

2007 Healthy Active Children Progress Report

All LEAs are required to report their progress on meeting the NC State Board of Education's Healthy Active Children (HAC) Policy, #HSP-S-000.

Items #14 and #15 of this report require a written narrative of your activities, limited to 800 words. Items #13 and #16 ask for brief lists of success and challenges. Items #32, #33 and #41-44 ask for brief descriptions. You may want to write your narrative, lists and brief descriptions in Microsoft Word first and then paste them into the report form.

Note, you must click the "Submit" button to proceed through the report. Remember to print a copy of your report before clicking the final "Submit" button.

Please complete the following Healthy Active Children Policy Progress Report.

Due: July 15, 2007

1 Name of your LEA:

2 Person completing this report. (Please mark all that apply)

- Superintendent
- LEA SHAC (School Health Advisory Council) Contact Person
- SHAC Chairperson
- Other, Please Specify

SECTION 1: Local School Health Advisory Council

3 Please indicate the LEA SHAC Contact Person as appointed by the Superintendent.

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
LEA:	<input type="text"/>
Address :	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Phone:	<input type="text"/>

Email Address:

4 Indicate the Chairperson of your School Health Advisory Council.

First Name:
Last Name:
Organization or LEA:
Address :
City:
State:
Zip Code:
Phone:
Email Address:

5 Please list the names and titles of your School Health Advisory Council members. (Example: Joe Smith, PE Teacher) Note: you can cut and paste from a Word document into this space.

6 Does the composition of your School Health Advisory Council meet the required representatives from all eight areas of a coordinated school health program, the local health department and school administration?

- Yes
- No, but will be in compliance by (list date below)

7 Please indicate the number of members on your SHAC.

- Fewer than 10
- 10 to 15
- 16 to 20
- 21 or more

8 Please indicate the number of members you have representing each of the categories below. You must make a selection in each category, even if 0. Your total should be no more than your total in question 7.

	5	4	3	2	1	0
Physical Education representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Education representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Wellness representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Services representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health, Counseling, Social Work representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe School Environment representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Health Department representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9 If you indicated "other" members in # 8, please list the profession of each of these members.

10 Please estimate the percent of new members on your LEA SHAC for the 2006-2007 school year:

- None
- 1% - 25%
- 26% - 50%

- 51% - 75%
- 76% - 100%

11 How often does your SHAC meet?

- More than once a month
- Monthly
- Four times a year
- Two times a year
- Once a year
- Other, Please Specify

12 Does your SHAC provide reports to any of the following? (Please mark all that apply.)

- Local Board of Education
- Superintendent
- County Commissioners
- Local Board of Health
- None of the above
- Other, Please Specify

13 Please list below the key successes your SHAC had during the 2006-2007 school year. (This space is limited to 400 words or 3,000 characters. You can copy and paste from a Microsoft Word document into this space.)

14 In a narrative, please report the progress your LEA's SHAC has made on policies and programs from the 2006-2007 school year. Your narrative is limited to 800 words. This space will hold 400 words or 3,000 characters. If you need additional space for your response, you can continue in #15 below. (You can copy and paste from a Microsoft Word document into this space.)

15 Narrative Continued. This space is limited to 3,000 characters or 400 words. (You can copy and paste from a Microsoft Word document into this space.)

16 Please list below the major challenges your SHAC faced during the 2006-2007 school year. (This space is limited to 3,000 characters or 400 words. You can copy and paste from a Microsoft Word document into this space.)

17 How often has your SHAC used any of the following assessment tools for your LEA?

	1 Never	2 Once	3 Annually	4 Every 2 yrs	5 Every 5 yrs
School Health Index (CDC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SHAC Manual Assessment Tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Great 8 Assessment (www.nchealthyschools.org)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEA local School Health Education Profiles Survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEA local YRBS (Youth Risk Behavior Survey)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18 Please briefly describe how your LEA has used the results of any assessments you have implemented. (Space is limited to 3,000 characters or 400 words. You can copy and paste from a MicroSoft Word document into this space)

19 Please rank the following areas of focus in order of priority from your SHAC's 2006-2007 Action Plan. Use each number one time only to indicate priority from #1, highest priority, to #12, lowest priority.

	1	2	3	4	5	6	7	8	9	10	11	12
Physical Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol, Tobacco and Other Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health, Counseling, Social Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe School Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family and Community Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury and Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20 How many schools within your LEA provide staff wellness programs?

- None
 - 1% - 25%
 - 26%-50%
 - 51%-75%
 - 76%-100%
-

21 Please let us know of specific resources and/or additional assistance you need. (Mark all that apply.)

- Advocacy
- Capacity Building, i.e. team building, conflict resolution
- Policy
- Content Based Training, i.e. tobacco use prevention, nutrition standards, physical activity integration
- Evaluation
- Grant writing
- Healthful Living Standard Course of Study
- Needs assessment
- Web-based resources
- Other, Please Specify

SECTION 2: Physical Education

22 What percent of the **elementary schools** in your LEA provide **Physical Education** 150 minutes per week with a **certified Physical Education** teacher throughout the 180 day school year?

- None
 - 1% - 25%
 - 26% - 50%
 - 51% - 75%
 - 76% - 99%
 - 100%
-

23 What percent of the **elementary schools** in your LEA provide **Health Education** with a **certified Health Education** teacher throughout the 180 day school year?

- None
 - 1% - 25%
 - 26% - 50%
 - 51% - 75%
 - 76% - 99%
 - 100%
-

24 What percent of **middle schools** in your LEA provide 225 minutes per week of **Healthful Living** education with **certified/licensed Physical Education** teachers throughout the 180 day school year?

- None
 - 1% - 25%
 - 26% - 50%
 - 51% - 75%
 - 76% - 99%
 - 100%
-

25 What percent of **middle schools** in your LEA provide 225 minutes of **Healthful Living** with **certified/licensed Health Education** teachers throughout the 180 day school year?

- None
 - 1% - 25%
 - 26% - 50%
 - 51% - 75%
 - 76% - 99%
 - 100%
-

26 As an average, for **elementary schools** in your LEA, please indicate the number of minutes elementary students spend in **physical education** over the full 180-day school year.

- 0-30 minutes one day per week (0- 1,079 minutes)
 - Up to one hour one day per week (1,080 - 2,168 minutes)
 - 30 mins to 1 hr two days per week (2,169 - 3,239 minutes)
 - 30 mins to 1 hr three days per week (3,240 - 4,319 minutes)
 - 30 mins to 1 hr four days per week (4,320 - 5,399 minutes)
 - 30 mins to 1 hr five days per week (5,400 -10,800 minutes)
-

27 For the following **middle school** grades, how many semesters or weeks per year are students required to take **physical education**? (Mark one for each grade. If required course includes both physical education and health education, please include only the estimated amount of time spend on physical education.)

1 2	2 1	3 9 weeks	4 Less than 9 weeks	5 Physical Education not taught
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a. 6th Grade

1 2 3 4 5

Additional Comment

b. 7th Grade

1 2 3 4 5

Additional Comment

c. 8th Grade

1 2 3 4 5

Additional Comment

28 In your LEA's **middle schools**, during those semesters, blocks or weeks of required **physical education**, how many days per week are students required to take **physical education**?

1 Less than 1 day	2 1 day per week	3 2 days per week	4 3 days per week	5 4 days per week	6 5 days per week
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a. 6th Grade

1 2 3 4 5 6

Additional Comment

b. 7th Grade

- 1 2 3 4 5 6

Additional Comment

c. 8th Grade

- 1 2 3 4 5 6

Additional Comment



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29 ALL **elementary schools** in our LEA currently provide:

- 150 minutes per week of **physical education**
- 150 minutes per week of **Healthful Living** (50% health 50% PE)
- Other, please specify

30 ALL **middle schools** in our LEA currently provide:

- 225 minutes per week of **physical education**
- 225 minutes per week of **Healthful Living** (50% health 50% PE)
- Other, please specify

SECTION 3: Recess and Physical Activity

31 Within our LEA, no teacher withholds recess, intramurals, physical education, or other physical activity as a punishment. (This includes missing physical activity to make up work or to do extra work.)

- No teacher withholds any physical activity as punishment.
 - One or more teachers withhold physical activity as punishment.
-

32 If one or more teachers in your LEA **withhold physical activity** (including physical education, recess, intramurals), as punishment, please indicate how you plan to bring such teachers into compliance with the Healthy Active Children Policy. Please include barriers and successful strategies for compliance. (400 word limit. You can copy and paste from a Microsoft Word document into this space.)

33 If one or more teachers in your LEA **uses severe or inappropriate physical activity as punishment**, how do you plan to bring that teacher into compliance with the Healthy Active Children Policy? Please include barriers and successful strategies for compliance. (400 word limit. You can copy and paste from a Microsoft Word document into this space.)

34 In our **elementary** schools we provide 30 minutes of daily moderate to vigorous physical activity through: (Rate each of the following for contribution to reaching 30 minutes. 1 = Daily; 5 = Never 6 = Don't Know)

1 Daily	2 2 to 4 times per week	3 Once a week	4 Occasionally	5 Never	6 Don't Know
<hr/>					
Intramurals					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					
Recess					

1 2 3 4 5 6

Classroom Energizers

1 2 3 4 5 6

Physical Education

1 2 3 4 5 6

Take 10!

1 2 3 4 5 6

CATCH

1 2 3 4 5 6

SPARK

1 2 3 4 5 6

35 What percent of your **elementary** classrooms use Energizers?

- None
- 1% - 25%
- 26% - 50%
- 51% - 75%
- 76% - 99%
- 100%

36 In our **middle** schools we provide 30 minutes of daily moderate to vigorous physical activity through: (Rate each of the following for contribution to reaching 30 minutes. 1 = daily; 5= Never; 6 = Don't Know)

1 Daily 2 2-4 times per week 3 Once a week 4 Occasionally 5 Never 6 Don't Know

Intramurals

1 2 3 4 5 6

Recess

1 2 3 4 5 6

Classroom Energizers

1 2 3 4 5 6

Physical Education

1 2 3 4 5 6

Take 10!

1 2 3 4 5 6

CATCH

1 2 3 4 5 6

SPARK

1

2

3

4

5

6

37 What percent of your **middle** school classrooms use Energizers?

- None
- 1% - 25%
- 26% - 50%
- 51% - 75%
- 76% - 99%
- 100%

38 What percent of your teachers attended the Healthy Active Children Policy training using the **Energizers & Fit Kids**?

1	2	3	4	5	6
None	1% - 25%	26% - 50%	51% - 75%	76% - 99%	100%

Elementary teachers

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
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Middle school teachers

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
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39 How helpful did your LEA find the Healthy Active Children Policy training using **Energizers & Fit Kids**?

- Very helpful
- Helpful
- Somewhat helpful
- Not helpful
- Our LEA did not attend training
- Don't know
- Comments

40 In our LEA, we incorporate the Healthy Active Children Policy in our (please mark all that apply):

- Safe Schools Plan
- Wellness Policy
- School Improvement Plan
- None of the above
- Other, please specify

-
- 41** What specific **successes** did your LEA have as a result of implementing 30 minutes of daily moderate to vigorous **physical activity** in your **elementary schools**. (400 word limit. You can copy and paste from a Microsoft Word document into this space.)

-
- 42** What specific **challenges** did your LEA face in implementing 30 minutes of daily moderate to vigorous **physical activity** in your LEA's **elementary schools**. (400 word limit. You can cut and paste from a Microsoft Word document into this space.)

-
- 43** What specific **successes** did your LEA have as a result of implementing 30 minutes of daily moderate to vigorous **physical activity** in your **middle schools**. (400 word limit. You can copy and paste from a Microsoft Word document into this space.)

-
- 44** What specific **challenges** did your LEA face in implementing 30 minutes of daily moderate to vigorous **physical activity** in your **middle schools**? (400 word limit. You can copy and paste from a Microsoft Word document into this space.)

45 Does your SHAC use the *Effective School Health Advisory Councils: Moving from Policy to Action* manual?

YES

NO

Additional Comment

46 Has your LEA sent a representative or team to the annual Healthy Schools Institute in any year from 2003 to 2007? (previously named Healthful Living Institute and CSHP By The Sea)

YES

NO

47 If you answered NO above, please list the reasons for not being able to attend the Healthy Schools Institute. (previously named CSHP By the Sea or Healthful Living Institute) Please, mark all that apply.

- Financial restrictions
- Unaware of the event
- Could not assemble a team
- Summer is a bad time for health trainings/workshops
- Location of event
- Not a priority
- Other, Please Specify

48 Please check the ways in which your LEA has received technical assistance in implementing Coordinated School Health Programs and/or School Health Advisory Councils. (Mark all that apply.)

- Did not receive technical assistance
- Phone conversation with DPI staff
- E-mail correspondence with DPI staff
- Local site visit with DPI staff
- Meeting with DPI staff in Raleigh
- Attending training events provided by DPI
- Attending Health Schools Institute (HLI or CSHP By the Sea)
- DPI Teleconferences

- Attending training events provided by NC Comprehensive School Health Training Center
- Communications with state Public Health Staff
- Communications with other state agencies
- www.nhealthyschools.org
- Other, Please Specify



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49 Please rate the extent to which you feel that this web-based method of reporting your annual SHAC progress is useful.

Not useful, would rather mail it in	Useful	Very useful, continue this practice
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

50 Any final comments?

Thank you for completing the 2007 Healthy Active Children Progress Report. Please remember to print and save a copy of this page before clicking the final "Submit" button.

Contact Sherry Lehman, Section Chief for Healthy Schools/DPI, at 919-807-3859 or slehman@dpi.state.nc.us with questions concerning Sections 1 and 4 of this progress report.

Contact Kymm Ballard, PE, Athletics/Sports Medicine Consultant/DPI at 919-807-3858 or kballard@dpi.state.nc.us with questions concerning Sections 2 or 3 of this progress report.

When all reports have been collected electronically, they will be submitted to DPI leadership and the State Board of Education.



