

Policy to Practice: Assessment Tool



Focus:

Tobacco

2006

Dear Colleague,

The **Policy to Practice: Assessment Tool** is a self-assessment and planning guide designed to assist school communities with aligning their health-related policies and practices with New York State and federal laws and regulations, as well as research-based and best practice strategies. This **Assessment Tool** provides an opportunity for schools to consider how policies and practices might look if the essential components of establishing, enhancing and maintaining policies and practices that promote healthy and supportive learning environments and meaningful student involvement were embedded.

The **Assessment Tool** is most effective using a Coordinated School Health (CSH) approach. As in the CSH model, school community teams including youth, administrators, school board members, school staff members (teachers, nurses, counselors, support staff), parents, and community members collaboratively review health-related policies and their associated practices identifying strengths and challenges. After reviewing each section, the team highlights key points within the section, and describes evidence that demonstrates the rationale behind the selected scores.

The **Assessment Tool** has three sections each with descriptors and an overall score page. The three sections are: Developing/Overseeing/Communicating Policy, Curriculum/Instruction/ Assessment, and Supportive School Environment. Each of the descriptions has an opportunity for scores to range from '0' - 'not in place' to '3' - 'fully in place'. An overall score can be calculated at the end of each section. A summary scoring tool is available for your use on pages 34 and 35. Information that results from using the **Assessment Tool** may be helpful to school communities as they provide recommendations to their local boards of education. These recommendations should assist the school team and/or school board in revising and developing action plans for enhancing the school community and informing overall school improvement plans that impact on academic achievement, youth development and citizenship processes, as well as meet the requirements and standards set by No Child Left Behind and state regulations.

This tool is also available online. You can access it by going to our website www.nyssscenter.org. Once on the site go to Policy in the dropdown menu under Programs/Services; hit go. The tool is under the heading Related Information.

A companion Action Plan is also available on our website. If you have questions or would like assistance, please contact us at 585 - 344 -7570 or nyssscenter@gvboces.org.

Sincerely,

Kim McLaughlin
Executive Director
NYS Student Support Services Center

Policy to Practice Assessment Tool

Focus: Tobacco

Part I: Development/Overseeing/Communicating Policy

1. Existence of Policy

Clearly written policy exists, is current (updated within past 5 years), describes its relationship to other related policies and procedures/practices (including safety, attendance, student achievement, referrals, code of conduct, etc) and is board approved. Policy is reviewed on a regular basis by the Board of Education.

3 = Yes, and all facets of policy existence are operationalized and focus on the extent to which it can enhance and support, rather than restrict the learning environment.

2 = Yes, current and/or Board approved but without clear connections to other policies/procedures.

1 = Policy is Board approved but is outdated.

0 = Policy is missing.

Fit, Healthy, Ready to Learn, NASBE, 2000

School Health Index, Center for Disease Control and Prevention, 2005

Tobacco Policy:

Smoking shall not be permitted and no person shall smoke on school grounds or vehicles. Schools must prominently post 'no smoking' signs.

Clean Indoor Air Act, 2003

Tobacco use shall not be permitted and no person shall use tobacco on school grounds.

NYS Education Law 409(2) (2003)

Title IV: Part A: Safe and Drug Free Communities, Part C: Environmental Tobacco Smoke

Tobacco policy/practices clearly define purpose and goals of tobacco-use prevention efforts, link effective prevention education and tobacco-free environments, and promote coordination among all concerned with implementation.

Fit, Healthy, Ready to Learn, NASBE, 2000

Key Points:

Evidence:

2. Creation of Policy

Broad-based, representative Coordinated School Health (CSH)/ Wellness advisory council develops draft policy collaboratively with students having a significant voice and meaningful roles and responsibilities in a process that is consistent with district vision and mission, academic achievement, health, citizenship, and positive youth development goals. Terminology in policy is clear, well defined, and jargon-free.

- 3 = Active advisory council is representative of the entire school community (including youth and non-school related family/community members) and works in all these ways to enhance a supportive learning environment using a CSH approach. Terminology consistently defined in all appropriate places within the policy/practices.**
- 2 = Advisory council is active and has youth representation. Terminology inconsistently defined throughout the policy/practices.**
- 1 = Advisory council exists, but is devoid of youth involvement and/or non-school related family/community involvement and/or is misaligned with district vision/mission. Terminology rarely defined.**
- 0 = No advisory council exists or is inactive. Terminology is vague and undefined.**

Fit, Healthy, Ready to Learn, NASBE, 2000

School Health Index, Center for Disease Control and Prevention, 2005

CASEL, May 2000 Journal of School Health

Research You Can Use to Improve Results, NWREL 1999

Tobacco Policy:

It is recommended that the Tobacco-Free school Policy Committee be a team that consists of staff, students, parents, and community members.

NYS Tobacco Control Program Policy Toolkit, 2006

"Smoking" means the burning of a lighted cigar, cigarette, pipe or any other matter or substance which contains tobacco.

NYS Clean Indoor Air Act, § 1399-n. Definitions

Subscriptions for school library journals include only those that have tobacco-free advertising.

NYS DOH Tobacco Control Program, 2005

Without exception, the use of smokeless tobacco, such as snuff and chewing tobacco, is prohibited on school grounds at all times.

Public Health Law: Article 13-E and 13-F

Tobacco policy/practices clearly define purpose and goals of tobacco-use prevention efforts, link effective prevention education and tobacco-free environments, and promote coordination among all concerned with implementation.

Fit, Healthy, Ready to Learn, NASBE, 2000

Key Points:

Evidence:

3. Content of the Policy

Details specific to policy implementation are incorporated into the policy framework and are consistent with district implementation protocols.

3 = Details specific to policy implementation are incorporated into the policy framework, are consistent with district implementation protocols and clearly go above and beyond the recommendations.

2 =Details specific to policy implementation are incorporated into the policy framework and are consistent with district implementation protocols.

1 = Details specific to the policy are referred to in vague language and/or are missing in the implementation protocols.

0 = Details specific to the policy are missing.

School Health Index, Center for Disease Control and Prevention, 2005

Fit, Healthy, Ready to Learn, NASBE, 2000

Tobacco Policy:

Tobacco advertising is prohibited.

School Health Index, Center for Disease Control and Prevention, 2005

The Attorney General Master Settlement Agreement with the five largest tobacco companies prohibits them (among other things) from direct and indirect marketing and advertising to youth less than 18 years of age.

<http://www.ncsl.org/statefed/tmsasumm.htm>

Prohibitions and sanctions against tobacco use are consistent for staff, students, parents/families, and visitors to the campus.

Fit, Healthy, Ready to Learn, NASBE, 2000

SAVE legislation, Education Law 2801, 2001

Key Points:

Evidence:

4. Overseeing of Policy

Broad-based, representative Coordinated School Health (CSH)/ Wellness advisory council meets regularly to review data and effectiveness in relation to policy, procedures and programs using a CSH approach and recommends policy to the School Board. Policy is

reviewed on a regular basis by the Board of Education.

- 3 = Advisory council is representative of the school community and operationalizes oversight in all these ways to enhance a supportive learning environment.**
- 2 = Advisory council exists, has youth and non-school related family and community representation and attempts to use a CSH approach, but does not consistently use relevant data when assessing goals or making recommendations.**
- 1 = Advisory council exists, but is devoid of youth involvement and/or the CSH approach.**
- 0 = No advisory council exists or is inactive and/or does not use data.**

Fit, Healthy, Ready to Learn, NASBE, 2000
NCLB 2001

Tobacco Policy:

Districts must review code of conduct annually. Updates to a code require at least one public hearing. Every school district must file a code of conduct with the Commissioner of Education.

SAVE legislation, Education Law 2801, 2001

Key Points:

Evidence:

5. Communicating and Enforcing the Policy

New and returning staff, students, parents, and visitors are oriented to the policy and procedures on a regular, ongoing basis, and have written procedures for addressing, tracking, and taking corrective action for violations among staff, students, and visitors. Specific staff are designated to be responsible for enforcing the policy. Policy promotes "strength based" consequences rather than adhering to "zero tolerance" ramifications. Policy is posted and visible. In addition, a public hearing is held on an annual basis for the community to respond.

- 3 = Yes, policy is communicated and enforced in ways that enhance a supportive learning environment and share the responsibility for policy adherence. School community members clearly model the expected behaviors and prompt others in positive ways to adhere to the expectations, emphasizing the supportive environment as the cultural norm of the school. Families, staff, students and the community are oriented to the policy through signs, written communications and positive prompts at school events. Positive incentives are in place to**

promote supportive adherence.

2 = All staff and students are oriented to the policy each year and specific staff are designated to enforce the policy. Family/community members are oriented to the policy through signs, written communications and public posting of the policy.

1 = New staff and students are oriented to the policy each year; it is unclear who is designated to enforce the policy. Policy is not posted as required or is placed in hard to see areas.

0 = Policy is missing or policy posting is missing.

Fit, Healthy, Ready to Learn, NASBE, 2000

School Health Index, Center for Disease Control and Prevention, 2005

Beyond Zero Tolerance, Drug Policy Alliance, 2005

Sample Policy, NYSSBA, 2006

Tobacco Policy:

Smoking shall not be permitted and no person shall smoke on school grounds or vehicles. Schools must prominently post 'no smoking' signs.

Clean Indoor Air Act, 2003

Tobacco use shall not be permitted and no person shall use tobacco on school grounds.

NYS Education Law 409(2) (2003)

Title IV: Part A: Safe and Drug Free Communities, Part C: Environmental Tobacco Smoke

Code of conduct must contain guidelines for education of staff so they can implement policy on school conduct and discipline effectively. Code of conduct must cite unacceptable dress, inappropriate language and behavior and identify related disciplinary measures.

SAVE legislation, Education Law 2801, 2001

Key Points:

Evidence:

6. Intent and Rationale of Policy

Policy rationale and intent are research-based, strength-based and comprehensive with well-articulated relationships to other policies and/or procedure areas clearly stated. Policy is clearly linked to the school vision and mission, and research demonstrating a relationship to academic achievement, health, citizenship, and/or positive youth development and justifies policy to the entire school community.

3 = Policy is strength-based, comprehensive, and clearly articulates with other related policies. There is no question about its relationship to school

vision/mission, academic achievement, health, citizenship, and/or youth development.

2 = Policy is comprehensive and its relationship to the regulation or need in the school community as well as to related policies/procedures is apparent and easily justified to the community, however is problem-based. The relationship to school vision/mission, academic achievement, health, citizenship, and/or youth development is weak.

1 = Policy is stated as a response to a problem area in the school community and/or has little relationship to other policy areas or to academic achievement and/or school vision/mission.

0 = Intent and/or rationale for policy is missing.

Guidance Document for Achieving the NYS Standards in Health Education, 2005
Fit, Healthy, Ready to Learn, NASBE, 2000

Tobacco Policy:

Clearly articulated school policies, applied fairly and consistently, can help students decide to not use tobacco. A comprehensive policy should frame tobacco use as a serious health issue that needs to be addressed by the educational system, not simply a discipline problem.

Fit, Healthy, Ready to Learn, NASBE, 2000

Key Points:

Evidence:

7. Assessment

Policy requires regular, ongoing assessment and evaluation based on a variety of reliable data sources, including results of local, state, and national assessments and trends. Assessment protocols are standardized and review areas of strength as well as areas of deficit as they relate to school vision/mission, academic achievement, health, citizenship, and/or youth development and take into consideration their effectiveness and the fairness and consistency of their administration and the contributions they make to a supportive learning environment

3 = Yes, policy is consistently assessed in all of these ways.

2 = Policy assessment occurs on a regular basis, but reliable data sources are limited and/or inconsistently used; trend data may be considered. Protocols for review generally reflect areas of deficit and relationship to school vision/mission, academic achievement, health, citizenship, youth development, and/or

supportive learning environments are weak.

1 = Policy assessment is inconsistent and/or is reviewed without use of reliable data sources. Review usually occurs as a direct result of administrative directives or when an area of deficit has been identified. Protocols for review ignore the relationship to school vision/mission, academic achievement, health, character education, and/or youth development.

0 = Policy assessment is missing or is not based on data. Protocols for review are missing.

NCLB, 2001

CASEL, May 2000 Journal of School Health;

Commissioner's Regulations Section 2801

Tobacco Policy:

Districts must review Code of Conduct annually.

SAVE legislation, Education Law 2801, 2001

CDC, Best Practices for Comprehensive Tobacco Control Programs, 1999

Key Points:

Evidence:

8. Youth Engagement

Policy clearly outlines a Supportive Learning Environment that encourages youth involvement in meaningful, developmentally appropriate ways such as: opportunities to participate, collaborate, and offering service as school community partners, as well as have opportunities for self-directed learning that clearly relate to school vision/mission, academic achievement, health, citizenship, and/or youth development.

3 = Yes, in all of these ways and provides youth with opportunities to more fully understand the importance of the policy and their roles in relation to school vision/mission, academic achievement, health, citizenship, and/or youth development.

2 = Student involvement is the result of a requirement for policy development or program implementation or request by others and/or is unrelated to school vision/mission, academic achievement, health, citizenship, and/or youth development.

1 = Student involvement is suggested as the ideal, but not required and is unrelated to school vision/mission, academic achievement, health, citizenship,

and/or youth development.

0 = Mention of student involvement opportunities in the policy is missing.

School Health Index, Center for Disease Control and Prevention, 2005

Tobacco Policy:

It is recommended that the Tobacco-Free School Policy Committee be a team that consists of staff, students, parents, and community members.

NYS Tobacco Control School Policy Toolkit, 2006

Key Points:

Evidence:

9. Family/Community Engagement

Policy clearly encourages non-school related family/community involvement and partnership in education development, implementation and assessment of policy.

3 = Yes, in all of these ways and provides opportunities to more fully understand the importance of the policy and their roles in relation to school vision/mission, academic achievement, health, citizenship, and/or youth development.

2 = Family/community involvement is only required for policy development or program implementation.

1 = Family/community involvement is considered ideal, but not required or employees of the school fill these roles.

0 = No mention of family/community involvement in the policy.

Fit, Healthy, Ready to Learn, NASBE, 2000

NCLB, 2001

Tobacco Policy:

It is recommended that the Tobacco-Free School Policy Committee be a team that consists of staff, students, parents, and community members.

NYS Tobacco Control School Policy Toolkit, 2006

Key Points:

Evidence:

Part II: Curriculum/Instruction/Assessment

10. Staff

Policy requires a School Health Coordinator (with specific program responsibilities), certified health and physical educators at the secondary level, instruction in physical education (or minimally by the regular elementary classroom teacher under the guidance of a certified physical education teacher) and instruction in health by the regular classroom teacher at elementary levels. Nurses, pupil personnel, guidance, nutrition, physical educators, health educators, and other health-related professionals have certification as required by their professions.

3 = Policy reflects a commitment to go beyond the minimum requirements to ensure quality professionals within the school community as part of a supportive learning environment.

2 = Policy ensures that a School Health Coordinator exists, has certified educators as required, and most of the health-related professionals have certifications as required in their professions.

1 = Policy ensures certified educators as required without mention of other staff qualifications.

0 = Policy is missing or makes no reference to staff qualifications or health coordinator.

NYS Commissioner's Regulations, Part 135

NYS Commissioner's Regulations, Part 100

Fit, Healthy, Ready to Learn, NASBE, 2000

School Health Index, Center for Disease Control and Prevention, 2005

NYS Education Law - Article 19

NYS Education Law-Article 17, Section 804

Tobacco Policy:

Policy requires a School Health Coordinator, certified health and physical educators at the secondary level, and instruction by the regular classroom teacher and supervision of physical education by a certified PE teacher at elementary levels.

NYS Commissioner's Regulations, Part 135

Key Points:

Evidence:

11. Professional Development

Policy requires all education-related staff to attend ongoing professional development on specific health-related topics. The professional development activities provide knowledge about the specific health topic AND SKILL PRACTICE in effective culturally appropriate instructional techniques and strategies. It adheres to sound methods of instructional psychology and promotes staff comfort, confidence and capacity to deliver the education and enforce the policy.

3 = Professional development is directly related to school vision/mission, academic achievement, health, citizenship, and/or youth development, is regular and ongoing, providing opportunity for practice and feedback in authentic situations within the school community, is open to any school community member and openly encouraged by school board, administration, and family/community.

2 = Professional development is ongoing, provides knowledge about the health topic and is open to any education-related staff member.

1 = Professional development provides knowledge only about the health topic and/or is only required for specific new staff members or if requested by others.

0 = Requirements for professional development of staff is deficit-based or in response to an identified area of concern or request.

Fit, Healthy, Ready to Learn, NASBE, 2000

Evaluating HIV Staff Development Programs, CDC, undated

Guidance Document for Achieving the NYS Standards in Health Education, 2005

Key Points:

Evidence:

12. Health Education Scope and Sequence/Curriculum and Assessment

Policy requires commitment to assess NYS Health, Physical Education and Family/Consumer Sciences Standards and Indicators in near authentic/authentic ways through the use of culturally appropriate education strategies at every level. The K-12 instructional program: (1) includes strategies that are standards-based, strength-based, learner-centered (developmentally appropriate), and skills-based, (2) the curriculum addresses enduring understandings and functional knowledge for the health-related topic and (3) the curriculum encourages student interaction with family and community.

3 = Yes, authentically assessed and culturally appropriate at every level.

2 = Policy requires assessment of the Health, Physical Education, and Family/Consumer Sciences Education Standards at Commencement level.

Health Education instruction is standards-based, skills-based, and addresses functional knowledge for health-related topics with skills infused into the instructional program. Student - family/community interaction is limited.

1 = Program policy for instruction is problem-based and/or requires instruction in content areas only. Student - family/community interaction is missing.

0 = Policy is missing.

Guidance Document for Achieving the NYS Standards in Health Education, 2005

NYS Commissioner's Regulations, Part 135

School Health Index, Center for Disease Control and Prevention, 2005

CDC Best Practices for Comprehensive Tobacco control Programs, 1999

Tobacco Policy:

NYS Health, Physical Education, Family and Consumer Science Standards and Indicators drive curriculum and instruction

NYS Health Education: sequential, skills-based health education program (including instruction concerning the misuse of alcohol, tobacco and other drugs) for all pupils, grades K-6; required half semester each for all pupils in both the junior and senior high school.

All schools shall include, as an integral part of health education, instruction so as to discourage the misuse and abuse of alcohol, tobacco, and other drugs and promote attitudes and behavior that enhance health, well being, and human dignity.

NYS Commissioner's Regulations, Part 135

Guidance Document for Achieving the NYS Standards in Health Education, 2005

NYS Education Law Article 17 Section 804

Key Points:

Evidence:

13. Health and Wellness Program Design - Sequencing

Policy indicates that sequential efforts are implemented through the health education program in EACH grade, pre-K through 12 using a Coordinated School Health approach.

3 = Yes, policy indicates a sequence of program efforts and use of CSH approach that directly aligns with the school vision/mission, academic achievement,

citizenship, and/or youth development as part of a supportive learning environment.

2 = Policy refers to sequence of program efforts and use of CSH approach but has limited relationship to school vision/mission, academic achievement, character education, and/or youth development.

1 = Policy ignores any reference to sequence of program efforts and use of CSH approach.

0 = Policy is missing.

Fit, Healthy, Ready to Learn, NASBE, 2000

Guidance Document for Achieving the NYS Standards in Health Education, 2005

School Health Index, Center for Disease Control and Prevention, 2005

NYS Commissioner's Regulations, Part 135

Key Points:

Evidence:

14. Integration

Policy requires (1) related risk reduction and prevention concepts be integrated into instruction of other subject areas (2) collaboration with community agencies/groups conducting prevention education (3) guest speakers who are oriented to relevant policies of school/district.

3 = Yes, policy requires these strategies and insists on a clear correlation to school vision/mission, academic achievement, health, citizenship, and/or youth development.

2 = Policy suggests/recommends that these strategies be used but relationship to school vision/mission, academic achievement, health, citizenship, and/or youth development is weak or missing.

1 = Policy offers the possibility of integrating some of these strategies without identification of how it relates to a supportive learning environment.

0 = Policy is missing or does not require integration of these strategies.

Fit, Healthy, Ready to Learn, NASBE, 2000

Guidance Document for Achieving the NYS Standards in Health Education, 2005

CDC Best Practices for Comprehensive Tobacco control Programs, 1999

Tobacco Policy:

Policy promotes good coordination of effort among all those concerned with implementation of tobacco policy/practices.

Fit, Healthy, Ready to Learn, NASBE, 2000

Key Points:

Evidence:

Part III: Supportive School Environment

15. Surveys

Policy clearly describes the rationale and restrictions placed on surveys that either reinforce or supplement federal and state laws regarding active and passive consent and types of questions that may be asked of students in any survey.

3 = Yes, in all of these ways. Rationale clearly justifies the survey and its relationship to school vision/mission, academic achievement, health, character education, and/or youth development. Results are used to inform policy development.

2 =Rationale for topic-specific surveys is included; active and passive consent is addressed in the policy.

1 = Policy is limited to passive consent references for topic-specific surveys.

0 = Policy is missing; passive consent is assumed.

FERPA 20 U.S.C. 1232h

NCLB, 2001

Key Points:

Evidence:

16. Professional development

Policy requires all staff to attend annual professional development in topic-related health and safety strategies and/or precautions.

3 = Yes, all parts of this element are clearly articulated in the policy.

2 = Policy is limited to specific staff with work-related health and safety functions.

1 =Vague reference to professional development exists.

0 = Policy is missing.

OSHA 29 CFR Part 1910.1030

Key Points:

Evidence:

17. Attendance, employment, and participation

Policy clearly and fully describes the approval process for guest visitations and for attendance, employment and participation options, opportunities, and consequences for staff, students, and families in compliance or violation of policy.

3 = Yes, policy is exists and is communicated in ways that enhance a supportive learning environment and share responsibility for policy adherence. School community members clearly model the expected behaviors and prompt others in positive ways to adhere to the expectations, emphasizing the supportive environment as the cultural norm of the school. Families, staff, students and the community are oriented to the policy through signs, written communications and positive prompts at school events. Positive incentives are in place to promote supportive adherence to the policy.

2 = Policy indicates employment and/or attendance options and consequences for staff and students in compliance or violation of policy which are communicated regularly.

1 = Policy is limited to consequences for violation of policy.

0 = Policy is missing.

Education Law, Section 913

Education Law, Section 903

Americans with Disabilities Act, 1990

Commissioner's Regulations, Part 200

Section 504 Rehabilitation Act of 1973

School Health Index, Center for Disease Control and Prevention, 2005

Tobacco Policy:

Districts must review code of conduct annually. Updates to a code require at least one public hearing.

Every school district must file a code of conduct with the Commissioner of Education.

SAVE legislation, Education Law 2801, 2001

Smoking shall not be permitted and no person shall smoke on school grounds or vehicles. Schools must prominently post 'no smoking' signs.

Clean Indoor Air Act, 2003

Tobacco use shall not be permitted and no person shall use tobacco on school grounds. NYS Education Law 409(2) (2003)

Clean Indoor Air Act (2003)

NCLB, 2002; Title IV: Part A: Safe and Drug Free Communities, Part C: Environmental Tobacco Smoke

Code of conduct must contain guidelines for education of staff so they can implement policy on school conduct and discipline effectively. Code of conduct must cite unacceptable dress, inappropriate language and behavior and identify related disciplinary measures.

SAVE legislation, Education Law 2801, 2001

Key Points:

Evidence:

18. Confidentiality

Policy assures confidentiality and either reinforces or supplements HIPAA - Health Insurance Portability and Accountability Act and FERPA - Family Education Rights and Privacy Act (and has appropriate disciplinary ramifications) and requires all staff and volunteers to attend ongoing professional development in confidentiality. Parental notification procedures are clearly outlined and include health care information and services, student records, student safety information, etc.

3 = Yes, in all these ways and is communicated and enforced in ways that enhance a supportive learning environment and share the responsibility for policy adherence. School community members clearly model the expected behaviors and prompt others in positive ways to adhere to the expectations, emphasizing the supportive environment as the cultural norm of the school. Families, staff, students and the community are oriented to the policy through signs, written communications and positive prompts at school events. Positive incentives are in place to promote supportive adherence.

2 = Policy assures confidentiality and either reinforces or supplements HIPAA and FERPA. Parental notification encompasses a wide range of information and services.

1 = Policy assures confidentiality. Parental notification procedures are limited to health care and related services.

0 = Policy is missing.

FERPA - 20 U.S.C. 1232h
HIPAA, Public Law 104-191

SED, Professional Conduct Regulations, Section 29.1 (g)
School Health Index, Center for Disease Control and Prevention, 2005

Key Points:

Evidence:

19. Harassment

Policy describes its relationship to other policies and procedures/practices, such as cultural proficiency, equity, bullying and harassment, confidentiality, and sexual orientation as well as to school vision/mission, academic achievement, health, citizenship, and/or youth development.

3 = Policy relationships are clearly articulated and referenced.

2 = Policy relationships are cited.

1 = Policy relationships can be inferred.

0 = Policy is missing.

NYS SAVE 2000, Education Law 2801

No Child Left Behind. 2001

NYS Code of Conduct, 2000

Title VII of Civil Rights Act

Title IX of Education Amendments of 1972

Key Points:

Evidence:

20. Coordinated School Health Approach

Policy displays a supportive learning environment in which a Coordinated School Health approach with school nurse, pupil personnel, and other staff members collaborating with each other, students and family/community members to reinforce and promote healthy, as well as risk reduction and risk prevention lifestyles and reduce barriers to learning.

3 = Yes, CSH approach and collaboration is explicitly required. Coordination among the variety of professionals and programs is clearly visible and accessible to all students.

2 = CSH approach and collaboration is recommended but not required. School offers a variety of program options but lack of coordination among them leaves some students out.

- 1 = CSH approach and collaboration can be inferred but is not explicit. School offers limited programming or many students can not access them.**
- 0 = Policy is missing. Limited programming is available to students who request it.**

Fit, Healthy, Ready to Learn, NASBE, 2000

School Health Index, Center for Disease Control and Prevention, 2005

Guidance Document for Achieving the NYS Standards in Health Education, 2005

Tobacco Policy:

Policy/practices identify actions to be taken to help staff and students overcome tobacco addiction.

Fit, Healthy, Ready to Learn, NASBE, 2000

Key Points:

Evidence:

21. Comprehensive Program Plan

Policy delineates a comprehensive plan that includes a strength-based approach to supporting healthy behaviors, prohibition of health-risk behavior advertising, promotion of abstinence to risk behaviors, counseling and/or referrals for students and staff, cooperation with community-wide efforts and strategies to involve family members in program development and implementation.

3 = Yes, policy clearly articulates all of these ways and directly links them to the school vision/mission, academic achievement, health, citizenship, and/or youth development with school community members modeling and encouraging health-promoting behaviors for all.

2 = Policy promotes abstinence to risk behaviors, prohibits health-risk behavior advertising, and offers community-wide strategies and referrals for students and staff.

1 = Policy prohibits health-risk behavior advertising for students.

0 = Policy is missing.

Fit, Healthy, Ready to Learn, NASBE, 2000

Guidance Document for Achieving the NYS Standards in Health Education, 2005

NYS, SAVE, 2000

Tobacco Policy:

Subscriptions for school library journals include only those that have tobacco-free advertising.

NYS DOH Tobacco Control Program, 2006

Pediatricians should become involved in their communities and play important roles in the leadership, direction, and function of a school health program.

American Academy of Pediatrics: 2005

Key Points:

Evidence:

22. Access to Health Care

Policy states that the school/district will provide easy access to free or low-cost physical health screening for staff and information about accessing health-related assessment or testing yearly.

3 = Yes, policy exists and adds opportunities for students and family/community members, as well.

2 = Access is limited to staff members.

1 = Access is limited to information or for specific staff members only.

0 = No mention of access or access is denied.

Education Law 913

School Health Index, Center for Disease Control and Prevention, 2005

Tobacco Policy:

There are programs available for staff for tobacco cessation

School Health Index, 2005

Key Points:

Evidence:

Policy to Practice: Assessment Tool

Overall Score

For each of the 3 sections, place an X in the column where the score falls.

	Low 0-20%	21-40%	Medium 41-60%	61-80%	High 81-100%
Part I					
Part II					
Part III					

<i>Part I: Developing/Overseeing/Communicating Policy</i>				
	Fully in Place	Partially in Place	Under Development	Not in Place
	3	2	1	0
1. Existence of Policy				
2. Creation of Policy				
3. Content of the Policy				
4. Overseeing of Policy				
5. Communicating and Enforcing the Policy				
6. Intent and Rationale of Policy				
7. Assessment				
8. Youth Engagement				
9. Family/Community Engagement				
Total columns				
Total points (all columns added together)				
Total Score (Total points/27 x 100)				

<i>Part II: Curriculum/Instruction/Assessment</i>				
	3	2	1	0
10. Staff				
11. Professional Development				
12. Health Education Scope and Sequence/Curriculum and Assessment				
13. Health and Wellness Program Design – Sequencing				
14. Integration				
Total columns				
Total points (all columns added together)				
Total Score (Total points/15 x 100)				
<i>Part III: Supportive School Environment</i>				
	3	2	1	0
15. Surveys				
16. Professional Development				
17. Attendance, Employment, and Participation				
18. Confidentiality				
19. Harassment				
20. Coordinated School Health Approach				
21. Comprehensive Program Plan				
22. Access to Health Care				
Total columns				
Total points (all columns added together)				
Total Score (Total points/24 x 100)				

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