**(District name) School Health Advisory Council**

**School Health Initiative Screening Tool**

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| **Company/Agency Name:** | **Contact:****Email or postal address:****Phone:** | **Date of Review:** |
| **Name of Initiative:** |
|  | **Information and Facts** | **Yes** | **Partially/****Maybe** | **No** | **Notes/Further Discussion** |
| 1. | Is the school health initiative based on factual information? |  |  |  | If not, what is misrepresented? |
| 2. | Is the school health initiative research based/scientifically-based/medically accurate? |  |  |  | Which one? Timely? Industry based? |
| 3. | Is the school health initiative considered to be a best practice or promising practice? |  |  |  | According to which sources? Are they reliable? Valid? Nonpartisan?  |
| 4. | Or, does the initiative include best practices or promising practices? |  |  |  | Which ones?  |
| 5. | Has the school health initiative been evaluated? |  |  |  | Who/Which organization? Was the evaluation conducted by an outside, unbiased organization? In what communities? Was test site in Texas? If not, was the population or demographics of the test site similar to Texas or the local school district? What were the identified strengths and weaknesses? Are there “Lessons Learned” from others who have used this initiative? |
| 6. | Does this program change knowledge and/or behavior? |  |  |  | Is there a pre-test and a post test? |
| 7. | Does the school health initiative meet the following National Health Education Standards? |  |  |  | If the initiative deals with sexuality instruction, does it meet the National Sexual Education Standards? |
|  | a. Students will comprehend concepts related to health promotion and disease prevention to enhance health? |  |  |  |  |
|  | b. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors? |  |  |  |  |
|  | c. Students will demonstrate the ability to access valid information and products and services to enhance health? |  |  |  |  |
|  | d. Students will demonstrate the ability to use inter-personal communication skills to enhance health and avoid or reduce health risks? |  |  |  |  |
|  | e. Students will demonstrate the ability to use decision-making skills to enhance health? |  |  |  |  |
|  | f. Students will demonstrate the ability to use goal-setting skills to enhance health? |  |  |  |  |
|  | g. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks? |  |  |  |  |
|  | h. Students will demonstrate the ability to advocate for personal, family, and community health? |  |  |  |  |
| 8. | Does the school health initiative complement SHAC/school health priorities? |  |  |  | Which priorities? |
| 9. | Does the program fit within the framework of Coordinated School Health (CSH) and the Whole School, Whole Community, and Whole Child model? |  |  |  | Does it address/include a majority of CSH/WSCC components? Which components? Are these components priorities for our district/align with our school health assessment results/priorities? |
|  | a. Health Education? |  |  |  |  |
|  | b. Physical Education & Physical Activity? |  |  |  |  |
|  | c. Health Services? |  |  |  |  |
|  | d. Nutrition Environment and Services? |  |  |  |  |
|  | e. Social and Emotional Climate? |  |  |  |  |
|  | f. Counseling and Psychological and  Social Services? |  |  |  |  |
|  | g. Community Involvement? |  |  |  |  |
|  | h. Employee Wellness? |  |  |  |  |
|  | h. Family Engagement? |  |  |  |  |
|  | i. Physical Environment? |  |  |  |  |
|  | **Logistics** | **Yes** | **Partially/Maybe** | **No** | **Notes/Further Discussion** |
| 10. | Does this program meet current law? |  |  |  | Which state laws, if any? Which federal laws, if any? |
| 11. | Does this program meet current state/district/local policy? |  |  |  | Which ones? |
| 12. | Is this program part of your 5 year plan; Campus Improvement Plan; District Improvement/Strategic Plan? |  |  |  |  |
| 13. | Does this program endorse a specific product, organization or philosophy?  |  |  |  |  |
| 14. | Will benefits occur if the school health initiative is implemented? |  |  |  | Students? Faculty? Staff? Parents? District? Campus? Others? |
| 15. | Are there consequences which occur if the school health initiative is implemented? Or, not implemented? |  |  |  | Students? Faculty? Staff? Parents? District? Campus? Others?Will modifications need to be made? What types of modifications and will they affect the fidelity of the initiative? |
| 16. | If implementation is suggested, is it clear who would implement? |  |  |  |  |
| 17. | Is training needed? |  |  |  | Who would be trained?  |
| 18. | Is training provided?  |  |  |  | What is the cost of the training? How long is the training? How often ? By whom? Will our Regional ESC provide the training? |
| 19. | If implementation is suggested, should it be mandatory across the district? |  |  |  | Why or why not? |
| 20. | If yes, does it need funding? |  |  |  | How much is needed and where will the funding come from? Is there an initial cost? Is the cost contained? Is there a cost benefit to the district? |
| 21. | Can it be implemented without funding? |  |  |  | Can some of the components be implemented without funding? Which ones? How? |
| 22. | If implementation is suggested, how will the school health initiative be monitored and how and when will it be evaluated for effectiveness? |  |  |  | Who will monitor the implementation? Who will be responsible for evaluation?To whom and how often will this be reported? |
| 23. | Will the data contribute any new information/data to measure the health of students? |  |  |  | What kind of reports would be required? |
| 24. | Does this initiative duplicate any current mandated programs and/or required data/reports? |  |  |  | Who will receive/compile the reports?What information will the data contribute to the health of students?  |
| 25. | Is the program self-sustaining?  |  |  |  | How will it be sustained? By whom? |
| 26. | Are there continuing costs? |  |  |  | What and how much are they? |
|  | **District/Campus Considerations** | **Yes** | **Partially/****Maybe** | **No** | **Notes/Further Discussion** |
| 27. | Does the district/campus have data readily available to compare district needs assessment/priorities and results suggested by the initiative? |  |  |  |  |
| 28. | Is the school health initiative easily replicated throughout the district? |  |  |  |  |
| 29. | What resources will be needed by the District/Campus? |  |  |  | Community partnerships? Staff commitment? Personnel? Time?  |
| 30. | Do you recommend this school health initiative? |  |  |  |  |
| **Comments:**  | For use when tool is used in group setting:**LIST NAMES OF REVIEWERS:**  |
| **Signature of Reviewer(s):** |

This product developed by

Texas School Health Advisory Committee

School Health Program

Texas Department of State Health Services

<http://www.dshs.texas.gov/shadvise.shtm>

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