developing) policy, policy guidance, or other policy materials
- Developing (or revising, adapting, or assisting in developing) exemplary curricula, health education standards, frameworks, instructional strategies, or other guidance on curricula or instructional strategies
- Developing a professional development infrastructure or designing, marketing, delivering, providing follow-up support, or evaluating professional development
- Providing technical assistance
- Identifying populations at disproportionate risk of acquiring HIV
- Reaching populations at disproportionate risk of acquiring HIV
- Strategic planning
- Communicating and marketing programs
- Sharing data
- Evaluation
- None of the above

21. During FY 2011, did your HIV prevention project provide guidance to district or school staff on ways to collaborate with students' families or community members to develop or implement HIV prevention, STD prevention, and teen pregnancy prevention policies and projects? (SLIM #6)

- YES
- NO

FISCAL YEAR 2011 INDICATORS FOR SCHOOL HEALTH PROGRAMS

22. During FY 2011, did your HIV prevention project **receive** professional development or technical assistance from any of the Non-Government Organization (NGO) partners funded by CDC?

- YES
- NO → Skip to 23

If YES, provide the name of the NGO:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

23. During FY 2011, did your HIV prevention project **provide** professional development or technical assistance to another education agency, health agency, or tribal government funded by DASH under the 0801 cooperative agreement?

- YES
- NO → Skip to 24

If YES, provide the name of the funded partner:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

24. During FY 2011, which of the following descriptions best describes your state education agency's relationship with the state CDC-sponsored Community Planning Group (CPG) for HIV prevention? (Choose one.)

- A. No one from the SEA attends the meetings
- B. An SEA staff member attends meetings to observe, but has no formal role
- C. An SEA staff member attends and serves as a content expert or technical advisor, but does not have any voting privileges
- D. An SEA staff member attends meetings and has voting privileges
- E. Other
Specify _____

V. REDUCING DISPARITIES AMONG POPULATIONS OF YOUTH AT DISPROPORTIONATE RISK FOR ACQUIRING HIV

25. During FY 2011, did your project review data to **identify** populations of youth at disproportionate risk for acquiring HIV?

- YES
- NO → Skip to 27

26. During FY 2011, did your project review the following kinds of data to **identify** populations of youth at disproportionate risk for acquiring HIV?

	YES	NO
A. Youth Risk Behavior Survey (YRBS) data	<input type="radio"/>	<input type="radio"/>
B. HIV incidence among youth	<input type="radio"/>	<input type="radio"/>
C. HIV/AIDS incidence among adults	<input type="radio"/>	<input type="radio"/>
D. HIV prevalence among youth	<input type="radio"/>	<input type="radio"/>
E. HIV/AIDS prevalence among adults	<input type="radio"/>	<input type="radio"/>
F. Other STD incidence data (excluding HIV/AIDS)	<input type="radio"/>	<input type="radio"/>
G. Pregnancy and live birth data for youth	<input type="radio"/>	<input type="radio"/>
H. Other	<input type="radio"/>	<input type="radio"/>
Specify _____		

27. During FY 2011, did your project conduct any activities to **address** the needs of populations of youth at disproportionate risk of acquiring HIV?

- YES
- NO → Skip to 28

If YES, indicate which terms describe the population(s) you targeted. (Mark all that apply.)

- African American youth
- Hispanic youth
- Native American/Alaskan Native youth
- Asian/Pacific Islander youth
- GLBTQ youth
- Youth in data-driven, high-risk geographic areas (e.g., zip codes, districts, neighborhoods)
- Youth in correctional institutions or alternative settings
- Sexually active youth
- Pregnant or parenting teens
- Other
- Specify _____

FISCAL YEAR 2011 INDICATORS FOR SCHOOL HEALTH PROGRAMS

28. During FY 2011, what activities did your project conduct to increase the capacity of districts and schools to deliver programs (including after school or supplemental programs) that meet the needs of ethnic/racial minority youth at high risk (e.g., black, Hispanic, or Native American youth)? (Mark all that apply.) (SLIM #4)
- Providing curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth
 - Providing curricula or supplementary materials in the primary languages of the youth and families
 - Providing guidance to facilitate access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community
 - Providing guidance to facilitate access to direct social services and psychological services with providers not on school property who have experience serving these youth in the community
 - Encouraging districts to require professional development that includes HIV, STD, and teen pregnancy prevention issues and resources for these youth
 - None of the above
29. During FY 2011, which of the following strategies did your project emphasize to meet the needs of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth? (Mark all that apply.)
- Providing curricula and supplementary materials that include HIV, other STD, or pregnancy prevention information that is relevant to LGBTQ youth (e.g., curricula or materials that use inclusive language or terminology) (SLIM #10)
 - Identifying “safe spaces” such as a counselor’s office, designated classroom, or student organization where LGBTQ youth can receive support from administrators, teachers, or other school staff (SLIM #10)
 - Prohibiting harassment based on a student’s perceived or actual sexual orientation or gender identity (SLIM #10)
 - Facilitating access to providers not on school property who have experience providing health services, including HIV/STD testing and counseling, to LGBTQ youth (SLIM #10)
 - Facilitating access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth (SLIM #10)
 - Encouraging staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity (SLIM #10)
 - Promoting HIV and STD testing for youth
 - Supporting the development of Gay-Straight Alliances (GSAs)
 - Other
Specify _____
 - None of the above

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

- Identifying strategies to increase involvement of youth at disproportionate risk for acquiring HIV in programs and services
- Providing culturally or linguistically competent educational programs or services for youth at disproportionate risk for acquiring HIV
- Understanding the HIV prevention needs of youth at disproportionate risk for acquiring HIV
- Building the skill of school administrators, faculty, or staff to address youth at disproportionate risk for acquiring HIV
- Reaching families of youth at disproportionate risk for acquiring HIV
- Fostering parental acceptance and support for LGBTQ youth
- Other
Specify _____
- None of the above

31. During FY 2011, did your project provide **PROFESSIONAL DEVELOPMENT** to district or school staff that focused on improving the quality of HIV prevention for populations of youth at disproportionate risk for acquiring HIV?

- YES
- NO → Skip to 32

If YES, provide the total:

- A. Number of professional development events that focused on improving the quality of HIV prevention for populations of youth at disproportionate risk for acquiring HIV _____
- B. Number of participants in professional development events that focused on improving the quality of HIV prevention for populations of youth at disproportionate risk for acquiring HIV _____
- C. Number of professional development events that focused on improving the quality of HIV prevention for youth at disproportionate risk for acquiring HIV for which you conducted follow-up support _____

32. During FY 2011, did your project provide **TECHNICAL ASSISTANCE** to district or school staff that focused on improving the quality of HIV prevention for populations of youth at disproportionate risk for acquiring HIV?
- YES
 NO
33. During FY 2011, if you provided **PROFESSIONAL DEVELOPMENT** or **TECHNICAL ASSISTANCE** to district or school staff that focused on improving the quality of HIV prevention for populations of youth at disproportionate risk for acquiring HIV, provide the total:
- A. Number of schools reached directly _____
B. Number of districts reached directly _____
C. Number of regional support units reached directly _____

VI. OTHER INFORMATION & ACTIVITIES

34. During FY 2011, did you provide training to pre-professionals (e.g. educators, nurses, counselors) or their faculty that focused on policy or curriculum related to HIV prevention?
- YES
 NO → Skip to 35
- If YES:
- A. How many training events did you provide to pre-professionals or their faculty focused on **policy** related to HIV prevention? _____
B. How many training events did you provide to pre-professionals or their faculty focused on **curriculum** related to HIV prevention? _____
C. How many training events did you provide to pre-professionals or their faculty focused on reducing disparities among populations of youth at disproportionate risk for acquiring HIV? _____
35. 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

36. How confident are you that you accurately:

	Completely confident	Somewhat confident	Not at all confident
A. Determined when an event participant represented a school, district, or 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 of youth at disproportionate risk for acquiring HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Please provide information about any additional activities not captured by the questions above. In particular, please report on any additional activities to improve HIV policies, curriculum, instruction, or collaborations and any activities for which you could not collect information on participants or recipients of materials.

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

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, or evaluating programs, practices, and policy activities with defined roles and responsibilities.

CULTURAL COMPETENCE – Knowledge and skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.

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.

DISTRIBUTE – Putting exemplary 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.

EMPHASIZE – Curricula, instruction, and instructional activities are tailored to specific, primary HIV prevention topics and are key points in policy, professional development, or technical assistance by an HIV project. Do not include topics that are only mentioned in passing and are not primary messages of curricula, instruction, or instructional activities.

EXEMPLARY – An evaluated curriculum or program with evidence of effectiveness, or a curriculum or program that has used research-based or science-based strategies. An exemplary curriculum or program is: (1) developmentally and culturally appropriate; (2) medically and scientifically accurate; (3) consistent with scientifically researched evidence of effectiveness; and (4) built on a theoretic approach based on proven principles for prevention.

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

GUIDANCE – A set of strategies to apply frameworks to develop 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.

HIV PREVENTION PROJECT – Any activities or personnel that are funded, in part or whole, through DASH cooperative agreement funds for the HIV prevention project. It is the work of contract and education agency staff on DASH Funding Opportunity Announcement DP08-801, Priority #2.

LINGUISTIC COMPETENCE – Knowledge and skills that allow individuals to increase their understanding and appreciation of verbal and non-verbal communication differences and similarities within, among, and between groups.

MATERIALS – Resources approved by an HIV materials review committee, 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 HIV prevention 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 HIV prevention project. If you specifically fund a CBO or NGO to provide regional support, report their activities under regional support units. 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 HIV prevention 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.

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.

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.

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.

SOCIAL NORMS – Statements that define acceptable behavior.

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>.

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.

UNIVERSAL PRECAUTIONS – A set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, everyone’s blood and certain body fluids are considered potentially infectious for HIV, HBV, and other bloodborne pathogens.

YOUTH AT DISPROPORTIONATE RISK FOR ACQUIRING HIV – Populations of youth who are more likely to contract HIV than comparison populations. Populations can be defined by race/ethnicity, gender, disability, geographic location (i.e., areas with a high number of cases), or sexual orientation.