

**Indicators for School Health Programs:  
to support Coordinated School Health Programs (CSHPs) and  
to address Physical Activity, Nutrition, and Tobacco Use (PANT)**

**Fiscal Year: March 1, 2010 – February 28, 2011  
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 ten areas of your project to support Coordinated School Health Programs (CSHP): (1) project planning; (2) joint activities of the State Education Agency and State Health Agency; (3) activities of state-level coalitions to support CSHP at the local level; (4) CSHP, physical activity, nutrition, and tobacco-use prevention policies; (5) curricula and instruction; (6) assessment of student performance; (7) health promotion and environmental approaches; (8) external collaboration; (9) reducing health disparities among populations of youth at disproportionate risk for chronic diseases; and (10) 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 10 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.*

**Person completing the Indicators:**

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

Title: \_\_\_\_\_

State: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**



## I. PROJECT PLANNING

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. In FY 2010, which of the following planning and evaluation activities did your project carry out?

	YES	NO
A. Conduct or review Program Inventory	<input type="radio"/>	<input type="radio"/>
B. Develop or revise a five-year strategic plan	<input type="radio"/>	<input type="radio"/>
C. Conduct formative evaluation	<input type="radio"/>	<input type="radio"/>
D. Create or revise a logic model	<input type="radio"/>	<input type="radio"/>
E. Write SMART objectives	<input type="radio"/>	<input type="radio"/>
F. Conduct process evaluation	<input type="radio"/>	<input type="radio"/>
G. Conduct outcome evaluation	<input type="radio"/>	<input type="radio"/>
H. Select or review School-Level Impact Measures (SLIMs)	<input type="radio"/>	<input type="radio"/>
I. Develop success stories	<input type="radio"/>	<input type="radio"/>
J. Other	<input type="radio"/>	<input type="radio"/>
Please specify _____		

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

5. Currently, does your project employ one staff person at 100% time in the state **education** agency to serve as the CSHP project director and primary point of contact with DASH?
  - YES
  - NO
6. Currently, does your project employ one staff person at 100% time in the state **health** agency to serve as the health agency's CSHP director?
  - YES
  - NO
7. Currently, does your project employ one staff person at 100% time in the state **education** agency to coordinate programs intended to increase physical activity, improve dietary patterns, and reduce tobacco use among youth through CSHP and support and assist with activities designed to promote CSHP?
  - YES
  - NO

Please continue on the next page →

8. During FY 2010, did the SEA and SHA have a formal written agreement to collaboratively develop a state plan to support implementation of CSHP in school districts (e.g., a current memorandum of understanding or contract)?
- YES  
 NO
9. During FY 2010, did the SEA and SHA partnership plan include specific activities to:
- |   | YES                   | NO                    |
|---|-----------------------|-----------------------|
| 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. ACTIVITIES OF STATE-LEVEL COALITIONS TO SUPPORT CSHPs

10. Does your state currently have a state-level coalition that supports the **coordination** of school health programs?
- YES  
 NO → Skip to 15
11. If so, how many state-level coalitions to support the **coordination** of school health programs does your state currently have?
- 1  
 2 or more
12. Do any of your state’s state-level coalitions to support the **coordination** of school health programs have a written plan (e.g., strategic plan, state blueprint, etc.) to develop or strengthen school health programs statewide?
- YES  
 NO → Skip to 14

Please continue on the next page →

13. How many state-level coalitions to support the **coordination** of school health programs have written plans to develop or strengthen school health programs statewide?

- 1
- 2 or more

14. During FY 2010, in which of the following activities have any state-level coalitions to support the **coordination** of school health programs been involved?

	YES	NO
A. Implement a CSHP state-level coalition written plan	<input type="radio"/>	<input type="radio"/>
B. Market or communicate about CSHP programs (i.e. create awareness or interest in new or on-going CSHP programs with the general public or partners)	<input type="radio"/>	<input type="radio"/>
C. Develop or implement CSHP activities	<input type="radio"/>	<input type="radio"/>
D. Develop, change, or advise on CSHP policy (e.g., statute, model policy, etc.)	<input type="radio"/>	<input type="radio"/>
E. Share CSHP resources (e.g., databases, information, programs, etc.)	<input type="radio"/>	<input type="radio"/>
F. Provide CSHP professional development	<input type="radio"/>	<input type="radio"/>
G. Provide incentives (including financial) to develop or implement CSHP activities	<input type="radio"/>	<input type="radio"/>
H. Seek additional funding for CSHP activities	<input type="radio"/>	<input type="radio"/>
I. Develop or implement PANT activities	<input type="radio"/>	<input type="radio"/>
J. Develop, change, or advise on PANT policy (e.g., statute, model policy, etc.)	<input type="radio"/>	<input type="radio"/>
K. Share PANT resources (e.g., databases, information, programs, etc.)	<input type="radio"/>	<input type="radio"/>
L. Provide PANT professional development	<input type="radio"/>	<input type="radio"/>
M. Provide incentives (including financial) to develop or implement PANT activities	<input type="radio"/>	<input type="radio"/>
N. Seek additional funding for PANT activities	<input type="radio"/>	<input type="radio"/>

15. During FY 2010, did your project have any funding other than DASH funding for state-level activities consistent with those planned by state-level coalitions to support the coordination of school health programs? (May include federal, state, and/or private funding) (Choose one.)

- YES
- NO → Skip to 16

If YES:

- a. What is the total dollar amount of the funding you received other than DASH funding for state-wide activities consistent with those planned by state-level coalitions to support the coordination of school health programs? (Please include federal, state, and private funding): \$\_\_\_\_\_

Please continue on the next page →

16. During FY 2010, did your project **obtain** any additional funding for state-level CSHP activities consistent with those planned by state-level coalitions to support the coordination of school health programs **because of your DASH activities and plans?** (May include federal, state, or private funding) (Choose one.)

- YES
- NO

**IV. POLICY**

17. During FY 2010, did your project participate in any of the following activities on policy for **CSHP, physical activity, nutrition, or tobacco-use prevention?**

A. **DEVELOP** (or revise or assist in developing) model policies, policy guidance, or other policy materials to inform policy direction.

	CSHP	PHYSICAL ACTIVITY	NUTRITION	TOBACCO USE PREV.
(Choose one for each category)				
YES.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO, we have such materials but <b>did not develop them</b> this fiscal year.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO, we do not have such materials.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. **DISTRIBUTE** to district or school staff established or model policies, policy guidance, or other policy materials to inform policy direction.

	CSHP	PHYSICAL ACTIVITY	NUTRITION	TOBACCO USE PREV.
(Choose one for each category)				
YES.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO→ Skip to 17C.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If YES to any category, provide the total:				
1. Number of schools reached directly.....	1. _____	_____	_____	_____
2. Number of districts reached directly.....	2. _____	_____	_____	_____
3. Number of regional support units reached directly.....	3. _____	_____	_____	_____
4. Number of hits on policy web pages.....	4. _____	_____	_____	_____
5. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used).....	5. _____	_____	_____	_____
6. Number of external agency partners reached directly.....	6. _____	_____	_____	_____

Please continue on the next page →

C. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on established or model policies, policy guidance, or other policy materials to inform policy direction.

	CSHP	PHYSICAL ACTIVITY	NUTRITION	TOBACCO USE PREV.
(Choose one for each category)				
YES.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO → Skip to 17D.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If YES to any category, provide the total:				
1. Number of professional development <u>events</u> including policy issues.....	1. _____	_____	_____	_____
2. Number of <u>participants</u> in professional development events including policy issues.....	2. _____	_____	_____	_____
3. Number of professional development events including policy issues for which you conducted <u>follow-up support</u> .....	3. _____	_____	_____	_____
4. Number of schools reached directly.....	4. _____	_____	_____	_____
5. Number of districts reached directly.....	5. _____	_____	_____	_____
6. Number of regional support units reached directly.....	6. _____	_____	_____	_____
7. Number of external agency partners reached directly.....	7. _____	_____	_____	_____

D. Provide **TECHNICAL ASSISTANCE** to district or school staff on established or model policies, policy guidance, or other policy materials to inform policy direction.

	CSHP	PHYSICAL ACTIVITY	NUTRITION	TOBACCO USE PREV.
(Choose one for each category)				
YES.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO → Skip to 17E.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If YES to any category, provide the total:				
1. Number of schools reached directly.....	1. _____	_____	_____	_____
2. Number of districts reached directly.....	2. _____	_____	_____	_____
3. Number of regional support units reached directly.....	3. _____	_____	_____	_____
4. Number of external agency partners reached directly.....	4. _____	_____	_____	_____

Please continue on the next page →

E. If you directly reached external agency partners, to what **types of external agency partners** did you DISTRIBUTE, provide PROFESSIONAL DEVELOPMENT on, or provide TECHNICAL ASSISTANCE on model policies, policy guidance, or other policy materials to inform policy direction? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Faith-based organizations
- Health care providers/physicians
- Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type\_\_\_\_\_

**Please continue on the next page →**

- F. 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>Coordinated School Health Programs</b>	<b>YES</b>	<b>NO</b>
1. Coordinating school health programs	<input type="radio"/>	<input type="radio"/>
2. Implementing CSHP components	<input type="radio"/>	<input type="radio"/>
3. Integrating the school health plan into the overall school improvement plan	<input type="radio"/>	<input type="radio"/>
4. Creating, improving, or maintaining school health councils and school health teams	<input type="radio"/>	<input type="radio"/>
5. Establishing and determining 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>Health Education</b>		
1. Implementing or revising time and 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	<input type="radio"/>	<input type="radio"/>
3. Providing nutrition education for students	<input type="radio"/>	<input type="radio"/>
4. Incorporating physical activity for students as a required topic within health education	<input type="radio"/>	<input type="radio"/>
5. Providing tobacco-use prevention education for students	<input type="radio"/>	<input type="radio"/>
6. Other health education topics (specify): _____	<input type="radio"/>	<input type="radio"/>
<b>Physical Education Policies</b>		
1. Implementing or revising time and graduation requirements for K-12 physical education	<input type="radio"/>	<input type="radio"/>
2. Implementing or revising certification requirements for physical education teachers	<input type="radio"/>	<input type="radio"/>
3. Prohibiting use of physical activity as a punishment during physical education class	<input type="radio"/>	<input type="radio"/>
4. Prohibiting exemptions or waivers for physical education participation for participation in other activities	<input type="radio"/>	<input type="radio"/>
5. Other physical education topics (specify): _____	<input type="radio"/>	<input type="radio"/>
<b>Physical Activity Policies</b>		
1. Providing daily recess for elementary school students	<input type="radio"/>	<input type="radio"/>
2. Providing physical activity breaks for elementary school students	<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	<input type="radio"/>	<input type="radio"/>
5. Other physical activity topics (specify): _____	<input type="radio"/>	<input type="radio"/>
<b>Healthy Eating Policies</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	<input type="radio"/>	<input type="radio"/>
4. Requiring nutrition standards for all foods or beverages provided outside of the federally regulated school meals program	<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.	<input type="radio"/>	<input type="radio"/>
9. Other healthy eating topics (specify): _____	<input type="radio"/>	<input type="radio"/>

Please continue on the next page →

<b>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, thereby eliminating exposure to secondhand smoke	<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 programs or referrals for students or staff	<input type="radio"/>	<input type="radio"/>
4. Enforcing tobacco-use prevention policies	<input type="radio"/>	<input type="radio"/>
5. Other tobacco-use prevention/cessation topics (specify): _____	<input type="radio"/>	<input type="radio"/>

## V. CURRICULA & INSTRUCTION

18. During FY 2010, did your project participate in any of the following activities on curriculum and instruction for **physical education**?

A. **DEVELOP** (or revise or assist in developing) physical education standards, curriculum frameworks, instructional strategies, or other guidance?

- YES
- NO—we have physical education standards, curriculum frameworks, instructional strategies or other guidance, **but did not develop them** this fiscal year.
- NO—we **do not have** physical education standards, curriculum frameworks, instructional strategies, or other guidance.

B. **DISTRIBUTE** to district or school staff **physical education** standards, curriculum frameworks, instructional strategies, or other guidance. (Choose one.)

- YES
- NO → Skip to 18C

If YES, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_
5. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used)  
\_\_\_\_\_

Please continue on the next page →

- C. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on **physical education** standards, curriculum frameworks, or instructional strategies.

- YES  
 NO → Skip to 18D

If YES, provide the total:

1. Number of professional development events including curricula, curricular standards, frameworks, instructional strategies, or other guidance \_\_\_\_\_
2. Number of participants in professional development events including curricula, curricular standards, frameworks, instructional strategies, or other guidance \_\_\_\_\_
3. Number of professional development events including curricula, curricular standards, frameworks, instructional strategies, or other guidance for which you conducted follow-up support? \_\_\_\_\_
4. Number of schools reached directly \_\_\_\_\_
5. Number of districts reached directly \_\_\_\_\_
6. Number of regional support units reached directly \_\_\_\_\_
7. Number of external agency partners reached directly \_\_\_\_\_

- D. Provide **TECHNICAL ASSISTANCE** to district or school staff on **physical education** curriculum and/or instruction (e.g., help in reviewing, revising, developing, or selecting curricula and/or instructional materials).

- YES  
 NO → Skip to 18E

If YES, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_

Please continue on the next page →

E. If you directly reached external agency partners, to what **types of external agency partners** did you **DISTRIBUTE**, provide **PROFESSIONAL DEVELOPMENT** on, or provide **TECHNICAL ASSISTANCE** on **physical education** curricular standards, frameworks, or instructional strategies? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Faith-based organizations
- Health care providers/physicians
- Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type \_\_\_\_\_

19. During FY 2010, did your project participate in any of the following activities to help district or school staff to assess, plan, or coordinate **physical education** programs?

A. **DISTRIBUTE** to district or school staff the *Physical Education Curriculum Analysis Tool (PECAT)* to help analyze and plan **physical education** curricula.

- YES
- NO

B. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on the *PECAT* to help analyze and plan **physical education** curricula.

- YES
- NO → Skip to 19C

If YES, provide the total:

1. Number of professional development events \_\_\_\_\_
2. Number of participants in professional development events \_\_\_\_\_
3. Number of professional development events for which you conducted follow-up support \_\_\_\_\_
4. Number of schools reached directly \_\_\_\_\_
5. Number of districts reached directly \_\_\_\_\_
6. Number of regional support units reached directly \_\_\_\_\_
7. Number of external agency partners reached directly \_\_\_\_\_

Please continue on the next page →

C. Provide **TECHNICAL ASSISTANCE** to district or school staff on the *PECAT* to help analyze and plan **physical education** curricula.

- YES
- NO → Skip to 19D

If YES, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_

D. If you directly reached external agency partners, to what **types of external agency partners** did you **DISTRIBUTE**, provide **PROFESSIONAL DEVELOPMENT** on, or provide **TECHNICAL ASSISTANCE** on the *PECAT* to help analyze and plan **physical education** curricula? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Faith-based organizations
- Health care providers/physicians
- Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type \_\_\_\_\_

20. During FY 2010, did your project participate in any of the following activities on curriculum and instruction to address content areas of physical activity, nutrition, or tobacco-use prevention in **health education**?

A. **DEVELOP** (or revise or assist in developing) **health education** curricula, health education standards, frameworks, instructional strategies, or other guidance?

- YES
- NO—we have curricula, standards, frameworks, instructional strategies, or other guidance, **but have not developed them** this fiscal year.
- NO—we **do not have** such curricula, standards, frameworks, instructional strategies, or other guidance

Please continue on the next page →

B. **DISTRIBUTE** to district or school staff **health education** curricula, health education standards, frameworks, instructional strategies, or other guidance.

	PHYSICAL ACTIVITY	NUTRITION	TOBACCO USE PREV.
(Choose one for each category)			
YES.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO → Skip to 20C.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If YES for any category, provide the total:			
1. Number of schools reached directly.....	1. _____	1. _____	1. _____
2. Number of districts reached directly.....	2. _____	2. _____	2. _____
3. Number of regional support units reached directly .....	3. _____	3. _____	3. _____
4. Number of external agency partners reached directly.....	4. _____	4. _____	4. _____
5. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e- mails posted but the number of electronic distribution lists used).....	5. _____	5. _____	5. _____

**Please continue on the next page →**

**FISCAL YEAR 2010 SCHOOL HEALTH PROGRAM INDICATORS**

C. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on **health education** curricula, health education standards, frameworks, instructional strategies, or other guidance.

	<b>PHYSICAL ACTIVITY</b>	<b>NUTRITION</b>	<b>TOBACCO USE PREV.</b>
(Choose one in each category)			
YES.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO→ Skip to 20D.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If YES in any category, provide the total:			
1. Number of professional development <u>events</u> including curricular standards, frameworks, instructional strategies, or other guidance.....	1. _____	_____	_____
2. Number of <u>participants</u> in professional development events including curricular standards, frameworks, instructional strategies, or other guidance.....	2. _____	_____	_____
3. Number of professional development events for which you conducted <u>follow-up support</u> .....	3. _____	_____	_____
4. Number of schools reached directly.....	4. _____	_____	_____
5. Number of districts reached directly.....	5. _____	_____	_____
6. Number of regional support units reached directly .....	6. _____	_____	_____
7. Number of external agency partners reached directly.....	7. _____	_____	_____

D. Provide **TECHNICAL ASSISTANCE** to district or school staff on **health education** curriculum or instruction (e.g., help in reviewing, revising, developing, or selecting instructional materials).

	<b>PHYSICAL ACTIVITY</b>	<b>NUTRITION</b>	<b>TOBACCO USE PREV.</b>
(Choose one in each category)			
YES.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO→ Skip to 20E.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If YES in any category, provide the total:			
1. Number of schools reached directly.....	1. _____	_____	_____
2. Number of districts reached directly.....	2. _____	_____	_____
3. Number of regional support units reached directly .....	3. _____	_____	_____
4. Number of external agency partners reached directly .....	4. _____	_____	_____

**Please continue on the next page →**

- E. If you directly reached external agency partners, to what **types of external agency partners** did you **DISTRIBUTE**, provide **PROFESSIONAL DEVELOPMENT** on, or provide **TECHNICAL ASSISTANCE** to district or school staff on **health education** curriculum or instruction (e.g., help in reviewing, revising, developing, or selecting instructional materials)? (Mark all that apply.)

	PHYSICAL ACTIVITY	NUTRITION	TOBACCO USE PREV.
1. Not Applicable – We did not reach external agency partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Faith-based organizations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Health care providers/physicians.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Legislators/lawmakers.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Local- or county-level health agencies/departments of health.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. National non-governmental organizations (NGOs) (including local affiliates).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Parents/guardians/caregivers (including those reached through PTAs/PTOs).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Professional associations/organizations (e.g., NEA, AAHPERD, ASHA).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Social service agencies.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Universities/colleges/institutions of higher education.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Youth-serving organizations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Other – Please specify type_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. During FY 2010, did your project participate in any of the following activities to help district or school staff to assess, plan, or coordinate **health education** programs?
- A. **DISTRIBUTE** to district or school staff the *Health Education Curriculum Analysis Tool (HECAT)* to help analyze and plan **health education** curricula.
- YES
- NO

Please continue on the next page →

- B. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on the *HECAT* to help analyze and plan **health education** curricula.

- YES  
 NO → Skip to 21C

If YES, provide the total:

1. Number of professional development events \_\_\_\_\_
2. Number of participants in professional development events \_\_\_\_\_
3. Number of professional development events for which you conducted follow-up support \_\_\_\_\_
4. Number of schools reached directly \_\_\_\_\_
5. Number of districts reached directly \_\_\_\_\_
6. Number of regional support units reached directly \_\_\_\_\_
7. Number of external agency partners reached directly \_\_\_\_\_

- C. Provide **TECHNICAL ASSISTANCE** to district or school staff on the *HECAT* to help analyze and plan **health education** curricula.

- YES  
 NO → Skip to 21D

If YES, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_

- D. If you directly reached external agency partners, to what **types of external agency partners** did you **DISTRIBUTE**, provide **PROFESSIONAL DEVELOPMENT** on, or provide **TECHNICAL ASSISTANCE** on the *HECAT* to help analyze and plan **health education** curricula? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Faith-based organizations
- Health care providers/physicians
- Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type \_\_\_\_\_

Please continue on the next page →

## VI. ASSESSMENT OF STUDENT PERFORMANCE

22. During FY 2010, did your project participate in any of the following activities on the assessment of student performance for **physical education**?
- A. **DEVELOP** (or revise or assist in developing) **physical education** frameworks or guidance for district or school staff about how to assess or measure students' knowledge, skills, and physical activity behaviors?
- YES
  - NO—we have physical education frameworks or guidance about how to assess or measure students' knowledge and skills, **but have not developed them** this fiscal year.
  - NO—we **do not have** physical education frameworks or guidance about how to assess or measure students' knowledge and skills.
- B. **DISTRIBUTE** to district or school staff **physical education** frameworks or guidance about how to assess or measure students' knowledge, skills, and physical activity behavior? (Do not include materials on how to conduct the Youth Risk Behavior Survey or the School Health Profiles or materials on height or weight measurements.)
- YES
  - NO → Skip to 22C
- If YES, provide the total:
1. Number of schools reached directly \_\_\_\_\_
  2. Number of districts reached directly \_\_\_\_\_
  3. Number of regional support units reached directly \_\_\_\_\_
  4. Number of external agency partners reached directly \_\_\_\_\_
  5. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used)  
\_\_\_\_\_

Please continue on the next page →

C. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on how to assess or measure in **physical education** students' knowledge, skills, and physical activity behavior.

- YES
- NO → Skip to 22D

If YES, provide the total:

1. Number of professional development events on how to assess or measure in **physical education** students' knowledge, skills, and physical activity behavior \_\_\_\_\_
2. Number of participants in professional development events on how to assess or measure in **physical education** students' knowledge, skills, and physical activity behavior \_\_\_\_\_
3. Number of professional development events on how to assess or measure in **physical education** students' knowledge, skills, and physical activity behavior for which you conducted follow-up support \_\_\_\_\_
4. Number of schools reached directly \_\_\_\_\_
5. Number of districts reached directly \_\_\_\_\_
6. Number of regional support units reached directly \_\_\_\_\_
7. Number of external agency partners reached directly \_\_\_\_\_

D. Provide **TECHNICAL ASSISTANCE** to district or school staff on how to assess or measure in **physical education** students' knowledge, skills and physical activity behavior.

- YES
- NO → Skip to 22E

If YES, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_

Please continue on the next page →

E. If you directly reached external agency partners, to what **types of external agency partners** did you DISTRIBUTE, provide PROFESSIONAL DEVELOPMENT on, or provide TECHNICAL ASSISTANCE on **physical education** frameworks or guidance about how to assess or measure students' knowledge, skills, and physical activity behavior? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Faith-based organizations
- Health care providers/physicians
- Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type\_\_\_\_\_

23. During FY 2010, did your project participate in any of the following activities on the assessment of student performance for **physical activity, nutrition, or tobacco-use prevention in health education**?

A. **DEVELOP** (or revise or assist in developing) **health education** frameworks or guidance about how to assess or measure students' knowledge and skills in physical activity, nutrition, or tobacco-use prevention to district or school staff?

- YES
- NO—we have health education frameworks or guidance about how to assess or measure students' knowledge and skills in physical activity, nutrition, or tobacco-use prevention, **but have not developed them** this fiscal year.
- NO—we **do not have** health education frameworks or guidance about how to assess or measure students' knowledge and skills in physical activity, nutrition, or tobacco-use prevention.

**Please continue on the next page →**

B. **DISTRIBUTE** to district or school staff **health education** frameworks or guidance about how to assess or measure students' knowledge and skills in physical activity, nutrition, or tobacco-use prevention? (Do **not** include materials on how to conduct the Youth Risk Behavior Survey or the School Health Profiles.)

- YES
- NO → Skip to 23C

If YES, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_
5. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used)  
\_\_\_\_\_

C. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on how to assess or measure students' knowledge and skills relevant to physical activity, nutrition, or tobacco-use prevention in **health education**.

- YES
- NO → Skip to 23D

If YES, provide the total:

1. Number of professional development events on how to assess or measure students' knowledge and skills relevant to physical activity, nutrition, or tobacco-use prevention in **health education** \_\_\_\_\_
2. Number of participants in professional development events on how to assess or measure students' knowledge and skills relevant to physical activity, nutrition, or tobacco-use prevention in **health education** \_\_\_\_\_
3. Number of professional development events on how to assess or measure students' knowledge and skills relevant to physical activity, nutrition, or tobacco-use prevention in **health education** for which you conducted follow-up support  
\_\_\_\_\_
4. Number of schools reached directly \_\_\_\_\_
5. Number of districts reached directly \_\_\_\_\_
6. Number of regional support units reached directly \_\_\_\_\_
7. Number of external agency partners reached directly \_\_\_\_\_

Please continue on the next page →

D. Provide **TECHNICAL ASSISTANCE** to district or school staff on assessment or measurement of students’ knowledge and skills for physical activity, nutrition, or tobacco-use prevention in **health education**.

- YES
- NO → Skip to 23E

If YES, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_

E. If you directly reached external agency partners, to what **types of external agency partners** did you **DISTRIBUTE**, provide **PROFESSIONAL DEVELOPMENT** on, or provide **TECHNICAL ASSISTANCE on health education** frameworks or guidance about how to assess or measure students’ knowledge and skills in physical activity, nutrition, or tobacco-use prevention? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Faith-based organizations
- Health care providers/physicians
- Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type\_\_\_\_\_

Please continue on the next page →

**VII. HEALTH PROMOTION AND ENVIRONMENTAL APPROACHES**

24. During FY 2010, did your project participate in any of the following activities to help district or school staff to assess, plan, or coordinate **school health programs**?

A. **DEVELOP** (or revise or assist in developing) model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) for district or school staff to **coordinate school health programs or promote PANT** through any of the following:

Program topic (Choose one for each program topic)	YES	NO—we have model programs, guidance, implementation strategies, or other resource materials, <b>but have not developed them</b> this fiscal year	NO—we <b>do not have</b> model programs, guidance, implementation strategies, or other resource materials
A. District-level school health councils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. School-level school health councils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. School health coordinators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Securing administrative support for CSHP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Collaborating with community partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Developing new health-related policies in the context of CSHP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. **DISTRIBUTE** to district or school staff model programs, guidance, implementation strategies, or other resource materials (**not** to include policy materials) to **coordinate school health programs** through any of the following:

	YES	NO
A. District-level school health councils	<input type="radio"/>	<input type="radio"/>
B. School-level school health councils	<input type="radio"/>	<input type="radio"/>
C. School health coordinators	<input type="radio"/>	<input type="radio"/>
D. Securing administrative support for CSHP	<input type="radio"/>	<input type="radio"/>
E. Collaborating with community partners	<input type="radio"/>	<input type="radio"/>
F. Developing new health-related policies in the context of CSHP	<input type="radio"/>	<input type="radio"/>

(If NO to all of the above, skip to 24C.)

If YES to any of the above, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_

Please continue on the next page →

- C. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) 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** through any of the following:

	YES	NO
A. District-level school health councils	<input type="radio"/>	<input type="radio"/>
B. School-level school health councils	<input type="radio"/>	<input type="radio"/>
C. School health coordinators	<input type="radio"/>	<input type="radio"/>
D. Securing administrative support for CSHP	<input type="radio"/>	<input type="radio"/>
E. Collaborating with community partners	<input type="radio"/>	<input type="radio"/>
F. Developing new health-related policies in the context of CSHP	<input type="radio"/>	<input type="radio"/>

(If NO to all of the above, skip to 24D.)

If YES to any of the above, provide the total:

- Number of professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
- Number of participants in professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
- Number of professional development events including model programs, guidance, implementation strategies, or other resource materials for which you conducted follow-up support \_\_\_\_\_
- Number of schools reached directly \_\_\_\_\_
- Number of districts reached directly \_\_\_\_\_
- Number of regional support units reached directly \_\_\_\_\_
- Number of external agency partners reached directly \_\_\_\_\_

- D. Provide **TECHNICAL ASSISTANCE** to district or school staff to **coordinate school health programs** (i.e. developing model programs or selecting resource materials) through any of the following:

	YES	NO
A. District-level school health councils	<input type="radio"/>	<input type="radio"/>
B. School-level school health councils	<input type="radio"/>	<input type="radio"/>
C. School health coordinators	<input type="radio"/>	<input type="radio"/>
D. Securing administrative support for CSHP	<input type="radio"/>	<input type="radio"/>
E. Collaborating with community partners	<input type="radio"/>	<input type="radio"/>
F. Developing new health-related policies in the context of CSHP	<input type="radio"/>	<input type="radio"/>

(If NO to all of the above, skip to 24E.)

If YES to any of the above, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_

**Please continue on the next page →**

E. If you directly reached external agency partners, to what **types of external agency partners** did you **DISTRIBUTE**, provide **PROFESSIONAL DEVELOPMENT** on, or provide **TECHNICAL ASSISTANCE** to **coordinate school health programs**? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Faith-based organizations
- Health care providers/physicians
- Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type \_\_\_\_\_

25. During FY 2010, did your project participate in any of the following activities to help district or school staff to assess, plan, or coordinate school health programs?

A. **DISTRIBUTE** to district or school staff the *School Health Index* or similar tool to help schools assess, plan, or coordinate health programs.

- YES
- NO → Skip to 25B

If YES, what tool(s) were distributed? (Choose all that apply.)

- The *School Health Index*
- Other  
Please specify \_\_\_\_\_

B. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on the *School Health Index* or similar tool to help schools assess, plan, or coordinate health programs.

- YES
- NO → Skip to 25C

Please continue on the next page →

If YES, provide the total:

1. Number of professional development events \_\_\_\_\_
2. Number of participants in professional development events \_\_\_\_\_
3. Number of professional development events for which you provided follow-up support \_\_\_\_\_
4. Number of schools reached directly \_\_\_\_\_
5. Number of districts reached directly \_\_\_\_\_
6. Number of regional support units reached directly \_\_\_\_\_
7. Number of external agency partners reached directly \_\_\_\_\_

C. Provide **TECHNICAL ASSISTANCE** to district or school staff on the *School Health Index* or similar tool to help schools assess, plan, or coordinate health programs.

- YES
- NO → Skip to 25D

If YES, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_

D. If you directly reached external agency partners, to what **types of external agency partners** did you DISTRIBUTE, provide PROFESSIONAL DEVELOPMENT on, or provide TECHNICAL ASSISTANCE on the *School Health Index* or similar tool to help schools assess, plan, or coordinate health programs? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Cooperative extension service
- Faith-based organizations
- Health care providers/physicians
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type \_\_\_\_\_

26. Did your project help district staff to assess, plan, or coordinate school health programs using the *Healthy School Report Card* or similar tool?

- YES
- NO → Skip to 27

If YES, what tool(s) did you use? (Choose all that apply.)

- The *Healthy School Report Card*
- Other  
Please specify \_\_\_\_\_

**Please continue on the next page →**

27. During FY 2010, did your project engage in any of the following activities to help district or school staff promote **physical activity**?

- A. **DEVELOP** (or revise or assist in developing) model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) for district or school staff to promote **physical activity** through any of the following:

Program topic (Choose one for each program topic)	YES	NO—we have model programs, guidance, implementation strategies, or other resource materials, <b>but have not developed them</b> this fiscal year	NO—we <b>do not have</b> model programs, guidance, implementation strategies, or other resource materials
A. Increasing physical activity opportunities during school-day breaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Increasing physical activity opportunities during recess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Planning or implementing walk-to-school initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. 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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- B. **DISTRIBUTE** to district or school staff model programs, guidance, implementation strategies, or other resource materials (**not** to include policy materials) to promote **physical activity** through any of the following:

	YES	NO
A. Increasing physical activity opportunities during school-day breaks	<input type="radio"/>	<input type="radio"/>
B. Increasing physical activity opportunities during recess	<input type="radio"/>	<input type="radio"/>
C. Planning or implementing walk-to-school initiatives	<input type="radio"/>	<input type="radio"/>
D. Planning or implementing organized physical activity programs beyond physical education or competitive athletics (e.g., intramural or physical activity clubs, and other after school	<input type="radio"/>	<input type="radio"/>

activities)

**(If NO to all of the above, skip to 27C.)**

If YES to any of the above, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_

**Please continue on the next page →**

- C. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on model programs, guidance, implementation strategies, or other resource materials (**not** to include policy materials) to promote **physical activity** through any of the following:

	YES	NO
A. Increasing physical activity opportunities during school-day breaks	<input type="radio"/>	<input type="radio"/>
B. Increasing physical activity opportunities during recess	<input type="radio"/>	<input type="radio"/>
C. Planning or implementing walk-to-school initiatives	<input type="radio"/>	<input type="radio"/>
D. 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)	<input type="radio"/>	<input type="radio"/>

**(If NO to all of the above, skip to 27D.)**

If YES to any of the above, provide the total:

1. Number of professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
2. Number of participants in professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
3. Number of professional development events including model programs, guidance, implementation strategies, or other resource materials for which you conducted follow-up support \_\_\_\_\_
4. Number of schools reached directly \_\_\_\_\_
5. Number of districts reached directly \_\_\_\_\_
6. Number of regional support units reached directly \_\_\_\_\_
7. Number of external agency partners reached directly \_\_\_\_\_

- D. Provide **TECHNICAL ASSISTANCE** to district or school staff to promote **physical activity** (i.e. developing model programs or selecting resource materials) through any of the following:

	YES	NO
A. Increasing physical activity opportunities during school-day breaks	<input type="radio"/>	<input type="radio"/>
B. Increasing physical activity opportunities during recess	<input type="radio"/>	<input type="radio"/>

- C. Planning or implementing walk-to-school initiatives
- D. 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)

(If NO to all of the above, skip to 27E.)

Please continue on the next page →

If YES to any of the above, provide the total:

- 1. Number of schools reached directly \_\_\_\_\_
- 2. Number of districts reached directly \_\_\_\_\_
- 3. Number of regional support units reached directly \_\_\_\_\_
- 4. Number of external agency partners reached directly \_\_\_\_\_

E. If you directly reached external agency partners, to what **types of external agency partners** did you DISTRIBUTE, provide PROFESSIONAL DEVELOPMENT on, or provide TECHNICAL ASSISTANCE to promote **physical activity**? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Faith-based organizations
- Health care providers/physicians
- Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type \_\_\_\_\_

28. During FY 2010, did your project engage in any of the following activities to help district or school staff promote **healthy eating**?

A. **DEVELOP** (or revise or assist in developing) model programs, guidance, implementation strategies, or other resource materials (**not** including policy materials) for district or school staff to promote **healthy eating** through any of the following:

Program topic (Choose one for each program topic)	YES	NO—we have model programs, guidance, implementation strategies,	NO—we <b>do not</b> have model programs, guidance,

		or other resource materials, <b>but have not developed them</b> this fiscal year	implementation strategies, or other resource materials
A. Improving nutritional quality of school meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Marketing healthy school meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Improving the nutritional quality of school food and beverages provided outside of school meals (e.g., vending machines and a la carte)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Marketing healthy school food and beverage choices provided outside of school meals (e.g., vending machines, classroom snacks, a la carte)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the next page →

B. **DISTRIBUTE** to district or school staff model programs, guidance, implementation strategies, or other resource materials (**not** including policy materials) to promote **healthy eating** through any of the following:

	YES	NO
A. Improving nutritional quality of school meals	<input type="radio"/>	<input type="radio"/>
B. Marketing healthy school meals	<input type="radio"/>	<input type="radio"/>
C. Improving the nutritional quality of school food and beverages provided outside of school meals (e.g., vending machines and a la carte)	<input type="radio"/>	<input type="radio"/>
D. Marketing healthy school food and beverage choices provided outside of school meals (e.g., vending machines, classroom snacks, a la carte)	<input type="radio"/>	<input type="radio"/>

(If NO to all of the above, skip to 28C.)

If YES to any of the above, provide the total:

- Number of schools reached directly \_\_\_\_\_
- Number of districts reached directly \_\_\_\_\_
- Number of regional support units reached directly \_\_\_\_\_
- Number of external agency partners reached directly \_\_\_\_\_

C. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on model programs, guidance, implementation strategies, or other resource materials (**not** to include policy materials) to promote **healthy eating** through any of the following:

	NO	YES
A. Improving nutritional quality of school meals	<input type="radio"/>	<input type="radio"/>
B. Marketing healthy school meals	<input type="radio"/>	<input type="radio"/>
C. Improving the nutritional quality of school food and beverages provided outside of school meals (e.g., vending machines and a la carte)	<input type="radio"/>	<input type="radio"/>
D. Marketing healthy school food and beverage choices provided outside of school meals (e.g., vending machines,	<input type="radio"/>	<input type="radio"/>

classroom snacks, a la carte)	○	○
-------------------------------	---	---

**(If NO to all of the above, skip to 28D.)**

**Please continue on the next page →**

If YES to any of the above, provide the total:

1. Number of professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
2. Number of participants in professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
3. Number of professional development events including model programs, guidance, implementation strategies, or other resource materials for which you conducted follow-up support \_\_\_\_\_
4. Number of schools reached directly \_\_\_\_\_
5. Number of districts reached directly \_\_\_\_\_
6. Number of regional support units reached directly \_\_\_\_\_
7. Number of external agency partners reached directly \_\_\_\_\_

D. Provide **TECHNICAL ASSISTANCE** to district or school staff to promote **healthy eating** (e.g., developing model programs or selecting resource materials) through any of the following:

	NO	YES
A. Improving nutritional quality of school meals	○	○
B. Marketing healthy school meals	○	○
C. Improving the nutritional quality of school food and beverages provided outside of school meals (e.g., vending machines and a la carte)	○	○
D. Marketing healthy school food and beverage choices provided outside of school meals (e.g., vending machines, classroom snacks, a la carte)	○	○

**(If NO to all of above, skip to 28E.)**

If YES to any of the above, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external agency partners reached directly \_\_\_\_\_

**Please continue on the next page →**

E. If you directly reached external agency partners, to what **types of external agency partners** did you DISTRIBUTE, provide PROFESSIONAL DEVELOPMENT on, or provide TECHNICAL ASSISTANCE to promote **healthy eating**? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Faith-based organizations
- Health care providers/physicians
- Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type\_\_\_\_\_

29. During FY 2010, did your project engage in the following activities to help district or school staff promote a **tobacco-free lifestyle**?

A. **DEVELOP** (or revise or assist in developing) model programs, guidance, implementation strategies, or other resource materials (not to include policy materials) for district or school staff to plan and implement **tobacco-use prevention** programs for students.

YES

- NO—we have model programs, guidance, implementation strategies, or other resource materials, **but have not developed them** this fiscal year
- NO—we **do not have** model programs, guidance, implementation strategies, or other resource materials
- B. **DISTRIBUTE** to district or school staff model programs, guidance, implementation strategies, or other resource materials (**not** to include policy materials) to help plan and implement **tobacco-use prevention** programs for students.
- YES
- NO → Skip to 29C

If YES to any of the above, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external partners reached directly \_\_\_\_\_

**Please continue on the next page →**

- C. Provide **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff on model programs, guidance, implementation strategies, or other resource materials (**not** to include policy materials) to help plan and implement **tobacco-use prevention** programs for students.
- YES
- NO → Skip to 29D

If YES to any of the above, provide the total:

1. Number of professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
2. Number of participants in professional development events including model programs, guidance, implementation strategies, or other resource materials \_\_\_\_\_
3. Number of professional developments events including model programs, guidance, implementation strategies, or other resource materials for which you conducted follow-up support \_\_\_\_\_
4. Number of schools reached directly \_\_\_\_\_
5. Number of districts reached directly \_\_\_\_\_
6. Number of regional support units reached directly \_\_\_\_\_
7. Number of external partners reached directly \_\_\_\_\_

- D. Provide **TECHNICAL ASSISTANCE** to district or school staff (for example in developing model programs or selecting resource materials) to help plan and implement **tobacco-use prevention** programs for students.
- YES
- NO → Skip to 29E

If YES, provide the total:

1. Number of schools reached directly \_\_\_\_\_
2. Number of districts reached directly \_\_\_\_\_
3. Number of regional support units reached directly \_\_\_\_\_
4. Number of external partners reached directly \_\_\_\_\_

**Please continue on the next page →**

E. If you directly reached external agency partners, to what **types of external agency partners** did you DISTRIBUTE, provide PROFESSIONAL DEVELOPMENT on, or provide TECHNICAL ASSISTANCE to help plan and implement **tobacco-use prevention** programs for students? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners.
- Faith-based organizations
- Health care providers/physicians
- Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type \_\_\_\_\_

Please continue on the next page →

**VIII. EXTERNAL COLLABORATION**

30. During FY 2010, did your project **COLLABORATE** with any of the following external partners? (Choose YES or NO for each topic.)

EXTERNAL COLLABORATION	CSHP		Physical Activity		Nutrition		Tobacco Use Prev.	
	YES	NO	YES	NO	YES	NO	YES	NO
A. Agencies serving primarily African American youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Agencies serving primarily Hispanic youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Agencies serving primarily American Indian/Alaskan Native youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Agencies serving primarily Asian/Pacific Islander youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Other youth-serving community organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Community organizations serving parents and families (this does not include internal school parent groups such as the PTA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Cooperative extension service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Education organizations (e.g., advocacy, service, professional, or membership associations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Health organizations (e.g., advocacy, service, professional, or membership associations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K. Faith-based organizations	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
L. Foundations (private or non-profit)	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
M. Governor’s appointed council to improve the health of youth (this can include overall health of youth or individual health topics)	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
N. Health care providers/physicians	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
O. Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
P. Local or county education agencies	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Q. Local or county health agencies	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
R. National non-governmental organizations, including state and local affiliates	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
S. Parents/guardians/caregivers (including those reached through PTAs/PTOs)	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
T. Social service agencies	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
U. State health coalitions or networks	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
V. Universities & other institutions of higher education	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
W. Youth (representing schools or communities)	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
X. Others (Specify)_____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

Please continue on the next page →

## IX. REDUCING HEALTH DISPARITIES AMONG POPULATIONS OF YOUTH AT DISPROPORTIONATE RISK FOR CHRONIC DISEASES

31. What kinds of data has your project reviewed to identify youth at disproportionate risk for chronic diseases related to physical inactivity, unhealthy dietary patterns, and tobacco use?

	Physical Inactivity		Unhealthy dietary patterns		Tobacco Use	
	YES	NO	YES	NO	YES	NO
A. Youth Risk Behavior Survey (YRBS) data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Adequate Yearly Progress (AYP) scores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Youth Tobacco Survey (YTS) data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Youth morbidity and mortality data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Other state data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Other Please specify_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Which populations of youth has your project identified as being at disproportionate risk for chronic disease?

Physical Inactivity	Unhealthy dietary patterns	Tobacco Use
A. _____	A. _____	A. _____
B. _____	B. _____	B. _____
C. _____	C. _____	C. _____

D. _____	D. _____	D. _____
----------	----------	----------

**(If your project did NOT identify populations of youth at disproportionate risk for chronic disease, skip to 38.)**

33. During FY 2010, what activities did your project conduct to increase the capacity of districts and schools to reach the youth at disproportionate risk for chronic diseases that your project identified? (Choose 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 diseases
- Providing programs and services that reach youth at disproportionate risk for chronic diseases
- Other  
Please specify \_\_\_\_\_

**Please continue on the next page →**

34. For the activities conducted during FY 2010 to increase the capacity of districts and schools to reach the youth at disproportionate risk for chronic diseases that your project identified, what topics were included? (Choose 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 diseases
- Building the skill of school administrators, faculty, or staff to address youth at disproportionate risk for chronic diseases
- Reaching families of youth at disproportionate risk for chronic diseases
- Other  
Please specify \_\_\_\_\_

35. During FY 2010, describe the **PROFESSIONAL DEVELOPMENT** (not to include information sessions) to district or school staff that your project provided that focused on youth at disproportionate risk for chronic diseases that your project identified:

- A. Number of professional development events that focused on improving the quality of activities for specific priority populations \_\_\_\_\_
- B. Number of participants in professional development events that focused on improving the quality of activities for specific priority populations \_\_\_\_\_
- C. Number of professional developments events that focused on improving the quality of activities for specific priority populations for which you conducted follow-up support \_\_\_\_\_
- D. Number of schools reached directly \_\_\_\_\_

- E. Number of districts reached directly \_\_\_\_\_
  - F. Number of regional support units reached directly \_\_\_\_\_
  - G. Number of external agency partners reached directly \_\_\_\_\_
36. During FY 2010, describe the **TECHNICAL ASSISTANCE** to district or school staff that your project provided to reach youth at disproportionate risk for chronic diseases that your project identified:
- A. Number of schools reached directly \_\_\_\_\_
  - B. Number of districts reached directly \_\_\_\_\_
  - C. Number of regional support units reached directly \_\_\_\_\_
  - D. Number of external agency partners reached directly \_\_\_\_\_

- Please continue on the next page →**
37. If you directly reached external agency partners, to what **types of external agency partners** did you provide PROFESSIONAL DEVELOPMENT or TECHNICAL ASSISTANCE related to youth at disproportionate risk for chronic diseases that your project identified?
- Not Applicable – We did not reach external agency partners.
  - Faith-based organizations
  - Health care providers/physicians
  - Insurance companies (e.g., Blue Cross/Blue Shield, Delta Dental)
  - Legislators/lawmakers
  - Local- or county-level health agencies/departments of health
  - National non-governmental organizations (NGOs) (including local affiliates)
  - Parents/guardians/caregivers (including those reached through PTAs/PTOs)
  - Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
  - Social service agencies
  - Universities/colleges/institutions of higher education
  - Youth-serving organizations
  - Other – Please specify type \_\_\_\_\_

## X. OTHER INFORMATION & ACTIVITIES

38. In FY 2010, did you conduct **INFORMATION SESSIONS** (not to include professional development) that focused on policy, curriculum, student assessment, or environmental interventions related to physical activity, physical education, nutrition, tobacco-use prevention, health education, or CSHP?

- YES
- NO → Skip to 39

**If yes:**

A. How many information sessions did you conduct focused on policy, curriculum, student assessment, or environmental interventions related to physical activity, physical education, nutrition, tobacco-use prevention, health education, or CSHP?

\_\_\_\_\_

B. Please check all the topics on which you conducted information sessions in FY 2010:

- \_\_\_ Physical activity
- \_\_\_ Physical education
- \_\_\_ Nutrition
- \_\_\_ Tobacco-use prevention
- \_\_\_ Health education
- \_\_\_ CSHP
- \_\_\_ Other
- Please specify \_\_\_\_\_

**Please continue on the next page →**

C. Please check all audiences for whom you conducted information sessions in FY 2010:

- \_\_\_ District-level staff or administrators
- \_\_\_ School-level staff or administrators
- \_\_\_ State school board members or superintendent
- \_\_\_ Staff or students at universities, colleges, or other institutions of higher education
- \_\_\_ Community-based organization staff
- \_\_\_ State health officer
- \_\_\_ State or local health agency staff
- \_\_\_ State education agency staff
- \_\_\_ Legislators/lawmakers
- \_\_\_ Parents/parent groups
- \_\_\_ School-aged youth
- \_\_\_ Other
- Please specify \_\_\_\_\_

39. In FY 2010, did you provide **PRE-SERVICE LEARNING** events that focused on policy, curriculum, student assessment, or environmental interventions related to physical activity, physical education, nutrition, tobacco-use prevention, health education, or CSHP?

- YES
- NO → Skip to 40

If YES:

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

- B. Please check all the topics on which you provided pre-service learning events in FY 2010:

- Physical activity
  - Physical education
  - Nutrition
  - Tobacco-use prevention
  - Health education
  - CSHP
  - Other
- Please specify \_\_\_\_\_

**Please continue on the next page →**

40. Is there information that we asked for in this year's Indicators that you estimated or guessed at?
- YES
  - NO → Skip to 41

- A. What kind of information did you estimate or guess at? (Mark all that apply.)

	<b>We DID estimate or guess</b>	<b>We did NOT estimate or guess</b>	<b>Not Applicable</b>
1. Distribution of print materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Distribution of materials on web sites, listservs, Internet mailing lists, or discussion boards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Professional development events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Follow-up support for professional development events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Technical assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Funding dollar amounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Information sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FISCAL YEAR 2010 SCHOOL HEALTH PROGRAM INDICATORS**

8. Pre-service learning events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
--------------------------------	-----------------------	-----------------------	-----------------------

B. On what topics did you estimate or guess at information? (Mark all that apply.)

	<b>We DID estimate or guess</b>	<b>We did NOT estimate or guess</b>	<b>Not Applicable</b>
1. Project planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Curricula and instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Assessment of student performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Health promotion and environmental approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Reducing disparities among youth at disproportionate risk for chronic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Is there information that we asked for in this year's Indicators that you did not collect at all?
- YES
  - NO → Skip to 42

A. What kind of information did you not collect at all? (Mark all that apply.)

	<b>We DID collect</b>	<b>We did NOT collect</b>	<b>Not Applicable</b>
1. Distribution of print materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Distribution of materials on web sites, listservs, Internet mailing lists, or discussion boards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Professional development events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Follow-up support for professional development events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Technical assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Funding dollar amounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Information sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Pre-service learning events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please continue on the next page →**

B. On what topics did you not collect information at all? (Mark all that apply.)

	<b>We DID collect</b>	<b>We did NOT collect</b>	<b>Not Applicable</b>
1. Project planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Curricula and instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Assessment of student performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Health promotion and environmental approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Reducing disparities among youth at disproportionate risk for chronic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. 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, assessment, collaborations, or CSHP at the local level and any activities for which you could not collect information on participants or recipients of materials.

---

---

---

---

---

43. 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.*

**ASSESSMENT** – Measuring the learning and performance of students or teachers. Different types of assessment instruments include achievement tests, minimum competency tests, developmental screening tests, aptitude tests, observation instruments, performance tasks, and authentic assessments.

**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.

**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.

**EVALUATION PLAN** – A written evaluation plan may include process evaluation, to determine if activities were as planned and how well they were conducted, as well as outcome evaluation, to determine the impact of an activity or program on program objectives.

**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, 2010 to February 28, 2011, 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 significant outcome than training alone by addressing challenges and sharing successes through a variety of media (e.g., e-mail, conference calls, webcasts, site visits).

**FORMATIVE EVALUATION** – Gathering information during the early stages of your project or program, with a focus on finding out whether your efforts are unfolding as planned, uncovering any obstacles or unexpected opportunities that may have emerged, and identifying adjustments and corrections to your program.

**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, instruction, and assessment.

**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 diseases (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/>.

**HEALTHY SCHOOL REPORT CARD** – The Healthy School Report Card (HSRC) is an ASCD Action Tool. This research-based tool was developed to help schools engage stakeholders from the school and community in the assessment of their school environment for inclusion in the school improvement process. The strategies contained in this tool are taken from evidence and best-practices. It can help reveal any high quality programming that is occurring and identify areas that need improvement. Additional information about the Healthy School Report Card is available at

<http://www.healthyschoolcommunities.org/HSRC/pages/reportcard/reportcardlogin.aspx>.

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

**INFORMATION SESSION** – Workshop, presentation or other instructional activities delivered in a short period of time taking at least 30 minutes and no more than 3 hours that focuses on a specific public health, curricular or coordinated school health program topic. Information sessions are tailored to specific audiences such as school administration, faculty, education and health professionals, adolescents, parents, college students, legislators or community groups.

**LOGIC MODEL** – A logic model is a pictorial diagram that shows the relationship between your program components and activities and desired health outcomes. A logic model is a planning tool that might describe your entire program or a particular program objective or initiative. Interactive tutorials on logic models are available at: <http://www.cdc.gov/HealthyYouth/evaluation/resources.htm>.

**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).

**MEMORANDUM OF UNDERSTANDING (MOU)** – An agreement between agencies specifying the process or procedures for collaborative development of CSHP infrastructure. May also be called a Memorandum of Agreement.

**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 EXTERNAL AGENCY PARTNERS REACHED DIRECTLY** – An external partner is reached directly when one or more external partner's staff receives materials, training, or assistance from personnel funded by your CSHP project. Each external partner reached is counted only once as being reached for a particular topic regardless of the number of external partner staff from that external partner are reached or the number of times external partner 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.

**OUTCOME EVALUATION** – Evaluation undertaken to determine if the changes ascribed to a program (e.g., changes in systems, collaborations, policies, or knowledge, attitudes, or behavior among administrators, teachers, school staff, community members, or youth) are associated with program activities.

**PARTNERSHIP PLAN** – Jointly prepared plans between the state education agency and the state health agency for coordinating administrative responsibilities, establishing reciprocal roles, and complementing school and youth-related health programs across the two agencies.

**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** – Any mandate issued or policies adopted by school district boards of education, the state school board, state legislature, or other district or state agencies that affects the environment in schools throughout the state. These include policies developed by your state or those based on model policies developed elsewhere. Sample model policies for PANT are available in *Fit, Healthy, and Ready to Learn: A School Health Policy Guide* (March 2004), developed by the National Association of State Boards of Education (NASBE). Sample policies can be viewed at NASBE's website: [http://www.nasbe.org/healthy\\_schools/policy.htm](http://www.nasbe.org/healthy_schools/policy.htm).

**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.

**PROGRAM INVENTORY** – A document that funded partners are required to fill out in the first and fifth year of the 801 Cooperative Agreement that provides a snapshot of what their program currently is doing or plans to do.

**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 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.

**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>.

**SCHOOL LEVEL IMPACT MEASURES** – 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.

**SERVING PRIMARILY** – Agencies whose main focus is on providing services tailored to a specific, identifiable population (e.g., by race, gender, etc.) or increasing the ability of others to provide services to that population.

**SMART OBJECTIVES** – Objectives are statements that describe program results to be achieved and how they will be achieved. **Specific** objectives include *who* will be targeted and *what* will be accomplished. **Measurable** objectives include *how much* change is expected, specifically enough that achievement of the objective can be measured through counting or documenting change. **Achievable** objectives can be realistically accomplished given your program’s existing resources and constraints. **Realistic** objectives address the scope of the health problem and propose reasonable programmatic steps. **Time-phased** objectives provide a timeline indicating when the objective will be met.

**SPECIFICALLY FOCUSED ON** – Programs or activities that are tailored to a particular, identifiable population (e.g., by race, gender, etc.) or activities to increase the ability of others to provide such services or activities.

**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 EDUCATION AGENCY (SEA)** – The department of state or territorial government responsible for public education policy, funding, monitoring, and training within that state or territory.

**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.

**SUCCESS STORIES** – A narrative highlighting the achievements and progress of a program or activity.

**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 diseases (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.