WORK!

Your Guide to Success for Building a Healthy School

health education • physical education • health services • nutrition services
counseling, psychological & social services • healthy school environment
health promotion for staff • family & community involvement

TOOLS that WORK!

www.healthyschoolsms.org
Dear Mississippi Teachers,

What a great time it is to live and teach in Mississippi! The Office of Healthy Schools is working diligently to support school districts by providing resources to teachers and administrators across our state that will increase the health of our students. Studies show that increased wellness is one of the greatest determining factors for student achievement. What better time than now to implement changes in schools that give students the opportunity to be successful. Together, we can improve student test scores, raise students’ self esteem and reduce the dropout rate by keeping students healthy and in school.

As the director of the Office of Healthy Schools, it is my pleasure to introduce to you the Tools that Work! Your Guide to Success for Building a Healthy School toolkit. This is simply a guide to resources that will assist you in your efforts to coordinate school health activities and meet countless other objectives that your school may have for achieving healthier minds and bodies for everyone in your district! By no means does this toolkit provide every resource that you will need. Community partnerships, parents, PTA’s, school boards, etc. also play a vital role in the quest for school wellness. However, this toolkit will give you a great start.

In 2009, Mississippi students have the greatest opportunity for success in the nation when it comes to achieving healthier minds and bodies. We have more resources than ever before, and our state now has “health on the radar” when it comes to our students and the activities that take place through the Office of Healthy Schools. Our health statistics have nowhere to go but up!

Let’s work together to promote health in our schools for the next generation. Use this toolkit along with our website, www.healthyschoolsms.org, to gain resources that you need to achieve small goals for success in your school for wellness. You can also call the Office of Healthy Schools at 601-359-1737 for technical assistance, questions, and any other information that you may need. Contrary to belief, school wellness does not cost a lot of money—it is many small, simple steps that we can take together to change behaviors for the better. Please assist us in giving every child in Mississippi the opportunity to be fit, healthy and ready to succeed.

Sincerely,

Shane McNeill
Shane McNeill
Office of Healthy Schools
This toolkit is divided into 12 sections of resources that work together to ensure successful implementation of coordinated school health programs.

Overview of Coordinated School Health

Health Education

Physical Education

Health Services

Nutrition Services

Healthy School Environment

Counseling, Psychological and Social Services

Health Promotion for Staff

Family/Community Involvement

School Health Councils

Marketing Your Successes

Resources
Coordinated School Health

8 components:

Health Education

Physical Education/Physical Activity

Health Services

Nutrition Services

Healthy School Environment

Counseling, Psychological, and Social Services

Staff Wellness

Family and Community Involvement
Overview of Coordinated School Health

The strategies, programs, services and initiatives coordinated by the Mississippi Department of Education’s Office of Healthy Schools, continue to focus on and promote the undeniable connection between healthy students and schools and academic achievement. A Coordinated School Health Program (CSHP) is a systematic approach to improving the health of children and removing certain barriers for the opportunity to learn. Participating schools soon realize the CSHP model is a valuable guide for improving the health and educational outcomes of our Mississippi students.

Because a healthy school is a vital part of a healthy community, a commitment to successful collaboration is required from school administrators, staff, students, parents and the community. Schools can be the nucleus from which many agencies might work together to develop and maintain the physical, social, and emotional well-being of young people. Through this toolkit and numerous other resources, the Office of Healthy Schools is committed and prepared to offer technical assistance and services to enable schools and communities to create effective Coordinated School Health Programs based on the eight component model developed by the Centers for Disease Control and Prevention (CDC) to encourage life long healthful behaviors that contribute to productive citizens.
Benefits of Coordinated School Health

The ultimate goal of a coordinated school health system is to ensure collaboration and coordination of the 8 components of the healthy school model. There is evidence that shows the positive impact of one or more components on student health and learning outcomes. School administrators also report that coordinating health initiatives result in:

Benefits to Students

- Improved awareness and knowledge about health
- Improved student performance and test scores
- Fewer behavior problems in class
- Increased alertness
- Decreased risky behaviors
- Less absenteeism
- Improved participation in physical activity
- Increased alertness
- Reduced dropout rates
- Greater interest in healthy diets
- Delayed onset of certain risk behaviors
- Less smoking among students and staff
- Lower rates of teen pregnancy

Benefits to Schools and Staff

- Improved staff morale
- Reduced staff absenteeism
- Reduced duplication of programs
- Reduced costs
- Increased collaboration with parents, teachers, and the community
- Increased teacher teamwork
Learning is an active process, and individuals learn best from instruction that is hands-on and related to life experiences. All students should have the opportunity to learn. However, the capacity for success is diminished if students are absent or distracted by unhealthy behaviors or hazardous situations. Health Education must be a collaborative process between family, school, and community. Health-literate students should have the capacity to obtain, interpret, and use basic health information and skills to enhance individual health. Health instruction focuses on the health and wellness of students and must become an integral and consistent part of the total school program. Instruction that begins while children are young and continues through adulthood reinforces the positive behaviors to be sustained throughout their lifetime.

Contents of this section:
- Curriculum and Instruction
- Health Education Standards
- Content Strands
- Teaching Tools
- HECAT
- Evaluation Tool
- Resources
CURRICULUM AND INSTRUCTION

The 2006 Mississippi Comprehensive Health Education Framework is a planned, sequential, K-12 framework that addresses the physical, mental, emotional and social dimensions of health. The framework is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The framework includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. The framework can be accessed at: www.mde.k12.ms.us/acad/id/curriculum/health/health.html. Below is listed information concerning philosophy, mission statement, purpose, competencies, organization, content strands, suggested objectives, teaching strategies and assessments.

MISSION STATEMENT

The Mississippi Comprehensive Health Framework ensures that all students gain information to develop positive attitudes, behaviors, and skills necessary to make health-enhancing decisions that are age and developmentally appropriate with the ability to apply skills responsibly for a lifetime.

PURPOSE

The Mississippi Comprehensive Health Framework promotes the development of health skills needed to improve quality of life. Based on the National Health Education Standards, the framework emphasizes the holistic dimensions of health education. It enables students to become health literate, self-directed learners, which establishes foundations for leading healthy and productive lives.

COMPETENCIES

Competencies are required to be taught to all students. The seven competencies do not have to be taught in the order presented within the framework. The competencies are intentionally broad to allow school districts and teachers flexibility in developing curriculum unique to their students' needs.

ORGANIZATION

The Mississippi Comprehensive Health Framework ensures that all students will have the opportunity to gain information and skills appropriate to age level and apply skills to everyday health-related behaviors. Each grade level has seven competencies that focus on healthful living behaviors. Each competency has suggested objectives designed to reinforce the competency. There are also suggested teaching strategies and assessment methods that can be applied to the objectives. These competencies are based on the National Health Education Standards. This framework is designed to be progressive. Beginning in Kindergarten, the students should receive the basic skills so that by Twelfth grade the students are proficient in many of the competencies.
Health Education
National Standards

Standard 1: Comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 2: Analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Standard 3: Demonstrate the ability to access valid information, products, and services to enhance health.

Standard 4: Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Standard 5: Demonstrate the ability to use decision-making skills to enhance health.

Standard 6: Demonstrate the ability to use goal-setting skills to enhance health.

Standard 7: Demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Standard 8: Demonstrate the ability to advocate for personal, family, and community health.
CONTENT STRANDS

The Mississippi Comprehensive Health Framework consists of ten content strands. These content strands identify the aspect of health that should be taught and ensure continuity throughout the process of teaching Comprehensive Health.

<table>
<thead>
<tr>
<th>Community/Environmental Health (C)</th>
<th>Nutrition (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Health (PH)</td>
<td>Consumer Health (CH)</td>
</tr>
<tr>
<td>Human Growth and Development (H)</td>
<td>Mental Health (M)</td>
</tr>
<tr>
<td>Disease Prevention and Control (D)</td>
<td>Safety and First Aid (S)</td>
</tr>
<tr>
<td>Drug Abuse Prevention (DA)</td>
<td>Family Life (F)</td>
</tr>
</tbody>
</table>

The strand code is identified in parentheses at the end of each competency.

SUGGESTED OBJECTIVES

Suggested objectives are not mandatory. The objectives serve as a guide, indicating how competencies can be fulfilled through a progression of content and concepts at each grade level. Multiple objectives should be taught in a well-organized activity. Each school district may adopt the suggested objectives and are encouraged to write additional objectives that meet the needs of students in their district.

SUGGESTED TEACHING STRATEGIES

The suggested teaching strategies are designed only to be the starting point for creative teaching. The strategies should be enhanced by the school district and teachers based on the health needs of students.

SUGGESTED ASSESSMENTS

Assessment is the mechanism used to measure educational achievement. Assessment is important because it affects how the students view themselves; the way parents, community, and governing bodies evaluate schools and districts; and the way the citizens of this nation compete with those of other nations in a worldwide marketplace. Assessment in Comprehensive Health should focus on students' acquisition of life skills, and students should be able to model health skills related to content strands.
**What the Mississippi Comprehensive Health Framework Addresses at Each Grade Level:**

The interdisciplinary nature of health contributes to the feasibility of infusing health content and skills across disciplines. Health standards provide a way of making the school program more responsive to student, family, and community needs.

**Kindergarten:**
In some instances, the initial exposure for students in maintaining a healthy lifestyle is in kindergarten. The health of individuals is a building process; the teacher must reinforce the importance of gaining a basic understanding of health promotion and disease prevention at an early age.

**First Grade:**
First grade teachers should focus on the relationship between personal health behaviors and individual well-being. Teachers should also place emphasis on the basic structure and functions of the human body systems. The health of individuals is a building process; the teacher must continue to reinforce the importance of gaining a basic understanding of health promotion and disease prevention at an early age.

**Second Grade:**
Second grade should focus on teaching students how physical, social, and emotional well-being influence personal health and how to identify common health problems that should be detected and treated early. Teachers should also continue to reinforce the importance of gaining the basic health skills at an early age.

**Third Grade:**
In third grade students should gain an understanding of how family influences personal health. They should also be introduced to childhood illnesses/injuries and how they can be prevented. Teachers should continue to reinforce the importance of learning the basic skills of health promotion and disease prevention at an early age. The students should also gain an understanding about the importance of participation in physical activity.

**Fourth Grade:**
Fourth grade students should learn to identify indicators of mental, social, and physical health during childhood. Students should establish the basic health promotion and disease prevention skills and be able to apply them in their individual lives. Students should also be exposed to role-playing in various settings where the teacher reinforces the most accurate ways to resolve each issue. Teachers should reinforce the relationship between physical activity and a healthy lifestyle.

**Fifth Grade:**
Fifth grade teachers should emphasize the interrelationship between mental, emotional, social, and physical health during adolescence. Teachers should also reinforce the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.
Sixth Grade:
Sixth grade should allow students an opportunity to maintain and apply the health skills they have learned in kindergarten through fifth grade. The students should gain an understanding of how the environment and personal health are interrelated. Teachers should also emphasize how health care can prevent premature death and disability. Teachers should reinforce the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death. Students should gain an understanding of how lifestyle, pathogens, family history, and other risk factors are related to the cause or prevention of disease and other health related issues.

Seventh Grade:
Students in the seventh grade should be able to analyze how the environment and personal health are interrelated. Teachers should also focus on the necessary skills to reduce risks associated with adolescent health problems.

Eighth Grade:
Eighth grade students should gain an understanding of how health is influenced by the interaction of body systems. Students should become familiar with the interrelationship between mental, emotional, spiritual, social, and physical health during adolescence. Students should also become more competent in developing a fitness plan. Teachers should reinforce how family and peers influence personal health and how appropriate health care can prevent premature death and disability.

Ninth – Twelfth Grades:
The Comprehensive Health Framework for grades 9 through 12 is dedicated to student achievement of the knowledge and development of health-literate individuals who are committed to the benefits of a healthy lifestyle. The focus of instruction should be on the ten comprehensive health strands and on the application and mastery of developing health-enhancing skills.

The interdisciplinary nature of health contributes to the feasibility of infusing health content and skills across disciplines. These standards provide a way of making the school program more responsive to student, family, and community needs.

As with all disciplines, Comprehensive Health must include a range of educational experiences. It should be taught in a way so students can obtain, interpret, and apply basic health information to their daily lives to enhance their individual health. In order to be health literate, students must be encouraged to be self-directed learners while establishing a basic understanding of health promotion and disease prevention. They should be encouraged to use literacy, numerical skills, and critical thinking skills to gather, analyze, and apply health information as their needs and priorities change throughout life. They must also use interpersonal and social skills in relationships to learn about and from others.

The 2006 Mississippi Comprehensive Health Framework serves as a guide for teachers to provide a comprehensive learning experience for students. This course should include all dimensions of health, including, but not limited to, community/environmental health, consumer health, disease prevention and control, human growth and development, nutrition, family life, safety and first aid, personal health, mental health, and drug abuse prevention. The students should also be provided an opportunity to understand the importance of participation in physical activity.
Things to remember when implementing health education in the classroom:

- Health education does not have to be limited to a “health” class—health information can be provided in many different ways and in any classroom setting.
- Health education should be skill-based. Do not limit education strategies to providing information only. Make learning fun with hands-on teaching strategies.
- Invite partners from the community to come and make presentations about different health topics. Make sure that what they present is accurate and evidence-based.

Tools for implementing quality health education in any classroom:

*Health in Action*

Health in Action is a comprehensive online database of classroom strategies for health education and physical education to meet any course needs. Activities are organized by grade level, monthly theme, and other criteria pertaining to the Mississippi Comprehensive Health Framework. The database can be accessed through [http://activities.healthyschoolsms.org/](http://activities.healthyschoolsms.org/). The database has lesson plans that are based on national standards. For instructions on how to register and use Health in Action, see next page.

*Health Education Curriculum Analysis Tool (HECAT)*

Health instruction in schools is shaped, in large part, by the health education curriculum. Choosing or developing the best possible health education curriculum is a critical step in ensuring that health education is effectively promoting healthy behaviors. The curriculum selection or development process, however, can lack structure and focus, which can result in choosing or developing curricula that are inadequate or ineffective. The Health Education Curriculum Analysis Tool (HECAT) provides processes and tools to improve curriculum selection and development.

The HECAT contains guidance, appraisal tools, and resources for carrying out a clear, complete, and consistent examination of health education curricula. Appraisal results can help schools select or develop appropriate and effective health education curricula, strengthen their delivery of health education, and improve the ability of school health educators to influence healthy behaviors and healthy outcomes among school age youth.

For more information about HECAT, visit [www.cdc.gov/HealthyYouth/HECAT/index.htm](http://www.cdc.gov/HealthyYouth/HECAT/index.htm).

*Health Education Assessment Project (HEAP)*

The Health Education Assessment Project (HEAP) is a collaborative of 19 states and 3 large education agencies whose focus it is to:

- modify the way teachers teach;
- move toward adopting skills-based, standards-based instructional practices; and
- foster students acquisition of skills that lead to health literacy.

The goal of HEAP is to provide products, services, and networking to members to build their capacity to:

- develop effective state training structures;
- document implementation of best practices of health instruction; and
- improve health assessment and technology literacy of HEAP members, educators and students.

The Mississippi Department of Education’s Office of Healthy Schools is a member of HEAP.
Health in Action

Health in Action puts health and physical education activities at your fingertips. This new database is your one-stop online site for ideas and complete, high-quality activities that students will love. Search, re-sort, and print the activities that match your grade level, academic interests, and available timeframe. Offered by the Office of Healthy Schools and written by Mississippi teachers, these health and physical education-centered activities help fulfill the requirements of the MS Healthy Students Act. Lesson plans are designed to get students moving, support academic achievement through integrated instruction, and promote student success.

Log on to: www.healthyschoolsms.org/healthinaction.html

Register as a user—It is free!
To start using this valuable resource today, take one moment to register. Simply visit the website listed above, and enter your name, school, school address, and email address. It’s quick, it’s easy, and best of all, once you’ve registered, you’re free to use the database as often as you wish. Next time and every time you visit, just enter your email address to sign in and access activities. There are no passwords or registration numbers to remember. Your email address is all you need and will help us inform you of future site additions and upgrades.

Search for Activities
Begin your activities search by selecting the grade level you teach. Next, enter any word or descriptive term related to the subject matter, content strand, skills, objectives, or type of activities you want to explore. Include physical education activities, health education activities, or both in your search with the touch of a button. Click on the names of the months to check for specific health awareness themes that apply, and search for activities related to them. Be sure to click for tips to get the most from our searches.

Sort, View and Print
View search results and re-sort them for quick evaluation. At any point, you can begin a new search or select “view all activities for the year” to see the complete list. You’ll find activities are teacher friendly, useful resources and ideas created with both your time and your students’ healthy development in mind.
§ 37-13-134, MS Code of 1972 Annotated

(1) The Legislature recognizes that there is a problem with Mississippi student inactivity and obesity, and therefore requires the following guidelines for school district physical education, health education and physical activity and fitness classes:

Kindergarten through Grade 8: One hundred fifty (150) minutes per week of physical activity-based instruction and forty-five (45) minutes per week of health education instruction, as defined by the State Board of Education.

Grades 9 through 12: 1/2 Carnegie unit requirement in physical education or physical activity for graduation.

HIV, STD, and Pregnancy Prevention Education

**Mandate:** Mississippi does not require students to receive instruction in HIV, STD, or pregnancy prevention, although the grade 9-12 portion of the Comprehensive Health Framework (2006) addresses prevention of HIV and other sexually transmitted diseases if schools choose to offer sex education. Code 37-13-171 (1998) states, abstinence education shall be the state standard for any sex-related education taught in the public schools" and "any course containing sex education offered in the public schools shall include instruction in abstinence education. However, the local school board may authorize, by affirmative vote of a majority of the members, the teaching of sex education without instruction on abstinence. In such event, the curriculum offered in the schools relating to sex education must be approved by a majority of the school board members."

§ 37-13-171. Abstinence education; components; exception to requirement; parent programs.

1. Abstinence education shall be the state standard for any sex-related education taught in the public schools. For purposes of this section, abstinence education includes any type of instruction or program which, at an appropriate age:
   - Teaches the social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical effects of not abstaining;
   - Teaches the harmful consequences to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, educational, financial and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others;
   - Teaches that unwanted sexual advances are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances;
• Teaches that abstinence from sexual activity before marriage, and fidelity within marriage, is the only certain way to avoid out-of-wedlock pregnancy, sexually-transmitted diseases and related health problems. The instruction or program may include a discussion on contraceptives, but only if such discussion includes a factual presentation of the risks (failure rates, diseases not protected against) of those contraceptives. In no case shall the instruction or program include any demonstration of how condoms or other contraceptives are applied;
• Teaches the current state law related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity; and
• Teaches that a mutually faithful, monogamous relationship in the context of marriage is the only appropriate setting for sexual intercourse.

2. A program or instruction on sex education need not include every component listed in subsection (1), however, no program or instruction may include anything that contradicts the excluded components.
3. Any course containing sex education offered in the public schools shall include instruction in abstinence education. However, the local school board may authorize, by affirmative vote of a majority of the members, the teaching of sex education without instruction on abstinence. In such event, the curriculum offered in the schools relating to sex education must be approved by a majority of the school board members.
4. Local school districts, in their discretion, may host programs designed to teach parents how to discuss abstinence with their children.

Curriculum Content: Both Code 37-13-171 and the Comprehensive Health Framework address prevention of HIV and other sexually transmitted diseases if schools choose to offer sex education for grades 9-12.

Parental Approval: Code 37-13-173 (1998) requires that schools give at least one week's written notice of an intent to provide any kind of sex education, and to provide parents an opportunity to review all materials. It also states, upon the request of any parent, the school shall excuse the parent's child from such instruction or presentation, without detriment to the student" (an opt-out policy).

Mississippi does not provide state funds for school-related HIV, STD, or pregnancy prevention activities. Funds for these activities will need to come from another source.
Mississippi Department of Education  
Office of Healthy Schools  

Health Education Teacher Evaluation Instrument

<table>
<thead>
<tr>
<th>Planning:</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>1. A <em>lesson plan</em> is being utilized during instruction</td>
<td></td>
</tr>
<tr>
<td>2. Instruction is planned and implemented in a <em>logical</em> and <em>progressive sequence</em></td>
<td></td>
</tr>
<tr>
<td>3. Documentation of planning for <em>term</em>, <em>unit</em>, and <em>lesson</em> is provided</td>
<td></td>
</tr>
<tr>
<td>4. Planned instruction is <em>developmentally appropriate</em> for age of students</td>
<td></td>
</tr>
<tr>
<td>5. Classroom is neat and inviting to students</td>
<td></td>
</tr>
<tr>
<td>6. Planned instruction is based on <em>Mississippi Health Education Standards</em></td>
<td></td>
</tr>
<tr>
<td>7. Planned instruction is based on the <em>Mississippi Comprehensive Health Framework</em></td>
<td></td>
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<tr>
<td><strong>Instruction:</strong></td>
<td></td>
</tr>
<tr>
<td>8. Instruction started on time</td>
<td></td>
</tr>
<tr>
<td>9. Learning expectations or objectives are clearly communicated to students</td>
<td></td>
</tr>
<tr>
<td>10. All students are engaged in <em>relevant, meaningful activity</em> for 100% of class time</td>
<td></td>
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<tr>
<td>11. Students are given the opportunity to participate in a variety of learning experiences</td>
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<tr>
<td>12. All students have <em>equal opportunities</em> to learn</td>
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<tr>
<td>13. Class activities promote <em>maximum participation</em> allowing all students to be engaged</td>
<td></td>
</tr>
<tr>
<td>14. Instructions and demonstrations are brief and concise</td>
<td></td>
</tr>
<tr>
<td>15. <em>Instructions, cueing and feedback</em> to individual students is continued during the classroom experience</td>
<td></td>
</tr>
<tr>
<td>16. Adjustment of instruction &amp; expectations based on individual differences and needs is accomplished. <em>Accommodations, modifications, and alternative instruction strategies</em> are used to assist students who are not mastering the skill or concept</td>
<td></td>
</tr>
<tr>
<td>17. Uses technology to enhance instruction</td>
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</tbody>
</table>

Teacher’s Name_______________________________________________________________________  
Evaluator’s Name____________________________________________________________________

Date_______________________ Class Observed________________________________________

To assess if quality health education methods have been presented during a lesson, provide the appropriate score in the “rating” column.
<table>
<thead>
<tr>
<th>Motivation:</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Teacher promotes independent learning through resources outside of class (ex. activity logs, bulletin boards and journaling)</td>
<td></td>
</tr>
<tr>
<td>19. <strong>Cooperative behavior</strong> and good social skills are reinforced</td>
<td></td>
</tr>
<tr>
<td>20. Students were encouraged to make healthy lifestyle choices always</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment:</th>
<th>Rating</th>
</tr>
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<tbody>
<tr>
<td>21. <strong>Multiple assessment strategies</strong> and tools are used (Written tests and assignments, peer assessment, self assessment, rubrics, outside of class assignments, etc.)</td>
<td></td>
</tr>
<tr>
<td>22. Student progress is documented in <em>the district-prescribed roll/grade book</em></td>
<td></td>
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<tr>
<td>23. Positive and specific feedback are provided to students</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Classroom Management:</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>24. Teacher uses <strong>effective classroom management strategies.</strong></td>
<td></td>
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<tr>
<td>25. Climate of courtesy and respect is established</td>
<td></td>
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<tr>
<td>26. Students support the learning of others</td>
<td></td>
</tr>
<tr>
<td>27. Students understand and adhere to class rules, routines, and behavior expectations. <em>Class rules are posted in the classroom.</em></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism:</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Teacher has assumed responsibility for professional growth. The teacher shows evidence that they have completed professional development classes.</td>
<td></td>
</tr>
<tr>
<td>29. Teacher adheres to professional and ethical standards</td>
<td></td>
</tr>
<tr>
<td>30. Instruction reflects best practices and newest trends and research in Health Education</td>
<td></td>
</tr>
<tr>
<td>31. Teacher is collegial and interacts appropriately with staff, parents, and volunteers</td>
<td></td>
</tr>
<tr>
<td>32. Teacher models appropriate appearance</td>
<td></td>
</tr>
<tr>
<td>33. Teacher shows enthusiasm the topic of health</td>
<td></td>
</tr>
<tr>
<td>34. Teacher actively seeks additional resources to expand and support health education</td>
<td></td>
</tr>
<tr>
<td>35. Teacher is currently and appropriately licensed.</td>
<td></td>
</tr>
</tbody>
</table>

**Feedback to Teacher:**
Resources for Health Education

Health Education Resources for Quality Instructional Practices:

www.healthteacher.com
Database for curricula and ideas. Free trial, then a small membership fee.

www.glogerm.com
Resources to use in the classroom to teach skills related to the spread of disease and hygienic practices.

Activities.healthyschoolsms.org
Health in Action database of over 1200 lesson plans on any health or physical education topic. Also includes ideas for Safe Routes to School and Nutrition in Action! FREE! Just print and use.

Data and Statistics:

www.cdc.gov/HealthyYouth/yrbs/index.htm
Youth Risk Behavior Surveillance Survey results. Self-reported student data for the nation as well as our state in comparison to other states. Great up-to-date resource of where our students are when it comes to health issues and behaviors. Updated every two years.

www.cdc.gov/HealthyYouth/profiles/
School Health Profile results. Data reported by principals and health education teachers at the state and national level in the area of coordinated school health implementation at the school level. Take a peak to see where Mississippi stands in the area of school health instruction, programs and services. Updated every two years.

www.kidscount.org
Kids Count data on economic, health and demographic statistics related to children in our state. Take a peak at where our students stand in relation to the national statistics. Collected right here in Mississippi!

www.thenationalcampaign.org
Data resource for information on teen pregnancy in our state. See the whole picture of how this health concern impacts our state.

www.healthyms.com
State and local health department data on health issues in Mississippi.

www.actionforhealthykids.org
Action for Healthy Kids database of activities and policy measures at the state and national level. Find out what your state is doing in the area of school health.

http://www.heritage.org
The Heritage Foundation. Latest updates on where the government stands in relation to abstinence or comprehensive sex education.

www.snapshots.ms.gov
A clearing house of Mississippi data related to health issues.
Resources for Health Education (continued)

Online Resources about Student Health Issues:

**www.kidshealth.org**  
Developed by the Kaiser Foundation to promote kids’ health. A wealth of knowledge about certain illnesses and general health topics. Great for parents too!

**www.bam.gov/teachers/related_activities.html**  
CDC’s teacher resource center for many types of activities and information about a variety of health topics. Student site as well with student activities.

**www.nasbe.org**  
National database on school health policies across the country. See Mississippi’s school health policies compared to other states. Updated annually.

**www.healthyms.com**  
State health department information on a multitude of health topics—from disease control and prevention to nutrition and childcare licensure. A one-stop shop of information with contacts for great partnerships!

**www.eatright.org**  
American Dietetic Association. Find great statistics and information on nutrition.

**www.americanheart.org**  
American Heart Association. Find great statistics and information on any type of heart disease and predictor for heart disease.

**www.cancer.org**  
American Cancer Society. Find everything you ever needed to know about any type of cancer or predictor of cancer. Great resources for tobacco education and sexually transmitted diseases.

**http://www.dmh.state.ms.us/**  
The Mississippi State Department of Mental Health. Find out what services are available to your students in the area of mental health in your state.

**http://www.aacap.org/cs/eaacap.resource.centers**  
The American Academy of Child and Adolescent Psychiatry resource centers for a variety of mental health issues that students face daily.

**http://www.niaaa.nih.gov/**  
The National Institute on Alcohol Abuse and Alcoholism. Tons of resources, posters, fact sheets, research and statistics at the national level.

**www.lungusa.org**  
American Lung Association. Resource for any issue related to respiratory concerns or lung cancer. Also great resource for those that deal with asthma.

**aacap.org/cs/root/facts_for_families/children_and_tv_violence**  

**www.parentstv.org/PTC/facts/mediafacts.asp**  
ParentsTV.org. The impact of television on our children.

**MyPyramid.gov**  
US Department of Agriculture Center for Nutrition Policy and Promotion website for nutrition lesson plans and activities for children and adults.
Quality Physical Education/Physical Activity is a crucial component to the student’s overall education. It will provide the stepping stones for Mississippi students to develop physically, mentally, emotionally, and socially through planned physical activities that include cognitive and learning experiences. The ultimate goal is to incorporate planned, sequential instruction that promotes lifelong physical activity.

Contents of this section:

- Quality Physical Education
- Benefits of Physical Education
- MS Physical Education Framework
- MS Rules and Regulations
- JROTC
- Physical Activity Opportunities
- Physical Activity Guidelines
- Excellence in Physical Education
- Physical Education Checklist and Evaluation
- Health in Action
- Resources
A Quality Physical Education Program includes:

- A planned & sequential program of developmentally-appropriate instruction for individual and group activities which are student-centered and taught in a positive environment;
- Curriculum content that meets national standards for physical education;
- Opportunities to improve social, cooperative, and multi-cultural skills;
- Development of cognitive concepts about motor skill and fitness;
- Competent, dedicated, and knowledgeable physical education teachers who utilize appropriate instructional techniques, strategies, and assessments;
- Daily physical education (at least 150 minutes per week for elementary, and 225 minutes per week for middle/high school);
- Student assessment to monitor and reinforce student learning;
- A Pupil/Student ratio equivalent to that in the classroom context;
- Adequate equipment and facilities to promote maximum practice time;
- Promotion of physical activity participation, now and throughout lifetime;
- Full inclusion of all students with maximum practice opportunities for class activities;
- Out of school assignments that support learning and practice; and
- Technology (pedometers, exercise DVD’s, music, etc.) to enhance instruction.

A Quality Physical Education Teacher is someone who:

- Implements a sequentially appropriate curriculum and uses best practices;
- Selects curriculum based on state and national standards;
- Uses a variety of instructional models in teaching;
- Incorporates a variety of activities to improve motor skills, fitness levels, cognitive abilities, and social skills;
- Recognizes and considers cultural diversity when designing a program;
- Supervises all students and tries to plan activities to keep them moving;
- Communicates objectives and uses assessments for evaluating the program and students;
- Adapts activities for special needs students;
- Communicates clearly, professionally, and with a positive attitude to students, other educators and administration;
- Strives to be a good example of integrity and healthy behaviors;
- Participates in physical education professional development and has memberships in professional organizations;
- Promotes physical activity among staff, parents, and community;
- Demonstrates cross-curricula teaching methods;
- Assists other teachers with integrating physical activity into the classroom; and
- Seeks feedback from students, peers, and parents as a means for program evaluation and improvement.

Quality physical education programs will provide students with a foundation of skills and knowledge of many activities so that students are willing, able, and interested in seeking a lifetime of physical activity.
The results of daily physical activity can have a positive and long-lasting effect on those who participate. Some of the benefits of being physically fit are:

- Increased aerobic fitness
- Increased muscular strength and endurance
- Increased flexibility
- Weight control
- Decreased stress and anxiety
- Improved sleep
- Reduced risk of developing type II diabetes, cardiovascular disease and other chronic health conditions
- Improved respiratory efficiency and reduces the risk of respiratory diseases such as asthma
- Healthy bones and muscles
- Reduced feelings of depression and anxiety
- Psychological well-being and self-esteem

In addition to the well-documented physical and health benefits related to regular physical activity, new research is revealing the effects of physical activity on the brain and neural connections. Many researchers are discovering that physical activity in children is a key influence on problem-solving ability and academic achievement (Jensen 1998, 35).
The National Association for Sports and Physical Education (NASPE) established national content standards for physical education school programs that clearly identify what all students should know and be able to do as a result of participation in a quality physical education program. Mississippi has adopted these national standards as our state standards for physical education.

A physically educated person:

- Demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities
- Demonstrates an understanding of movement concepts, principles, strategies, and tactics as they apply to the learning, development and performance of physical activities
- Exhibits a physically active lifestyle
- Achieves and maintains a health-enhancing level of physical fitness
- Exhibits responsible personal and social behavior that respects self and others in physical activity settings
- Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.
Quality physical education is a crucial component of a student’s overall education. Every student in Mississippi will benefit from an educational process that utilizes the skills, attitudes and information needed to develop and maintain a healthy and physically active lifestyle. The 2006 Mississippi Physical Education Framework was designed for Mississippi educators who teach physical education in the public schools. It was developed as a model to provide consistency for physical education programs in the state. The framework uses terminology and a format consistent with other Mississippi subject area curriculum frameworks. It is flexible enough to allow opportunities for creativity by individual teachers.

The 2006 Mississippi Physical Education Framework is comprised of eight content strands. The eight strands provide continuity in teaching K-12 Physical Education. These strands overlap and should be integrated throughout the framework. Each competency covers at least one content strand. The eight strands help to ensure that appropriate processes are used and important concepts are learned throughout each grade level and course.

### Content Strands for Physical Education

- Gross Motor Skills Development (GM)
- Fine Motor Skills Development (FM)
- Social Skills (S)
- Personal Skills (P)
- Cognitive Development (C)
- Lifelong Learning/Participation (L)
- Fitness (F)
- Adapted Physical Education (AP)

### Suggested Assessment Methods for Physical Education

Assessment is the mechanism used to measure educational achievement and is important because it affects how the students view themselves; the way parents, community, and governing bodies evaluate schools and districts; and the way the citizens of this nation compete with those of other nations in a worldwide marketplace.

<table>
<thead>
<tr>
<th>Observation</th>
<th>Skill Test</th>
<th>Fitness Test</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Test</td>
<td>Written Assignment</td>
<td>Activity log</td>
<td>Student Journal</td>
</tr>
<tr>
<td>Parent Report</td>
<td>Student Contract</td>
<td>Interview</td>
<td>Self Assessment</td>
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<tr>
<td>Peer Assessment</td>
<td>Role Play</td>
<td>Portfolio</td>
<td>Other</td>
</tr>
</tbody>
</table>
2006 MISSISSIPPI PHYSICAL EDUCATION FRAMEWORK OVERVIEW

Grades K-12

All grades should stress fitness and its potential relationship to the current and future wellness of students. A fitness test should be given twice per year to each student. Each school district is encouraged to use instructional strategies appropriate for its facilities, equipment, and faculty expertise.

Grades Kindergarten – Five

Kindergarten through grade five is dedicated to the development of fundamental motor skills, movement concepts, manipulative, non-manipulative, and perceptual motor skills. The instruction at each level will be progressive and focus on basic skills, the value of being physically active and the ability to display appropriate behaviors and attitudes during activity.

Grades Six – Eight

Physical Education in grades six through eight is dedicated to developing competency in many movement forms and their relation to fitness. The focus is to apply previously introduced skills and to acquire knowledge necessary for participation. The instruction at each level focuses on basic skills, lead-up games and knowledge that demonstrate competency in each activity.

Grade Nine

Ninth grade physical education focuses on “personal fitness”. It should involve classroom instruction combined with physical activity. There should be a clear connection among concepts during instruction and activity. Such concepts include: muscular and cardiovascular endurance, flexibility, strength and body composition.

Grades Ten – Twelve

Grades ten through twelve are dedicated to the development of achieving competency in more complex versions of various movement forms and proficiency in a few movement forms. The focus of this instruction should be on individual/dual sports, team sports, physical fitness and activities that encourage a physically active lifestyle. It is recommended that students take one credit of physical education yearly.

GENERAL CATEGORIES OF UNIT THEMES

The following list is not meant to be all-inclusive. These are merely some examples of different types of sport activities. Teachers may select some or all of these activities. Through each of these themes, teachers will be incorporating the content strands within each activity.

<table>
<thead>
<tr>
<th>Team Sports</th>
<th>Individual/Dual ports</th>
<th>Lifetime Activities</th>
<th>Fitness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball, Softball, Volleyball Ultimate Frisbee, Soccer Team, Handball, Field Hockey, Speedball, Flag Football</td>
<td>Tennis, Pickleball, Badminton, Golf, Bowling, Table Tennis, Track and field, Gymnastics, Fencing, Frisbee Golf</td>
<td>Canoeing, Hunter Education, Archery, Walking/running, Rollerblading, Dance, Swimming/water sports, Biking</td>
<td>Yoga/Pilates, Aerobics, Weight training</td>
</tr>
</tbody>
</table>
The Mississippi Department of Education understands the relationship between student health and academic achievement. Research supports the relationship between quality physical education programs and the development of social skills, academic performance, increased attendance, and a reduction in discipline referrals. In accordance with Mississippi Code of 1972 Annotated Section 37-13-134 (Mississippi Healthy Students Act) and the Mississippi Public School Accountability Standards, the State Board of Education has adopted rules and regulations to support the implementation of quality activity based and health education programs. To download or view complete rules and regulations go to:


DEFINITIONS

**Physical Education** is a sequentially planned, developmentally appropriate K-12 curriculum and instruction based on the Mississippi Physical Education Framework that promotes lifelong physical activity. It helps students develop the knowledge, motor skills, self-management skills, social skills, attitudes and confidence needed to adopt and maintain physical activity throughout their lives.

Quality physical education programs provide opportunities for:
- students to learn the skills necessary to perform a variety of physical activities;
- students to know the implications and benefits of participating regularly in physical activity;
- all students to be physically active.

**Physical Activity** is any movement of the body that expends energy, such as exercise, sports, dance, swimming, lifting weights or other body movements that result in an increased heart rate. Physical activity also includes daily activities like walking programs, recess, etc.

Physical activity characterizes all types of human movement that leads to an expenditure of energy, associated with living, work, play, and exercise.

**Activity Based Instruction** allows students to practice movements learned in a variety of settings that lead to an expenditure of energy and/or support other subject areas.

This instruction can be integrated into the regular classroom setting.
IMPLEMENTATION

Grades K-8

A. Successful implementation of Physical Education and Comprehensive Health Education must include the following:
   - 50 minutes per week of instruction through a combination of physical education, physical activity, and activity based instruction;
   - 45 minutes per week of health education; and
   - Fitness testing in grade 5.

B. Standard 33 of the Mississippi Public School Accountability Standards requires physical education to be a part of the basic curriculum in any configuration of grades K-8. The total number of minutes in physical education must not be below 50 minutes per week.

C. Grades 7-8—Extracurricular activities, such as basketball, baseball, cheerleading, archery, softball, and football that is sanctioned by the Mississippi High School Activities Association and can be substituted for physical education if:
   - attendance is kept;
   - instruction is based on at least one competency from the Mississippi Physical Education Framework; and
   - Staff licensed by Mississippi Department of Education supervises practices and games.
   - This instruction would be coded in MSIS as a physical education course

D. Grades 7-12—Activities, such as Marching band, Show Choir and ROTC can be substituted for physical education if:
   - Attendance is kept;
   - Instruction is based on at least one competency from the Mississippi Physical Education Framework; and
   - Staff licensed by the Mississippi Department of Education supervises practices and games.
   - Instruction in marching band and show choir would be coded in MSIS under Performing Arts as band or choir.
   - JROTC would be coded in MSIS as JROTC.

Grades 9-12

A. Successful implementation of Physical Education and Comprehensive Health Education must include the following:
   - ½ Carnegie unit of physical education provided by staff that possess a valid 9-12 teaching license with a physical education endorsement (See Waivers/Exemptions on Page 10);
   - Mississippi Public School Accountability Standards require ½ Carnegie unit requirement for health education provided by staff that possess a valid 9-12 teaching license with a health education endorsement; and
   - Fitness Testing in the grade which the student receives credit toward graduation.
B. In **grades 9-12**, activities sanctioned by the MHSAA can be substituted for physical education if:

- Attendance is kept;
- Instruction is based on at least one competency from the Mississippi Physical Education Framework; and
- Instructor with an endorsement in Physical Education must supervise practices and games.

C. In **grades 9-12**, Marching Band, Show Choir and JROTC can be substituted for Physical Education if:

- Attendance is kept;
- Instruction is based on at least one competency from the Mississippi Physical Education Framework; and
- Supervision is provided by staff licensed by Mississippi Department of Education.

**Curriculum**

- MS Public School Accountability Standard 33 requires physical education and health education to be a part of the basic curriculum in any configuration of grades K-8.
- Instruction in physical education must be based on state standards for physical education as provided in the Mississippi Physical Education Framework (2006).
- Instruction integrated by the regular classroom teacher may include the *Health in Action* web-based lesson plan resource provided by the Mississippi Department of Education’s Office of Healthy Schools ([www.healthyschoolsms.org](http://www.healthyschoolsms.org)).
- Instruction in physical education or activity based instruction by regular education teacher or licensed physical education teacher can be based on curriculum identified in the Supplemental Resource Providers list that is based on state standards. This list may be downloaded at [www.healthyschoolsms.org](http://www.healthyschoolsms.org).

**Fitness Testing**

Students must participate in fitness testing using the FITNESSGRAM®, ACTIVITYGRAM®, President’s Challenge to Physical Fitness, or other comparable program. This assessment must be conducted in grade 5 and the grade in which the student will earn the ½ Carnegie unit requirement for graduation. The time required to conduct the fitness assessment would count toward the minutes required for minimum implementation for physical education

**Staff**

- Physical education instruction in grades K-8 may be provided by a licensed physical education teacher, regular classroom teacher, or other staff licensed by the Mississippi Department of Education.
- Physical education instruction in grades 9-12 must be provided by a licensed physical education teacher.
- Marching band, show choir and JROTC in grades 9-12 must be provided by teachers with an endorsement in band, choir or JROTC.
- School districts are encouraged to develop ongoing relationships with Institutions of Higher Learning to allow students receiving degrees from an approved teacher preparation program an opportunity to assist with instruction in physical education programs.
The military services require that service members maintain a high level of fitness and health. Since the Junior Reserve Officers Training Corps (JROTC) program is a military affiliated program, it also places a strong emphasis on the importance of fitness and health for cadets.

Health and wellness topics that are included in the JROTC curriculum include:

- Physical exercise programs;
- Nutrition;
- First Aid; and
- Use and effects of drugs, alcohol, and tobacco.

In addition to classroom instruction on the topics listed above, JROTC cadets routinely participate in physical exercise and activities that promote health. Many JROTC cadets are members of their unit’s athletic competition team, and compete in athletic competitions conducted between JROTC units. Physical fitness assessments, based on standards determined by the military service, are also administered to JROTC cadets on a periodic basis.

The JROTC program at the school should be considered when developing a health and wellness policy. The JROTC instructors, based on their military training and experience, may also be positive contributors when developing health and wellness initiatives.
Along with physical education classes, students need physical activity opportunities throughout the school day to meet the NASPE recommended minimum requirements of at least 60 minutes of physical activity each day. These physical activity opportunities are not to take the place of the required 150 minutes per week of physical education, but rather supplement physical activity time accumulated during physical education class, and use the skills and knowledge learned in physical education to successfully be physically active.

- **Physical Activity Breaks**
  During the school day, children and youth need a “break” from sedentary activities in the classroom. Classroom physical activity helps to mediate often cited barriers to learning such as inattentiveness and misbehavior.

- **Recess**
  Elementary School students should be provided with at least one daily period of recess for a minimum of 20 minutes for a child’s physical, social, and academic development (NASPE, 2006)

- **“Drop in” physical activity sessions**
  In middle and high schools, students might spend free time, such as during lunch or study hall, visiting a supervised school fitness center or check out a pedometer to monitor steps walked on campus during an unencumbered period.

- **Intramural and interscholastic programs**
  Physical activity opportunities and programs occurring before and after the regular school hours. Intramural activities can include sports (e.g., volleyball and basketball), self-directed activities (e.g., walking and jogging), classes (e.g., dance, yoga, or martial arts), and activity clubs (e.g., jump rope, hiking, and fitness).

- **Interscholastic sports programs**
  Sports are an important part of the American culture and provide physical activity opportunities for the more skillful students, particularly in middle and high schools. They should be offered in addition to school intramural programs.

- **Active transport**
  Students and staff are encouraged to take to school, such as walking and biking. Students who walk or bike to school generally expend more energy overall throughout the day and this may particularly help overweight students.

In providing school-based physical activity opportunities, efforts should be made to stimulate interest and participation from the greatest proportion of students in the school. This requires offering a wide variety of activities including non-competitive and health-enhancing choices. Consideration should also be given to providing opportunities at various times so that participation is feasible for all children.

**Note:** These recommendations are from NASPE, the National Association for Sport and Physical Education.
Children and adolescents should do 60 minutes (1 hour) or more of physical activity daily.

- **Aerobic:**
  Most of the 60 or more minutes a day should be either moderate or vigorous-intensity aerobic physical activity, and should include vigorous-intensity physical activity at least 3 days a week.

- **Muscle Strengthening Activities:**
  As part of the 60 minutes or more of daily physical activity, children and adolescents should include muscle strengthening physical activity on at least 3 days of the week.

- **Bone-Strengthening:**
  As a part of their 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least 3 days of the week.

It is important to encourage young people to participate in a variety of physical activities that are appropriate for their age and enjoyable.

**Strong evidence**
- Improved cardiorespiratory and muscular fitness
- Improved bone health
- Improved cardiovascular and metabolic health biomarkers
- Favorable body composition

**Moderate evidence**
- Reduced symptoms of depression

To read more about these guidelines go to: [http://www.health.gov/paguidelines/guidelines/chapter3.aspx](http://www.health.gov/paguidelines/guidelines/chapter3.aspx)
Examples of Moderate- and Vigorous-Intensity Aerobic Physical Activities and Muscle- and Bone-Strengthening Activities for Children and Adolescents

<table>
<thead>
<tr>
<th>Moderate–intensity aerobic</th>
<th>Active recreation such as hiking, skateboarding, rollerblading</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bicycle riding</td>
</tr>
<tr>
<td></td>
<td>Brisk walking</td>
</tr>
<tr>
<td>Vigorous–intensity aerobic</td>
<td>Active games involving running and chasing, such as tag</td>
</tr>
<tr>
<td></td>
<td>Bicycle riding</td>
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<tr>
<td></td>
<td>Jumping rope</td>
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<tr>
<td></td>
<td>Martial arts, such as karate</td>
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<tr>
<td></td>
<td>Running</td>
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<tr>
<td></td>
<td>Sports such as soccer, hockey, basketball, swimming, tennis</td>
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<tr>
<td></td>
<td>Cross-country skiing</td>
</tr>
<tr>
<td>Muscle-strengthening</td>
<td>Games such as tug-of-war</td>
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<tr>
<td></td>
<td>Modified push-ups (with knees on the floor)</td>
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<td></td>
<td>Resistance exercises using body weight or resistance bands</td>
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<tr>
<td></td>
<td>Rope or tree climbing</td>
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<tr>
<td></td>
<td>Sit-ups (curl-ups or crunches)</td>
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<tr>
<td></td>
<td>Swinging on playground equipment/bars</td>
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<tr>
<td>Bone-strengthening</td>
<td>Games such as hopscotch</td>
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<tr>
<td></td>
<td>Hopping, skipping, jumping</td>
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<tr>
<td></td>
<td>Jumping rope</td>
</tr>
<tr>
<td></td>
<td>Running</td>
</tr>
<tr>
<td></td>
<td>Sports such as gymnastics, basketball, volleyball, tennis</td>
</tr>
</tbody>
</table>

*Note: Some activities, such as bicycling, can be moderate or vigorous intensity, depending upon level of effort.*
MyActivity Pyramid

Be physically active at least 60 minutes every day, or most days. Use these suggestions to help meet your goal.

- Everyday Activities: as often as possible
- Active Aerobics and Recreational Activities: 3-5 times a week
- Flexibility and Strength: 2-3 times a week
- Inactivity: cut down
# MyActivity Pyramid

Be physically active at least 60 minutes every day, or most days. Use these suggestions to help meet your goal:

## Everyday Activities

- Playing outside
- Helping with chores around the house or yard
- Taking the stairs instead of the elevator
- Picking up toys
- Walking

## Active Aerobics and Recreational Activities

- Playing basketball
- Biking
- Playing baseball or softball
- Rollerblading
- Skateboarding
- Playing soccer
- Swimming
- Playground games
- Jumping rope

## Flexibility and Strength

- Practicing martial arts
- Rope climbing
- Stretching
- Practicing yoga
- Doing push-ups and pull-ups

## Inactivity

- Watching television
- Playing on the computer
- Sitting for too long
- Playing video games

## Find your balance between food and fun:

- Move more. Aim for at least 60 minutes every day, or most days.
- Walk, dance, bike, rollerblade – it all counts. How great is that!

This publication is adapted from USDA's MyPyramid and was funded in part by USDA's Food Stamp Program.
The Governor's Commission on Physical Fitness and Sports, in collaboration with the Mississippi Department of Education's Office of Healthy Schools, is proud to announce its annual Excellence in Physical Education Certification Program. The Excellence in Physical Education Certification Program is an annual award available to public and private schools to officially recognize a school's commitment to a quality physical education program. The Commission understands that an individual teacher's greatest commitment to physical education may not result in the “Gold” level of excellence. In many cases, a teacher may not be given the time or resources to achieve this level. Therefore, it is the Commission's desire that this program would be an incentive for the school district, administration, as well as the committed teacher to offer “excellent” physical education programs. Those recognized will serve as examples to other schools and school districts throughout the state to inspire others to strive towards meeting basic standards in quality physical education programs.

Excellence in Physical Education Certification Program applications will be posted on http://www.healthyschoolsms.org/ohs_main/initiatives/excellence_in_pe_cert.htm
Quality Physical Education – How Does Your Program Rate?

The National Association for Sport and Physical Education (NASPE), which has been setting the standard for the profession for over 32 years, is committed to quality physical education for every student including Limited English Proficiency (LEP) and those with special needs. Does your school’s physical education program help all students attain the knowledge, skills and attitudes necessary for them to lead healthy, active and productive lives? NASPE urges principals, teachers and parents to conduct an assessment of their school's physical education program by evaluating its strengths and weaknesses, and preparing a plan for improvement where needed. Here are 15 quick questions to ask:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is physical education taught by a qualified teacher with a degree in physical education?</td>
<td></td>
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<tr>
<td>2. Do students receive formal instruction in physical education:</td>
<td></td>
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<tr>
<td>a. for a minimum of 150 minutes per week (elementary) and 225 minutes per week (middle and high)? OR</td>
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<tr>
<td>b. for at least 3 class periods per week for all grades the entire school year.</td>
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<td>3. Is the physical education class size similar to other content areas to ensure safe, effective instruction?</td>
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<td>4. Is there adequate equipment for every student to be active?</td>
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<td>5. Is appropriate technology incorporated on a regular and continuing basis?</td>
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<td>6. Are indoor and outdoor facilities safe and adequate (so that physical education classes need not be displaced by other activities)?</td>
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<tr>
<td>7. Is there a written mission statement and sequential curriculum based on state and/or national standards for physical education?</td>
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<tr>
<td>8. Are formative and summative assessments of student learning included in the physical education program, and are they related to meaningful content objectives?</td>
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<tr>
<td>9. Does the program provide for maximum participation for every student (e.g., inclusion, no elimination games, all students active at once, developmentally appropriate activities, etc)?</td>
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<tr>
<td>10. Does the program help to systematically develop the physical, cognitive, social and-emotional aspects of each student?</td>
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<tr>
<td>11. Do the physical education teachers regularly participate in physical education professional development activities and have memberships in related professional organizations?</td>
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<tr>
<td>12. Do the physical education teachers receive student health information and have a plan for handling emergencies?</td>
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<tr>
<td>13. Is there regular periodic evaluation by administrators of the physical education program and teacher performance?</td>
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<tr>
<td>14. Do the physical education teachers communicate with other educators, administration and parents on a frequent basis?</td>
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<td></td>
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<tr>
<td>15. Do the physical education teachers seek feedback for improvement from students, peers, and parents as a means for program evaluation and improvement?</td>
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</tbody>
</table>
Setting the Standard

HOW DID YOU DO?

If you answered “YES” to all of the questions on the Physical Education Check-up, your school may be able to qualify for the NASPE STARS national recognition program for quality physical education programs. For more information, visit www.naspeinfo.org/stars. If you answered “NO” to one or more of the questions on the Physical Education Check-up, please utilize this Action Plan for Quality Physical Education to get you started improving your school physical education program. NASPE has the necessary physical education standards, opportunity to learn standards, appropriate instructional practices, professional in-service programs and assessment tools to help you. Call 1-800-321-0789 or visit our website at www.naspeinfo.org.

Action Plan for Quality Physical Education

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
<th>Short Term Objectives/ Goals</th>
<th>Long Term Objectives / Goals</th>
<th>Criteria Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>List any questions with a “NO” response from the physical education check-up.</td>
<td>How do you propose to change this to a “YES” response? List action steps here.</td>
<td>List specific goals for the first 1-3 years.</td>
<td>List specific goals for the next 3-5 years.</td>
<td>Place the date of success here!</td>
</tr>
</tbody>
</table>

The preeminent national authority on physical education and a recognized leader in sport and physical activity, the National Association for Sport and Physical Education (NASPE) is a non-profit professional membership association that sets the standard for practice in physical education and sport. NASPE’s 17,000 members include: K-12 physical education teachers, coaches, athletic directors, athletic trainers, sport management professionals, researchers, and college/university faculty who prepare physical activity professionals. The mission of NASPE is to enhance knowledge, improve professional practice, and increase support for high quality physical education, sport and physical activity programs through research, development of standards, and dissemination of information. It is the largest of the five national associations that make the American Alliance for Health, Physical Education, Recreation & Dance (AAHPERD).
## Physical Education Teacher Evaluation Instrument

Teacher’s Name___________________________________________________________________
Evaluator’s Name_________________________________________________________________
Date_______________________ Class Observed______________________________________

To assess if quality physical education practices and methods have been presented during a lesson, provide the appropriate score in the “rating” column.

<table>
<thead>
<tr>
<th>Planning:</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Provides documentation of planning for <strong>term</strong>, <strong>unit</strong>, and <strong>lesson</strong></td>
<td></td>
</tr>
<tr>
<td>2. Instruction is planned and implemented in a <strong>logical</strong> and <strong>progressive sequence</strong></td>
<td></td>
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<tr>
<td>3. Planned instruction includes a <strong>warm-up</strong> activity and <strong>stretching</strong></td>
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<tr>
<td>4. Planned instruction is <strong>developmentally appropriate</strong> for age of students</td>
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<tr>
<td>5. Planned instruction is linked to other subject area content (<strong>cross-curricular</strong>)</td>
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<tr>
<td>6. Planned instruction is based on <strong>state physical education standards</strong></td>
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<tr>
<td>7. Planned instruction includes a <strong>cool-down</strong> period with stretching and <strong>lesson closure</strong></td>
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<table>
<thead>
<tr>
<th>Instruction:</th>
<th>Rating</th>
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<tbody>
<tr>
<td>8. Instruction started on time</td>
<td></td>
</tr>
<tr>
<td>9. Learning expectations or objectives are clearly communicated</td>
<td></td>
</tr>
<tr>
<td>10. Teaching space <strong>adequate</strong>, safe from hazards and free of clutter (See MS Rules &amp; Regulations)</td>
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<tr>
<td>11. Adequate and developmentally appropriate equipment is utilized</td>
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<tr>
<td>12. All students were engaged in <strong>relevant, meaningful activity</strong> for 60% of class time</td>
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<tr>
<td>13. Students were given the opportunity to participate in a <strong>variety of activities</strong></td>
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<tr>
<td>14. All students have <strong>equal opportunities</strong> to learn and be active</td>
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<tr>
<td>15. Class activities promote <strong>maximum participation</strong> allowing all students to be engaged</td>
<td></td>
</tr>
<tr>
<td>16. Instructions and demonstrations are brief and concise to facilitate more activity time</td>
<td></td>
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<tr>
<td>17. <strong>Instructions, cueing</strong>, and <strong>feedback</strong> to individual students are continued during skill practice</td>
<td></td>
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<tr>
<td>18. Allows <strong>sufficient time</strong> for all students to practice skills</td>
<td></td>
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<tr>
<td>19. Adjusts instruction &amp; expectations based on individual differences and needs; accommodations, <strong>modifications</strong>, and <strong>alternative instructional strategies</strong> are used to assist students who are not mastering the skill or concept</td>
<td></td>
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<tr>
<td>20. Uses technology (ex., pedometers, music, videos) to enhance instruction</td>
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<tr>
<td><strong>Motivation:</strong></td>
<td></td>
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<td>---</td>
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<tr>
<td>21. Students were encouraged through instruction to be active outside of class</td>
<td></td>
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<tr>
<td>22. Teacher promotes independent learning through resources outside of class (ex. activity logs, bulletin boards and journaling)</td>
<td></td>
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<tr>
<td>23. <strong>Cooperative behavior</strong> and good social skills are reinforced</td>
<td></td>
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<tr>
<td>24. Students were encouraged to participate in <em>extracurricular activities that promote lifelong fitness</em></td>
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<tr>
<td>25. Students were encouraged to make healthy lifestyle choices</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Assessment:</strong></th>
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<tbody>
<tr>
<td>26. <em>Multiple assessment strategies</em> and tools are used (Written tests and assignments, peer assessment, self assessment, rubrics, outside of class assignments, etc.)</td>
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<tr>
<td>27. Student progress is documented in <em>record-keeping system</em></td>
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<tr>
<td>28. Positive and specific feedback are provided to students</td>
<td></td>
</tr>
<tr>
<td>29. Provides evidence of conducting <em>fitness testing</em> at least once, preferably twice, during the school year (In grade 5 and the year the student receives PE credit for graduation in high school, fitness testing is mandatory.)</td>
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<tr>
<td>30. Teacher provides feedback and communication to parents through newsletters, fitness reports, etc</td>
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<thead>
<tr>
<th><strong>Classroom Management:</strong></th>
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<tbody>
<tr>
<td>31. Teacher uses <em>effective classroom management strategies</em></td>
<td></td>
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<tr>
<td>32. Climate of courtesy and respect is established</td>
<td></td>
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<tr>
<td>33. Students support the learning of others</td>
<td></td>
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<tr>
<td>34. Students understand and adhere to class rules, routines, and behavior expectations</td>
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<table>
<thead>
<tr>
<th><strong>Professionalism:</strong></th>
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<tbody>
<tr>
<td>35. Teacher has assumed responsibility for professional growth</td>
<td></td>
</tr>
<tr>
<td>36. Teacher adheres to professional and ethical standards</td>
<td></td>
</tr>
<tr>
<td>37. Instruction reflects best practices and newest trends and research in Physical Education</td>
<td></td>
</tr>
<tr>
<td>38. Teacher is collegial and interacts appropriately with staff, parents, and volunteers</td>
<td></td>
</tr>
<tr>
<td>39. Teacher models appropriate appearance, physically active lifestyle and healthful behavior practices</td>
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<tr>
<td>40. Teacher shows enthusiasm for physical activity to students</td>
<td></td>
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<tr>
<td>41. Teacher actively seeks additional resources to expand and support physical education</td>
<td></td>
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<tr>
<td>42. Teacher conducts Family Fitness event at least one time per year</td>
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</tbody>
</table>

**Feedback to Teacher:**

**Evaluator’s Reflections:**
1) Indoor and Outdoor space is adequate for quality instruction.
2) Teacher is provided access to a computer.
3) Teacher/Student ratio is based on recommendation outlined in the Comprehensive Health and Physical Education Rules and Regulations.
Glossary:

**Academic Term** - A division of the academic year in which classes are held

**Unit** - A group of activities or lessons with a particular focus or objectives

**Lesson** - A section of learning or teaching. Includes an introduction that is appropriate for the lesson focus; Expectations, skills, and concepts should be clearly communicated

**Logical** - Concepts are explained and demonstrated at the developmental levels of the students; skills are broken down into progressive and learnable segments that are clearly understood by students

**Warm-up** - A series of activities, usually consisting of a heart warm-up, muscle warm-up, and stretch, that prepares the body for more vigorous exercise and helps prevent injuries

**Stretching** - Flexibility exercise that work to increase range of motion. Two types: static and dynamic

**Developmentally Appropriate** - Strategies suitable for, or consistent with, the age, growth, and developmental level of a student

**Cross-Curricular** - A conscious effort to apply knowledge, principles, and/or values to one or more academic discipline simultaneously

**State Physical Education Standards** - Six standards based on the national standards that reflect current thinking on what students should know and be able to do as a result of a quality physical education program

**Cool-Down** - A period of light activity following exercise that allows the body to slow down and gradually return to near resting levels

**Adequate** - Sufficient and safe to facilitate the learning of a skill or concept and promotes maximum participation and success

**Relevant** - Directly related, connected, or pertinent to a topic

**Meaningful Activity** - Activities are aligned with the lesson focus and expected outcomes of the lesson

**Variety of Activities** - Choices of activities that promote maximum participation and motivation

**Equal Opportunities** - Teacher adjusts teaching and expectations based on individual differences and needs. Modifications are made for students with disabilities or varied learning styles

**Maximum Participation** - Adequate equipment, space and time for everyone to participate (inclusion); Equipment coincides with developmental levels of the learners

**Cueing** - Active response from the teacher to student during class to monitor and reinforce understanding and mastery of a skill or concept

**Feedback** - Reinforcement by providing the student information on their performance at a time and in ways that they can improve their skill. Feedback can be verbal, visual, or tactile

**Sufficient Time** - Class routines (orderly entry, attendance taking, grouping, activities, distribution and collection of equipment, etc.) maximize instructional time

**Modifications** - Adjustments in physical education activities to accommodate disabilities and varied learning styles

**Alternative Instructional Strategies** - Using other instructional strategies to achieve the students learning objectives

**Cooperative Behavior** - Students working together to accomplish the objective of the lesson; promotes respect and appreciation for cultural differences and varied learning styles and disabilities

**Extra Curricular Activities that promote lifelong fitness** - Activities student learn that can be enjoyed as adults. Activities such as tennis, volleyball, etc.

**Multiple Assessment Strategies** - Monitors student learning; these may include skills test, peer observation checklists, self assessments

**Record Keeping System** - A system teachers can use to maintain accurate records of student attendance, assessments, grades or any other documentation required by stakeholders

**Fitness Testing** - Any assessment that address five components of fitness (cardiovascular endurance, muscular strength, muscular endurance, flexibility, and height and weight) For ex., President’s Challenge, Fitnessgram, JROTC fitness test

**Effective Classroom Management Strategies** - Teacher is aware of and effectively responds to all situations in class; Teacher has established rules and behavior expectations which are clearly understood by the students. And there are clearly defined consequences for misbehaviors. Students are handled in a compassionate and equitable, yet firm way

Resources for Teachers:
- Health in Action  [http://www.healthyschoolsms.org/healthinaction.html](http://www.healthyschoolsms.org/healthinaction.html)
Health in Action puts health and physical education activities at your fingertips. This new database is your one-stop online site for ideas and complete, high-quality activities that students will love. Search, re-sort, and print the activities that match your grade level, academic interests, and available timeframe. Offered by the Office of Healthy Schools and written by Mississippi teachers, these health and physical education-centered activities help fulfill the requirements of the MS Healthy Students Act. Lesson plans are designed to get students moving, support academic achievement through integrated instruction, and promote student success.

Log on to: www.healthyschoolsms.org/healthinaction.html

Register as a user– It is free!
To start using this valuable resource today, take one moment to register. Simply visit the website listed above, and enter your name, school, school address, and email address. It’s quick, it’s easy, and best of all, once you’ve registered, you’re free to use the database as often as you wish. Next time and every time you visit, just enter your email address to sign in and access activities. There are no passwords or registration numbers to remember. Your email address is all you need and will help us inform you of future site additions and upgrades.

Search for Activities
Begin your activities search by selecting the grade level you teach. Next, enter any word or descriptive term related to the subject matter, content strand, skills, objectives, or type of activities you want to explore. Include physical education activities, health education activities, or both in your search with the touch of a button. Click on the names of the months to check for specific health awareness themes that apply, and search for activities related to them. Be sure to click for tips to get the most from our searches.

Sort, View and Print
View search results and re-sort them for quick evaluation. At any point, you can begin a new search or select “view all activities for the year” to see the complete list. You’ll find activities are teacher friendly, useful resources and ideas created with both your time and your students’ healthy development in mind.
Resources for Physical Education

Instruction and Curriculum Resources

- **Mississippi Physical Education Framework** - Designed for Mississippi educators to provide consistency for physical education programs in the state  
  [http://www.mde.k12.ms.us/acad1/resources/frameworks/physicaleducation.pdf](http://www.mde.k12.ms.us/acad1/resources/frameworks/physicaleducation.pdf)

- **Health in Action** Online database for over 1200 lesson plans in Physical and Health Education  
  [www.healthyschoolsms.org/healthinaction.html](http://www.healthyschoolsms.org/healthinaction.html)

- **Physical Education Curriculum Analysis Tool (PECAT)** — Assessment tool developed by the CDC to help schools conduct a clear, complete, and consistent analysis of written physical education curricula for the delivery of high-quality physical education  
  [http://www.cdc.gov/HealthyYouth/PECAT/](http://www.cdc.gov/HealthyYouth/PECAT/)

- **PE Central** — Premier site for health and physical education teachers, parents, and students. Provides the latest information about developmentally appropriate physical education programs for children and youth.  

- **PE4LIFE** — A leader in professional development, program assessment, equipment consultation and on-going support services for schools and communities looking to enhance their physical education program  
  [www.PE4LIFE.org](http://www.PE4LIFE.org)

- **Fitness for Life**—Middle and High School text that promotes lifelong physical activity and healthy lifestyles that result in lifelong fitness, wellness, and health  
  [www.fitnessforlife.org](http://www.fitnessforlife.org)

- **Physical Best**—Comprehensive health-related fitness education program developed by physical educators to educate, challenge and encourage all young people in the knowledge, skills, and attitudes needed for a healthy and fit life.  

- **SPARK** — Evidence-based physical activity and nutrition programs that provide curriculum, staff development, follow-up support, and equipment to teachers of Pre-K–12th grade  

- **CATCH PE** — Developmentally appropriate physical education program which develops health related fitness, skill competency, and cognitive understanding about the importance of physical activity for all children.  

- **NASPE Teacher Toolbox** — National Association of Sports and Physical Education shares ideas for promoting quality physical education, physical activity, and youth sports programs.  

- **Human Kinetics**—Publisher and catalog for numerous resources including books, journals, and videos that promote physical activity and health  

Physical Activities for the Classroom

- **Active Academics** —online practical ideas to classroom teachers for integrating physical activity throughout the school day.  

- **You Gotta Move DVD**—exciting physical activity program combining dance, exercise and music designed to be utilized right in the classroom  
  [http://www.healthyschoolsms.org/ohs_main/youvegottamove.htm](http://www.healthyschoolsms.org/ohs_main/youvegottamove.htm)

- **Energizers** — Classroom-based physical activities that integrate activity with academic concepts  
  [http://www.ncpe4me.com/energizers.html](http://www.ncpe4me.com/energizers.html)
Physical Activities for the Classroom (continued)

- **Take 10** — Classroom-based physical activity for K-5 grades that integrates academic learning objectives with movement.

- **Brain Breaks** — Physical activities implemented into the classroom
  [http://www.emc.cmich.edu/BrainBreaks/](http://www.emc.cmich.edu/BrainBreaks/)

- **Fit Kids** — Activities for school, home, and after school

- **Jam School Program** — “Just-a-Minute” school program brings daily activity into the classroom to teach kids healthier lifestyle habits

Professional Organizations

- **American Alliance for Health, Physical Education, Recreation, & Dance** — Largest organization for professionals supporting and assisting those involved in physical education, leisure, fitness, dance, health promotion and education, and all specialties related to achieving a healthy lifestyle

- **Mississippi Alliance for Health, Physical Education, Recreation, and Dance** — Local organization with opportunities for professional growth, leadership, and networking for teachers, coaches, administrators, students and agency personnel.

Fitness Testing

- **President’s Council on Physical Fitness and Sports** — Tools for reaching and awarding fitness goals and staying active beyond the school gym
  [http://www.presidentschallenge.org](http://www.presidentschallenge.org)

- **Fitnessgram** — Fitness test battery that evaluates five different parts of health-related fitness, including aerobic capacity, muscular strength, muscular endurance, flexibility, and body composition
  [http://fitnessgram.net/home/](http://fitnessgram.net/home/)

Additional Resources

- **Centers for Disease Control and Prevention/Healthy Youth** — Expansive resource for numerous school health topics and issues
  [http://www.cdc.gov/HealthyYouth/](http://www.cdc.gov/HealthyYouth/)

- **Action for Healthier Kids** — Addresses the epidemic of overweight, undernourished, and sedentary youth by focusing on changes in schools to improve children’s nutrition and increase physical activity.

- **Alliance for a Healthier Generation** — Healthy School framework that outlines specific steps that schools can take to create healthier school environments, programs, practices, and policies.
  [http://www.healthiergeneration.org/schools.aspx?id=76&ekmensel=1ef02451_10_114_btnlink](http://www.healthiergeneration.org/schools.aspx?id=76&ekmensel=1ef02451_10_114_btnlink)

For more resources, visit [www.healthyschoolsms.org](http://www.healthyschoolsms.org)
The Health Services component of a Coordinated School Health Program (CSHP) includes services provided for students to appraise, provide direct care, protect, and promote health. These services are designed to ensure access or referral to primary health care. This access can be provided on the school campus or at a healthcare facility. Health Services has an influence in all components of the CSHP model. The school nurse or school health coordinator is instrumental in the success of this component at the local level. Referrals are made for services that are provided by qualified professionals collaboratively with school and community.

Contents of this section:
- Role of the School Nurse
- Services of School Nurse
- Funding and Resources
School Nurse
The role of the school nurse as Health Services leader has a function in each of the CSHP components. (School Nursing: A Comprehensive Text, Selekman, J.(2006), p.52)

School Health Services: assess student health status, provide emergency care, ensure access to health care, and identify and manage health barriers to student learning.

Health Education: provide resources and expertise in developing health curricula, provide health information and instruction.

Staff Wellness: provide health information, support health promotion activities, and monitor chronic conditions.

Counseling: collaborate with counseling staff to identify student psychosocial problems and provide input and intervention.

School nutrition services: provide education about nutritious foods, monitor menus and encourage the inclusion of healthy foods in all aspects of school life.

Physical education: collaborate with physical educators to meet physical education goals, provide information to students about physical activity, and help to design appropriate programs for students with special health concerns.

Healthy School Environment: monitor, report and intervene to correct hazards, collaborate to develop a crisis intervention plan, and provide adaptations for students with special needs.

Family and Community Involvement: collaborate with community agencies to identify and provide programs to meet the physical and mental health needs of children and families.
Health Services Functions

There are three focus areas of health services that should be addressed in every school. All schools must offer some form of health services, with or without a school nurse.

- **Appraisal**—is the assessment of the student, family, staff, or school community for current health status. This should be provided by the most qualified person available. Appropriate referrals should be made to insure optimal health.

- **Protection**—a plan should be in place to handle health issues and emergencies. School health policies guide the school to respond. Each policy should reflect individual student needs as well as the needs of the collective student body. Collaboration with local healthcare professionals and the local emergency response system is critical in developing these plans.

- **Promotion**—this essential function encourages behaviors that result in an improvement of health status. This is often reached through health awareness education for students and staff.

Not every district nor every school campus has a school nurse. Those that do reap tremendous benefits through student and staff wellness. The role of the school nurse as the school health expert has three focus areas; clinical, education, and policy.

- **Clinical**—provide the direct care for students and staff while on campus. This includes screening, assessment, management of chronic health issues, record maintenance, data collection, reporting, and partnering. This is the actual day to day operation of the health office. Considerations should be given to the need for confidentiality, appropriate equipment, and adequate space.

- **Educational**—provide various levels of instruction for students, faculty/staff, and community. The school nurse brings a special knowledge of health to this role. She needs be familiar with the MS education framework to support the classroom teachers with additional information as needed. Faculty and staff require other educational support due to the increase of students with chronic health issues that are managed at school.

- **Policy**—assist the school in developing health policies that are appropriate and safe. Activities include review of current policies and procedures, recommend changes based on appropriate health standards, and initiate development of policies in areas where schools need guidance. She should work as an active part of the school health council.
Program Opportunities

There are many programs that are related to the school health functions. Students receive indirect benefits from these programs that impact their health. These programs include: School Nurse Intervention Grant; Early Periodic Screening, Diagnosis and Treatment (EPSDT); School Based Administrative Claiming (SBAC); Related Services Billing and Federal Programs.

School Nurse Intervention Grant—specifically intended to hire a school nurse to improve school health services in a school or district.

EPSDT (Early Periodic Screening, Diagnosis and Treatment)—designed to assess student health early in life so that potential disease and disabilities can be prevented or detected and appropriate intervention initiated. School nurses provide the necessary screening. Mississippi is leading the way as the first state to offer EPSDT screening through school nurses.

School Based Administrative Claiming (SBAC)—outreach activities that are currently being used by schools to identify student health needs. The school will report these activities and make appropriate referrals.

Related Services Billing—allows schools to report health services that are defined as related services by the Individuals with Disabilities Education Act (IDEA) for Medicaid students. These services require physician involvement.

Federal Programs—include Title I, Title IV, and IDEA

Resources—Available online at www.healthyschoolsms.org
- Mississippi School Nurse-Procedures and Standards of Care
- Administrators guide: Managing the School Nurse Resource
- Requirements for a School Nurse
- School Nurse Data Collection
- School Nurse Data by District
- National Board Certification for School Nurses
- Managing Food Allergies in Mississippi Schools
- Division of Medicaid Provider Manual
- Division of Medicaid- Roads to Good Health Guidebook
- Center for Disease Control and Prevention
- 2007 Youth Risk Behavior Survey Data
- Mississippi Nurse Association (MNA)
- Mississippi School Nurse Association (MSNA)
- National Association of School Nurses (NASN)
- Mississippi Board of Nursing
- American Heart Association
- Diabetes Foundation of Mississippi
- American Lung Association
- Leukemia and Lymphoma Society
- USDA
- Assisted Self Administration Curriculum
- Developmental Health Indicators, Birth to Five
The foods that we eat give us the energy and the nutrients that our bodies need to perform, whether in school or at home. With so many choices available today, acquiring the right energy and nutrients is a challenge for both children and adults.

In all public schools and many private schools, the National School Lunch and Breakfast Programs provide meals that are both nutritious and balanced. School lunch and breakfast meals meet the Dietary Guidelines for Americans by providing fruits and vegetables, grains, low-fat foods and milk. School lunch meals provide 1/3 to 1/2 of the Recommended Dietary Allowances for children each school day.

In addition to USDA meal requirements, the Mississippi Legislature and the Mississippi Board of Education have established additional requirements for food and beverages sold on school campuses.

Healthy eating patterns and adequate nutrients are important for school-aged children to promote cognitive development, prevent health problems and reduce undernourishment, which has been linked to increased behavioral and emotional functioning. Selecting the right foods to eat today can help us reduce the risk of chronic diseases, such as diabetes, heart disease, and certain cancers in later years. Promoting healthy eating habits, providing resources to reduce the fat, sugar and/or sodium in our foods, marketing fruits and vegetables, along with daily exercise, are important to a healthy lifestyle.

Healthy eating habits can occur in many places: classrooms, school cafeterias, libraries, home and others. Join us in learning more about good nutrition!

Contents of this section:
- National Lunch and Breakfast Programs
- Nutrition Standards
- MS State Board Policy
- Beverage Regulations for MS
- Snack Regulations for MS
- Vending Regulations for MS
- Nutrition Resources
Federal Nutrition Programs

National School Lunch Program

The National School Lunch Program is a federally assisted meal program in over 101,000 public and non-profit private schools and residential child care institutions. It provides healthy, low-cost or free lunches to millions of children each school day. Since 1998, the National School Lunch Program also provides snacks served to children in some after-school programs. Each school can decide if they want to participate in the National School Lunch Program or not.

School lunches must meet the 1995 Dietary Guidelines for Americans, which recommend that no more than 30 percent of an individual's calories come from fat, and less than 10 percent from saturated fat. Children eating a school lunch in Mississippi will receive these servings (larger amounts are for older ages) to get about one-third of the Recommended Dietary Allowance of protein, Vitamin A, Vitamin C, iron, calcium, and calories:

- 1 ½ - 3 oz. lean meat, poultry, fish or cheese
- 1-2 servings of enriched or whole grains
- ½ - ¾ cup vegetables and/or fruit
- 8 oz. of milk

School lunches must meet Federal nutrition requirements, but decisions about what specific foods to serve and how they are prepared are made by local school food authorities.


School Breakfast Program

The School Breakfast Program is a federal entitlement program that provides states with cash assistance for non-profit breakfast programs in schools and residential child care institutions. Regulations require that all school meals meet the recommendation of the Dietary Guidelines for Americans. In addition, breakfasts must provide one-fourth of the daily recommended levels for protein, calcium, iron, vitamin A, vitamin C and calories. Any child at a participating school may purchase a meal through the school breakfast Program. However, children whose families meet income criteria may receive free or reduced-price breakfasts.

For more information about the School Breakfast Program visit http://www.healthyschoolsms.org/nutrition_services/faqnsbp.htm.
Mississippi Healthy Students Act
Nutrition Standards

The Mississippi Department of Education recognizes that:

1) A crucial relationship exists between nutrition and health and nutrition and learning. The health and nutrition needs of growing students are met with USDA school meals programs.
2) As a minimum, school districts must follow all current and future requirements and recommendations of the USDA National School Lunch Program Meal Patterns and Nutrient Standards.
3) The 2005 Dietary Guidelines for Americans, USDA’s My Pyramid (www.mypyramid.gov) and the USDA Healthier U.S. School Challenge provide nutritional guidance for school meals.
4) Schools must offer equal access to all meals or items served or sold under the National School Lunch & Breakfast Programs.
5) Students need adequate time to eat and enjoy meals served in schools.
6) Moving recess before lunch, through a simple schedule change, may provide many benefits for students especially in grades K-12.
7) Family education will be the key to building a healthy future for all Mississippian. Families must embrace nutrition and wellness; it is crucial to the success of our efforts. Mississippi public schools offer the best resources, facilities, and structure to promote family nutrition education.
8) Offering healthful foods and beverages in schools does not guarantee that students will choose them. Aggressive marketing techniques must inform students, teachers, administrative staff and most importantly, the public of the benefits of eating in the school cafeteria.
9) School districts are encouraged to participate in the Healthier U.S. School Challenge and become a USDA Team Nutrition School.

The Mississippi Department of Education intends that:

A. Healthy food and beverage choices:

1) Schools shall increase fresh fruits and vegetables offered to students. A minimum of one fresh fruit or vegetable choice should be offered to students each day.
2) School menus shall offer a minimum of three different fruits and five different vegetables weekly. Schools should try to serve dark green and/or orange vegetables or fruits three times per week.
3) Schools shall offer milk choices with a maximum milk fat of 2%. Flavored nonfat, low-fat, or reduced-fat milk shall contain no more than 160 calories per 8-ounce serving.
4) Schools shall only offer 100% fruit and vegetable juice with no added sugar.

B. Healthy food preparation

1. Schools shall comply with the existing USDA NSLP/SBP meal pattern requirements. This includes meeting the minimum nutrient standards for calories, protein, calcium, iron, vitamin A, vitamin C and the maximum levels of 30% calories from fat and less than 10% calories from saturated fat.
2. Schools shall develop and implement a food safety program by July 1, 2005. Every school shall develop a HACCP system plan as required by the Child Nutrition and WIC Reauthorization Act of 2004. National School Lunch Act Section 9 (H) Schools shall update their School Wellness Policy to include a food safety assurance program for all food offered to students through sale or service.

3. Schools shall secure a Food Service Permit through the Mississippi State Department of Health for approval to operate under the National School Lunch/National School Breakfast Program.

4. The Mississippi State Department of Health conducts two School Food Facility Inspections per site each school year. The State Agency is required by federal regulations to submit a written report to the United States Department of Agriculture (USDA) Food and Nutrition Service reporting on the number of School Food Facility Inspections conducted per site. (Child Nutrition and WIC Reauthorization Act 2004, Section 15. 9(H), Implementation Memo SP-24)

5. Schools shall implement healthy school food preparation techniques using training materials developed through sources such as USDA, National Food Service Management Institute or the Mississippi Department of Education. Training documentation and assessment records shall be retained for review by the Mississippi Department of Education.

6. Schools should limit fried foods whenever possible and practical. Schools shall develop a long range plan for reducing and/or eliminating fried products in their lunch and breakfast menus. The long range plan should include preparation methods using existing equipment and/or goals to replace fryers with combination oven/steamers as budgets allow.

C. Marketing of healthy food choices to students and staff

1. Train School Foodservice Administrators, Kitchen Managers, and Cooks in Marketing, New Cooking Techniques, and Garnishing using available or newly developed training tools, such as Marketing Sense – Mississippi Department of Education, Office of Child Nutrition

2. Use the Whole School Approach in Marketing the Local Wellness Policy. Administration, faculty, staff, students, and parents need to be solicited to be a part of the implementation of the Local Wellness Policy. Educating the family and the community is crucial to the success of our efforts. Suggestions include:
   a. Establishing Community Partnerships. With these groups on-board with the program, they can provide physical and financial support.
      1) Junior League
      2) Service Organizations (Rotary, Kiwanis, etc.)
      3) Local Community Foundations
   b. Marketing New Foods. Research shows that it takes a number of times for an item to be served before it can be accepted. To facilitate the introduction of a new item, we suggest:
      1) Tasting Parties
      2) Serving Line Sampling
      3) Serving Line Promotion
D. Food preparation ingredients and products
1. School districts shall adopt the Dietary Guideline recommendation that trans fatty acids will be kept “as low as possible”.
2. Wherever possible and practical, school lunch and breakfast programs shall include products that are labeled “0” grams trans fat.
3. Schools shall incorporate whole grain products into daily and weekly lunch and breakfast menus based on product availability and student acceptability.

E. Minimum and maximum time allotment for students and staff lunch and breakfast periods
1. Schools shall schedule at least a minimum of 24 minutes to ensure an adequate eating time for school lunch. The factors influencing the lunch period are wait time, consumption time, standard deviation/variability and social time.
2. Since school breakfast is not factored into the regular school day, schools should take into consideration the recommended time of 10 minutes for a child to eat school breakfast after they have received the meal.

F. The availability of food items during the lunch and breakfast periods of the Child Nutrition Breakfast and Lunch Programs
1. School districts shall comply with the Mississippi Board of Education Policy on Competitive Food Sales as outlined in the Mississippi Board of Education Policies.
2. School districts shall update the wellness policy to address limiting the number of extra sale items that may be purchased with a reimbursable meal. This policy will exclude extra beverage purchases of milk, juice and/or water. Schools may want to consider the following options:
   - Example: A. Elementary School – 1 extra sale item other than beverage
     B. Middle School – 1 extra sale item other than beverage
     C. High School – 2 extra sale items other than beverage
3. Schools may sell extra items in individual packages not to exceed 200 calories.
   - Example: ice cream, baked chips (grain), 100% juice bars, 100% fruit juice, or granola bars, or cereal
4. Schools may sell extra items in portions not to exceed the menu portion serving size.
   - Example: ½ cup of fruit, ½ cup of vegetable, 2oz. wheat roll or entrees with 2-3 oz. protein.
5. Schools will use marketing, pricing and nutrition education strategies to encourage healthy extra sale selections.
   - Example:
     A. Healthy selections such as fruit or vegetables priced lower than other selections
     B. Healthy selections positioned in a visibly prominent location
     C. Fun nutrition information marketing the healthy selections
G. Methods to increase participation in the Child Nutrition School Breakfast and Lunch Programs

1. Since school food service operates like a business with income and expenses, adequate marketing ensures a successful program operation. Child nutrition programs are usually highlighted once or twice a year during National School Lunch and Breakfast Weeks. For marketing to be effective, it should occur more frequently. When devising a plan, remember the following:

   A. Define your business.
   B. Define your customers.
   C. Evaluate your plan and budget.
   D. Define your objectives.

2. Family education will be the key to building a healthy future for all Mississippians. Mississippi public schools offer the best resources, facilities and structure to promote family nutrition education.

3. Schools are strongly encouraged to develop academic partnerships with appropriate governmental agencies to offer family nutrition education programs. Family education should be incorporated into each school’s Wellness Policy.

4. Schools will promote healthful eating and healthy lifestyles to students, parents, teachers, administrators and the community at school events.

In Summary:

School Nutrition Programs must play a central role in modeling good nutrition. These regulations offer schools a standard for improving the nutritional quality of school meals. These recommendations go above and beyond the established standards for the USDA National School Lunch Program. Healthy eating patterns and adequate nutrients are important for school-aged children to promote cognitive development, prevent health problems and reduce under-nutrition which has been linked to increase behavioral and emotional functioning.
### Minimum Nutrient and Calorie Levels for School Lunches

#### School Week Averages

<table>
<thead>
<tr>
<th>NUTRIENTS AND ENERGY ALLOWANCES</th>
<th>Grades K-3</th>
<th>Grades 4-12</th>
<th>Grades K-6</th>
<th>Grades 7-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy allowances (calories)</td>
<td>633</td>
<td>785</td>
<td>664</td>
<td>825</td>
</tr>
<tr>
<td>Total fat (as a percentage of actual total food energy)</td>
<td>1, 2 (See Below)</td>
<td>2</td>
<td>1, 2</td>
<td>2</td>
</tr>
<tr>
<td>Saturated fat (as a percentage of actual total food energy)</td>
<td>1, 3</td>
<td>3</td>
<td>1, 3</td>
<td>3</td>
</tr>
<tr>
<td>RDA for protein (g)</td>
<td>9</td>
<td>15</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>RDA for calcium (mg)</td>
<td>267</td>
<td>370</td>
<td>286</td>
<td>400</td>
</tr>
<tr>
<td>RDA for iron (mg)</td>
<td>3.3</td>
<td>4.2</td>
<td>3.5</td>
<td>4.5</td>
</tr>
<tr>
<td>RDA for Vitamin A (RE)</td>
<td>200</td>
<td>285</td>
<td>224</td>
<td>300</td>
</tr>
<tr>
<td>RDA for Vitamin C (mg)</td>
<td>15</td>
<td>17</td>
<td>15</td>
<td>18</td>
</tr>
</tbody>
</table>

1. The Dietary Guidelines recommend that after 2 years of age “…children should gradually adopt a diet that, by about 5 years of age, contains no more than 30 percent of calories from fat.”

2. Not to exceed 30 percent over a school week

3. Less than 10 percent over a school week
Competitive Food

To ensure that children are not in the position of having to decide between non-nutritious foods immediately before or during the meal service period:

- No food items will be sold on the school campus for one (1) hour before the start of any meal services period.

- The school food service staff shall serve only those foods which are components of the approved federal meal patterns being served (or milk products) and such additional foods as necessary to meet the caloric requirement of the age group being served.

- With the exception of water and milk products, a student may purchase individual components of the meal only if the full meal unit also is being purchased.

- Students who bring their lunch from home may purchase water and milk products. This policy should be viewed as a minimum standard. Local boards of education are encouraged to develop more comprehensive restrictions.
The Mississippi Board of Education recognizes the critical role that adequate hydration plays in healthy weights, disease prevention, and dental health, as well as academic performance. The fluid and nutrition needs of young people at school are best met through well-balanced, nutrient-rich school meals provided through Child Nutrition Programs, planned by nutrition professionals following US Department of Agriculture (USDA) guidelines.

**Time of Day**

The following beverage regulations apply to all Mississippi school campuses during the regular and extended school day, defined as the hours between 7:00 am and 4:00 pm. The extended school day includes activities such as clubs, yearbook, band and choir practice, student government, drama and childcare / latchkey programs.

This beverage policy does not apply to school-related events, such as interscholastic sporting events, school plays, and band concerts, where parents and other adults constitute a significant portion of the audience or are selling beverages as boosters.

**Implementation**

As of the 2008 – 2009 school year, only the following options **MAY** be available for beverage and food vending:

**Beverages**

<table>
<thead>
<tr>
<th>Elementary School</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bottled Water</td>
<td>• Same as elementary school, except juice and milk may be sold in 10 ounce servings***</td>
<td>• Bottled water</td>
</tr>
<tr>
<td>• Low fat and non fat regular and flavored milk* with up to 160 calories / 8 ounces</td>
<td>• No or low calorie beverages with up to 10 calories / 8 ounces</td>
<td>• Up to 12 ounce servings of milk, 100% fruit juice**, light juice and sports drinks</td>
</tr>
<tr>
<td>• Up to 8 ounce serving of milk and 100% juice**</td>
<td>• Up to 12 ounce servings of milk, 100% fruit juice**, light juice and sports drinks</td>
<td>• Low fat and non fat regular and flavored milk with up to 160 calories / 8 ounces</td>
</tr>
<tr>
<td>• 100% juice** with no added sweeteners and up to 120 calories / 8 ounces</td>
<td>• 100% juice** with no added sweeteners and up to 120 calories / 8 ounces</td>
<td>• 100% juice** with no added sweeteners and up to 120 calories / 8 ounces</td>
</tr>
</tbody>
</table>

* *Milk includes nutritionally equivalent milk alternatives (per USDA), such as soymilk.*

**100% juice that contains at least 10% of the recommended daily value for three or more vitamins and minerals.*

***As a practical matter, if middle school and high school students have shared access to areas on a common campus or in common buildings, then the school community has the option to adopt the high school standard.*
The Mississippi Board of Education recognizes the critical roles that optimal nutrition play in healthy weights, disease prevention, and dental health, as well as academic performance. The nutrition needs of young people at school are best met through well-balanced, nutrient-rich school meals provided through Child Nutrition Programs, planned by nutrition professionals following US Department of Agriculture (USDA) guidelines.

The following regulations apply to all Mississippi school campuses during the school day defined as the hours between 7:00 am and 4:00 pm. To protect the integrity of the Child Nutrition Programs and to ensure that children do not have to choose between the School Lunch/Breakfast programs and vended items, schools shall follow the Competitive Food policy 2002.

Food sales outside of Child Nutrition Programs, including vending machines, student stores, snacks bars, and other fundraising programs, are available in Mississippi schools at the discretion of the school district. When schools decide to offer vending, they shall provide a selection of healthful food options to students, with the following overall goals:
1. Minimize excessive intake of calories, especially empty calories from fat and sugar.
2. Increase intake of nutrients for optimal growth, development, and brain functioning, especially from nutrient-rich, minimally processed foods like whole grains, fruits, vegetables, nuts, seeds, lean meats, and dairy foods.
3. Develop marketing and nutrition education strategies to promote healthful options to all students, families, and school staff.

Research supports that proper nutrition improves the health and performance of teachers, as well as students. Teachers also serve as important adult role models to children. With these factors in mind, at least 50 percent of the items vended in staff areas (those inaccessible to students) shall meet these regulations.

These regulations shall not be applicable to nor restrict the food items made available at school-related events (such as interscholastic sports, school plays, band concerts, or family events) where adults constitute a significant portion of the audience or are selling foods in booster programs.

FOR GRADES 7-12:

The following restrictions will govern food items that may be offered for sale. To assist schools in complying with these regulations, the Mississippi Department of Education, Office of Child Nutrition will maintain a list of products meeting the standards. This list is available at http://www.cn.mde.k12.ms.us/vending/APPROVED.xls. Foods that have been evaluated and found to not meet the standards are listed at http://www.cn.mde.k12.ms.us/vending/DENIED.xls. Food vendors must submit nutrition information on food products in order to have them included on the list.

NOTE: Vending to elementary students (grades K-6) may be appropriate in districts where school lunches are served early in the day (10:30 to 11:00 am). In order to promote optimal learning in the afternoon, the Mississippi Board of Education recognizes that the foods allowed in grades 7-12 may also be sold to children in grades K-6 at the discretion of the school district.
Snack Regulations for Mississippi Schools

**Snacks, Bars, and Dessert Items**

This category includes, but is not limited to chips, crackers, popcorn, cereal, trail mix, nuts, seeds, peanut butter and other nut butters, jerky, cookies, animal/graham crackers and cereal bars, granola bars, bakery items (e.g., pastries, toaster pastries, muffins, soft pretzels), frozen desserts, ice cream, cheese, yogurt and smoothies (made with low-fat yogurt or other low-fat dairy alternatives and/or fruit/juice).

Based on manufacturer’s nutritional data or Nutrition Facts labels, all foods must meet the following criteria per package:

**Key Nutrients:** At least 5% of the recommended Daily Value (DV) for three or more nutrients (fiber; vitamins A, C, D, E; thiamin, niacin, riboflavin, calcium, iron, and zinc). At least 3 grams protein per package may be substituted for one of the listed nutrients. Schools are encouraged to offer foods that:

- Are good sources (at least 10% of the recommended Daily Value or DV) of one or more nutrients listed above.
- Contain at least 5 grams protein.
- List a whole grain as the first item on the ingredient list.

- **Total Calories:** No more than 200 calories per package.
- **Fat:** No more than 35 percent of total calories from fat and 7 grams maximum (with the exception of nuts, seeds, peanut and other nut butters, and cheeses).
- **Saturated Fat and Trans Fat:** No more than 10 percent of calories from saturated fat and/or trans fat and 2 grams maximum (with the exception of nuts, seeds, peanut and other nut butters, and cheeses).
- **Added Sugar:** No more than 35 percent added sugar by weight and 15 grams maximum (excludes sugars naturally occurring in fruits and vegetables).

**Fruits and Vegetables**

Make available quality* fruits and vegetables anywhere snack items are sold. For example, dried fruit in vending machines, fresh fruit (e.g., pineapple slices or melon cubes), or fresh vegetables (e.g., baby carrots) in snack bars and concessions.

Based on manufacturer’s nutritional data or Nutrition Facts labels, all foods must meet the following criteria per package:

- **Key Nutrients:** At least 5% of the recommended Daily Value (DV) for three or more nutrients (fiber; vitamins A, C, D, E; thiamin, niacin, riboflavin, calcium, iron, and zinc). Schools are encouraged to offer foods with at least 10% of the recommended Daily Value (DV) for one or more of these nutrients.
- **Total Calories:** No more than 200 total calories.
- **Fat:** No more than 35 percent of total calories from fat and 7 grams maximum.
- **Saturated Fat and Trans Fat:** No more than 10 percent of calories from saturated fat and/or trans fat and 2 grams maximum.
- **Added Sugar:** No more than 35 percent added sugar by weight and 15 grams maximum (excludes sugars naturally occurring in fruits and vegetables).

“Quality” means fruits and vegetables prepared and packaged without added fat, sugar, or sodium.
Nutrition Resources

Mississippi Department of Education Office of Child Nutrition
601-354-7015
http://www.healthyschoolsms.org/nutrition_services/index.html

**Nutrition In Action:** Nutrition in Action is a 3-page monthly packet, designed to be used on menu backs or as freestanding handouts in Mississippi elementary schools. The monthly topics are aligned with the Coordinated School Health Program topics used in other MDE Office of Healthy Schools initiatives.
http://healthyschoolsms.org/nutrition_services/nutritioninaction.htm

**Healthier US Challenge Information**

**FAQs Healthy US Challenge**

**Fact Sheets For Healthier School Meals**

**Team Nutrition Resources**
http://teammunutrition.usda.gov/library.html

**Afterschool Care Snacks**
http://www.fns.usda.gov/cnd/Afterschool/default.htm

**National School Food Service Management Institute Resource Guide**
http://www.olemiss.edu/depts/nfsmi/Information/Guide.html

**Percentage of Free and Reduced Lunches in Mississippi**
http://www.healthyschoolsms.org/nutrition_services/reports.htm

**Summary of Meal Charges in Mississippi**

**My Pyramid for Kids (age 6-11)**
http://www.mypyramid.gov/kids/index.html

**My Pyramid for Preschoolers (age 2-5)**
http://www.mypyramid.gov/preschoolers/index.html

**Food Safety Pre/Post Test for all school staff**
http://www.healthyschoolsms.org/ohs_main/documents/PreandPostFoodSafetyTest_000.doc

**Food Safety Pre/Post Test Answer Guide**
http://www.healthyschoolsms.org/ohs_main/documents/PreandPostTestAnswerGuide_000.doc

**Eating Safely at School—A 52-page booklet, in PDF format, available through the National School Board Association's website www.nsba.org. This booklet addresses what education policymakers need to know and do to prevent and respond to food-related illness in schools.**

**Food-Safe Schools—A How-to Guide**

The Office of Healthy Schools, through funding by The Bower Foundation, has developed an [instructional video](http://origin.k12.ms.us/Everyone/Food_Safety/Food_Safety_files/Default.htm) to educate Mississippi School Staff on food safety. The video, narrated by Dayle Hayes, is accessible by clicking on:

Once the webpage opens allow the program to load and click on the word **Play** once it appears. A page with the Health is Academic apple should appear with a viewing screen in the top left corner. Click the first button on the left side, under the viewing screen, and the video will begin.

* All websites were current at time of publication but are subject to change.
The Healthy School Environment component includes the physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well being of students and staff. Building healthy, safe, high performance and sustainable learning environments enhances student and teacher performance and supports culture and community vitality.

A healthy school is vital to a healthy community. Creating and sustaining a healthy and safe school environment requires the continued commitment and involvement of the school and community to address the ever-changing needs and circumstances affecting our students’ health and safety.

Contents of this section:
- School Buildings and Grounds
- School Safety
- Behavior Management
- Crisis Management
- Pupil Transportation
- Driver’s Education
- Frequently Asked Questions
On a day-to-day basis, schools are among the safest places for our nation’s children. To ensure that our schools remain safe, it is important that school districts develop and implement sound policies and procedures. The Bureau of Safe and Orderly Schools has designed its guidelines and policies to assist those who are responsible for the health and safety of students and staff while they are at school, on school grounds, on their way to or from school, and involved in school-sponsored activities. The divisions that comprise the Bureau of Safe and Orderly Schools continue to stress the importance of successful, community-wide partnerships in the development of procedures and policies that most effectively support the operation and maintenance of healthy, safe, orderly and disciplined school environments.

**School Buildings and Grounds**
Crucial to the successful education of our children is a healthy learning environment that includes structurally safe facilities that satisfactorily comply with environmental standards and conditions. The Division of School Buildings and Facilities can assist schools in developing and implementing comprehensive, preventive maintenance procedures to ensure a healthy and safe environment within the building and on school grounds. Training topics and services can be accessed online at [www.healthyschoolsms.org](http://www.healthyschoolsms.org).

Each year, more than 200,000 children go to the emergency rooms with injuries associated with playground equipment. A [playground checklist](#) is provided in this section to help make sure your local community or school playground is a safe place to play.

To ensure that school buildings and grounds are a safe place for students, we have provided a copy of the [Process Standard #36 Monitoring Tool](#) in this section.

For concerns or questions regarding asbestos, contact the Office of Pollution Control, MS Department of Environmental Quality at 601-961-5769 (AHERA) or 601-961-5225 (NESHAP)

**School Safety**
Safe schools are fundamental to students' school successes and achievements. Consequently, providing a safe and orderly school environment remains an ever-present priority of the Mississippi Department of Education. School safety should be addressed through a comprehensive approach that focuses on prevention, intervention and response planning. The Division of School Safety provides support to schools in the areas of physical security, emergency operations and school discipline. Training and technical assistance may be requested to provide guidance in the development of a safe and secure school environment for students, faculty and administrators. A [Report of Unlawful Activity or Violent Act Form](#) is available in this section for reporting crimes on school property and during a school-related activity.

For information about School Resource Officers go to: [http://www.healthyschoolsms.org/healthy_school_environment/documents/SROCourseOutline.pdf](http://www.healthyschoolsms.org/healthy_school_environment/documents/SROCourseOutline.pdf)

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**Connections Hotline**
“You have…. CONNECTIONS; it’s hassle free and no one will ask for your name or location! Call toll-free, [1-866-960-6472](tel:1-866-960-6472) if you hear of a situation that could put your school’s safety at risk.
Consumer Product Safety Commission

Public Playground Safety Checklist

CPSC Document #327

Is your public playground a safe place to play?

Each year, more than 200,000 children go to U.S. hospital emergency rooms with injuries associated with playground equipment. Most injuries occur when a child falls from the equipment onto the ground.

Use this simple checklist to help make sure your local community or school playground is a safe place to play.

Public Playground Safety Checklist

1. Make sure surfaces around playground equipment have at least 12 inches of wood chips, mulch, sand, or pea gravel, or are mats made of safety-tested rubber or rubber-like materials.

2. Check that protective surfacing extends at least 6 feet in all directions from play equipment. For swings, be sure surfacing extends, in back and front, twice the height of the suspending bar.

3. Make sure play structures more than 30 inches high are spaced at least 9 feet apart.

4. Check for dangerous hardware, like open "S" hooks or protruding bolt ends.

5. Make sure spaces that could trap children, such as openings in guardrails or between ladder rungs, measure less than 3.5 inches or more than 9 inches.

6. Check for sharp points or edges in equipment.

7. Look out for tripping hazards, like exposed concrete footings, tree stumps, and rocks.

8. Make sure elevated surfaces, like platforms and ramps, have guardrails to prevent falls.

9. Check playgrounds regularly to see that equipment and surfacing are in good condition.

10. Carefully supervise children on playgrounds to make sure they’re safe.

You can also view our other playground safety publications at:
http://www.cpsc.gov/cpscpub/pubs/playpubs.html

Brought to you by the U.S Consumer Product Safety Commission and KaBOOM!, a national nonprofit organization committed to building safe playgrounds for America’s children through the KaBOOM! LET US PLAY campaign. For more information, call toll-free 1-888-789-PLAY or visit the KaBOOM! web site at http://www.kaboom.org/
Office of Healthy Schools
Bureau of Safe and Orderly Schools
Division of School Building
Process Standard #36 Monitoring Tool

School District__________________________ Superintendent____________________________

School_____________________________ Principal ________________________________

Teaching Staff (#)________ Support Staff (#) _______ Custodial Staff (#) _________

Number of Students: _________

I. Facility Assessment
   ___1. Clinic or Nurse Station
       ___a. Are first-aid supplies available?
       ___b. Is a Physicians Desk Reference available?
       ___c. What is the procedure for administering medication?

   ___2. Shops/Vocational Areas
       ___a. Are equipment/tools protected with covers/guards, i.e. blades, fan belts, etc.?
       ___b. Are gloves and safety glasses in use?
       ___c. Are power exhaust vents through wall or roof present?
       ___d. Are aisles/storage bins kept neatly and uncluttered?

   ___3. Laboratories
       ___a. Are chemicals labeled and secured?
       ___b. Is there an eyewash station?
       ___c. Are any out-of-date chemicals present?

   ___4. Kitchen
       ___a. Are there temperature charts on freezer doors?
       ___b. Is food covered & stored on shelves or pallets in freezers/coolers?
       ___c. Are kitchen range, duct and hood free from grease or dust build-up?
       ___d. Is an automatic fire suppression system provided to protect the cooking surface, hood and duct?
       ___e. Is this system inspected bi-annually and tagged?
       ___f. Is there at least one portable fire extinguisher with a 40B rating?
       ___g. Are there floor drains at stink areas?
       ___h. Are food and cleaning supplies stored separately?
       ___i. Is the Health Department Certificate of Compliance current & displayed?

   ___5. Does the school have an operational fire alarm, burglar alarm, and emergency lighting system?
6. Signage
   a. Are there signs instructing visitors to go to the office?
   b. Are there directions to the office area?
   c. Are there signs designating that weapons, tobacco and drugs are prohibited on campus?
   d. Are there signs indicating the school name?

7. Is the campus fenced?

8. Ingress/Egress Doors (minimum width of 36 inches)
   a. Do ingress/egress doors have functional panic hardware and open outward?
   b. Does the school control ingress points around the campus?
   c. Are any ingress/egress doors chained and/or padlocked?
   d. Are there at least two means of egress available from every floor?
   e. Are ramps provided for the physically handicapped?
   f. Do main entry doors contain see-through safety glass?

9. Classrooms
   a. Do classrooms have doors that lock?
   b. Are the door locks thumb-throw type?
   c. Is the lock height easily accessible to students?
   d. Are classroom doors at least 36 inches wide?
   e. Do classrooms have evacuation routes posted?
   f. Do classrooms have a sprinkler system?
   g. Does each classroom have at least operable window for emergency rescue or ventilation?

10. Communications
    a. Does the school have an unlisted telephone number?
    b. Does the school have cell phones and two-way radios?
    c. Does the school have two-way intercoms between the main office and teaching stations?

11. Utilities
    a. Are utility cutoffs located for:
       (1) Electricity
       (2) Gas
       (3) Water
    b. Are utility cutoffs indicated on building blueprints or drawings?
    c. Are cutoffs secured and locked?
    d. Are gas/LP fired heaters/boilers properly vented to the outside?
    e. Are boilers/hot water heaters tagged with current license?

12. Walkways
    a. Are sidewalks in good repair?
    b. Are they compliant with America with Disabilities Act (ADA)?
    c. Are additional sidewalks needed?
    d. Are there designated pathways?
    e. Are sidewalks 4 - 6 feet wide?
13. Traffic
   a. Are proper street signs in place?
   b. Is traffic through school property controlled?
   c. Does a crossing guard control neighborhood traffic?
   d. Are approaches to the school marked with signs designating a school zone?
   e. Are bus and car entrances clearly designated?
   f. Are street crossing areas marked on the pavement?
   g. Are there separations in parking areas for students, parents and visitors and employees?
   h. Are there provisions for one-way traffic?

14. Lighting
   a. Is interior lighting adequate?
   b. Is exterior and outdoor lighting adequate?
   c. Are exit signs located at each exit?
   d. Are exit signs lighted and with battery backup?
   e. Are all accessible outdoor lenses protected by unbreakable/vandal-proof material?
   f. Are repairs and replacements of inoperable lamps made immediately?
   g. Are auditoriums and gymnasiums provided with emergency lighting?

15. Heating/AC/Ventilation System
   a. Are HVAC units inspected annually?
   b. Are HVAC rooms clean and secure?
   c. Are outside HVAC units fenced and locked?
   d. Is wall-mounted power source (disconnect box) locked?
   e. Are shrubs trimmed to allow circulation around compressors?

16. Stairs
   a. Do stairs have handrails?
   b. Are stairs a minimum of six feet wide and leading directly to a major exit on the ground floor?
   c. Are stair treads in good condition?
   d. Is there a plan for handicapped egress from second floor?
   e. Are stairs of wood construction?

17. Grounds
   a. Are shrubs trimmed to allow for adequate visibility of the school?
   b. Are the grounds free of trash and debris?
   c. Is the grass mowed?
   d. Are parking lots clean and swept?
   e. Is handicapped parking easily accessible and adequate with markings visible?
18. Interior

a. Does flooring contain asbestos?

b. Does the school have an asbestos management plan on file?

c. Has the school complied with the AHERA three-year re-inspection?

d. Is the number of fire extinguishers adequate for the building?

e. Are extinguishers properly located and mounted?

f. Do all extinguishers have a current inspection tag?

g. Is safety glass present where student traffic is heavy?

h. Are all electrical outlets within six feet of a water source equipped with a Ground Fault Interceptor (GFI) switch?

19. Playgrounds

a. Are all playgrounds fenced?

b. Is the playground surface shock absorbent?

c. Is playground equipment properly installed, adequately spaced and free of sharp edges?

d. Does the playground comply with the Handbook for Public Playground Safety published by the U.S. Consumer Product Safety Commission?

e. Is all outdoor seating, i.e., bleachers, inspected annually?

20. Mechanical/Electrical/Custodial/Storage Areas

a. Is storage orderly and not within two feet of ceiling?

b. Is storage separated from heaters and heat-producing devices?

c. Is there ventilation in the storage area?

d. Are lawnmowers and gasoline for mowers properly stored?

e. Is flammable liquid stored in safety cans in approved storage rooms or cabinets?

f. Are custodial/storage areas kept locked?

g. Are all areas kept locked and do they have adequate lighting provided?

21. Exterior

a. Is the roof in good condition?

b. Are there any rotting soffit or fascia boards?

c. Are any roof leaks reported?

d. Are there any cracks in the building denoting foundation problems?

22. Gymnasiums and Auditoriums

a. Are locations of exits announced over the public address system before the start of any event?

b. Are at least two exits provided and clearly marked by illuminated signs?

c. Is a 2A-10BC fire extinguisher provided for each 3,000 square feet of floor space and placed in a position no farther than 75 feet from any area?

Mississippi Department of Education:
Staff Monitor ___________________ Monitoring Office ___________________
Date ___________________________ Phone Number _________________________
Report of Unlawful Activity or Violent Act
(Form for reporting crimes on school property and during a school-related activity.)

In accordance with the mandatory reporting provisions of Sections 37-9-14 (x) and 37-11-29 of the Mississippi Code of 1972, Annotated, and based on reasonable belief, the following unlawful activity occurred on school property or during a school-related activity:

School District: ____________________________ County: ____________________________

School Name and Address: ____________________________

☐ Deadly Weapon ☐ Sexual Battery
☐ Controlled Substance ☐ Murder
☐ Aggravated Assault ☐ Kidnapping
☐ Simply Assault ☐ Fondling, Touching, Handling, etc.
☐ Rape ☐ Other Crime

Date of Incident ____________________________ Time of Incident ____________________________

Location of Incident: ____________________________

Identity of Individual Committing Crime ____________________________ Status: _______Employee

_____Student

_____Parent

_____Visitor

_____Other

Address (if known) ____________________________ Telephone (if known) ____________________________

Description of Incident: (Who, What, How, When, Where)
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Signature of Superintendent or Designee ____________________________ Date Filed ____________________________ Time ____________________________

STATE OF MISSISSIPPI

COUNTY OF __________

PERSONALLY APPEALED BEFORE ME, the undersigned authority in and for the jurisdiction aforesaid, the within named __________ (superintendent or designee), who having been by me first duly sworn, states on oath that the matters and requests contained in the foregoing affidavit are true and correct to the best of his/her knowledge.

MY COMMISSION EXPIRES: ____________________________

SWORN TO AND SUBSCRIBED BEFORE ME, this the ________ day of ____________ 20____.

Date ____________________________

Signature of Notary Public ____________________________

Report immediately (without delay) to City Police or Sheriff’s Office and Youth Court. See Mississippi AG Opinion, Preston (April 11, 2003), and Section 37-11-29 (3,) Mississippi Code of 1972, as amended. Pursuant to IDEA 2004 Section 615 (k) (6), an agency reporting a crime committed by a child with a disability shall ensure that copies of the special education and disciplinary records of the child are transmitted for consideration by the appropriate authorities to whom the agency reports the crime.
Management Behavior

A critical component of a safe school environment is the establishment of clear guidelines for student behavior. An effective system is one in which all students know and can explain the school’s expectations for behavior, as well as consequences for violating expectations.

Comprehensive Three Level Approach

An effective system requires a continuum of supports comprised of three very different levels of intervention. This three-stage model focuses on prevention, early intervention, and intensive services to address the behavioral or academic problems of students.

One effective tool for managing behavior is the Effective School and Classroom Management program developed for the Mississippi Department of Education by the Institute on Violence and Destructive Behavior, College of Education, University of Oregon. To access this tool visit: http://www.healthyschoolsms.org/healthy_school_environment/schools_classroom_mngmnt_training.htm

On January 21, 2004, the Mississippi Board of Education adopted the Three-Tier Model of Instruction. The Three-Tier Model of Instruction is a systematic approach for providing student interventions. The model identifies struggling students before they fall behind and provides them with support throughout the educational process of schooling. The model has three levels or “tiers” of instruction:

- **Tier I** is effective classroom instruction. It includes strategies put in place school-wide to reduce the development and occurrences of new problem behavior by teaching and encouraging expected pro-social behavior among all students, across all school settings, and by all staff members.

- **Tier II** is supplemental instruction. It targets students who are considered at-risk for problem behavior and/or academic skill deficits who are not responding to primary level prevention efforts.

- **Tier III** is instruction for intensive intervention. Interventions are developed specifically to address the behavior support needs of the smallest proportion of students (about 5 percent) who display chronic academic and/or behavioral difficulties. These behaviors impede learning, are dangerous or disruptive behavior, and/or result in social or educational exclusion. Even though this group is only 1-7% of a school’s population, they account for 40% to 50% of behavioral disruptions.

All of these resources are available at http://www.healthyschoolsms.org/healthy_school_environment/behavior_mgt.htm
School Safety

Crisis Management

The Office of Healthy Schools has provided a template, available for download at: [http://www.healthyschoolsms.org/healthy_school_environment/documents/SampleOccupationalSafetyandCrisisResponsePlan_000.doc](http://www.healthyschoolsms.org/healthy_school_environment/documents/SampleOccupationalSafetyandCrisisResponsePlan_000.doc) as well as a number of web sites, to guide local districts in developing their crisis management plans. However, it is important to note that crisis plans must be developed to meet the individual needs of each school and the document is continually changing as the school's needs change. Although schools continue to be one of the safest places for children, emergencies and crisis that affect our schools and children can and do happen. It is important that schools have in place a comprehensive crisis response management plan that addresses mitigation/prevention, preparedness, response, and recovery.

A Process Standard #37 Monitoring Tool is also provided in this section to address a Crisis Response Plan, Policies and Procedures of the School Safety Plan, Physical Security, Student Compliance, Community Observations, and Emergency Management.

Pupil Transportation

Because thousands of Mississippi children begin and end their days with a trip on a school bus, transportation safety is an ongoing focus of the Division of Pupil transportation. Staff provides assistance to school districts on federal and state laws and guidelines as well board policies concerning pupil transportation.


Resources provided for you in this section are Vehicle Inspection Checklist and the Division of Pupil Transportation Process Standard #35 Monitoring Tool.

For numerous resources for pupil transportation visit: [http://www.healthyschoolsms.org/healthy_school_environment/pupil_transportation.htm](http://www.healthyschoolsms.org/healthy_school_environment/pupil_transportation.htm)

Driver Education Program

The task facing driver educators is as complex as it is important. Certainly, driver educators must provide the information and experiences that will enable students to acquire basic vehicle handling skills. At the same time, instructors must instill in students an understanding and appreciation of the practices and principles of safe driving to include the skills and knowledge necessary to make responsible decisions that promote good citizenship.

Contacts:
Phone (601) 359 -1028
Fax (601) 359 - 3184

For more information and resources for Driver Education visit: [http://www.healthyschoolsms.org/healthy_school_environment/driver_ed.htm](http://www.healthyschoolsms.org/healthy_school_environment/driver_ed.htm)
Office of Healthy Schools

Bureau of Safe and Orderly Schools
Division of School Safety
Process Standard #37 Monitoring Tool

School District___________________ Superintendent_________________________

School___________________________ Principal_____________________________

Teaching Staff (#)___Support Staff (#)___Custodial Staff (#)___Students (#)_______

I. Crisis Response Plan

1. Does the school have a Crisis Response Plan?
   a. Does it incorporate responses to the following areas?

   1. Fire
   2. Tornado
   3. Hurricane
   4. Bomb Threat/Explosion
   5. Intruder
   6. Earthquake
   7. Threats unique to the school such as HAZMAT spills, Train derailment, et al.
   8. Gang threat

2. Does the Plan include a protocol for primary staff responsibilities?

3. Does the school have a Crisis Response Team?
   a. Training level
   b. Drills

4. Has the school coordinated emergency response procedures and protocols with:
   a. Police/Sheriff’s Office
   b. County/City Emergency Management Agency
   c. Emergency Medical Services
   d. Media
   e. Utilities
   f. Parents
   g. Transportation
5. Are staff, administration and students trained in the Plan?

6. Evacuation Policies and Procedures of the Plan
   a. How often are fire and tornado drills conducted?
   b. Are there marshalling areas for students to be counted?
   c. Are the bomb evacuation areas at least 1,000 feet from the school?
   d. How does the administrator account for all students and missing students?
   e. Triage Stations
   f. Emergency Transportation Plans
   g. Emergency Evacuation Kits

II. Policies and Procedures of the School Safety Plan

1. Are parents and students informed of disciplinary policies and procedures in accordance with Section 37-11-53, MS Code?

2. Does the school have policies and procedures addressing the following areas:
   a. Code of Student Conduct
   b. Student Discipline
   c. Dress Codes
   d. Electronic Equipment; cell phones, pagers, etc.
   e. Gangs
   f. Sexual Harassment
   g. Bullying
   h. Gun Free Schools Act of 1994

3. Does the school have a discipline plan?

4. Does the school maintain statistical data regarding student discipline?

5. Does the school maintain information on incidents reported in accordance with Sections 37-9-14, 37-11-29, MS Code?
   a. Are all crimes reported?

   1. Law Enforcement Agency
   2. Youth Court
   3. MDE
6. Are there public use policies for playgrounds, ball fields?

7. Are there adequate procedures for visitor access and control?
   a. Are procedures in place to challenge unidentified visitors?
   b. Are visitors required to sign in and issued badges?
   c. Are badges recovered?
   d. Are visitor parking spaces prominently marked and in close proximity to the main office?
   e. Are directional signs designating the office area posted?

8. Search Policy
   a. Is there a policy for searching students?
   b. Is there a policy for searching vehicles?
   c. Is there a policy for searching lockers and personal effects?
   d. Are signs posted advising visitors that visitors and packages maybe searched upon entering and leaving the building?

9. Does the school have a restraint or use of force policy for staff and security enforcement personnel?

10. Is there an Internet Policy and computer Crime Policy in place?

III. Physical Security

1. What type of position does the district employ for physical security?
   a. School Resource Officer
   b. Campus Enforcement Officer
   c. School Safety Officer

2. What is the training level for these security personnel?

3. District or Local Law Enforcement Agency employed?

4. Is the campus security entity operating in accordance with generally accepted standards of security/law enforcement practices?
   a. Reporting
   b. Investigations
      (1) Criminal
      (2) Administrative
c. Training

d. Equipment

e. Deployment (Does the district properly utilize Officers?)

f. Crime prevention; drug mitigation operations

5. What type of Key Control System is utilized?

IV. Programs for Student Compliance

1. Does the district have any specific programs that generate compliance by students?

2. Does the district have programs that generate positive citizenship principles?

V. Community Observations

1. Law Enforcement

2. Youth Court

3. Emergency Response Agencies

4. Gangs operational in the community

5. Do these gangs pose a threat to the school district?

VI. Emergency Management

1. Where is the location of the Emergency Operations Center (EOC) for the school?

   a. Adequate phones
   b. Additional communications equipment
   c. Status boards; flip charts, chalk board, etc.

2. Who mans the EOC?

   a. Maintenance personnel
   b. School Resource Officer
   c. School Administrator
   d. Attendance Officer
   e. Nurse
   f. Pupil Transportation Director
g. Counselor

h. Other personnel as circumstances warrant

Mississippi Department of Education:
Staff Monitor_____________________ Monitoring Office ____________________
Date_____________________________ Phone Number_______________________
Office of Healthy Schools
Bureau of Safe and Orderly Schools
Division of Pupil Transportation
Process Standard #35 Monitoring Tool

School District: ___________________________ Superintendent: ___________________________
School: _________________________________ Principal: ______________________________

Purpose: This Transportation Safety Assessment provides the evaluator a series of items to aid in assessing the
district’s policies and provisions for school-sponsored transportation safety.

Directions: Check the line that best represents the current status of transportation safety at your school. Use this
information as input into your school’s discussion on prioritizing needs for school improvement.

Total number of buses in the district’s fleet: _________
Frequency and use: ______ daily routes ______ weekly trips ______ monthly activities _______

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>In Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all buses well maintained and clean? (Use the Vehicle Inspection Checklist, pages 3-5)</td>
<td></td>
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<tr>
<td>2. Is documentation available and on file to confirm that all bus drivers hold a valid commercial driver’s license?</td>
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<tr>
<td>3. How do you ensure that buses are operated according to all specified safety procedures?</td>
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<tr>
<td>4. Is there documentation on file to ensure arrival of all buses at their designated school site prior to the start of the instructional day?</td>
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<tr>
<td>5. Is documentation available and on file to support that emergency school bus evacuation drills were conducted at least once per semester?</td>
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<tr>
<td>6. Is documentation available and on file to support that the school has conducted a minimum of two hours of bus driver safety training each semester?</td>
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</tr>
</tbody>
</table>
7. Does the district evaluate all components of the program to ensure compliance as follows:
   a. Storage areas clean and organized;  
   b. Cleanliness, inside and outside;  
   c. Fire extinguishers charged, tagged and annually inspected;  
   d. Work area free of litter and debris;  
   e. Restrooms sanitary;  
   f. Maintenance checklist for drivers?

8. Does each vehicle used to transport students have a valid inspection sticker?

9. Is documentation available and on file showing certified annual copies of the motor vehicle record of all regular, substitute, and replacement bus drivers?

10. Is documentation available and on file to support that systematic maintenance inspection is conducted on all transportation vehicles used to transport students?

11. School bus safety rules have been developed and distributed to all students.

12. Parents have been informed in writing of school bus safety rules.

13. Drivers are trained in school bus discipline policies and procedures.

14. School bus routes are reviewed for hazardous conditions each year.

15. Manifest lists for all bus routes are maintained at the school site and are updated as changes occur.

16. Route descriptions for field trips are filed in the school office before trips begin.

17. Passenger lists are developed and filed in the school office for each vehicle used for a field trip.

18. All students and staff participating in a field trip are required to carry identification on and off the bus. (Optional)

19. Students with medical problems participating in a field trip should have record of medical treatment needed.

20. Clear guidelines are established for chaperones for field trips, and these are communicated to all chaperones.

21. Accident procedures have been developed and communicated to bus drivers.
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items To Be Checked</th>
<th>Bus #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Brake pedal, excessive play:</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Brake, parking (won’t hold; needs adjusting):</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Brake drum(s) and pads:</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Brake lines (leaks):</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Exterior needs washing:</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Interior needs sweeping:</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Interior is filthy:</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Emergency door brace (’93 &amp; later models):</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Emergency door buzzer:</td>
<td></td>
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<tr>
<td>10.</td>
<td>Emergency door handle guard, missing or loose:</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Emergency door handles &amp; latch, inside &amp; out:</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Emergency door labeling:</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Emergency door stop:</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Service door:</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Body fluid clean-up kit (’93 &amp; later models):</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Fire extinguisher (charged, tagged &amp; annually inspected):</td>
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<tr>
<td>17.</td>
<td>First aid kit:</td>
<td></td>
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<tr>
<td>18.</td>
<td>Reflector kit:</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Hangers:</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Manifold:</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Muffler:</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Tail pipe:</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Amber lights, front &amp; rear:</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Back-up lights:</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Brake lights, upper &amp; lower:</td>
<td></td>
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<tr>
<td>26.</td>
<td>Clearance lights, front, back &amp; sides:</td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Hazard lights, front &amp; rear:</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Headlights, high &amp; low beam:</td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Red warning lights, front &amp; rear:</td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Tail lights:</td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Turn signals, front &amp; rear:</td>
<td></td>
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<tr>
<td>Item No.</td>
<td>Items To Be Checked</td>
<td></td>
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<tr>
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<td>------------------------------------------------------------</td>
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</tr>
<tr>
<td>32.</td>
<td>Mirror, interior rear view:</td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Mirrors, crossover, left &amp; right:</td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Mirrors, exterior rear view, left &amp; right:</td>
<td></td>
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<tr>
<td></td>
<td><strong>VII. MIRRORS</strong></td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Wind deflector, driver’s:</td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Window, driver’s:</td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>Windows, passenger:</td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>Windows, emergency door:</td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td>Windows, rear:</td>
<td></td>
</tr>
<tr>
<td>40.</td>
<td>Windows, service door:</td>
<td></td>
</tr>
<tr>
<td>41.</td>
<td>Windshields, left &amp; right:</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>VIII. GLASS, CRACKS AND BREAKAGE</strong></td>
<td></td>
</tr>
<tr>
<td>42.</td>
<td>Seat belt, driver’s:</td>
<td></td>
</tr>
<tr>
<td>43.</td>
<td>Seat belts, passengers’:</td>
<td></td>
</tr>
<tr>
<td>44.</td>
<td>Seat cushions, unattached to frames:</td>
<td></td>
</tr>
<tr>
<td>45.</td>
<td>Seat frames needing repair:</td>
<td></td>
</tr>
<tr>
<td>46.</td>
<td>Seats (need patching, detached or partially detached from floor or side rail:</td>
<td></td>
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<tr>
<td></td>
<td><strong>IX. SEATS AND SEAT BELTS</strong></td>
<td></td>
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<tr>
<td>47.</td>
<td>Crash barrier needs repair/replacing:</td>
<td></td>
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<tr>
<td>48.</td>
<td>Cross bar padding:</td>
<td></td>
</tr>
<tr>
<td>49.</td>
<td>Hand rail, replace/repair:</td>
<td></td>
</tr>
<tr>
<td>50.</td>
<td>Stanchion flanges, secure to roof/floor:</td>
<td></td>
</tr>
<tr>
<td>51.</td>
<td>Stanchion padding, replace/repair:</td>
<td></td>
</tr>
<tr>
<td>52.</td>
<td>Step well treads:</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>X. STEP WELL</strong></td>
<td></td>
</tr>
<tr>
<td>53.</td>
<td>King pins &amp; bushings, replace:</td>
<td></td>
</tr>
<tr>
<td>54.</td>
<td>Steering column, excessive play:</td>
<td></td>
</tr>
<tr>
<td>55.</td>
<td>Tie rod (straighten bent rod):</td>
<td></td>
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<tr>
<td>56.</td>
<td>Tie rod ends (replace worn ends):</td>
<td></td>
</tr>
<tr>
<td>57.</td>
<td>Toe-in adjustment (reset):</td>
<td></td>
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<tr>
<td>Item No.</td>
<td>Items To Be Checked</td>
<td></td>
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<tr>
<td><strong>XII. SUSPENSION SYSTEM</strong></td>
<td></td>
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</tr>
<tr>
<td>58.</td>
<td>Anchor spring leafs, front &amp; rear:</td>
<td></td>
</tr>
<tr>
<td>59.</td>
<td>Shock absorbers, front &amp; rear:</td>
<td></td>
</tr>
<tr>
<td>60.</td>
<td>Spring leaf brackets, front &amp; rear:</td>
<td></td>
</tr>
<tr>
<td>61.</td>
<td>Springs, front &amp; rear:</td>
<td></td>
</tr>
<tr>
<td>62.</td>
<td>U bots, front &amp; rear:</td>
<td></td>
</tr>
<tr>
<td><strong>XIII. TIRES AND WHEELS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63.</td>
<td>Hub oil seal leak(s):</td>
<td></td>
</tr>
<tr>
<td>64.</td>
<td>Stud nut(s) missing:</td>
<td></td>
</tr>
<tr>
<td>65.</td>
<td>Tire(s), inadequate tread depth:</td>
<td></td>
</tr>
<tr>
<td>66.</td>
<td>Wheel stud(s), broken:</td>
<td></td>
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<tr>
<td><strong>XIV. WARNING DEVICES, AUDIBLE AND VISUAL</strong></td>
<td></td>
<td></td>
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<tr>
<td>67.</td>
<td>Back up beeper (’87 &amp; later models):</td>
<td></td>
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<tr>
<td>68.</td>
<td>Horn (won’t blow or blows sporadically):</td>
<td></td>
</tr>
<tr>
<td>69.</td>
<td>Stop arm &amp; lights:</td>
<td></td>
</tr>
<tr>
<td><strong>XV. MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70.</td>
<td>Hood latch:</td>
<td></td>
</tr>
<tr>
<td>71.</td>
<td>Inspection sticker:</td>
<td></td>
</tr>
<tr>
<td>72.</td>
<td>Pedal pads (clutch, brake &amp; accelerator):</td>
<td></td>
</tr>
<tr>
<td>73.</td>
<td>Pinion seal leak:</td>
<td></td>
</tr>
<tr>
<td>74.</td>
<td>Sun shield (needs replacing):</td>
<td></td>
</tr>
<tr>
<td>75.</td>
<td>Tag, license:</td>
<td></td>
</tr>
</tbody>
</table>
1. Are school safety plans required for local school districts?
Yes. Statutory law of the regular session of the 1999 Mississippi Legislature [refer to Code Section 37-3-83 (2)] states that the school board of each school district, with the assistance of the State Department of Education School Safety Center, shall adopt a comprehensive local school district school safety plan and shall update the plan on an annual basis.

2. What are the minimum standards for school buses?
The Mississippi minimum standards detail federal motor vehicle safety standards and state specifications for school buses. Standards of safe construction and exact dimensions insure consistency with safety and efficiency to increase the quality of the school bus. [Refer to Code Section 37-41-1 (c)]

3. Are there guidelines for school building construction?
The Office of Safe and Orderly Schools, in collaboration with the Education Design Institute at Mississippi State University, has published comprehensive guidelines entitled Mississippi School Design Guidelines for the design, construction, and maintenance of safe and effective K-12 school facilities.

4. Are there funds available for school building construction?
No state aid for construction is available at this time; currently the State Public School Building Fund's diversion is utilized to fund MAEP.

5. How does an individual become licensed and/or certified to drive a school bus?
Individuals wishing to drive a school bus must be at least 18 years of age, possess a valid Commercial Driver License (CDL) with all applicable endorsements, have at least 20-40 visual acuity and be insurable by a third party insurance carrier. Additionally, applicants must pass a criminal background check and a drug screen test annually by the local school district. [Refer to MS Code Section 37-41-1 (d), (e)]

6. Why do school buses not have seat belts?
Only three states have seat belt laws pertaining to school buses and only one state enforces that law. To that end, Mississippi is with the majority of states on this issue. To be more specific, buses utilize compartmentalization for occupant protection. The occupant in a crash moves freely into the padded seat in front of them thus spreading crash forces over a large part of their body. The transfer of energy to the tissues of the body causes injury. If all of the crash force is limited to a small area of the body, then the amount of injury to that part of the body is much greater. If a student is in a lap belt only, then the upper body will move forward and the only part of the body to make contact with the seat in front of them will be the head/neck region. As in football, you never want to make contact with the top of your head while making a tackle; you also never want to make contact with the seat in front of the occupant with the top of their head. Additionally, children under the age of 12 have a pelvis that is not fully developed. Because of this, a lap belt will not stay in their lap region. It will either rest on their abdomen or will rest on the thighs. If the lap belt rests on the abdominal region, enough crash force could be exerted that the spinal column could snap or internal injuries could occur. If the lap belt rests on top of the thighs, then if the occupant submarines in a crash, it could impact the neck region. In automobiles, a lap/shoulder belt is utilized which lessens the forward movement in a crash. That is why it is vital that the child does not place the shoulder harness behind them while sitting in a vehicle. If the child is doing this, then the child has an improper fit due to not being tall enough for the shoulder belt to fit properly. If the child places the shoulder harness behind their back, then in a crash the force will impact the abdominal region.
The shoulder is a very strong part of the body and will withstand crash force much better than the abdominal region. The solution for this problem is to place the child in a booster seat. In regards to transporting Pre-Kindergarten students on school buses, the Mississippi Department of Education recommends that the proper child restraints be utilized. The child restraints would either be a car seat or a safety vest. Generally speaking, car seats are designed to be used by children up to 40 pounds. After 40 pounds, a safety vest could be used. Lap belts are not a child restraint. In the future, lap/shoulder belts will be available on school buses. From a safety standpoint, this will be consistent with what you see in private vehicles and thus the occupant will be protected better. However, all crashes stand alone by themselves. In some cases, such as a fast moving train approaching a school bus at a railroad track or a bus which catches on fire or one that rolls over into water, occupants buckled into lap belts could panic which would prevent them from being able to unbuckle their lap belts, which would likely cause additional fatalities or serious injuries.

7. Can a school board or district establish and/or operate under policies that effectively alter the requirements to report crimes committed on school property?
A school board has the authority to establish policies and procedures; however, these policies and procedures may not be in conflict with the requirements of Section 37-11-29 (which requires the reporting of crimes on school property).

8. What circumstances, if any, exist which justify the non-report of unlawful activity or an alleged unlawful activity of 37-11-29 (6)?
Section 37-11-29 requires any school employee who has knowledge of one of the crimes set for in Paragraph (6) to report to the superintendent or his designee. The superintendent/designee shall immediately notify law enforcement authorities. It is not within the authority of administrators to refrain from reporting these crimes and only handle the matters administratively.

9. Is an arrest a necessary prerequisite to a Juvenile Incident Report being released to local law enforcement agency?
An arrest is not a prerequisite to making an immediate report to local law enforcement.
Is a report made by a school administration to a school police officer employed by that district or a School Resource Officer (SRO) sufficient to comply with Sections 37-9-14 and 37-11-29?
The reporting of unlawful activity to a district-employed law enforcement officer or SRO does not meet the reporting criteria for these statutes.
Does the expanded meaning for crimes to be reported by law enforcement to schools as opined in the 1997 AG Opinion to Anderton (all crimes not just the ones listed in 37-11-29 (6) apply equally to schools?
The Superintendent is required to report any unlawful act that he reasonably believes occurred on educational property or during a school-related activity. This requirement remains regardless of whether reasonable belief is established from the superintendent’s knowledge or from information relayed to the superintendent by a principal, teacher other school employee or a concerned citizen. Furthermore, although this Section states that a superintendent is only required to report any act involving an offense set for in subsection (6), this office would advise a superintendent to report all acts believed to be a crime to local law enforcement, as law enforcement is the appropriate entity to make a factual determination as to what specific crime has been committed.

Resources:
Available online at http://www.healthyschoolsms.org/healthy_school_environment/resources.htm
In addition to a student’s physical well being, his or her mental health can be effectively addressed through a coordinated approach to school health. Today, many students have the added stress of coping with emotional challenges stemming from problems such as parental divorce, alcoholism, abuse, and drug addiction. Counseling is a process of helping people by assisting them in making decisions and changing behavior. Providing mental health services to all students, school staff, families, and members of the community is an integral part of the education program. School counseling programs promote school success for students through a focus on academic achievement, prevention and intervention activities, advocacy, social/emotional issues, and career development. All areas lead to the development of the “whole person” where all students may be successful members of society upon exiting the school environment.

Contents of this section:
- Role of School Counselor
- Counseling State Policy
- School Psychologist
- Social Workers
- Resources
Role of School Counselors:

While comprehensive school counseling programs differ from school to school, the primary emphasis is placed on students’ individual, developmental needs. The school counselor is in a key position to identify the issues that impact student learning and achievement. The American School Counseling Association suggests that counselors follow national standards that group counseling duties in three major areas:

**Academic Development**
Assist students with development of effective learning skills, guide in course selection and academic preparation, assist students in improving study habits and test skills, assist in interpreting cognitive/aptitude/achievement tests, analyze grade point averages, and demonstrate relationship of academics to work/life/community.

**Personal/Social Awareness**
Encourage student self-awareness, foster interpersonal communication skills, counsel students who are tardy, absent, and those with discipline problems, encourage general improvement of mental health/well-being, assist school principals with identifying and resolving student needs, problems, and assist in crisis prevention/intervention and crisis/loss situations.

**Career Development**
Provide opportunities for career awareness, encourage students to explore occupational avenues, assist students in planning for higher educational and training possibilities, assist in the development of employment readiness skills, and provide financial aid and scholarship information.

The *Mississippi School Counseling Curriculum Framework* has established competencies, objectives, and resources that enable Mississippi school counselors to promote and enhance the learning process of the students in the public schools of Mississippi. The goal of the program is to enable all students to achieve a measure of success in school and develop into contributing members of our society. This program will be most successful when implemented by professional school counselors in collaboration with students, administrators, families, teachers, employers, and community members. To view or download the framework go to [http://www.mde.k12.ms.us/vocational/OVTE/PDF/ccframework.pdf](http://www.mde.k12.ms.us/vocational/OVTE/PDF/ccframework.pdf)

Role of School Counselors in Coordinated School Health:

- Implement Mississippi Counselor’s Framework
- Participate on School Resource Team
- Serve on School Health Council
- Participate in the development of the local school wellness policy and ensure implementation
- Identify and refer students who are victims or perpetrators of violence
- Identify and refer students with health problems affected by lack of physical activity and/or nutrition
Mississippi Public School Accountability Standards (2008) require each high school to provide student support services by a minimum of a ½ time by a licensed guidance counselor, and at the elementary level, by qualified school personnel such as guidance counselors, social workers, nurses, psychologists, psychometrists, etc.

Code §37-9-79 (2002) lists the counseling services guidance counselors are required to provide.

Code §37-9-79 requires school counselors to provide student assessment and assessment counseling (which includes personal/social issues, academic, and career issues) and requires school counselors to provide preventive counseling and crisis intervention services.

For a five year educator license in guidance and counseling, a candidate must either:

- Hold a five year educator license;
- Have completed a master’s degree program in guidance and counseling; or
- Hold a master’s degree in another area and have completed an approved program for guidance and counseling, and passed the Praxis II specialty area test for guidance counselors; or
- Completed an approved master’s degree program for guidance and counseling which includes a full year internship; or
- Hold a master’s degree in another area and completed an approved program for guidance and counseling which includes a full year internship, passed the Praxis I and passed the Praxis II specialty area test for guidance counselors.

Details are outlined in Licensure Guidelines (436).

Code §37-9-79 (2002) requires school guidance counselors to hold a master’s degree in guidance and counseling, or in an emergency situation, an appropriate certification as determined by the Commission on Teacher and Administrator Education, Certification and Licensure and Development.

Student-to-Counselor Ratio: The Mississippi Public School Accountability Standards (Process Standards 6.1 and 6.2) requires each high school to provide at a minimum, a ½ time licensed guidance counselor and requires students in elementary schools to have access to qualified student support personnel which includes guidance counselors, social workers, nurses, psychologists, psychometrists and others.
Requirements for School Psychologists
To meet the minimum requirements for a five year educator license as a school psycholo-
gist, a candidate must have completed an approved specialist degree program in school
psychology, passed the Praxis I, and passed the Praxis II specialty area test for school
psychology. Details are outlined in Licensure Guidelines (451).

For renewal of a five-year educator license as a school psychologist, 3 semester hours in
content area or job/skill related area or 5 continuing education units in the content area or
job/skill related area are required. Details are outlined in Licensure Guidelines (451).

Student-to-Psychologist Ratio: The Mississippi Public School Accountability Standards
(Process Standards 6.2) requires students in elementary schools to have access to quali-
fied student support personnel, which includes guidance counselors, social workers,
nurses, psychologists, psychometrists and others.

Requirements for School Social Workers
The state does not have a policy specifically outlining the requirements for a school social
worker. For licensure as a social worker in the state, a candidate must: provide verifica-
tion of a baccalaureate degree in social work from a college or university accredited by
Council on Social Work Education (CSWE) or Southern Association of Colleges and
Schools (SACS) and scored a minimum of 70 on the ASWB basic exam. Social Work Li-
censing provides further details.

Student-to-Social Worker Ratio: The Mississippi Public School Accountability Standards
(Process Standards 6.2) requires students in elementary schools to have access to quali-
fied student support personnel, which includes guidance counselors, social workers,
nurses, psychologists, psychometrists and others.
Resources for School Health Counselors

Resources available for downloading on the Mississippi Department of Education’s Office of Healthy Schools website at www.healthyschoolsms.org

- Crisis Prevention Plan
- Violence Prevention Plan
- School Counselor’s Handbook
- School Counselor Curriculum Framework
- School Health Index
- 2007 Youth Risk Behavior Survey Data
- MS Curriculum Handbook
- Program of Work
- When Tragedy Strikes
- Steps to Prevention
- Children in Change
- Coordinated School Health Implementation Resource
Students are not the only ones who need good health. An employee’s mental health and physical health are essential to the success of a school system. School personnel who want to encourage children and teens to live a healthy lifestyle will be more successful if they model healthy behaviors. Employee Wellness Programs should provide staff with information and experiences that increase their understanding of wellness and their commitment to its benefits.

This section includes:
- Overview of Staff Wellness
- Employee Wellness Facts and Tips
- Resources for Staff Wellness
School districts should establish their wellness programs based on the needs of their particular communities. A number of activities can be considered to make sure that teachers and school staff feel their best, perform at peak levels, and reduce their risk of disease. Such efforts can include:

- Promoting health and reducing risk factors through professional and staff development programs, providing information through newsletters, introducing incentives for participating in healthy practices and activities, and offering an employee assistance program.

- Providing health promotion programs for school staff to include opportunities for physical activity, health screenings, nutrition education, weight management, smoking cessation and stress reduction and management.

These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, decreased insurance costs, and a greater personal commitment to the health of students and creates positive role modeling:

- Weigh Down Initiative
- Implement healthy choices for staff
- Program for first aid and CPR
- Smoking cessation programs
- Start a walking club for staff before or after school
- Simple health screenings, such as blood pressure, so that staff can identify vending selections to include healthy choices
- Invite a Yoga Instructor to offer classes
- Stress reduction programs
- Health Insurance Wellness Benefit– Motivating MS

School districts should establish a wellness program based on the needs of their particular community. A number of activities can be considered to make sure that teachers and school staff feel their best, perform at peak levels, and reduce risk of disease.

- Promote individual health by providing information regarding employee assistance programs. This information can be provided through staff development, flyers and newsletters. Activities include:
  1. **Motivating Mississippi**-Complete the online Health Quotient and receive up to $1000 in wellness benefits. This benefit can be applied to the deductible, lab work, office visit, and other tests.
  2. **Adult Immunizations**-These vaccines are to protect you and your family from certain diseases. Recommendations include pertussis, hepatitis, and flu.
  3. **Know your numbers**-This program through the MS Department of Health promotes becoming knowledgeable of your individual health numbers such as blood pressure, cholesterol, blood sugar, and BMI.
  4. **Personal Protective Activities**-Centers for Disease Control and Prevention has established Standard Precautions. This adds respiratory precautions and hand hygiene to Universal Precautions. The objective is to protect yourself from diseases by several easy activities. They include the elbow sneeze or cough, hand washing, and use of barriers.
- **General Health Promotion** provides the employees opportunities to change or improve their health status. These activities can include health screening, physical activity, health education, nutrition education, weight management, and many others. There are many programs and community resources that you may want to tap into.

For more information on Staff Wellness visit: [http://www.healthyschoolsms.org/staff_health/index.html](http://www.healthyschoolsms.org/staff_health/index.html)
Motivating Mississippi - Keys to Living Healthy provides powerful online tools that enable individuals to better manage and enhance their personal health and well being. WebMD's unique technology personalizes and serves up customized information and support based on each individual's reported interests, risks, and readiness for change. The Motivating Mississippi - Keys to Living Healthy includes:

- A comprehensive set of health risk assessments, goal-setting and tracking tools for monitoring progress and results
- A personal health record
- Secure messaging and targeted reminders
- Lifestyle improvement programs
- Accurate, clinically reviewed health information references for any health or medical question
- Decision support for understanding the risks and benefits of medical procedures and treatment options

Features:

- **Home Page** - a dynamic home base that recommends resources based on each participant's input. It also includes personalized news, alerts, and company resource and event updates.
- **HealthQuotient™** - an advanced health assessment that scores your health status and provides recommendations for improvement and beneficial behavior changes.
- **Men's Health Assessment** and **Women's Health Assessment** assess in greater detail, gender specific risks and promote preventive care guidelines.
- **Health Topics®** - in-depth health profiling modules for enhanced risk identification and self-management actions for the most prominent health conditions.
- **Health Record** - an online personalized health record that gives you and your family members the ability to store and maintain health information in a centralized, secure location.
- **Health Trackers** and **Calendar** - graphical tools that track important health measurements over time.
- **Pregnancy** and **Child Health Manager** - enables expectant mothers to track and manage health throughout all the stages of pregnancy. Parents can keep track and monitor the health of their children from birth to age six.
- **Award winning content sources** - Healthnotes Healthy Living Suite (complementary and alternative medicine), Healthwise® Knowledgebase, Healthfinder® (U.S. Department of Health and Human Services), MEDLINEplus (National Library of Medicine), WebMD Medical Dictionary, WebMD featured articles, WebMD News.

Receive up to $1000 in wellness benefits! To learn more about Motivating Mississippi visit: https://www.webmdhealth.com/mississippi

Register Now and begin your individual journey towards a fuller, healthier life. You will have access to confidential, reliable tools and information to help you make better decisions about your health and the health of those you love. Your path to improved health and happiness is unique. Motivating Mississippi – Keys to Living Healthy, will offer you a personalized experience, bringing you the information and tools that are meaningful to you.
Facts on School Employee Wellness

Did You Know…?

- Approximately two-thirds of all deaths in adults aged 25 years and older in the United States can be attributed to cardiovascular disease, cancer, and diabetes. The primary causes of these conditions are four preventable risk factors – tobacco use, poor eating habits, inadequate physical activity, and overweight.

- Health insurance expenses are the fastest growing cost component for employers. Since 2000, employment-based health insurance premiums have increased 87%, and premiums for employer sponsored health insurance have been rising four times faster on average than workers' earnings.¹

- The United States spent approximately $2.0 trillion on health care, or $6,697 per person in 2005, which is more than a 30% increase from 2001. By 2015, health care spending in the United States is projected to reach $4.0 trillion.¹

Why are school employee wellness programs important?

More than 6.7 million people are employed by public school systems in the United States – about 3.5 million teachers and 3.2 million other employees. This large workforce is charged with one of the nation's most critical functions - preparing our youth to become successful and productive citizens. When school districts ignore the health of their employees, a valuable asset of the nation's school is put at risk. Further, the conditions that affect the health of employees also influence the health and learning of students. Protecting the physical and mental health of school employees is integral to protecting the health of students and ensuring their academic success.¹

Potential benefits of school employee wellness programs include:

- Decreased employee absenteeism
- Lower health care and insurance costs
- Increased employee retention
- Improved employee morale
- Fewer work-related injuries
- Fewer worker compensation and disability claims
- Attractiveness to prospective employees
- Positive community image
- Increased productivity
- Increased motivation to teach about health
- Increased motivation to practice healthy behaviors
- Healthy role models for students
What can schools do to improve school employee wellness?

- Identify a wellness leader or committee
- Obtain support from your administration for developing a school employee wellness program
- Complete a school employee wellness needs assessment with staff
- Identify potential resources
- Create an action plan using your needs assessment results that includes opportunities for healthy eating and physical activity
- Implement the plan
- Evaluate annually and adapt the plan when necessary
- Sustain the program and encourage your district to adopt a wellness policy for all employees

What is the Healthy Schools Program?

- The Healthy Schools Program is an initiative of the Alliance for a Healthier Generation, a partnership between the American Heart Association and the William J. Clinton Foundation.

- The Healthy Schools Program focuses on helping schools:
  - improve the food and beverages during the regular and extended school day
  - increase physical activity
  - improve the quality of health and physical education programs
  - establish wellness programs for school employees

- Participation in the Healthy Schools Program is an excellent way to jump start the implementation of the district wellness policy at your school and to be recognized for your efforts. By joining the program, your school will gain access to best practice tools and resources through telephonic and online support. Examples of support include: online trainings with a cadre of experts, Implementers’ Toolkits on a variety of topics, and tangible resources to help with implementation.

- The Healthy Schools Program team can help your school every step of the way!

For more information on School Employee Wellness please contact Ellen Essick at ellen.essick@healthiergeneration.org

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“You can have a Cadillac program but it is meaningless if you don’t have participation.”
-- Syd Webb, wellness coordinator, Natrona County, WY

School staff members are bombarded by a myriad of information by e-mail messages, regular mail, intercom announcements, and newsletters. Here are some tips for getting and keeping people’s attention:

- Be able to describe briefly and succinctly what the school employee wellness program does and how it will benefit participants.
- Develop a logo or a slogan, and place it on all communications, and on promotional items (e.g., shirts, hats) Invite members of the school community to help you.
- Put your messages in prominent places where people are likely to congregate or pass by (e.g., the staff lounge).
- Obtain endorsements from respected members of the school district community, e.g., the superintendent, principal, a union leader, popular staff members.
- Recognize individuals' participation (e.g., with personal thank-you notes, t-shirts or hats with program logos).
- Gather and share success stories.

Communication strategies can include (in no particular order of priority):

- Posters
- Brochures
- Newsletter articles
- Website information
- School or district calendar
- Paycheck or mailbox enclosures
- Cable television and newspaper coverage
- Advertisements in school or district programs
- Health-promoting intercom announcements
Tip Sheet 2: Calculating Savings

Since school districts need to find replacements for teachers, bus drivers, and other staff when they are absent, an analysis of the rate of absenteeism and the cost of substitute staff before and after initiation of the program can demonstrate a cost benefit. Below is a sample analysis.

1. Number of sick days per year = 5.5 days per teacher
2. Cost per teacher = $825  (Total annual cost = cost per teacher X number of teachers in district)
3. Cost of substitute teacher = $ 50/day (Total number of sick days X cost of substitute teacher)
4. Add administrative costs, such as secretary time
5. Total cost of absenteeism: Total annual cost of teacher absenteeism + administrative costs.

If the cost of absenteeism is $100,000 and the program reduces absenteeism by 50%, the cost savings would be 50% or $50,000. The program cost (cost) of the cost-to-benefit ratio is easy to determine. It is the total cost in terms of salaries, materials, equipment, contracts, and supplies that are used to offer the health promotion program. All you have to do is add up the total cost. If the program cost $10,000, the total cost savings would be $40,000.\(^i\) In this example, the program would have a cost-to-benefit ratio of 1:4—for every dollar spent, the district saved $4 because of reduced absenteeism.

Resources for Staff Wellness

Centers for Disease Control’s Healthy Worksite Initiative
http://www.cdc.gov/nccdphp/dnppa/hwi/index.htm

America on the Move
http://www.americaonthemove.org/

American Cancer Society
www.cancer.org

American College of Occupational and Environmental Medicine
http://www.acoem.org/health_productivity

Healthy Workforce 2010/Partnership for a Healthy Workforce

Wellness Council of America
http://www.welcoa.org/

American College of Sports Medicine
www.acsm.org

American Association for Physical Activity and Recreation
http://www.aahperd.org/aapar

National Wellness Institute
http://www.nationalwellness.org/

National Wellness Association
http://nationalwellnessassociation.com/

Office of Healthy Schools-Presentation
http://www.healthyschoolsms.org/staff_health/documents/MASASTaffWellness_000.pdf

Health Promotion Advocates
http://www.healthpromotionadvocates.org/

Health Enhancement Research Org.
www.the-hero.org

International Association of Worksite Health Promotion
http://www.acsm-iawhp.org

Institute for Health and Productivity Management
http://www.ihpm.org/

The Community Guide to Evidence Based Strategies
http://www.thecommunityguide.org/worksite/

Health Promotion Journal
http://www.healthpromotionjournal.org/

MS in Motion
http://msucares.com/health/health04/ms_in_motion/index.html

Partnership for Prevention
http://www.prevent.org/content/view/29/39/
Family and Community Involvement

One of the biggest benefits of a coordinated approach to school health can be a closer working relationship between parents, businesses, local health officials, and other community groups. Schools can form powerful coalitions to address the health needs of students. School health councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools should actively engage community resources and parental involvement services to respond effectively to the health-related needs of students.

This section includes:
- Examples of Involving parents
- My Pyramid-Tips for Families
- Safe Routes to School
- Resources
Examples of involving parents and the community in coordinated school health:

- Encourage parents to participate in coordinated school health planning and oversight committees.
- Ask community members with special skills to teach certain health units (i.e. dieticians focusing on food choices).
- Open school facilities during non-school hours for physical activity, fitness sessions, as well as family health seminars and social and recreational functions.
- Schedule health fairs regularly and invite the public to participate.
- Invite parents and community members to be on the school health council.
- Update parents on successes relating to school health through monthly newsletter.
- Encourage parents and community members to participate in the development of the local school wellness policy and ensure implementation.
- Appoint parents to serve on crisis response planning committee.
- Sponsor a family fitness night.
- Work with local media to inform the community about health problems facing Mississippi children, as well as the need for healthy school environments.
- Increase PTO/PTA Membership.
- Provide resources that help families on matters that are related to parenting skills, child development, and family relationships.
- Train parents to communicate with their child about relationships, safety, tobacco, alcohol, drugs, sexuality, violence and diet.
- More ideas and resources on the following page.

“The education of young people affects everything from the economy to national security. The key is to get involved, whether or not you have children.”
**Tips for Families**

**Eat Right**

1. **Make half your grains whole.** Choose whole-grain foods, such as whole-wheat bread, oatmeal, brown rice, and lowfat popcorn, more often.

2. **Vary your veggies.** Go dark green and orange with your vegetables—eat spinach, broccoli, carrots, and sweet potatoes.

3. **Focus on fruits.** Eat them at meals, and at snack time, too. Choose fresh, frozen, canned, or dried, and go easy on the fruit juice.

4. **Get your calcium-rich foods.** To build strong bones serve lowfat and fat-free milk and other milk products several times a day.

5. **Go lean with protein.** Eat lean or lowfat meat, chicken, turkey, and fish. Also, change your tune with more dry beans and peas. Add chick peas, nuts, or seeds to a salad; pinto beans to a burrito; or kidney beans to soup.

6. **Change your oil.** We all need oil. Get yours from fish, nuts, and liquid oils such as corn, soybean, canola, and olive oil.

7. **Don’t sugarcoat it.** Choose foods and beverages that do not have sugar and caloric sweeteners as one of the first ingredients. Added sugars contribute calories with few, if any, nutrients.

**Exercise**

1. **Set a good example.** Be active and get your family to join you. Have fun together. Play with the kids or pets. Go for a walk, tumble in the leaves, or play catch.

2. **Take the President's Challenge as a family.** Track your individual physical activities together and earn awards for active lifestyles at www.presidentschallenge.org.

3. **Establish a routine.** Set aside time each day as activity time—walk, jog, skate, cycle, or swim. Adults need at least 30 minutes of physical activity most days of the week; children 60 minutes everyday or most days.

4. **Have an activity party.** Make the next birthday party centered on physical activity. Try backyard Olympics, or relay races. Have a bowling or skating party.

5. **Set up a home gym.** Use household items, such as canned foods, as weights. Stairs can substitute for stair machines.

6. **Move it!** Instead of sitting through TV commercials, get up and move. When you talk on the phone, lift weights or walk around. Remember to limit TV watching and computer time.

7. **Give activity gifts.** Give gifts that encourage physical activity—active games or sporting equipment.

**Have Fun!**
SAFE ROUTES TO SCHOOL

To provide opportunities for all children to be fit, healthy, and ready to succeed, the Safe Routes to School (SRSTS) program is being introduced to schools across Mississippi. With support from the Federal Highway Administration and the National Center of Safe Routes to School, the Mississippi Department of Transportation is providing funding to the Mississippi Department of Education’s Office of Healthy Schools for implementation of the program goals into educational instruction.

Communities and schools across the state are teaming up to promote healthy behavior while reducing congested streets, lessening pollution, and strengthening communities...by implementing Safe Routes to School programs.

Safe Routes is a continuation of the health-focused efforts originally initiated by the Mississippi Healthy Students Act. The Mississippi Department of Education’s Office of Healthy Schools and the Mississippi Department of Transportation are working together to encourage students and parents to walk and bike to school by providing resources for educators to teach healthy behavior.

EDUCATION THAT REACHES BEYOND THE CLASSROOM

The Office of Healthy Schools has recently added lesson plans to the Health in Action online database that are centered around the goals of Safe Routes to School. These plans provide teachers with new ways to fulfill the health instruction requirements for K-8 students. “I’ve found they offer imaginative ways to teach walking and biking safety to my students,” commented Kay Strickland, health teacher at East Corinth Elementary School.

The value of this academic instruction reaches beyond the classroom as students learn simple ways that they can achieve a physically active and healthy lifestyle.

SAFE ROUTES GOALS:

- Enhance school safety by creating “safe” walking paths and bicycle trails.
- Increase walking and biking to school.
- Decrease the transportation of students to school in family vehicles.
- Improve student and family health.
- Lower transportation costs for families and school districts.
- Reduce pollution.
- Encourage students and families to have fun as they walk and ride bicycles to school.

www.healthyschoolsms.org

Health is Academic

sponsored by

The Bower Foundation
Introducing Walking Wednesdays
OXFORD SCHOOL DISTRICT

The Oxford School District, through a partnership with the city and the University of Mississippi, kicked off a Safe Routes to School program by sending surveys home with students. The surveys asked for parental input in response to questions about walking to school and the general health concerns for children and adults alike. Through analysis of these surveys, city planners designed and built an infrastructure of bike paths throughout the district to allow safe passage for pedestrians and cyclists of all ages. Using this network of bike paths as safe routes, “Walking Wednesdays” was introduced to all the schools in the district. Since 2007, a corps of volunteers, including university athletes, walk with kids along the paths to school on Wednesdays.

Bicycle Rodeo
Ruleville Central Elementary
SUNFLOWER COUNTY SCHOOL DISTRICT

After a weeklong emphasis on physical health and safety, Ruleville Central Elementary students celebrated with a day at the “Bicycle Rodeo.” Instead of cowboys and clowns, volunteers, including bike shop owners, police officers, and puppeteers, arrived to teach novice cyclists about the rules of the road and proper equipment use. After an informative assembly about equipment inspections, rules of the road, and bike-safety tips, students enjoyed a puppet show by the Indianaola Pilot Club about the importance of helmets and seat belts. Helmets were then distributed throughout the student body, and everyone pilled outside to participate in a bicycle parade led by Officer Clark of the Ruleville Police Department. The rest of the day was devoted to an assortment of specialized obstacle courses for students to show off all the bike safety tips they had learned.

U+2
GREENWOOD SCHOOL DISTRICT

In Greenwood, Mississippi, students are learning about road safety through posters with a clever slogan, “U+2”. The campaign informs students to walk no more than three abreast to avoid coming into contact with passing cars while walking to school.

Additional Resources:
NATIONAL CENTER FOR SAFE ROUTES TO SCHOOL www.saferoutesinfo.org
1-866-610-SRTS
WALKING SCHOOL BUS www.walkingschoolbus.org
MISSISSIPPI HEALTH EDUCATION FRAMEWORK
MISSISSIPPI FRAMEWORK FOR FAMILY AND CONSUMER SCIENCE
MISSISSIPPI PHYSICAL EDUCATION FRAMEWORK

FOR MORE INFORMATION CONTACT:
Safe Routes to School Program and Funding Information Cookie Leffler, SRTS Coordinator cleffler@mdot.state.ms.us 601.359.1454

Mississippi Department of Education Office of Healthy Schools P.O. Box 771 • Jackson, MS 39205 601.359.1737
Contacts, Resources, and Data – Family and Community Involvement

The Office of Healthy Schools has added a fun and informative Student’s section to the OHS Website, www.healthyschoolsms.org. This section will provide links and documents related to promoting healthy and active Mississippi kids.

Parents for Public Schools
Parents for Public Schools is a national organization of community-based chapters working in public schools through broad-based enrollment. The organization’s proactive involvement helps public schools attract all families in a community by making sure all schools effectively serve all children.
For more information please visit www.parents4publicschools.com.

Youth Risk Behavior Survey - 2007 Youth Risk Behavior Survey Data

Mississippi PTA
The mission of the Mississippi Parent Teacher Association (PTA) is to support and speak on behalf of children and youth in the schools, in the community and before governmental bodies and other organizations that make decisions affecting children. The Mississippi PTA also assists parents in developing the skills they need to raise and protect their children and to encourage parent and public involvement in the public schools.
For more information please visit www.mississippipta.org.

Other resources for family & community involvement:

- 99 Tips for Family Fitness Fun
- http://www.saferoutesinfo.org/
The School Health Council (SHC) is an advisory group composed of committed individuals from both the school and the community. The School Health Council works together to provide guidance on all aspects of the school health program.

A coordinated school health program is an effective system designed to connect health with education. This coordinated approach to school health improves students’ health and their capacity to learn through the support of families, communities and schools.

Contents of this section:
- Operating Guidelines
- Roles of a School Health Coordinator
- Implementing a School Health Council
- Sample Meeting Agendas
- Resources for School Health Councils
The following guidelines are provided by the Office of Healthy Schools to support quality implementation of school health policies and standards through a school health council:

- School Health Councils should meet a minimum of three times per school year.
- School Health Councils should maintain accurate minutes of the meeting to document the recommendations and topics of each meeting.
- Make at least one annual presentation to the local school board to approve any revisions to the local school wellness policy, identify successes, and/or make recommendations for future policy development.

Steps for Operating a School Health Council:

- Step 1: Get Together and Establish Structure
- Step 2: Assess the Needs & Create a Vision
- Step 3: Develop a Plan
- Step 4: Take Action-Implement the Plan
- Step 5: Evaluation, Celebration, & Sustainability

The order of the steps may vary in different school administrative units. Also, steps may occur simultaneously and/or loop back on one another. The process of coordination can begin at the school or district level. Eventually coordination will need to occur at both levels.

For more detailed information and sample tools for completing the steps visit the Office of Healthy Schools website at:
http://www.healthy schoolsms.org/ohs_main/councils.htm
Getting started with a School Health Council is easier if the school appoints a person to coordinate their school health programs. This School Health Council Coordinator will be a school’s team leader to improve the programs and policies that impact the health of its students and faculty.

- The School Health Coordinator’s primary role is to lead the school council team in coordinating the eight components of a school health program and facilitating implementation of the School Health Council’s plan for school health improvements.

- The School Health Coordinator is charged with coordinating wellness initiatives in the school or district as required by Accountability Standard 37.2. They assist the superintendent/school principal and other administrative staff with the integration, management, and supervision of the school health program.

- The School Health Coordinator helps to identify and use resources available to assist in the organization of the School Health Council and communicates with faculty members and council members on health issues and initiatives. They provide or arrange for necessary technical assistance.

- The School Health Coordinator works with the School Health Council to use the 3-step approach to developing an effective wellness policy that includes:
  1) Gathering input and assessing the school’s current situation
  2) Developing and approving a School Wellness Policy
  3) Implementing and evaluating the School Wellness Policy

- The School Health Coordinator facilitates the collaboration between the district/school and other agencies and organizations in the community who have an interest in health and well-being of children and their families.
School Health Councils: Getting Started

- Meet informally with a small group of community members and/or school staff.
- Share the need for and benefits of a Coordinated School Health Program (CSHP) with local school administration. Discuss forming a School Health Council and appointing a coordinator.
- Design a brief presentation that includes information on the health needs of students, the connections between health and educational success, and the benefits of coordinating school health programs.
- Contact and recruit leaders in the school and community who support CSHP programs to be a part of the school health council.
- Make presentations and distribute information to build awareness and support among community and school groups.
- Support/encourage the adoption of a school wellness policy and the allocation of resources for a Coordinated School Health Program.
- Recruit and/or interview qualified candidates for the school health coordinator position.

Stage 1: Establishing Structure

Step 1. Appoint a school health coordinator and define/clarify his or her responsibilities

- School health coordinators have multiple roles and responsibilities, including facilitation of school health council meetings, delegation of tasks to council members, presentations at School Board meetings, and advocating for improvements.
- A written and approved description of roles and responsibilities may be helpful in clarifying this new role.

Step 2. Gain support from school leaders

- Meet with building and central office administrators, and with others that are informal leaders among staff.
- Explain benefits of a Coordinated School Health Program (CSHP), especially the positive impact on health, which in turn affects educational success.

Step 3. Increase awareness about the Coordinated School Health Program within the school and community

- Get the word out to a wide audience.
- Keep the message simple and avoid jargon. For example, phrases like “healthy school,” “healthy students,” “healthy children are better learners” will be easier for many to understand than “coordinated school health programs.”
- Listen carefully to ideas and concerns. This will strengthen your work and can indicate barriers that need to be addressed.
Step 4. Recruit members for appropriate School Health Council Team to guide and assist with coordination.

- The purposes of the committee(s) are to develop, guide, implement and evaluate a work plan for coordinating quality school health programs.
- The team should include representatives from the eight component areas within the school system and the community at large. Make sure to include a teacher, administrator and a school health champion as your core group. Students and family members are critical participants in addition to administrators, school staff and health professionals.
- The team should be diverse with a wide variety of backgrounds and expertise.
- Select people with a passion for kids and health
- Select people who can commit time and energy

Step 5. Establish a strong team.

- Take time to build good working relationships and to develop ownership among team members from the beginning. This will improve effectiveness and help to prevent problems later on.
- Develop a vision and mission for the school health council. (Where do you want to go?)
- Recognize and reward the efforts of team members

Step 6. Discuss group process including effective communication, participatory decision-making and conflict resolution.

- Facilitate action and change by providing opportunities for involvement, building skills and by giving recognition or incentives to team/committee members.

Stage 2. Assessing Need: Where are we now?

Step 7. Assess/Evaluate strengths and weaknesses of existing school health programs and student health needs through a valid and reliable assessment tools such as the School Health Index (Centers for Disease Control).

- Identify and analyze key findings from the program needs assessment, focusing on items that are ranked as high in importance and low in existence
- Create a short written report that summarizes key findings and includes general recommendations for improvements.

Stage 3. Planning: How will we get where we want to go?

Step 9. Use assessment findings to help set priorities.

- Consider other important factors along with the formative evaluation report when setting priorities. These may include student health needs, best practices for CSHP, feasibility, resources, state mandates, or grant requirements.
- Priorities should include strengths that need to be sustained as well as needs or challenges that need to be addressed.

Step 10. Develop an action plan to address priorities.

- Link the action plan to the vision and mission of the school health council to implement and coordinate all 8 components of the coordinated school health model.
- Coordination will need to be an ongoing process. Try to find a balance between shorter- and longer-term objectives.
- For each priority, identify tasks and person(s) responsible, resources, timeline, process and outcome.

Step 11. Decide how the team or council wants to organize itself to complete the action plan.

- Set up task groups or subcommittees to work on the action plan.
Stage 4. Implementation and Evaluation: How well are we doing?

Step 12. Arrange for training and support.
- Set up system-wide staff development to raise awareness about the benefits of Coordinated School Health Programs. Emphasize that everyone shares the responsibility for, and can contribute to, healthy students and a healthy school.
- Organize activities and training as needed to support and maintain a strong school health council.

- Discuss progress on the action plan at regular team/committee meetings. Identify successes, challenges and strategies for addressing challenges.
- Adjust activities and timeline as needed.

Step 14. Provide ongoing communication, advocacy and training about Coordinated School Health Programs.
- Regularly publicize school health activities and accomplishments in school and community media. Events that can be photographed seem to be of most interest to the media, but press releases are also a good idea.
- Regular communication and training help to address changes in personnel (especially of key players) and help to maintain the momentum for change.
- The goal is to eventually saturate the school and community with consistent and reinforcing health promoting messages.

Stage 5. Evaluation, Celebration and Sustainability: How will we know when we get where we wanted to go?

Step 15. Evaluate and report on the impact of the action plan for coordinating a quality school health program.
- Identify improvements in the quality of each of the 8 components of coordinated school health.
- Identify increases in coordination among school components and between school and community services and programs.
- Report regularly on action plan progress and CSHP impact to school administrators, to the school board or committee, and other appropriate groups.
- Organize a gathering at least once a year to recognize those who have contributed to the quality and coordination of school health.

Step 16. Advocate with the school board and administration to formalize and sustain Coordinated School Health Programs
- Work with the team/council to advocate for policy, procedures and/or funding that will sustain changes, e.g., the coordinator position and council/team(s) operation.
WHAT IS A SCHOOL HEALTH TEAM?

What is a school health team?

A school health team (also sometimes referred to as a school health council or a school health advisory council) is a group of individuals representing different segments of the community, who collectively act to provide advice to a school on aspects of the school health program. These teams can work with schools to help identify health problems and concerns, set priorities, and design solutions.

Who are potential members of a school health team? People who:

- **Have an interest in youth.** People who work with youth groups, PTAs, Boys and Girls Clubs, Scouts, and other youth organizations.
- **Understand the community.** Those who have an understanding of the cultural, political, geographic, and economic structure of the community.
- **Have professional ability.** Individuals with professional training in youth-related disciplines.
- **Are willing to devote time.** Make sure to communicate to members of the team what time commitment is involved. No matter what a person's qualifications and interest in youth, if she or he will not attend meetings and participate in the work of the team, it is usually better not to have that person as a member.
- **Have credibility.** Select people who are respected by their peers. The credibility of the team is enhanced considerably by the personal characteristics of its members.
- **Are representative of the population.** Membership should be as broad and diverse as possible. Representation of as many segments of the community as possible can enrich the level of discussion and acceptance of proposed activities.

<table>
<thead>
<tr>
<th>Key School Representatives</th>
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</thead>
<tbody>
<tr>
<td>Students</td>
</tr>
<tr>
<td>Administrators (e.g., principals, superintendent, directors of special education or instruction)</td>
</tr>
<tr>
<td>Health coordinators</td>
</tr>
<tr>
<td>Health education teachers</td>
</tr>
<tr>
<td>Physical education teachers</td>
</tr>
<tr>
<td>Teachers from a variety of levels and disciplines</td>
</tr>
<tr>
<td>Counseling, psychological and social services providers</td>
</tr>
<tr>
<td>Health service providers (e.g., nurses, school clinic staff)</td>
</tr>
<tr>
<td>Food services staff</td>
</tr>
<tr>
<td>School site health promotion staff</td>
</tr>
<tr>
<td>Related committees (e.g., school improvement team, health curriculum committee)</td>
</tr>
<tr>
<td>Other school staff (e.g., custodian, bus driver, media specialist, aides)</td>
</tr>
</tbody>
</table>
Key Community Representatives (non-school)

- School boards
- Parents (e.g., representatives of parent-teacher-student groups)
- Faith community
- Business (e.g., Chamber of Commerce, Rotary Club, major employers, agriculture and industry)
- Voluntary health organizations (e.g., American Cancer Society, American Lung Association, American Heart Association)
- Youth-serving organizations (e.g., Boys and Girls Club)
- Health care (e.g., hospitals, clinics, public health, physicians, nurse practitioners)
- Mental health (e.g., counseling centers, substance abuse, social workers)
- Social Services (e.g., welfare, housing)
- Local and county government
- Recreation (e.g., Parks Department, YMCA, health clubs)
- Law enforcement (e.g., community policing, school safety officers)
- Pre-school programs (e.g., Head Start, nursery schools)
- Elderly (e.g., senior citizens centers)
- Media

Remember: Leadership takes many forms!

It comes from:
- Charisma
- Connections
- Expertise
- Fame and visibility
- Integrity and credibility
- Life experiences
- Persuasive ability
- Position
- Resources
Sample Agendas for School Health Council Meetings

Meeting 1

- Have all participants sign-in, provide name tags
- Maintain minutes throughout the meeting
- Introduce the council chairperson; including a brief discussion of his/her role as chairperson
- Have each council member introduce themselves; allow everyone in the group to share their name, role, and why they are interested in being involved in the School Health Council
- Have the superintendent address the council, expressing his/her interest and commitment to the health issues facing students, faculty, and staff
- Explain What, Why and How to coordinate school health
- What is “Coordinated School Health?” Wellness Policies & Vending Regulations (http://www.healthyschoolsms.org/ohs_main/powerpoint.htm)
- Provide a brief overview of School Health Councils; explaining….
- What they are?
- What they do?
- Who can be a member?
- Why it is important for a council to be established at the school level?

For resources visit the Office of Healthy Schools website at:

- Questions and Answers
- Closing remarks by the chairperson or superintendent; including
- Next meeting date, time, location, and purpose
- Reminder of any commitments made by council members

Meeting 2

- Have all participants sign-in
- Maintain minutes throughout the meeting
- Review the minutes of the previous meeting
- Conduct a needs assessment such as:
  - Mississippi School Nutrition & Physical Activity Environment Assessment
  - CDC’s School Health Index
  - USDA’s Changing the Scene
  - Other Needs Assessment Instrument

The needs assessment raises awareness of the issue of school health and promotes interest in joining the council to create change. The assessment provides comprehensive, useable, and accurate information for decision making, and helps the council identify strengths and weaknesses of the coordinated school health approach within the school/district.

- Closing remarks by the chairperson; including
- Next meeting date, time, location, and purpose
- Reminder of any commitments made by council members
Meeting 3
- Have all participants sign-in
- Maintain minutes throughout the meeting
- Review the minutes of the previous meeting
- Establish ground rules for operating the council
- Develop a vision and mission for your council
- The vision defines the council’s desires and commitments for school health.
- The mission statement describes the overall purpose of the council and helps define the actions of the council.
- Develop a marketing plan for distribution of successes.
- Closing remarks by the chairperson; including
- Next meeting date, time, location, and purpose
- Reminder of any commitments made by council members

Meeting 4
- Have all participants sign-in
- Maintain minutes throughout the meeting
- Review the minutes of the previous meeting
- Begin writing an action plan
- Brainstorm ideas
- Set priorities
- Assign action steps to each council member

Based on the findings of the needs assessment conducted in the third meeting the council should develop an action plan. The action plan is a written framework of the changes desired in your school/district and community and how the council hopes to achieve them. The action plan holds council members accountable to the commitments they make.
- Closing remarks by the chairperson, superintendent, or principal; including...
- Next meeting date, time, location, and purpose
- Reminder of any commitments made by council members

Note:
- After the action plan is developed the council should conduct regular meetings that fit their unique situation.
- If the council members/chairperson plans to provide refreshments during the council meetings ensure that these food items are nutritious and healthy. It is important that the council set a positive example for the school/district’s effort towards creating a sustainable school health program.

Additional/Future Agenda Items
- Develop an Evaluation Plan (required)
- Invitation for new members
- Community resources/partnerships
- Post needs assessment
Resources for School Health Councils

- Local School Wellness Policy Guide for Development
  http://www.healthyschoolsms.org/docs/Wellness_Policy_Guide.doc

- Form a School Health Team
  http://www.cdc.gov/HealthyYouth/SHI/training/10-Resources/docs/Team.pdf

- School Health Index
  http://apps.nccd.cdc.gov/shi/default.aspx

- MS School Nutrition and Physical Activity Environment Assessment
  http://www.healthyschoolsms.org/ohs_main/documents/Environment_Assessment.doc

- School Health Councils (PowerPoint Presentation)
  http://www.healthyschoolsms.org/ohs_main/documents/SHCStep1Gettogether.ppt

- School Health Council-Beyond Development– powerpoint
  http://www.healthyschoolsms.org/ohs_main/documents/SHC-BeyondDevelopment.new.ppt

- Resources for School Health Councils
  http://www.healthyschoolsms.org/ohs_main/councils.htm
Improving the health of our students is more than just a good idea or a nice gesture; it’s a crucial investment in the future of Mississippi. Take a look at how our schools are already working to improve the health of Mississippi’s students. Our “Health is Academic” initiative is designed to ensure that all of our school children are fit, healthy and ready to succeed!

Contents of this section:

- Marketing Tips
- Marketing Plan
- Online Success Reporting Form
- Monthly Sample Press Releases
**Marketing Tips**

1) Provide positive, motivating messages, both verbal and non-verbal, about healthy lifestyle practices throughout the school setting. All school personnel will help reinforce these positive messages.

2) Involve students in planning for a healthy school environment. Students will be asked for input and feedback through the use of student surveys, and attention will be given to their comments.

3) Promote healthful eating, physical activity, and healthy lifestyles to students, parents, teachers, administrators, and the community at school events (e.g., school registration, parent-teacher conferences, PTA meetings, open houses, health fairs, teacher in-services, and other events).

4) Eliminate advertising and other materials on the school campus that promote foods of minimal nutrition value.

5) Work with local media, like newspaper, TV and radio, to inform the community about the health problems facing Mississippi children, as well as the need for and benefits of healthy school environments.

**Create a Marketing Plan**

1) The plan proposes making changes in the school and the community to improve school health.

2) Communicate your vision, goals, and plan to those outside the council.

3) Provide a forum for issues to be discussed and for decisions to be made about how to improve health and learning.

4) Market the school health plan and vision like a business markets a new product.

5) Educate the public on the need, the potential, and the plan for improving school health programs.

**Submitting Your Success Stories Online**

The Office of Healthy Schools launched the “Health is Academic initiative in 2004 to encourage health and wellness in Mississippi public schools. We want to highlight the success of your school health programs and use your examples to help other schools make positive changes.

Please submit your success stories at [http://www.healthyschoolsms.org/ohs_main/success/](http://www.healthyschoolsms.org/ohs_main/success/) and tell us everything you can about activity and health-related improvements in your school. The more details you can share the better!

**Sample Media Releases**

The following media releases, by month, are designed to make it as easy as for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. This release is meant as a sample only. You may adapt it and change the quotes in any way that showcases the Coordinated School Health efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.
Coordinated School Health
SAMPLE MEDIA RELEASE
August

Think Smart, Be Healthy
CSH Component = Counseling, Psychological, and Social Services

The following media release is designed to make it as easy as possible for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. All you have to do is fill in the blanks (underlined and highlighted in yellow) with the specific information for your school and your activities.

This release is meant as a sample only. You may adapt it – and change the quotes – in any way that showcases the CSH efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.

If the media release leads to an interview with a local reporter, these key messages about how school counseling programs promote academic success by working with students, school staff, families, and members of the community as an integral part of the education program – may be useful.

Key messages:
- Mississippi school counseling programs, staffed by more than 1100 trained counselors throughout the state, promote student success by focusing on the critical connection between a young person’s mental health and their ability to effectively take advantage of opportunities to learn.
- With technical assistance and resources from the Mississippi Department of Education, school counselors in elementary, middle, and high schools provide a variety of individual and group services in three major areas: (1) academic development; (2) personal/social development; and (3) career development.
- Today’s school counselors are vital members of the education team, providing essential expertise in the coordinated approached to school health. They provide valuable direct services and, as needed, referrals to community professionals for students, their teachers, and their families.

To read more about the important roles of schools counselors, visit:
http://www.healthyschoolsms.org/counseling/
http://www.schoolcounselor.org/content.asp?pl=327&sl=341&contentid=341
http://kidshealth.org/kid/feeling/school/school_counselors.html
FOR IMMEDIATE RELEASE:

Contact:

________________________ (Contact name)
________________________ (Title, e.g., Principal, PE teacher, Child Nutrition Director)
________________________ (School name)
________________________ (Telephone number)
________________________ (Fax number)
________________________ (E-mail address)

___(insert name)___ SCHOOL STARTS BACK ON A HEALTHY TRACK

School counselors provide essential services to support academic success

___________ (city), Mississippi, ____________ (date)

To succeed at school, children must be fit and healthy – both physically and mentally. The staff at (insert name) School know that children today face many emotional challenges that can affect their performance in the classroom. Using the Coordinated School Health (CSH) model, developed by the Centers for Disease Control and Prevention (CDC), has helped (insert name) School address all components health, including counseling, psychological, and social services. School counselors promote student success in the classroom by focusing on the critical connection between a young person’s mental health and their ability to effectively take advantage of opportunities to learn.

“Our school counselor(s) is (are) a vital member(s) of the education team,” says principal (insert name). “From the very first day of the school year, the counseling staff helps our students think smart and be healthy.” School counselors provide a variety of individual and group services to children, families, and educators. They may help students improve their study habits, provide financial aid and scholarship information to families, and assist teachers in coping with crisis situations that involve the children in their classrooms.

“As this school year starts, we are focusing our counseling efforts on (describe a specific mental health issue, such as bullying, suicide prevention, or career development),” says (insert name and title of school counselor, psychologist, or social worker). “We know from experience and school-wide assessments using (insert type of assessment used, such as the School Health Index) that this issue is critically important to how well our students perform in the classroom.” Other frequently utilized counseling services at (insert name) School include (describe one or two specific, successful counseling, psychological, and/or social service efforts during the past year at the school. EXAMPLES: Assistance to individual students; referrals to community programs or mental health professionals; training for teachers on a topic such as teen suicide; or parentin
Coordinated School Health
SAMPLE MEDIA RELEASE
September
Eat, Drink, and Live Healthy
CSH Component = Health Promotion for Staff

The following media release is designed to make it as easy as possible for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. All you have to do is fill in the blanks (underlined and highlighted in yellow) with the specific information for your school and your activities.

This release is meant as a sample only. You may adapt it – and change the quotes – in any way that showcases the CSH efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.

If the media release leads to an interview with a local reporter, these key messages about why the physical and mental health of school employees is critically important to the overall success of a school and to its students – may be useful.

Key messages:
- Protecting the health of school employees is fundamental to protecting the health of students and ensuring their academic success. When staff members are committed to healthy, active lifestyles for themselves, they are able to model the behaviors that help students be fit, healthy, and ready to succeed.
- The benefits of worksite wellness programs are well documented for schools and other work settings. They include: improved morale and productivity, fewer absences and injuries, lower health care and insurance costs, and a greater ability to attract and retain high quality employees.
- Mississippi schools provide a wide range of health promotion activities for their employees, including opportunities for physical activity, health screenings, and nutrition education, as well as programs to support smoking cessation, weight management, and stress reduction.

To read more about staff health and wellness programs in schools, visit:
http://www.healthyschoolsms.org/staff_health/index.html
http://www.schoolempwell.org/
http://www.everydaychoices.org/
FOR IMMEDIATE RELEASE:

Contact:
________________________________________ (Contact name)
________________________________________ (Title, e.g., Principal, PE teacher, Child Nutrition Director)
________________________________________ (School name)
________________________________________ (Telephone number)
________________________________________ (Fax number)
________________________________________ (E-mail address)

EMPLOYEES AT (insert name) SCHOOL MAKING HEALTHIER CHOICES

Health promotion programs for staff provide positive role models for students

_________ (city), Mississippi, ____________ (date)

As any parent knows, children love to watch and copy the behaviors of the adults around them. By learning to make healthier choices themselves, the employees at (insert name) School are also helping the students be fit, healthy, and ready to succeed. Becoming positive role models for children is just one of many benefits from the health promotions programs at (insert name of school). Worksite wellness programs – at schools and other settings – also improve morale and productivity, reduce absences and injuries, lower health insurance costs, and increase the ability to attract high quality employees.

“We know that programs to promote the health of our employees are one more way to promote the health of our students and encourage their academic success,” says principal (insert name). “When our students see the adults at school eating more fruit, drinking more water, and walking before or after school, they are more likely to do the same. Children who are well nourished, well-hydrated, and physically fit, do better in school.”

“The health promotion programs at (insert name) School have made a big difference in how I feel at work,” says (insert name and title of someone who has had positive results from being involved in a health class or activity). “I have a more positive attitude and more energy. I am also more involved with healthy activities for children, such as (insert brief description of healthy activity for students, such as a walking club after school or a challenge to get children to eat more fruits/veggies).” Other healthy lifestyle programs planned for the school this year include (describe one or two events/ongoing programs to improve the health of school employees. EXAMPLES: Health screenings by a local hospital; blood pressure checkups by the school nurse; weight management programs, such as Weight Watchers at Work®; fitness classes or exercise equipment available at school; or changes to more healthful choices in vending machines availab
Coordinated School Health
SAMPLE MEDIA RELEASE
October

Where’s Your Parachute? Staying Safe
CSH Component = Healthy School Environment/School Safety

The following media release is designed to make it as easy as possible for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. All you have to do is fill in the blanks (underlined and highlighted in yellow) with the specific information for your school and your activities.

This release is meant as a sample only. You may adapt it – and change the quotes – in any way that showcases the CSH efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.

If the media release leads to an interview with a local reporter, these key messages about the importance of teaching safe practices, as part of comprehensive health education, so that children have the knowledge and skills to use both at school and at home with their families – may be useful.

Key messages:
• To implement the provisions of the Mississippi Healthy Students Act, passed by the 2007 Legislature, schools must provide 45 minutes of health education to students in grades K-8. These lessons guide students in developing the basic knowledge and skills necessary to enjoy a safe, active, healthy lifestyle.
• The Mississippi Office of Healthy Schools now offers educators Health In Action, a comprehensive online collection of health lessons. Organized by grade level, topic area, and monthly theme, the lessons help teachers make sure that their students are fit, healthy, and ready to succeed.
• The theme for October is all about staying safe – at school and at home. Heath lessons are coordinated with existing celebrations, such as Fire Prevention Week, Walk to School Day, and Halloween. Teachers should use appropriate Health In Action lesson plans n conjunction with community resources and programs.

To read more about family mealtimes and helping families get active, visit:
http://www.nfpa.org/itemDetail.asp?categoryID=1438&itemID=34420
http://www.walktoschool.org/
http://www.fda.gov/oc/opacom/kids/candyandtreats.html
FOR IMMEDIATE RELEASE:

Contact:

________________________ (Contact name)
________________________ (Title, e.g., Principal, PE teacher, Child Nutrition Director)
________________________ (School name)
________________________ (Telephone number)
________________________ (Fax number)
________________________ (E-mail address)

(insert name) SCHOOL PROMOTES SAFETY AT SCHOOL AND AT HOME

Health education lessons teach children important skills for staying safe and healthy

________________________ (city), Mississippi, ____________ (date)

Educators at (insert name) School understand the close relationship between student health and academic achievement. An online database of health education lessons from the Mississippi Office of Healthy Schools (OHS) is helping classroom teachers meet the requirements of the 2007 Healthy Students Act, which include 45 minutes of health education per week in grade K-8. According to Shane McNeill, OHS Director, *Health In Action* is a comprehensive collection of activities designed to guide Mississippi students in developing the knowledge and skills necessary to enjoy a safe and active lifestyle.

“We want all our students to be fit, healthy, and ready to succeed,” says principal (insert name). “The *Health In Action* lessons are an excellent tool for our classroom teachers. They can quickly go online and find health education lessons arranged by grade level, topic area, and a monthly theme.” During October, the health education lessons at (insert name) School will focus on helping children stay safe – both at school and at home.

“I really appreciate the easy access to effective, teacher-tested lessons on *Health In Action*,“ says teacher (insert name and grade level of a teacher who has used lessons). “This month, our health education is focused on staying safe, helping children learn to find their “parachute” in any situation. In our class we will be learning about (insert a health education topic, such as fire prevention) with a lesson that covers (insert a brief description of a lesson used).” Some other safety topics that teachers will be covering at (insert name) include (describe one or two specific safety topics – with appropriate lessons and “parachutes”) – at different grade levels. **EXAMPLE:** For Walk to School Day on October 8, teachers in grades k-2 are working with crossing guards and PTA to teach children where to find crosswalks [parachutes] when walking to school. In their classrooms, children will learn all about using bicycle helmets [parachutes] when biking to school or riding bikes for fun at home.
Coordinated School Health
SAMPLE MEDIA RELEASE

November

Don’t Be An American Idle: Healthy Exercising
CSH Component = Physical Education/Activity Services

The following media release is designed to make it as easy as possible for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. All you have to do is fill in the blanks (underlined and highlighted in yellow) with the specific information for your school and your activities.

This release is meant as a sample only. You may adapt it – and change the quotes – in any way that showcases the CSH efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.

If the media release leads to an interview with a local reporter, these key messages about the Mississippi Healthy Students Act of 2007 – and the connection between physical fitness and academic performance – may be useful.

Key messages:
- The Mississippi Healthy Students Act, signed into law by Governor Barbour in April 2007, instructs schools (grades K-8) to involve all students in a total of 150 minutes of activity-based instruction each week. Schools and classroom teachers have flexibility in deciding exactly how to meet the act’s goals.
- Through the Office of Healthy Schools and programs funded by The Bower Foundation, the Mississippi Department of Education offers training and a wide variety of resources to assist schools in making quality physical education and fun physical activity part of every child’s school day.
- By creatively linking learning experiences with physical activities throughout the instructional day, teachers are helping to improve student fitness levels, as well as their behavior, concentration, and test performance. Health In Action, an online resource, puts classroom activities at every teacher’s fingertips.

To read more about the role of physical fitness in health and academics, visit:
http://www.mde.k12.ms.us/acad1/resources/frameworks/physicaleducation.pdf
http://www.cdc.gov/HealthyYouth/physicalActivity/
FOR IMMEDIATE RELEASE:

Contact:

________________________ (Contact name)
________________________ (Title, e.g., Principal, Physical Education teacher, Child Nutrition Director)
________________________ (School name)
________________________ (Telephone number)
________________________ (Fax number)
________________________ (E-mail address)

(insert name) SCHOOL GETS FIT, HEALTHY, AND READY TO SUCCEED
Students and teachers experiencing benefits from increased physical activity

__________ (city), Mississippi, ____________ (date)

Like schools across Mississippi, (insert name) School is enjoying more physical activity designed to ensure that all students are fit, healthy, and ready to succeed this year. The Mississippi Healthy Students Act, signed into law by Governor Haley Barbour in April 2007, went into effect this fall. According to Dale Dieckman, the Physical Activity Coordinator in the Office of Healthy Schools, the act instructs schools to involve all students in a total of 150 minutes of activity-based instruction each week. “It’s very exciting to see all creative ways that schools are incorporating activity,” says Dieckman. “Everyone is seeing benefits from our increased emphasis on physical education and activity,” says principal (insert name). “Students say that they feel better and have more energy; teachers report that their classes are focused on academic work; and families have been telling us that their kids want to be more active at home too.” Teachers at all grade levels in the (insert name) School have been using resources, like the online Health In Action resource from the Office of Healthy Schools and The Bower Foundation, to make physical activity part of academic learning experiences, such as Social Studies or math.

Quality physical education and fun physical activity have become part of every day at (insert name) School. “We have noticed a distinct improvement in our students’ fitness levels,” says physical education teacher (insert name). “With some new equipment and exciting lessons plans, children are also enjoying their physical activity more.” To meet the requirements of the Healthy Students Act and to improve student performance at the same, the staff at (insert name) School have (describe one or two specific changes in physical education and/or physical activity – and how they have been received by the school and/or community. EXAMPLES: Increases in minutes of physical education per day or week; morning assemblies with physical activity; family fun nights; school fitness trails; walking clubs; classroom activities connected to math, language arts, or music; Committed to Move grant purchases; Fitnessgram® testing, etc.)
Coordinated School Health
SAMPLE MEDIA RELEASE

December

Keep Your Tissues Handy: Defending Against Disease
CSH Component = Health Services

The following media release is designed to make it as easy as possible for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. All you have to do is fill in the blanks (underlined and highlighted in yellow) with the specific information for your school and your activities.

This release is meant as a sample only. You may adapt it – and change the quotes – in any way that showcases the CSH efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.

If the media release leads to an interview with a local reporter, these key messages about preventing the spread of disease in schools (especially through proper handwashing) to help students stay healthy so they can succeed academically – may be useful.

Key messages:

- A student’s health status is directly related to his or her ability to learn. Keeping children healthy during cold and flu season will mean that they have fewer school absences – and that they are alert and ready to learn when they are in the classroom.
- Over 400 nurses provide health promotion and illness prevention services to students and staff in Mississippi schools, so that everyone is fit, healthy, and ready to succeed. One of their primary responsibilities is the prevention and control of communicable diseases, such as flu and food borne illnesses.
- Proper handwashing is one of the simplest and most effective ways to prevent the spread of both upper respiratory and food borne illnesses in schools. With tools from the Office of Healthy Schools and other resources, school nurses are helping to reinforce proper hand washing across the state.

To read all about how hand washing defends against disease, go to:
http://www.henrythehand.com/pages/content/hwaw.html
http://www.msdh.state.ms.us/msdhsite/index.cfm/43,6459,271,32,html
http://www.healthyschoolsms.org/ohs_main/foodsafetyresources.htm
FOR IMMEDIATE RELEASE:

Contact:

________________________ (Contact name)
________________________ (Title, e.g., Principal, PE teacher, Child Nutrition Director)
________________________ (School name)
________________________ (Telephone number)
________________________ (Fax number)
________________________ (E-mail address)

HAND WASHING HELPS PREVENTS DISEASE AT (insert name) SCHOOL

Students and teachers use proper health practices to reduce illnesses

________________________ (city), Mississippi, ____________ (date)

It’s December – time for all those nasty cough, cold, and flu bugs to be out and about again. It’s also National Handwashing Awareness Week (December 7-13, 2008) and the students and staff at (insert name) School are all scrubbing hard to keep infections away. According to Lea Ann McElroy, Director, Bureau of Coordinated School Health at the Department of Education, proper hand washing is actually one more way to ensure that Mississippi students are fit, healthy, and ready to learn. “A student’s health status is directly related to his or her ability to learn,” says McElroy. “And, we know that regular hand washing is one of the simplest and most effective ways to prevent disease.”

“The entire school has gotten into the hand washing habit,” says school nurse (insert name). “As we get into the cold and flu season, we focus on the healthy habits that help reduce student and teacher absences by defending against disease.” The Mississippi Department of Health recommends several important habits on their website at www.msdh.state.ms.us/msdhsite/index.cfm/43,6459,271,32,html. The healthy habits include: washing your hands often; covering your cough or sneeze; not touching your eyes or mouth; and keeping your distance from people who are sick.

The Child Nutrition program at (insert name) School is also a big promoter of proper hand washing and sanitizing. “We are using the new resources from the Office of Healthy Schools to make certain that everyone knows how to clean their hands before preparing, serving, or eating food,” says Child Nutrition director (insert name). “Careful hand washing or sanitizing is also the best way to prevent food-borne illnesses.” The staff at (insert name) School have been teaching proper hand washing and other healthy habits by (describe one or two specific ways that your school has taught strategies to prevent the spread of upper respiratory disease or food borne illnesses. EXAMPLES: Steps for proper hand washing posted in classrooms, cafeteria, or other locations where food is served; installation of sanitizer dispensers; hand washing classes taught by nurse, etc.)
Coordinated School Health
SAMPLE MEDIA RELEASE
January
Staying Healthy Together
CSH Component = Family/Community Involvement

The following media release is designed to make it as easy as possible for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. All you have to do is fill in the blanks (underlined and highlighted in yellow) with the specific information for your school and your activities.

This release is meant as a sample only. You may adapt it – and change the quotes – in any way that showcases the CSH efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.

If the media release leads to an interview with a local reporter, these key messages about the importance of families and communities in helping to ensure that all Mississippi children are fit, healthy, and ready to succeed – may be useful.

Key messages:
- Creating healthy school environments that are focused on children’s success must be a joint effort of school personnel, families, and community leaders. One important way for families and community members to be involved in these efforts is by getting serving on local school health councils.
- Small steps make a big difference – both in terms of personal health and in creating healthy environments for children at school. Mississippi families and schools are taking lots of steps toward better health, like beginning to walk more with programs such as Let’s Go Walkin’™ Mississippi.
- Mississippi schools are partnering with local organizations on a variety of initiatives to improve the health of students and families. Small healthy steps for families include eating more fruits and vegetables, limiting screen time to two hours or less per day, and enjoying more active play time together.

To read more about how families and communities can be involved in CSH, visit:
http://www.healthyschoolsms.org/family_community/index.html
http://www.letsgowalkinms.com/
http://kidshealth.org/
FOR IMMEDIATE RELEASE:

Contact:

________________________ (Contact name)
________________________ (Title, e.g., Principal, PE teacher, Child Nutrition Director)
________________________ (School name)
________________________ (Telephone number)
________________________ (Fax number)
________________________ (E-mail address)

(insert name) SCHOOL PROMOTES HEALTHY KIDS AND FAMILIES

Family and community involvement helps to create healthier school environment

________________________ (city), Mississippi, ____________ (date)

As the New Year begins, nearly everyone thinks about getting in shape and making a few healthy resolutions. At (insert name) School, health has been on the daily schedule since the start of the school year. (insert name) School, like other districts across the state, is using the Coordinated School Health (CSH) model to create environments where teachers can teach and students can learn. According to Christine Philley, Health Administrator at the Mississippi Department of Education, school health councils are leading a variety of innovative efforts to insure that families and communities stay healthy together.

“We know that creating healthy environments for children must be a joint project of schools, families, and community leaders,” says principal (insert name). “Through our school health council and other programs, we have had tremendous support for our CSH program. We now see families taking important steps toward healthier lifestyles because of what we have done at school.” Small steps do make a big difference – in both personal health and school environments. When students are fit and healthy, they are better able to focus on classroom lessons and, therefore, ready to succeed in school.

“This year, we have been able to partner with community groups and local professionals on a number of nutrition, fitness, and other health programs,” says (insert name), chair of the school health council at (insert name) School. “We have concentrated on the simple steps that families can take towards better health, such as taking daily walks together, because parents and grandparents make the best role models for children.” (insert name) School has encouraged families to stay healthy together by (describe one or two specific ways that your school has involved parents and/or the community in healthy activities. EXAMPLES: Family fun nights; presentations at PTA meetings; school programs or classes by local MDs, medical students, or dentists; walk or bike to school efforts.
Coordinated School Health
SAMPLE MEDIA RELEASE
February
All's Fair in Love and Health
CSH Component = Health Education

The following media release is designed to make it as easy as possible for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. All you have to do is fill in the blanks (underlined and highlighted in yellow) with the specific information for your school and your activities.

This release is meant as a sample only. You may adapt it – and change the quotes – in any way that showcases the CSH efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.

If the media release leads to an interview with a local reporter, these key messages about heart disease, CSH, and the connection between health and academics may be useful.

Key messages:

- Students in Mississippi schools are likely to have risk factors for coronary heart disease, like high blood pressure and elevated cholesterol levels, even at very young ages. Children at highest risk for these problems are boys and young African-Americans who are overweight.
- The Mississippi Department of Education, Office of Healthy Schools, is working with local schools to help reduce heart disease risk factors in our youth using a coordinated approach to health education, nutrition, and physical activity.
- The Coordinated School Health (CSH) model addresses both the health and academic needs of Mississippi students. For example, healthy heart lessons in the Health Education component teach children lifestyle habits, like daily physical activity, which also promote academic success in the classroom.

To read recent news articles about heart disease risk in young people, go to:
www.washingtonpost.com/wp-dyn/content/story/2007/12/05/ST2007120502131.html
www.newswise.com/articles/view/536647/
FOR IMMEDIATE RELEASE:

Contact:

________________________ (Contact name)
________________________ (Title, e.g., Principal, PE teacher, Child Nutrition Director)
________________________ (School name)
________________________ (Telephone number)
________________________ (Fax number)
________________________ (E-mail address)

___(insert name)___ SCHOOL FOCUSES ON SMART, HEALTHY HEARTS

Health education, nutrition, and fitness promote student wellness and achievement

____________ (city), Mississippi, ____________ (date)

With both Valentine’s Day and National Heart Month celebrations in February, it’s the perfect month to focus on smart choices for healthy hearts. Students at _______________ School are learning important lessons about healthy habits for healthy hearts throughout the school day. Heart smart education is critically important for Mississippi youth since recent surveys show that many children and teens already have risk factors for coronary heart disease, like high blood pressure or elevated cholesterol levels.

Using expanded resources from the Mississippi Department of Education, Office of Healthy Schools funded by The Bower Foundation, _____________________ School is taking a coordinated approach to health education, nutrition, and physical activity. “We are committed to teaching heart smart lessons in the classroom, in the cafeteria, and on the playground,” says principal _____________. “Coordinated School Health helps us do three important jobs at the same time. First, it helps our students become fit, healthy, and ready to succeed – improving their behavior and achievement in the classroom. Secondly, they are learning healthy habits to prevent heart disease for a lifetime. Thirdly, we have the resources we need to comply with the Mississippi Healthy Students Act of 2007.”

Health Education at _________________________ School is popular with both students and their teachers. “With classroom lessons, like (describe a heart health lesson recently used in one of the school’s classroom) for ___(insert age/grade level)___, I can integrate health into our core subjects,” explains teacher _____________________. “More importantly, the classroom lessons are just one of the many ways we are being heart smart at school.” Other heart healthy changes at _____________________ School include (describe one or two specific improvements in nutrition and physical activity at YOUR school, like more participation in school breakfast; more fresh fruit and veggies in school meals; water, low-fat milk, and healthful snacks in vending machines; before or after school walking programs; more minutes of physical education, fitness assessments for students, etc.)___
Coordinated School Health
SAMPLE MEDIA RELEASE
March
Nutritious and Delicious
CSH Component = Nutrition Services

The following media release is designed to make it as easy as possible for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. All you have to do is fill in the blanks (underlined and highlighted in yellow) with the specific information for your school and your activities.

This release is meant as a sample only. You may adapt it – and change the quotes – in any way that showcases the CSH efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.

If the media release leads to an interview with a local reporter, these key messages about the importance of eating breakfast – and the connection between breakfast and school performance – may be useful.

Key messages:
• Experts – and millions of moms – agree that breakfast is the most important meal of the day. For school children, breakfast establishes the foundation for all-day learning. Eating breakfast – at home or at school – has been shown to improve math grades, vocabulary skills, problem solving, and memory.
• Skipping breakfast is a ‘no brainer.’ Research shows that children who skip breakfast have more difficulty distinguishing among similar images, show increased errors, and have slower memory recall. Those who eat breakfast have fewer absences, discipline problems, and visits to the school nurses.
• A well-balanced breakfast also provides significant health benefits for adults and children. Youth who eat breakfast are less likely to be overweight and eating breakfast at school improves overall nutrient intake. Among adults, eating breakfast helps promote both a healthy weight and a healthy heart.

To read more about the role of breakfast in health and schools, visit:
FOR IMMEDIATE RELEASE:

Contact:

________________________ (Contact name)
________________________ (Title, e.g., Principal, PE teacher, Child Nutrition Director)
________________________ (School name)
________________________ (Telephone number)
________________________ (Fax number)
________________________ (E-mail address)

(insert name) SCHOOL CELEBRATES BENEFITS OF BREAKFAST

A nutritious, delicious breakfast makes a smart start for Mississippi school days

____________ (city), Mississippi, ____________ (date)

Like thousands of schools across the country, (insert name) School will be promoting the benefits of breakfast during National Nutrition Month® and National School Breakfast Week (March 3-8, 2008). Students, families, and staff at (insert name) School know that breakfast is vital to both health and school performance. For children, breakfast provides a critical foundation for all-day learning. Eating breakfast – at home or at school – has been shown to improve math grades, vocabulary skills, problem solving, and memory.

“We believe that skipping breakfast is literally a no-brainer,” says principal (insert name). “When children skip breakfast, they have no brain fuel for their morning classes. Eating breakfast helps to get new information into children’s’ brains every day, not just to get it out on test days.” (insert name and grade of a classroom teacher) agrees with the health and education experts who view breakfast as the most important meal of the day. Studies show that breakfast skippers have trouble distinguishing among similar images, show increased errors, and demonstrate slower memory recall. Students who do eat a well-balanced breakfast have fewer absences, discipline problems, and school nurse visits.

School breakfast is an important part of Nutrition Services at (insert name) School, which believes in a coordinated approach to school health. “Offering breakfast in our cafeteria is one important way help our students be fit, healthy, and ready to succeed,” says Child Nutrition director (insert name). “Our morning meals provide important nutrients, like protein and calcium, for children’s overall health, as well as fuel for good behavior and academic success in the classroom.” In order to increase participation in their Breakfast Program, the staff at (insert name) School has (describe one or two specific changes in breakfast, like more fresh fruit through a Five Start Food Grant; grab-and-go or breakfast-in-the-classroom; new food/menu options; increased marketing efforts to children and/or families; etc.) NOTE: If your school does not have a breakfast program, you can highlight your educational efforts to encourage family breakfasts at home.
Coordinated School Health
SAMPLE MEDIA RELEASE
April
Tying It All Together
CSH Component = Family/Community Involvement

The following media release is designed to make it as easy as possible for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. All you have to do is fill in the blanks (underlined and highlighted in yellow) with the specific information for your school and your activities.

This release is meant as a sample only. You may adapt it – and change the quotes – in any way that showcases the CSH efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.

If the media release leads to an interview with a local reporter, these key messages about the importance of families eating and playing together – and the connection between family nutrition/fitness at home and school performance – may be useful.

Key messages:
• As Mississippi schools focus on the connection between student health and academic success, they recognize that family involvement is essential. In terms of nutrition and fitness, children do best when they practice healthy habits at home, in school, and throughout the community.
• Family mealtimes enhance children’s nutrition and their academic success. When families eat more meals together, children tend to consume more nutrients and have healthier weights. Family meals are associated with higher grades, as well as lower rates of teen pregnancy, smoking, and alcohol use.
• The best way for children to get the recommended amount of daily physical activity is a combination of physical education at school and family playtime at home. As their children’s first and best role models, parents can get the whole family on the road to fitness with regular, fun physical activities.

To read more about family mealtimes and helping families get active, visit: http://www.iom.edu/?id=22704
http://www.family-mealtimes.org/
FOR IMMEDIATE RELEASE:

Contact:

________________________ (Contact name)
________________________ (Title, e.g., Principal, PE teacher, Child Nutrition Director)
________________________ (School name)
________________________ (Telephone number)
________________________ (Fax number)
________________________ (E-mail address)

(insert name) SCHOOL FOCUSES ON FAMILY NUTRITION AND FITNESS

When Mississippi families eat and play together, local schools reap the rewards

________________________ (city), Mississippi, ____________ (date)

(insert name) School knows that children who are healthy, well nourished, and physically fit do better in school. That’s why the school has followed federal and state mandates to develop a strong wellness policy and establish an active school health council. It is also why (insert name) School is using the Coordinated School Health model to plan ongoing school health policies and programs. One critical component of the Coordinated School Health (CSH) approach is getting families involved in healthy lifestyle habits.

“Family involvement helps us tie health and academics together,” says principal (insert name). “That’s why we are educating our students and their families about the academic benefits of smart eating and fun fitness habits. When children get the physical activity and good nutrition they need, they are fit, healthy and ready to succeed in the classroom.”

Eating together is one the most important ways that families can enhance their children’s health and their academic success. When families eat more meals together, children tend to consume more nutrients and have healthier weights. More family meals are associated with higher grades, as well as lower rates of teen pregnancy, smoking, and alcohol abuse.

“We also know that there is a strong link between regular physical activity and success in school,” says physical education (PE) teacher (insert name). “That’s why we increased the amount of PE and active recess time at (insert name) School. However, in order to get the recommended 60 minutes of vigorous daily activity, children need active family time in the evening and on weekends.” As children’s first and best role models, parents and grandparents can get the whole family on the road to fitness with fun physical activities. (insert name) School encourages families to take advantage of local opportunities for family fun at (describe one or two specific ways and/or places that families can easily and inexpensively enjoy outdoor/indoor activity in your area, like walking or biking paths; programs sponsored by clubs, churches, or other groups, parks with basketball courts and other facilities; public swimming pools, youth sports leagues; etc.)
Coordinated School Health
SAMPLE MEDIA RELEASE
May

Spring Into Healthy School Environments
CSH Component = Healthy School Environment

The following media release is designed to make it as easy as possible for you to get print, TV, and radio coverage of Coordinated School Health (CSH) in your district. All you have to do is fill in the blanks (underlined and highlighted in yellow) with the specific information for your school and your activities.

This release is meant as a sample only. You may adapt it – and change the quotes – in any way that showcases the CSH efforts in your school. Be sure to involve your public information officer in developing and distributing media releases in the most effective way possible.

If the media release leads to an interview with a local reporter, these key messages about the importance of clean and healthy school buildings and grounds so that children have a safe environment in which to study and learn – may be useful.

Key messages:
• The physical school environment -- a school’s buildings and ground -- are an important aspect of student health and academic success. Factors that affect the physical environment include harmful cleaning chemicals, as well as physical conditions like temperature, noise, lighting, and indoor air quality.
• With technical assistance and resources from the Office of Healthy Schools, Division of School Buildings, and federal agencies, like the Environmental Protection Agency (EPA), Mississippi schools make self-assessments to insure a safe, healthy, and productive learning environment for children.
• Based on regular school-wide assessments, administrators, teachers, nurses, and custodial staff can make needed changes in the physical environment. Healthy environmental changes might include disposing of unsafe chemicals from a chemistry lab, mold removal, or installing more effective lighting.

To read more about healthy physical environments in Mississippi schools, visit:
http://www.healthyschoolsms.org/healthy_school_environment/
http://www.epa.gov/epaoswer/osw/conserve/clusters/schools/index.htm
http://www.epa.gov/iaq/schools/toolkit.html
FOR IMMEDIATE RELEASE:

Contact:

________________________ (Contact name)
________________________ (Title, e.g., Principal, PE teacher, Child Nutrition Director)
________________________ (School name)
________________________ (Telephone number)
________________________ (Fax number)
________________________ (E-mail address)

(insert name) SCHOOL SPRINGS INTO A HEALTHY ENVIRONMENT

Mississippi schools, like family homes, benefit from some serious spring cleaning

________________________ (city), Mississippi, ____________ (date)

The staff at (insert name) School know that many factors contribute to an optimal educational environment where teachers can teach and students can learn. Using the Coordinated School Health (CSH) model, developed by the Centers for Disease and Prevention (CDC), has helped (insert name) School assess all its critical components, including the physical environment – the school’s buildings and grounds. Issues that affect the physical environment include harmful cleaning chemicals, as well as physical conditions such as temperature, noise, lighting, indoor air quality, and the safety of drinking water available to students and staff.

“In order to maximize academic performance, we need to assess our school’s physical environment just like we assess student fitness levels and the nutritional quality of our cafeteria meals,” says principal (insert name). “All these factors help insure that students are fit, healthy, and ready to succeed in our classrooms.” The Office of Healthy Schools, Division of School Buildings – part of the Mississippi Department of Education, offers technical assistance and resources to help schools make the self-assessments and changes necessary for a healthy and productive learning environment.

“This spring we have focused on the (describe a specific issue, like air or water quality, safe management of chemicals, or mold removal) aspect of our physical environment,” says (insert name and title of person responsible, like principal, custodian or chemistry teacher). “Our ‘spring cleaning’ efforts have resulted in several positive changes at (insert name) School.” The improvements include (describe 1-2 specific changes recently made at the physical school environment, including how they directly affect student and/or staff health and performance. Examples: (1) New water coolers provide safe, tasty drinking water, so that students stay well-hydrated and able to think clearly in the classroom. (2) New green cleaning products reduce chemical fumes that made breathing difficult for children with asthma, improving their ability to concentrate on schoolwork.
The Office of Healthy Schools provides numerous resources to help schools assess, plan, and implement successful school health programs. For additional online resources not included in this toolkit visit the OHS website at:

http://www.healthyschoolsms.org/ohs_main/resources.htm

Contents of this section:

- Online Healthy Resource List
- MPDIP
- YRBS
- School Health Index
- OHS PowerPoint Presentations
- Youth Tobacco Use
- Coordinated School Health Monitoring Tool
- “GoSignMeUp” Registration Instructions
Office of Healthy Schools
Online Healthy Resources

CDC’s Healthy Schools – Healthy Youth
www.cdc.gov/HealthyYouth/index.htm

Mississippi Healthy Students Act
www.healthyschoolsms.org/PhysicalEducationComprehensiveHealthEducation.htm

Office of Healthy Schools Online Resources
www.healthyschoolsms.org/ohs_main/onlineresource.htm

2006 Comprehensive Health Framework
www.mde.k12.ms.us/acad/id/curriculum/phyed.htm

Health is Academic Success Stories
www.healthyschoolsms.org/ohs_main/news/ms_success_stories.htm

Governor’s Commission on Physical Fitness & Sports
www.msgcfitness.org

John D. Bower Foundation
www.bowerfoundation.org

Let’s Go Walkin’ Mississippi
www.letsgowalkinms.com

Snapshots
www.snapshots.ms.gov

Grant & Funding Opportunities
www.healthyschoolsms.org/ohs_main/funding_opps.htm

Training Opportunities & Upcoming Conferences
www.healthyschoolsms.org/ohs_main/calendar.htm

Mississippi School Nutrition and Physical Activity Environment Assessment
www.healthyschoolsms.org/docs/Environment_Assessment.doc

United States Department of Education
http://www.ed.gov/index.jhtml

Mississippi State Department of Health
www.msdh.state.ms.us

Local School Wellness Policy
www.healthyschoolsms.org/ohs_main/initiatives/school_wellness_policy.htm

Visit the Office of Healthy Schools website for additional online resources:
http://www.healthyschoolsms.org/ohs_main/resources.htm
The Mississippi Prevention Data Improvement Project is a grant funded by the United States Department of Education, Office of Safe and Drug-Free Schools, to *Improve Management of Drug and Violence Prevention Programs*. This grant is intended to strengthen accountability and to share information about school crime and safety with students, parents and communities. *Snapshots* is an online data management resource created through a partnership between MDE and the Mississippi Department of Mental Health designed to support the improvement of drug and violence prevention programs. Visit this site at [http://www.snapshots.ms.gov](http://www.snapshots.ms.gov).

- **Needs assessment** – Assess state and local efforts in drug and violence prevention by identifying key stakeholders and their existing data collection as well as assessing their data needs, infrastructure and capacity.

- **Development of Data Warehouse** – Work with internal divisions, ITS and consultants to create data warehouse to pull data points from available and newly created sources to store data in a consistent format. This warehouse will automatically produce online reports for school districts receiving Safe and Drug-Free Schools and Community Act (SDFSCA) funds to use in managing their programs. Data will also be available to the public for their awareness of successful programs.

- **Training and Technical Assistance** – Training to be offered to SDFSCA recipients and state staff on the use of the data warehouse tools/reports and data interpretation and public awareness. Also training will be provided on the use of the online federal program application. Policies and procedures will be developed to ensure reliability, consistency and quality of the data.

- **Public Awareness** – Develop annual report to provide information about the types of programs and services provided under the SDFSCA State Grants program. Develop a “Sharing Mississippi Successes” of local school district success stories of SFDSCA programs to serve as a model and to share with other school districts.

- **Evaluation and Validation** – Develop validation process to include procedures for identifying problem areas, communicating effectively with administrators and staff, assisting the local school districts in improving their prevention data management and following up for subsequent validation.
The **Youth Risk Behavior Survey (YRBS)** was developed by the Centers for Disease Control and Prevention (CDC) to monitor priority health-risk behaviors that contribute to the leading causes of death, disease and social problems among youth and adults. These behaviors fall into six categories:

1. Behaviors that result in unintentional injuries and violence
2. Tobacco use
3. Alcohol and other drug use
4. Sexual behaviors that result in HIV infection, other sexually transmitted disease and unintended pregnancies
5. Dietary behaviors
6. Physical activity

**The Facts about Mississippi Students**

The following measures have shown improvement:

- The percentage of students who watched three or more hours per day of TV on an average school day has decreased significantly from 57% in 1999 to 47% in 2007.
- The percentage of students who had sexual intercourse with four or more people during their life has decreased from 31% in 1997 to 23% in 2007.
- The percentage of students who ever had sexual intercourse has decreased from 70% in 1997 to 60% in 2007.
- The percentage of students who were offered, sold, or given an illegal drug on school property during the past 12 months has decreased from 24% in 1997 to 16% in 2007.
- The percentage of students carrying a weapon on school property during the past 30 days has decreased from 10% in 1997 to 5% in 2007.

The following measures have shown no significant change:

- The percentage of students who had been threatened or injured with a weapon on school property one or more times during the past 12 months was 10% in 1997 and 8% in 2007.
- Among the students who had sexual intercourse during the past three months, the percentage who used birth control pills to prevent pregnancy before last sexual intercourse was 14% in 1997 and 15% in 2007.
- The percentage of students who used a needle to inject any illegal drug into their body one or more times during their life was 3% in both 1997 and 2007.
- The percentage of students who took steroid pills or shots without a doctor’s prescription one or more times during their life was 4% in both 1997 and 2007.

The following measure has worsened (an overall upward trend):

- The percentage of students who were obese (based on body mass index) has increased from 13% in 1999 to 18% in 2007.

The 2007 data is the most current information on file. The next data collection will be in the Spring of 2009.
The School Health Index (SHI): Self-Assessment & Planning Guide was developed by the Centers for Disease Control and Prevention (CDC) in partnership with school administrators and staff, school health experts, parents, and national nongovernmental health and education agencies for the purpose of:

- Enabling schools to identify strengths and weaknesses of health and safety policies and programs,
- Enabling schools to develop an action plan for improving student health, which can be incorporated into the School Improvement Plan, and
- Engaging teachers, parents, students, and the community in promoting health-enhancing behaviors and better health.

There is growing recognition of the relationship between health and academic performance, and your school’s results from using the SHI can help you include health promotion activities in your overall School Improvement Plan.

The SHI has two activities that are to be completed by teams from your school: the eight self-assessment modules and a planning for improvement process. The self-assessment process involves members of your school community coming together to discuss what your school is already doing to promote good health and to identify your strengths and weaknesses. The SHI allows you to assess the extent to which your school implements the types of policies and practices recommended by CDC in its research-based guidelines for school health and safety policies and programs.

After you complete the self-assessment process, you will be asked to identify recommended actions your school can take to improve its performance in areas that received low scores. You will then be guided through a simple process for prioritizing the various recommendations. This step will help you to decide on a handful of actions to be implemented this year.

Finally, you will complete the School Health Improvement Plan to list your steps in planning the implementation of your recommended actions. Completing the SHI is an important first step toward improving your school’s health promotion policies and practices. Your school can then act to implement the School Health Improvement Plan and develop an ongoing process for monitoring progress and reviewing your recommendations for change.

Why Use SHI?

Promoting healthy and safe behaviors among students is an important part of the fundamental mission of schools, which is to provide young people with the knowledge and skills they need to become healthy and productive adults. Improving student health and safety can:

- Increase students’ capacity to learn,
- Reduce absenteeism, and
- Improve physical fitness and mental alertness.

For more information about the School Health Index visit https://apps.nccd.cdc.gov/shi/default.aspx
importance of leadership and partnerships for school health
wellness policy update
john d. bower foundation n2 orientation presentation
ms association of school administrators (masa) spring 08 meeting
medically making the case for school health
coordinated approach to school health - physical education component
coordinated approach to school health - staff wellness component
epsdt clinical evaluation summary 2002-2006
family physicians
healthy mississippi conference presentation
hiv/aids program presentation
implementing effective school wellness (pdf)
implementing the 2006 comprehensive health framework - t.e.a.c.h. mississippi
investigation for administrators
marketing healthy schools initiatives
ms vending regulations 2007
pediatric nurses presentation
priority school evaluation presentation
school health successes
school-based medicaid programs
shc - beyond development
school discipline and school law and policy development (powerpoint)
so, we have a wellness policy and a school health council?
vending machine choices (powerpoint)
vending regulations
what is "coordinated school health?" wellness policies & vending regulations

these are available for download and use on the office of healthy schools website:
e:\toolkit-final2\e..resources\powerpoint presentations.htm
Youth and Tobacco Use: Current Estimates
Centers for Disease Control and Prevention
(Updated February 2009)

Cigarette Smoking

- In 2007, 20% of high school students in the United States were current cigarette smokers—approximately 19% of females and 21% of males.
- Among racial and ethnic subgroups, approximately 23% of white, 17% of Hispanic, and 12% of African American high school students were current cigarette smokers in 2007.
- In 2006, approximately 6% of middle school students in this country were current cigarette smokers, with estimates of 6% for females and 6% for males.
- Among racial and ethnic subgroups, approximately 7% of white, 7% of Hispanic, 6% of African American, and 3% of Asian American middle school students were current cigarette smokers in 2006.
- Each day in the United States, approximately 3,600 young people between the ages of 12 and 17 years initiate cigarette smoking, and an estimated 1,100 young people become daily cigarette smokers.

Other Tobacco Use

- More than 13% of high school students were current cigar smokers in 2007, with estimates higher for males (19%) than for females (8%).
- Nationally, an estimated 4% of all middle school students were current smokeless tobacco users in 2006, with estimates slightly higher for males (5%) than for females (3%).
- An estimated 13% of males in high school were current smokeless tobacco users in 2007.
- An estimated 4% of males in middle school were current smokeless tobacco users in 2006.
- In 2006, approximately 3 percent of high school students were current users of bidis; bidi use among males was (3%) and (2%) for females. Among middle school students, approximately 2% were bidi users, with estimates of 2% for males and 2% for females.

Factors Associated with Tobacco Use among Youth

- Some factors associated with youth tobacco use include low socioeconomic status, use and approval of tobacco use by peers or siblings, smoking by parents or guardians, accessibility, availability and price of tobacco products, a perception that tobacco use is normative, lack of parental support or involvement, low levels of academic achievement, lack of skills to resist influences to tobacco use, lower self-image or self-esteem, belief in functional benefits of tobacco use, and lack of self-efficacy to refuse offers of tobacco.

- Tobacco use in adolescence is associated with many other health risk behaviors, including high-risk sexual behavior and use of alcohol or other drugs.
Mississippi Tobacco Policies
A 100% tobacco-free school policy prohibits all tobacco use (including smoking and spit tobacco), by everyone (including students, staff, and visitors), at all times (24 hours a day/7 days a week), everywhere on campus (including athletic fields).

Criminal Code §97-32-9 (2000) prohibits students from possessing tobacco on any educational property. Code §97-32-29 (2000) further prohibits the use of tobacco on any educational property for adults who, if in violation, would be subject to a fine and issued a citation by a law enforcement officer. Educational property is defined as any public school building or bus, campus, grounds, athletic field, or other property used or operated during a school-related activity. Note: This policy meets CDC's definition of a tobacco-free schools policy.

Tobacco Education
Code §41-79-5 requires school nurse intervention services to include tobacco abuse education. In grades K-8, the 2006 Comprehensive Health Framework specifically addresses tobacco use prevention education and in grades 9-12, the curriculum targets preventive health practices and promotes positive health behavior.

Resources
Partnership for a Healthy Mississippi - http://www.healthy-miss.org/
The mission of The Partnership for a Healthy Mississippi is to provide educational information and awareness about the impact of tobacco use in Mississippi. The Partnership’s programs reach youth in schools and communities. From kindergarten through the twelfth grade, students learn about the health dangers of tobacco use, enhance their communication skills and build self-esteem that will help them avoid other risky behaviors. The Partnership provides free classroom materials to teachers and other educators, as well as community-based activity guides that can be used in faith-based settings and after-school programs.

N-O-T. (Not on Tobacco)- www.lungusa.org/smokefreeclass/index.html (click Tobacco Control, then Tobacco Control and Teens)
N-O-T is a research and evaluation-based program designed to provide a total health approach to helping adolescents quit smoking, reduce the number of cigarettes used by adolescents who are unable to quit, increase healthy lifestyle behaviors in physical activity and nutrition, enhance their sense of self-control, and improve life skills such as stress management, decision making, coping and interpersonal skills.

Alternative to Suspension Program- www.lungusa.org 1-800-LUNG-USA (1-800-586-4872)
The American Lung Association’s Alternative to Suspension program is an educational program used as an option for students who face suspension and/or fines for violating a school’s tobacco use policy. The goal of the Alternative to Suspension program is to help teens who smoke change their behaviors by addressing student tobacco use, effects of tobacco use, addiction, healthy alternatives to smoking, and ultimately making the change from a smoker to a non-smoker.

Centers for Disease Control and Prevention- http://www.cdc.gov/tobacco
The CDC states that “smoking harms every organ in the body causing many diseases and affecting the health of smokers in general”. This website provides a wealth of information regarding the harmful effects of smoking, smokeless tobacco, secondhand smoke, data and statistics, cessation, prevention, and other resources related to tobacco.
A Total Health Approach to Helping Teens Stop Smoking

DESCRIPTION OF N-O-T

Not On Tobacco (N-O-T) is the American Lung Association’s school-based program* designed to help high school students:
- (1) Stop smoking
- (2) Reduce the number of cigarettes smoked
- (3) Increase healthy lifestyle behaviors
- (4) Improve life management skills
  - Includes a 10-session curriculum and booster sessions. It is voluntary.
  - Uses a set of selection criteria for identifying facilitators
  - Emphasizes facilitator training in nicotine addiction, curriculum content and implementation, and group process
  - Is gender sensitive and separates participants by gender
  - Uses content and delivery tailored to the adolescent population
  - Incorporates awards and incentives
  - Emphasizes stress management and daily life management skills
  - Includes an evaluation protocol
  - Includes a mental health referral protocol

HOW IS N-O-T IMPLEMENTED?

- By teachers, counselors, nurses or health educators in schools and community settings
- Through non-punitive recruitment
- Using 10, 1-hour sessions plus boosters
- In small private groups
- To boys and girls separately
- By same-gender facilitators

N-O-T EVALUATION PROTOCOL

Evaluation is designed to address:
- Program objectives
- Curriculum content
- Staff and facilitator reactions
- School and community sites
- Recruitment
- Implementation
- Outcomes

To implement N-O-T, contact Amy Ellis
American Lung Association of Mississippi
731 Pear Orchard Road, Ste. 18 Ridgeland, MS 39157
P.O. Box 2178 Ridgeland, MS 39158
TOLL FREE: 1-800-586-4872 or 601-206-5810
FAX – 601-206-5813
Email: aellis@alams.org

Pricing:
NOT Curriculum - (only for trained facilitators)- $35.00
NOT Marketing Brochure- 100/$65.00
NOT Facilitator Training- $150.00

*Easily adapted to community setting.
Office of Healthy Schools
Bureau of Coordinated School Health
Monitoring Tool

School District___________________________ Superintendent____________________________

School__________________________________ Principal________________________________

Number of Students Served________________ Grades Served_____________________________
The Office of Coordinated School Health understands and promotes the relationship between student health and academic achievement. To support the implementation of quality school health programs and policies, the Office of Coordinated School Health provides a policy guide and a monitoring instrument for local districts/schools to use as resources. These resources were developed based on state and federal policy, State Board of Education policy, and Mississippi Public School Accountability Standards.

The Local School Wellness Policy Guide provides all minimum policies and examples of optional policies for physical education, health education, nutrition, marketing, implementation, counseling/psychological services, healthy school environment, staff wellness, food safe schools, family/community involvement, and health services. This guide is developed to provide school districts with the minimum requirements for implementation and optional policy statements for schools to use to meet the needs of students at the local level based on data collection and a needs assessment. The Local School Wellness Policy Guide can be downloaded at www.healthyschoolsms.org/ohs_main/initiatives/school_wellness_policy.htm.

The Office of Coordinated School Health Monitoring Instrument was developed as a resource for school districts to conduct a self assessment of implementation of school health policies. Also, this resource is used by Mississippi Department of Education Staff to conduct onsite evaluations that ensure quality implementation of policies, to identify successes and to evaluate the need for future training opportunities. The Office of Coordinated School Health Monitoring Instrument can be downloaded at www.healthyschoolsms.org/ohs_main/documents/MonitoringtoolCSHP.doc.

The following documents provide the authority for the requirements contained in the Office of Coordinated School Health Monitoring Instrument.

**Mississippi Code of 1972, Annotated, Section 37-13-134**

- Requires 150 minutes per week of activity based instruction and 45 minutes per week of health education instruction in grades K-8,
- Requires the establishment of a local school health council; and
- Requires the recommendations of a school health council to be based on a coordinated approach to school health.

**Mississippi Public School Accountability Standards**

- **Standard 33** requires physical education and health education to be a part of the basic curriculum in any configuration of grades K-8.
- **Standard 32** requires physical education to be offered on an elective basis in grades 9-12.
- **Standard 20 and Appendix A-3** requires ½ Carnegie unit for graduation in physical education and ½ Carnegie unit for graduation in health education.
Standard 37.2 requires every school to have a local school wellness policy. This policy must be based on a coordinated approach to school health, developed with input from a local school health council, and approved annually by the local school board.

State Board of Education Policy

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>4003</td>
<td>Mississippi Beverage Regulations</td>
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<tr>
<td>4004</td>
<td>Mississippi Snack Regulations</td>
</tr>
<tr>
<td>4011</td>
<td>Nutrition Standards</td>
</tr>
<tr>
<td>4012</td>
<td>Comprehensive Health and Physical Education Rules and Regulations</td>
</tr>
</tbody>
</table>

The Office of Coordinated School Health routinely conducts onsite monitoring visits in thirty school districts per year to ensure the necessary technical assistance is provided to local school districts to confirm implementation of quality programs. Also, Office of Coordinated School Health staff will participate in onsite monitoring visits as part of the evaluation team when a complete audit is conducted by the Office of Accreditation. If deficiencies are found in meeting accreditation standards or state and federal laws, the district will be notified and the deficiencies will be noted on their Accreditation Records Summary. If the deficiencies are not cleared prior to assigning an accreditation status by the Commission on School Accreditation, the districts accreditation status may be adversely affected.

For more information, please contact the Office of Coordinated School Health at (601) 359-1737 or visit the website at [www.healthyschoolsms.org](http://www.healthyschoolsms.org).
**Directions:** Place a checkmark in the box to indicate “yes” or “no” for the following criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the school have a local school wellness policy as required by Section 37-13-134 Mississippi Code of 1972 annotated, Mississippi Public School Accountability Standard 37.2, and the 2004 Child Nutrition and WIC Reauthorization Act?</td>
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<tr>
<td>Does the policy address:</td>
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<tr>
<td>Nutrition</td>
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<td>Physical Education/Activity</td>
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<td>Health Education</td>
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<td>Marketing</td>
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<td>Implementation</td>
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<td>Healthy School Environment</td>
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<td>Health Services</td>
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<td>Nutrition Education</td>
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<td>Staff Wellness</td>
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<td>Family/Community Involvement</td>
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<td>Food Safe Schools</td>
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<td>Counseling/Psychological Services</td>
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<td>Use of tobacco</td>
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<td>Use of Illegal Drugs</td>
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<tr>
<td>Local School Wellness Policy Guide for Development can be downloaded <a href="http://www.healthyschoolsms.org/ohs_main/initiatives/school_wellness_policy.htm">www.healthyschoolsms.org/ohs_main/initiatives/school_wellness_policy.htm</a></td>
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<td>If no, please attach plans to meet this requirement.</td>
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<td>Notes:</td>
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<tr>
<td>2. Is there evidence that the School Health Council has conducted a needs assessment to assist with the development of the local school wellness policy?</td>
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</table>

**Circle the following to describe the type(s) of needs assessments conducted:**

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Instrument Used</th>
<th>Instrument Available</th>
<th>Summary Report Available</th>
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<tbody>
<tr>
<td><em>Mississippi School Nutrition &amp; Physical Activity Environment Assessment</em></td>
<td>Yes</td>
<td>Yes</td>
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<td><em>CDC’s School Health Index</em></td>
<td>Yes</td>
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<td><em>USDA’s Changing the Scene</em></td>
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<td>Other Needs Assessment Instrument: Please indicate assessment used</td>
<td>Yes</td>
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<td>3. Is there evidence that the school has a plan for evaluation of implementation of a local school wellness policy?</td>
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<td>5. Has the School Health Council made at least one annual presentation to the local school board to recommend revisions, gain approval, and highlight successes of school wellness policies? If no, please explain plans to meet this requirement.</td>
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<td>6. Is there evidence the School Health Council plans to meet three times per year and maintains minutes of meetings? (Attach minutes)</td>
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<td>7. Is comprehensive health education and physical education a part of the basic curriculum in any configuration of grades K-8? (Mississippi Public School Accountability Standard 33)</td>
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<td>8. If applicable, does the school meet the minimum requirements for required courses in secondary school? (Mississippi Public School Accountability Standard 32)</td>
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<td>9. Does the school offer sequentially planned, age appropriate health education based on the 2006 Mississippi Comprehensive Health Education/Family and Individual Health Frameworks? If not, please attach plans to meet this requirement.</td>
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<td>10. Does the school offer sequentially planned, age appropriate physical education based on the 2006 Mississippi Physical Education Frameworks? If no, please attach plans to meet this requirement.</td>
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<td>11. Does the school meet the minimum requirements for instruction in grades K-8 for comprehensive health education? (45 minutes per week beginning with the 2008-2009 school year- Section 37-13-134 of the Mississippi Code of 1972 Annotated) If no, explain efforts to meet these requirements:</td>
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<td>12. Does the school meet the minimum requirements for instruction in grades K-8 for activity-based instruction? (150 minutes per week beginning with the 2008-2009 school year- Section 37-13-134 of the Mississippi Code of 1972 Annotated) If no, explain efforts to meet these requirements:</td>
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<td>13. Does the school meet the minimum requirements in grades 9-12 for Comprehensive Health Education? (Mississippi Public School Accountability Standard 20-1/2 Carnegie unit for graduation)</td>
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<td>14. Does the school meet the minimum requirements in grades 9-12 for physical education? (Mississippi Public School Accountability Standard 20-1/2 Carnegie unit for graduation)</td>
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<td>15. Is the school in full compliance with the 2006 Mississippi Beverage Regulations? (State Board Policy Code 4003) If no, explain efforts to meet these requirements:</td>
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<td>16. Is the school in compliance with the 2006 Mississippi Snack Regulations? (State Board Policy Code 4004) If no, explain efforts to meet these requirements:</td>
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</tbody>
</table>
17. Is there a plan in place to address staff wellness? If no, please explain any plans to do so: (optional)  
_________________________________________________________________
_________________________________________________________________

18. Is there a part-time or full-time licensed counselor, psychologist, or social worker to which students have access for support as outlined in the MS Public School Accountability Standards, Process Standards 6.1 and 6.2? If no, please attach plans to meet this requirement.

19. Is there evidence the school conducts fitness testing for all fifth grade students?

20. Is there evidence the school conducts fitness testing for high school students during the year they acquire the ½ Carnegie unit in physical education as required for graduation by the MS Healthy Students Act?

21. Is the school in compliance with the Comprehensive Health Education and Physical Education Rules and Regulations as defined by State Board of Education Policy 4012?

22. Do all school nurses work under the guidelines of the *Mississippi School Nurse Procedures and Standards of Care*?

23. Is there any evidence that the school has a marketing plan?

**Please attach the following to the assessment:**

___ Copy of school wellness policy  
___ Documentation of evaluation of the local school wellness policy  
___ Copy of school health council members and school health coordinator’s contact information  
___ Copy of minutes of the most recent school health council meeting  
___ Documentation of evidence of implementation of the minimum requirements for health education instruction in grades K-8 (lesson plans, master schedule, etc.)  
___ Documentation of evidence of implementation of the minimum requirements for activity-based instruction in grades K-8 (lesson plans, master schedule, etc.)  
___ Ratio of students to school nurse (optional)  
___ Ratio of students to certified physical education teacher (optional)  
___ Ratio of students to school counselor (optional)
For site visit take:

1. 2007 Mississippi Public School Accountability Standards
2. Guide for development of Local School Wellness Policy
3. 2006 Mississippi Beverage and Snack Regulations
4. School Health Council Template
5. Funding Coordinated School Health Worksheet
“GoSignMeUp”

The Mississippi Department of Education offers many events, programs and professional development opportunities throughout the year. Visit http://www.mde.k12.ms.us/ and follow the directions below to register.

Registration Instructions

Login with user name and password - (If you have never used this new site, you will need to create an account and then log in)

Select the prompt “to sign up for a class click here”

Select the MDE Department(s) to locate the classes

Select the class name and correct date of the class you want to attend

Click on the Register button

Click on Enroll button to finalize enrollment

You will receive a confirmation immediately with information regarding the class

If you have problems with registration, please call 601-359-1737 and ask for someone to help you.