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# *State of Maine* Guidelines for Coordinating School Health Programs



Maine Department of Education  
and  
State Department of Human Services  
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STATE OF MAINE  
STATE BOARD OF EDUCATION  
AUGUSTA, MAINE  
04333-0023

ANGUS S. KING, JR.  
GOVERNOR

To all those who are vested in the Health and Education of Maine Students:

The State Board of Education is pleased to endorse *State of Maine Guidelines for Coordinating School Health Programs*. Education is America's number one domestic policy issue. It is the mission of the State Board of Education to provide leadership by advocating, promoting and improving education policy and life-long learning for Maine people, particularly its children. In the pursuit of educational excellence it is evident we must also pursue healthy schools and healthy students.

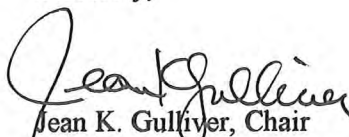
This guide joins *Maine Learning Results* to provide the foundation for achieving the following goals of the state board:


- To ensure that Maine schools provide a learning environment that allows and encourages all students to reach their fullest potential.
- To advocate for the reform of state and local policies as related to educational funding, while enhancing learning opportunities and support systems through the efficient use of resources to accomplish essential services.
- To advocate for the reform of state policies that are necessary to provide school facilities, which support a safe, healthy, adequate learning environment, and to assure the long-term commitment to finance and maintain those facilities.
- To promote the worth of all children and their families through an integrated program of mental and physical wellness and social services.
- To promote parent, business, and community involvement in schools.

For the first time, *State of Maine Guidelines for Coordinating School Health Programs* gives all Maine communities and their School Administrative Units a systemic framework for creating healthy schools and healthy students so no child gets left behind in his/her pursuit of a quality education. We hope you will choose to use this guide to support the health and education of your students, their families and all those who work so hard in your schools to teach and support your children as learners. We further hope that you will use this guide to partner with families and others in the community who also support children as learners.

We wish to thank all those who have worked to make this guide possible. Be sure to visit the state web site for Coordinating School Health Programs at [www.maineeshp.com](http://www.maineeshp.com) for further information.

Sincerely,

  
Jean K. Gulliver, Chair  
Maine State Board of Education

  
Joyce McPhetres, Vice Chair  
Maine State Board of Education



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# Preface

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**Greatness resides in every child  
and it is our task to uncover it.**

— *Maurice Elias*

## PURPOSE

The *State of Maine Guidelines for Coordinating School Health Programs* has two primary purposes. The first purpose is to focus discussion on and develop consensus concerning the role of schools in contributing to youth health and education. It is designed to be a partner document to the *State of Maine Learning Results*, the *Maine Marks* and *Healthy People 2010* health objectives for the nation. The guide is based on the premise that:

- All students should have the opportunity to be fit, healthy and ready to learn.
- Schools and communities need to work collaboratively so they are ready to help children become healthy, productive citizens.
- Healthy children make better students, and better students make healthy communities.
- Students' physical, social, and emotional development needs ongoing support and assessment as does their academic development.

The second purpose of the guide is to provide general directions and assessment indicators for local schools regarding the development of coordinated and quality school health programs.

## BACKGROUND OF MAINE'S INITIATIVE

Maine is one of twenty states to receive funding from the US Centers for Disease Control and Prevention, Division of Adolescent and School Health, to establish a statewide system for coordinating school health programs. The grant supports the creation, improvement and sustainability of a system for coordinating the school-related programs and services of Maine state agencies. This system is designed, in turn, to help support and guide local Maine communities as they promote the health and learning of all students.

## ORGANIZATION OF THE GUIDE

There are nine sections in *State of Maine Guidelines for Coordinating School Health Programs*. Section A describes the critical process for coordinating all of the activities that contribute to healthy schools and healthy students. Section B through Section I provide details about the eight components of a quality and coordinated program as identified by the Centers for Disease Control.



The organization of the component sections is modeled after the *State of Maine Learning Results* (1997) which identifies essential knowledge and skills to be achieved by all Maine Students. Each component section has four parts:

- Component definition and rationale
- Guidelines (for quality programming)
- Indicators (descriptors for measuring progress in implementing a quality component).
- Resources ( State and national organizations and contact people, as well as web sites and print resources that can support implementation).

The organization of the coordination section is somewhat different from that of the component sections. It provides:

- A definition, description and rationale for coordinating school health programs.
- Best practices in coordinating school health programs (equivalent to the *guidelines* for the component areas)
- Steps to coordinate a school health program. (These steps can also be used as indicators to monitor the progress of the coordination process).

The pages for each section are numbered independently to facilitate use by health professionals with primary responsibility for one or two components. **It is always recommended that component area leaders use and distribute the first section on coordination with the guidelines for the individual component areas in order to improve coordination and cooperation.**

## **A WORK IN PROGRESS**

Health knowledge and services are expanding and changing rapidly. In order to stay current this document will be reviewed and revised annually. Revisions will be electronically posted on the Maine school health web site at [www.maineeshp.com](http://www.maineeshp.com). Your feedback is always welcome and may be sent via the web site.

Thanks again to the many people who have contributed to this document. We hope that readers will find it helpful in addressing the health and education needs of students.

# *Coordinating School Health Programs: A Guide for Maine Schools*

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**Far and away the best prize that life offers is  
the chance to work hard at something worth doing!**

*- Theodore Roosevelt*





# Guidelines for Coordination

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**Healthy kids make  
better students.  
Better students make  
healthy communities.**

*Nora Howley, CCSSO 1999*



**School systems are not responsible for meeting every need of their students. But where the need directly affects learning, the school must meet the challenge. So it is with health.**

— *Carnegie Council on Adolescent Development, 1991*

# Guidelines for Coordination

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# Guidelines for Coordination

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## DESCRIPTION OF A COORDINATED 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.

## DEFINITION

A model that is commonly used for organizing a quality school health program consists of eight interrelated components (Kolbe and Allensworth, 1987). The components have been adapted as follows for Maine:

***School Nutrition and Food Services:*** Food and snacks available at school and at school events that are balanced and nutritious.

***Physical Education and Physical Activity:*** Physical education classes that promote physical fitness, motor skills, social and personal interaction and life-long physical activity.

***Comprehensive School Health Education:*** Kindergarten through high school health education curriculum that is sequential and developmentally appropriate, and that includes instruction and assessment.

***School Climate:*** A school atmosphere supported by programs and policies that nurture positive behavior, assure safety, and promote a feeling of belonging and respect for all students, staff and families.

***Physical Environment:*** Safe and aesthetic physical structures, school grounds and transportation.

***Youth, Parent, Family and Community Involvement:*** Participation of these groups in policy and program development and integration of community providers with schools.

***School Counseling, Physical and Behavioral Health Services:*** Physical health and behavioral health services, including substance abuse services, that meet the needs of all students.

***Health Promotion and Wellness:*** Work-site health promotion programs that encourage and support staff in pursuing healthy behaviors and lifestyles.



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## RATIONALE FOR COORDINATING SCHOOL HEALTH PROGRAMS

A coordinated approach:

- Provides a more efficient and effective way to use existing resources to meet the needs of students and staff. Currently funding for school programs is often categorical (issue specific) and programs are fragmented, with many gaps and overlaps.
- Contributes to the equality of students' opportunity to learn and to achieve Maine's *Learning Results* criteria across school systems.
- Increases the potential impact of individual components. (Allensworth, 1994).

There is evidence that shows the positive impact of one or more components on student health and learning outcomes. School administrators (McKenzie and Richmond, 1998) also report that coordinating health initiatives results in:

- Reduced absenteeism
- Fewer classroom behavior problems
- Improved academic performance
- Greater interest in healthy diets
- Increased participation in fitness activities
- Delayed onset of certain health risk behaviors
- Less smoking among students and staff
- Lower rates of teen pregnancy

It is anticipated that these positive effects on student and staff health will in turn help to achieve the *Healthy People 2010* overall goals of:

- increasing the quality and years of healthy life, and
- eliminating health disparities (U.S. Department of Health and Human Services, 2000).

## BEST PRACTICES

Education and health professionals have learned a great deal about "best practices" for promoting healthy schools and students. If this knowledge were broadly applied in schools and communities, the potential impact on health and learning would be substantial. Implementation of best practices would transform our schools and go beyond "tinkering at the margins of the health and educational attainment of our children" (Degraw, 1994).

# Guidelines for Coordination

Experts in school health generally agree that quality programs share the following elements:

## SCHOOL HEALTH PROGRAM ELEMENTS OF EXCELLENCE

### 1. Administrative support and commitment

- School and district administrators view health promotion as an essential part of the education mission of the school and provide public support and resources for the program.

### 2. A coordinator

- A competent and properly prepared professional is designated to coordinate school health program/school health team activities.

### 3. A collaborative/team approach

- A school health advisory group(s) with a common vision meets regularly and has clearly defined roles and established priorities.

### 4. Strong school/community links

- The school builds partnerships with families, community organizations and the community at large.
- The school health program links with other health and social service providers and programs in the community to increase access to services.

### 5. Adequate time and funding

- School health activities, the coordinator and school health advisory group(s) are supported by resources and time over multiple years.

### 6. Professional development

- Coordinators and other staff receive training that helps them to work collaboratively across disciplines and with families and community groups.

### 7. A safe and supportive environment for staff and students

- Policies and programs promote clear, high expectations and positive health choices for staff and students.
- Consistent and reinforcing health-enhancing messages are communicated and modeled by multiple sources (e.g. nutrition education is reinforced by lunchroom offerings).

## STEPS AT A GLANCE

The following is a snapshot of the steps for coordinating quality school health programs. For more detailed information and sample tools for completing the steps, refer to the Resource List at the end of this section, or contact the Director of Coordinated School Health Programs at the Maine Department of Education or Department of Human Services to obtain a copy of the *School Health Coordinator Toolbox*.



# Guidelines for Coordination

The steps describe essential structures and processes, and are divided into five categories or stages:

- Stage A: Establishing Essential Structures
- Stage B: Assessing Need
- Stage C: Planning
- Stage D: Implementation and Evaluation of Process
- Stage E: Evaluation, Celebration and 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.

The steps are designed for school administrative units, such as the Healthy Maine Partnership sites, that have hired a person to coordinate their school health programs. Schools or units without a coordinator would need to work toward hiring a coordinator by completing preliminary activities such as the following:

## GETTING STARTED: PRELIMINARY STEPS

**Meet informally with a small group of community members and/or school staff.**

- ▶ Share perceptions about the need for and benefits of Coordinated School Health Programs in the local school administrative unit. Discuss the possibility of forming a School Health Council and hiring a coordinator.

**If interest is sufficient, organize an ad hoc group or task force<sup>1</sup> to develop an advocacy plan for CSHP. Include the following types of activities in this plan:**

- ▶ Gather general information about 1) student health needs, 2) quality and coordination of existing school health programs, 3) existing school health-related committees, 4) state mandates regarding the components of school health programs, and 5) best practices for school health programs.
- ▶ 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.
- ▶ Decide which member of your ad hoc group will contact which formal and informal leaders in the school and community to increase awareness and assess support/readiness.
- ▶ Recruit help from influential school decision-makers who strongly support CSHP implementation.
- ▶ Make presentations and distribute information to build awareness and support among community and school groups.

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<sup>1</sup> This group is external to the governance structure of the School Administrative Unit

# Guidelines for Coordination

## **Support/encourage the adoption of a school policy and the allocation of resources for CSHP.**

- ▶ Support the school board and administration as they take these important steps to coordinate health-related programs. The policy may include the purpose of CSHP, guidelines for the formation of a school health council and/or leadership team, a description of the roles and responsibilities of the school health coordinator, and how both council and coordinator would fit within the administrative structure.
- ▶ Advocate for a budget to include funds to hire at least a part-time school health coordinator and to cover the activities of a school health leadership team and/or school health advisory council.

## **Offer to help during the transition period.**

- ▶ Help to recruit and/or interview qualified candidates for the school health coordinator position.
- ▶ Offer to participate in the leadership team or advisory council for CSHP.

## **STAGE A. ESTABLISHING ESSENTIAL STRUCTURES**

### **Step 1. Hire 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 in, and coordination of, school health programs. (See *School Health Coordinator Toolbox* for more details.)
- ▶ Providing direct services, teaching health education and coaching are *not* appropriate responsibilities for the coordinator.
- ▶ A written and approved job description 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 CSHP, especially the positive impact on health, which in turn affects educational success.
- ▶ Explain the connections between the instructional components of your work plan and the State of Maine *Learning Results*.
- ▶ Connect the coordination of the school health program to other “hot topics” and priorities for school improvement, e.g., development of local codes of conduct for students based on the report of the Maine Commission on Ethical and Responsible Student Behavior.

### **Step 3. Increase awareness about CSHP within the school and community.**

- ▶ Get the word out to a wide audience. (It’s harder to be “down” on something that you are “up” on.)



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- ▶ 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.”
- ▶ Tailor the message to your audience. Step 2 gives examples of messages that are important to school administrators. In addition, business leaders are likely to be interested in how school health programs can contribute to a productive work force, while physicians may be more interested in how it will meet student health needs.
- ▶ 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 committee(s)/team(s)--e.g., School Health Council and/or School Health Leadership 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 structure and membership of the group(s) that perform these functions will depend on many factors, including the population size, geographic area, and health needs of the School Administrative Unit. In small rural communities, it may be more appropriate to organize one group with community and school members, rather than an advisory council (with primarily community representatives) and a separate school leadership team (with primarily school representatives).
- ▶ The team(s) should include representatives from the eight component areas within the school system and their counterparts from the community at large. Students and family members are critical participants in addition to administrators, school staff and health professionals.
- ▶ Coordinate membership and function of the coordinated school health groups with existing groups. For example, an existing planning group, such as a Safe and Drug-Free Schools committee, could evolve into a School Health Council. Include members of any ad hoc planning groups (see Step 2). If a new group is created, be sure to establish links to existing related groups through regular communication, by identifying a liaison or representative from one group to another, by establishing one group as a subcommittee of another, or through other means.
- ▶ See the *School Health Coordinator Toolbox* for more information and worksheets on the functions and membership of committees/teams.

### **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 for CSHP. (Where do you want to go?)
- ▶ Decide on a mission for your team/committee(s) in reaching this vision. Link this to the school system’s vision and mission.

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**Step 6. Discuss group process including effective communication, participatory decision-making and conflict resolution. You may also want to recognize different learning and personal styles and how these affect the function of the group.**

- ▶ Share diverse perspectives on health promotion and systems change.
- ▶ Develop a common language. Example: agree on definitions of health components, community, partnership, and systems change.
- ▶ Facilitate action and change by providing opportunities for involvement, building skills and by giving recognition or incentives to team/committee members.

### STAGE B. ASSESSING NEED: WHERE ARE WE NOW?

**Step 7. Assess student health needs.**

- ▶ Use formal and informal methods for gathering information about student health risks and assets. This should include quantitative (statistical) and qualitative data (stories, opinions).
- ▶ Inquire about and collect existing information about staff, family and community needs and assets.

**Step 8. Complete a formative (program) evaluation.**

- ▶ Gather information about the existence and perceived importance of health-related school programs and services.
- ▶ Assess the existence and perceived importance of school policies and coordination structures, such as the school health coordinator and leadership team.
- ▶ Gather information from a variety of stakeholders such as students, staff, administrators, parents and community members.
- ▶ Use a valid and reliable tool to gather this information. (See publications by Fetro, Kane, Bogden and Centers for Disease Control, 1997, under *References and Resources* at the end of this chapter.)
- ▶ Identify and analyze key findings from the program needs assessment, focusing on items that are ranked as high in importance and low in existence, or high in importance and high in existence. (See *School Health Coordinator Toolbox* for worksheet entitled “Analyzing Program Needs Assessment Results.”)
- ▶ Create a short written report that summarizes key findings and includes general recommendations for improvements. (See *School Health Coordinator Toolbox* for “CSHP Assessment Report Outline.”)

### STAGE C. 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,



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resources, current “hot” topics of interest to key players, visibility, state mandates, or grant requirements. (See *School Health Coordinator Toolbox* for “Priority Setting Worksheet.”)

- ▶ Priorities should include strengths that need to be sustained as well needs or challenges that need to be addressed.

**Step 10. Develop a multi-year action plan to address priorities.**

- ▶ Link the action plan to the vision for CSHP and mission of the team(s)/committee(s).
- ▶ Be careful about the number and scope of tasks taken on. It will take at least several years to implement and coordinate all components.
- ▶ Coordination will need to be an ongoing process. Try to find a balance between shorter- and longer-term objectives.
- ▶ For each priority or objective, identify tasks or activities, person(s) responsible, resources, timeline, process, and outcome evaluation measures. (See *School Health Coordinator Toolbox* for sample action plan form).
- ▶ Develop a plan for addressing barriers and concerns regarding work plans, staff support, and coordinator position.
- ▶ Incorporate other steps below into the action plan as appropriate, e.g., policy development, professional development, continued communication and advocacy.

**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.
- ▶ Identify people who can help complete the action plan who may not be a member of the team or council.

### STAGE D. 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 CSHP. 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 the internal functioning of the committee(s) and to facilitate the completion of the action plan. Examples include team-building or other skill-building activities for the team(s)/committee(s), and/or professional development for health teachers on Life Skills Training.

**Step 13. Monitor and document process and progress toward achieving action plan objectives (process evaluation).**

- ▶ Discuss progress on the action plan at regular team/committee meetings. Identify successes, challenges and strategies for addressing challenges.

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- ▶ Review the processes being used to increase coordination. For example: How well are the coordinator and groups functioning?
- ▶ Adjust activities and timeline as needed.

## **Step 14. Provide ongoing communication, advocacy and training about CSHP.**

- ▶ 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 E. 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 component.
- ▶ Identify increases in coordination among school components and between school and community services and programs. (See publication by Valois and Hoyle in the *References and Resources* following this chapter for sample evaluation methodology.)
- ▶ 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 CSHP.**

- ▶ 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.



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# School Nutrition and Food Services

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**Healthful diets help children grow, develop,  
and do well in school.  
They enable people of all ages to work productively  
and feel their best.**

— *U.S. Department of Agriculture and U.S. Department of Health and Human Services,  
Nutrition and Your Health, 2000*



**88% of boys and 79% of girls, ages 2-8, meet dietary  
recommendations for calcium, but only 52% of boys and only 19%  
of girls, ages 9-19, meet those recommendations.**

— *U.S. Department of Agriculture, "Changing the Scene,  
2000"*

**Only 25% of Maine high school students reported  
having eaten the recommended five or more servings  
of fruit and vegetables per day.**

— *Maine Youth Risk Behavior Survey, 2001*



# School Nutrition and Food Services

## DEFINITION

Nutrition and Food Services include school food services and other available foods and snacks offered at school. Nutritionally balanced meals and snacks based on the *Dietary Guidelines for Americans* should be provided at school. All students should have affordable access to varied and nutritious foods. Adequate time to eat should be a priority, because it promotes the establishment of healthy food practices. Students who are hungry or who do not get a balanced diet will be less attentive in the classroom. A healthy diet for students and staff promotes good health and well-being and can help reduce the occurrence of chronic disease.

## RATIONALE

The link between nutrition and learning is well documented. Healthy eating patterns are essential for students to achieve their full academic potential, full physical and mental growth, and lifelong health and well-being.

Foods offered to students in the cafeteria, in other areas of the school, and at school events, send a powerful message about what is considered acceptable dietary behavior by school leaders. As role models, school personnel can help to bring the nutrition education learned in the classroom to real-life situations in which students must decide between a wide range of food choices, many of which are not healthful.

Healthy eating is demonstrably linked to reduced risk for mortality and development of many chronic diseases in both children and adults. Schools have a responsibility to help students and staff establish and maintain lifelong healthy eating patterns. Education decision-makers should not be driven by financial pressures to compromise the larger purpose of nutrition service programs, which is to promote academic achievement and good health. A well-planned and well-implemented school nutrition program is an essential aspect of the school's educational mission and has been shown to positively influence students' eating habits.

## GUIDELINES:

1. Integrate the school's food service program into the overall school experience.
2. Promote healthy eating by creating school policies that encompass the entire school environment requiring that all food and beverages sold or served to students, including those available outside of the school meals program, meet the *2000 Dietary Guidelines for Americans*.
3. Hire qualified staff who are adequately trained in food service and nutrition, and ensure that food service staff, facilities and equipment meet applicable local and state health standards for food preparation, food handling and storage, drinking water, sanitation and workplace safety.
4. Implement a nutrition program that is designed to influence students' eating behaviors.

# School Nutrition and Food Services

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5. Adopt school policies aimed at promoting lifelong healthy eating among students and school staff.
6. Promote healthy eating to students and staff, and prepare staff to recognize obesity, eating disorders, and other nutrition-related health problems and to refer them to appropriate services.

**GUIDELINE 1: Integrate the school's food service program into the overall school experience.**

## RATIONALE

The purpose of a food service program is to:

- Supplement the family's responsibility to feed the child.
- Ensure that all students have affordable access to the varied and nutritious foods they need to stay healthy and learn well.
- Provide opportunities for students to practice healthy eating on a daily basis.

The program is an essential educational and support activity, and budget neutrality or profit generation must not take precedence over the nutritional needs of students. However, the food service program should aim to be financially self-supporting.

## INDICATORS

- A. The school food service program operates in accordance with the National School Lunch Act and the Child Nutrition Act of 1996.
- B. During each school day, the school food service program offers breakfast and lunch, as well as snacks for students in organized after-school education or enrichment programs.
- C. Adequate space is provided for students to eat meals in pleasant surroundings, and students have adequate time to eat, relax and socialize: at least 10 minutes after sitting down for breakfast and 20 minutes after sitting down for lunch.
- D. The school employs a food service director, who is properly qualified and certified according to current professional standards, to administer the school food service program and satisfy reporting requirements.
- E. Menus are planned with input from students, family members, and a diversity of school personnel, and should take into account students' cultural norms and preferences.
- F. Food pricing strategies are designed to encourage students to purchase nutritious items.



# School Nutrition and Food Services

**GUIDELINE 2: Promote healthy eating by creating school policies that encompass the entire school environment requiring that all food and beverages sold or served to students, including those available outside of the school meals program, meet the 2000 Dietary Guidelines for Americans.**

## RATIONALE

School policies can help shape social norms that influence the dietary habits of students and staff. State regulations that currently exist dictate that minimal nutrition standards must be met during the school day. However, these standards do not assure compliance with the *2000 Dietary Guidelines for Americans*.

## INDICATORS:

- A. Nutritious and appealing foods, such as fruits, vegetables, low-fat dairy foods and whole-grain products, are made available wherever and whenever food is sold or otherwise offered at school.
- B. Nutritious foods are always available as an affordable option whenever food is served or sold.
- C. Students have limited opportunities to eat food high in fat, sodium or added sugars.
- D. Competition with nutritious meals served by the school nutrition program is not allowed.
- E. School policies are adopted to promote the availability of nutritious food choices during school and after-school activities.
- F. Food pricing strategies are designed to encourage students to purchase nutritious items.
- G. School policy prohibits entering into an exclusive contract for products that do not meet the *2000 Dietary Guidelines*.

**GUIDELINE 3: Hire qualified staff who are adequately trained in food service and nutrition, and ensure that food service staff, facilities and equipment meet applicable local and state health standards for food preparation, food handling and storage, drinking water, sanitation and workplace safety.**

## RATIONALE

Food service personnel are responsible for providing healthy and safe food. Appropriate continuing education for school nutrition personnel can help to assure a safe food environment in which classroom nutrition education is reinforced.

# School Nutrition and Food Services

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## INDICATORS

- A. The school employs a food service director who is properly qualified and certified according to current professional standards.
- B. All food service personnel have adequate training and regularly participate in professional development activities that address strategies for promoting healthy eating behavior, food safety, and other topics directly relevant to the employees' job duties.
- C. School nutrition personnel have education and skills development sessions in cost- and labor-efficient food purchasing and preparation; customer service and student and family involvement; financial management and record keeping; marketing healthy meals; personnel management; sanitation and safe food handling, preparation, and storage; planning menus for all students, including those with special needs and students of diverse cultural backgrounds; and principles of nutrition education.
- D. School nutrition program personnel play an active role on Schoolsite Wellness Teams.

**GUIDELINE 4: Implement a nutrition program that is designed to influence students' eating behaviors.**

## RATIONALE

Nutrition education programs that focus on influencing students' eating behaviors are much more likely to help students adopt healthy eating habits than the traditional fact-based approach.

## INDICATORS

- A. The food service program is closely coordinated with the school's nutrition education program and other components of Coordinated School Health Programs (CSHP).
- B. Nutrition education topics are integrated with the school's comprehensive health education program and taught at every grade level, pre-kindergarten through grade twelve.
- C. The nutrition education program utilizes the Food Guide Pyramid to help students gain an understanding of food choices, serving sizes, and dietary proportions.
- D. The nutrition education program engages families as partners in their children's education.
- E. Staff involved in nutrition education, including coaches, school nurses and school nutrition staff, is adequately prepared and regularly participate in professional development activities to effectively deliver the nutrition education program as planned.
- F. Nutrition education on students' eating behaviors is consistent with the health education standards included in the Maine *Learning Results*.
- G. School staff model healthy eating behaviors.



# School Nutrition and Food Services

**GUIDELINE 5: Adopt school policies aimed at promoting lifelong healthy eating among students and school staff.**

## RATIONALE

The school environment can powerfully influence students' attitudes, preferences, and behaviors related to food. Established policies communicate school priorities and clearly justify guidelines to staff and the community. Such policies ensure that students receive nutrition education messages that are reinforced throughout the school environment.

## INDICATORS:

- A. Students have limited opportunities to eat food high in fat, sodium or added sugars.
- B. School policies are adopted to promote nutritious food choices available during school and after-school activities.
- C. School administration promotes opportunities for and encourages students to make healthy food choices.
- D. The school nutrition program makes effective use of school and community resources and equitably serves the needs and interest of all students and staff, taking into consideration differences in community/cultural norms.
- E. A school policy ensures adequate time to eat, relax, and socialize: at least 10 minutes after sitting down for breakfast and 20 minutes after sitting down for lunch.
- F. A school policy stipulates food-pricing strategies that are designed to encourage students to purchase nutritious items.
- G. Financial considerations from the school administration do not restrict adoption of a nutrition services related policy.
- H. School personnel do not offer food as a performance incentive or reward, nor withhold food from students as punishment.

**GUIDELINE 6: Promote healthy eating to students and staff, and prepare staff to recognize obesity, eating disorders, and other nutrition-related health problems and to refer them to appropriate services.**

## RATIONALE

School personnel can play a positive role in recognizing nutrition-related health problems among students, their families, and school staff, and helping individuals to access appropriate nutrition programs, community services, and/or medical treatment. Some students and staff might have

# School Nutrition and Food Services

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psychologically-based eating disorders and need immediate professional treatment. Other potential nutrition-related problems that merit attention relate to obesity, physical disabilities, poor oral health, and pregnancy.

## INDICATORS:

- A. The primary provider of school-based nutrition services is a qualified nutrition professional.
- B. Coaches, athletic aides and other school staff actively discourage students' use of dietary supplements to enhance athletic performance or personal appearance
- C. School health care providers, counselors, psychologists, and social workers participate in training activities that address eating disorders, obesity and other nutrition-related problems.
- D. All school staff participate in first-aid training for emergency response to choking, CPR, and allergic reactions.
- E. Modified meals are prepared for students with food allergies or other special food needs based on a physician's written request.

# School Nutrition and Food Services

## MAINE RESOURCES AND CONTACTS

<b>School Food Service Information</b>	Mary Moody Department of Education
<b>School Nutrition</b>	Tel: 624-6843
<b>Summer Food Service Program</b>	Fax: 624-6841 E-Mail: <a href="mailto:mary.moody@state.me.us">mary.moody@state.me.us</a>
<b>Maternal &amp; Child Health Nutrition Program</b>	Janet Leiter Department of Human Services Tel: 287-5366 Fax: 287-5355 E-Mail: <a href="mailto:janet.l.leiter@state.me.us">janet.l.leiter@state.me.us</a>
<b>Diabetes Control Program</b>	Cindy A. Hale, RD, MS, CDE Department of Human Services Tel: 287-2907 Fax: 298-4631 E-Mail: <a href="mailto:lucinda.a.hale@state.me.us">lucinda.a.hale@state.me.us</a>
<b>School Nutrition Education for Classroom and Cafeteria</b>	Judy Gatchell Muskie School, IPSI Tel: 626-5273
<b>School Nutrition Environment</b>	Fax: 626-5210 E-Mail: <a href="mailto:judy.gatchell@state.me.us">judy.gatchell@state.me.us</a>

## NATIONAL RESOURCES

### Arkansas Department of Education

Attn: Ann Baxter, Magna IV  
701 W. 7th St., Little Rock, AR 72201  
(501) 376-2397

- *Reverse the Trends: Create a Healthy School Nutrition Environment for Students*

### Maine Dairy and Nutrition Council

[www.drinkmainemilk.org/](http://www.drinkmainemilk.org/)

### National Association of State Boards of Education (NASBE)

277 South Washington Street, Suite 100 Alexandria, VA 22314,  
(703) 684-4000

[www.nasbe.org](http://www.nasbe.org)

- *Fit, Healthy and Ready to Learn*

### National Dairy Council

[www.nutritionexplorations.org](http://www.nutritionexplorations.org)



# School Nutrition and Food Services

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## US Department of Agriculture

[www.fns.usda.gov/tn/Healthy/changing.html](http://www.fns.usda.gov/tn/Healthy/changing.html)

- *Changing the Scene: Improving the School Nutrition Environment*
- *How Social Trends Affect Children's Nutrition: Implications for Schools*
- *USDA Food Review Archives*

## Centers for Disease Control and Prevention (CDC)

Atlanta GA 30341-3724

(888)282-7681

- *School Health Index: A Self-Assessment and Planning Guide*

## REFERENCES

U.S. Department of Agriculture. (2000) *Changing the Scene: Improving the School Nutrition Environment*. Washington, DC: US Government Printing Office

U.S. Departments of Agriculture and Health/Human Services. (2000) *Nutrition and Your Health: Dietary Guidelines for Americans*. Washington, DC: US Government Printing Office

# School Nutrition and Food Services

# Physical Education and Physical Activity

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**Exercise and recreation are as necessary as reading.**

*—Thomas Jefferson*

**95.2 percent of Maine high school students do not participate in daily physical education classes.**

*—Maine Youth Risk Behavior Survey, 2001*



# Physical Education and Physical Activity



# Physical Education and Physical Activity

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## DEFINITION

Physical education provides students with the knowledge and skills necessary to perform a variety of physical activities, to maintain physical fitness, and to value as well as enjoy physical activity as an ongoing part of a healthy lifestyle. Physical education includes curriculum, instruction and assessment, that is sequential from kindergarten through high school and meets the standards outlined in the Maine *Learning Results*. A comprehensive physical education program includes moderate to vigorous physical activity on a daily basis. In addition to a comprehensive physical education program, opportunities for students to be physically active are available for voluntary participation during the school day, as well as before and after school. A supportive environment contributing to a healthy, physically active lifestyle involves collaboration between school and community organizations, successful partnerships with families, and school staff modeling a healthy, physically active lifestyle.

## RATIONALE

“Physical education is an integral part of the total education of a child” (National Association of State Boards of Education [NASBE], *Fit, Healthy and Ready to Learn*). Physical education includes a well-planned, well-implemented program that improves physical fitness; reinforces knowledge learned in other subject areas; involves self-discipline as well as skill development; provides experience in goal-setting, improved judgment, improved self-esteem and self confidence; aids in stress reduction; and strengthens peer relationships (National Association for Sports and Physical Education [NASPE]). Regular physical activity is linked to enhanced health and reduced risk for the development of many chronic diseases in adults.

## GUIDELINES:

1. Establish policies that promote enjoyable, lifelong physical activity
2. Provide physical and social environments that encourage and enable safe physical activity during the school day (Centers for Disease Control, 1997).
3. Implement sequential physical education curriculum and instruction (K-12) as indicated in the Maine *Learning Results*. This curriculum emphasizes increased participation in physical activity, and helps students to develop the knowledge, motor skills, and behavioral skills needed to adopt and maintain physically active lifestyles.
4. Provide extracurricular physical activity programs that offer diverse, developmentally appropriate activities — both noncompetitive and competitive — for all students.
5. Encourage parents and guardians to support their children’s participation in physical activity, to be physically active role models, and to include physical activity in family events.
6. Provide training for personnel in teaching, coaching, recreation, healthcare, and other school and community fields that imparts the knowledge and skills needed to effectively promote enjoyable, lifelong physical activity among young people.
7. Assess the physical activity patterns of all children and youth, refer them to appropriate physical activity programs and services, and advocate for physical activity instruction and programs for young people.

# Physical Education and Physical Activity

8. Provide a range of developmentally appropriate programs that are attractive to all students.
9. Regularly evaluate physical activity instruction, programs, and facilities.

**GUIDELINE 1: Establish policies that promote enjoyable, lifelong physical activity.**

## RATIONALE

Policies are important because they define and establish the purpose, goals and safety guidelines of physical activity programs. Policies provide rules that guide schools and communities in planning, implementing, and evaluating physical activity programs for youth. Policies for the school's physical education program, extracurricular physical activity programs, and other school-based opportunities for physical activity promote enjoyable lifelong physical activity.

## INDICATORS:

- A. Daily opportunities for physical activity are offered to all students from kindergarten through high school.
- B. Physical activity is required for 30 to 60 minutes a day on most or all days of the week for elementary school-aged children. (NASPE)
- C. Adolescents are required to engage in three or more sessions per week of activities that last 20 minutes or more at a time and that require moderate to vigorous levels of exertion. (NASPE)
- D. Adequate resources, including budget and facilities, are committed for physical activity instruction and programs.
- E. Qualified and certified specialists are hired to teach physical education.
- F. Physical activity meets the needs and interests of **all** students, irrespective of their sex, race/ethnicity, health status, physical and cognitive ability or disability.
- G. Physical education programs are closely coordinated with other school health program components to ensure that daily physical activity is included in the overall school day.
- H. Physical education programs actively involve families as partners and collaborate with community agencies and organizations to provide opportunities for participation in physical activity beyond the school day.
- I. The use, or withholding, of physical activity as punishment is not allowed.

**GUIDELINE 2: Provide physical and social environments that encourage and enable safe physical activity during the school day.**

## RATIONALE

Cleanliness and safety of facilities and equipment help to ensure students' safe participation in physical activities.



# Physical Education and Physical Activity

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## INDICATORS:

- A. Access is provided to safe spaces and facilities.
- B. Procedures are implemented to prevent activity-related injuries and illnesses.
- C. School time is provided for unstructured physical activity (i.e., recess).

**GUIDELINE 3: Implement sequential physical education curriculum and instruction (K-12) as indicated in the Maine *Learning Results*. This emphasizes increased participation in physical activity, and helps students to develop the knowledge, motor skills, and behavioral skills needed to adopt and maintain physically active lifestyles.**

## RATIONALE

A quality physical education program helps students develop an active lifestyle that will persist into and throughout adulthood through the development of knowledge, motor skills, and behavioral skills.

## INDICATORS:

- A. The physical education standards stated in the State of Maine's *Learning Results* for preschool through high school levels are consistent in comprehensive physical education curriculum, instruction and assessment.
- B. Active learning strategies are used that emphasize increased participation in lifetime physical activities such as walking and dancing, not just competitive sports.
- C. Students are helped to develop the knowledge and skills they need to adopt and maintain a physically active lifestyle.
- D. Students are kept active for at least 50 percent of physical education class time.
- E. Physical education topics are coordinated with other content areas. For example, the benefits of being physically active may be linked with instruction about human growth, development, and physiology in science, and with instruction about personal health behaviors in health education.
- F. Students' scores on local assessments of physical education are used for program improvement.

**GUIDELINE 4: Provide extracurricular physical activity programs that offer diverse, developmentally appropriate activities – both noncompetitive and competitive – for all students.**

## RATIONALE

Interscholastic athletics, intramural sports, and sports and recreation clubs are believed to contribute to the physical and social development of young people. These activities can help meet the goals of comprehensive school health programs by providing students with opportunities to



# Physical Education and Physical Activity

engage in physical activity and to further develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and maintain physically active lifestyles.

## INDICATORS:

- A. Programming is provided that meets the needs of all skill levels and physical abilities, including students with disabilities.
- B. Students are linked to community physical activity programs, and community resources are used to support extracurricular physical activity programs.
- C. Student-centered programs are established that consider the interests of all students.

**GUIDELINE 5: Encourage parents and guardians to support their children's participation in physical activity, to be physically active role models, and to include physical activity in family events.**

## RATIONALE

Parental involvement in, and support of, physical activity instruction and programs are key to the development of an environment that promotes physical activity among young people. Involvement in these programs provides parents opportunities to be partners in developing their children's physical activity-related knowledge, motor skills, behavioral skills, and behavior. Most young people participate in physical activity programs for fun and skill development. Parents may be able to influence quality, quantity and safety in a range of physical activities.

## INDICATORS:

- A. Parents advocate for quality physical activity instruction and programs for their children.
- B. Parents support their children's participation in appropriate, enjoyable physical activities.
- C. Parents are physically active role models, and plan and participate in family activities that include physical activity.
- D. Families are actively involved in their children's education and provide family opportunities for physical activity beyond the school day.

**GUIDELINE 6: Provide training for teaching, coaching, recreation, health-care, and other school and community personnel that imparts the knowledge and skills needed to effectively promote enjoyable, lifelong physical activity among young people.**

## RATIONALE

The lack of trained personnel is a barrier to implementing safe, organized and effective physical activity instruction and programs for young people. Instructor training has proven to be

# Physical Education and Physical Activity

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efficacious; for example, physical education specialists teach lessons that are longer and higher in quality than those presented by personnel with less training. Training in active learning strategies, having hands-on practice in using these strategies and receiving feedback will likely increase teachers' use of these strategies (Centers for Disease Control, 1997).

Instruction on communication skills for interacting with parents and the community, as well as strategies for obtaining adults' support for physical activity instruction and programs, are beneficial. Teachers, coaches and school personnel should have the knowledge, skills, and materials for creating fact sheets for parents and assigning physical education and health education homework for students to complete with their families.

## INDICATORS:

- A. Teachers are trained to deliver physical education that provides a substantial percentage of each student's recommended weekly amount of physical activity.
- B. Teachers are trained to assess student achievement of the physical education standards in the *Maine Learning Results*.
- C. Teachers are trained to use active learning strategies needed to develop all students' knowledge about, attitudes toward, skills in, and confidence in engaging in physical activity.
- D. School and community personnel, as well as volunteers who coach sports and recreation programs for young people are trained on how to provide experiences for young people that emphasize fun, skill development, confidence-building, and self-knowledge, and on injury prevention, first aid, cardiopulmonary resuscitation, precautions against contamination by blood borne pathogens, and promotion of other healthy behaviors.

**GUIDELINE 7: Assess the physical activity patterns of young people, refer them to appropriate physical activity programs, and advocate for physical activity instruction and programs for all children and youth.**

## RATIONALE

Children with chronic diseases, risk factors for chronic diseases, and physical and cognitive disabilities have special physical activity needs. Physicians, school nurses, and other staff who provide health services to young people have a key role in meeting these needs and promoting healthy behaviors.

## INDICATORS:

- A. The physical activity patterns of all children and youth are regularly assessed.
- B. Physical activity is reinforced for all children and youth.
- C. Inactive children and youth are counseled about physical activity.
- D. All children and youth are referred to appropriate physical activity programs.



# Physical Education and Physical Activity

- E. School faculty and staff, health care professionals, and parents advocate for physical activity instruction and programs that meet the needs of all children and youth.

**GUIDELINE 8: Provide a range of developmentally appropriate programs that are attractive to all children and youth.**

## RATIONALE

Community sports and recreation programs are integral to promoting physical activity among young people. Community programs can complement the efforts of schools and also provide an avenue for reaching out-of-school children and youth.

## INDICATORS:

- A. Diverse and developmentally appropriate community sports and recreation programs are provided for all children and youth.
- B. Community agencies and organizations collaborate to provide opportunities for all children and youth to participate in physical activity beyond the school day.

**GUIDELINE 9: Regularly evaluate physical activity instruction, programs, and facilities.**

## RATIONALE

Evaluation can be used to assess and improve physical activity policies, spaces and facilities, instruction, programs, personnel training, health services, and student achievement. Valid evaluations may increase support for and involvement in these programs by students, parents, teachers, and other school/community personnel.

## INDICATORS:

- A. The implementation and quality of physical activity policies, curricula, instruction, programs, and personnel training are regularly evaluated.
- B. Students' attainment of physical activity knowledge, achievement of motor skills and behavioral skills, and adoption of healthy behaviors is measured.



# Physical Education and Physical Activity

## MAINE RESOURCES AND CONTACTS

<b>Local PE/PA Student Assessment</b>	Bill Primmerman Department of Education Tel: 624-6698 Fax: 624-6691 E-mail: <a href="mailto:bill.primmerman@state.me.us">bill.primmerman@state.me.us</a>
<b>Physical Education Assessment</b>	Stephanie Swan Department of Education Tel: 624-6697 Fax: 624-6691 E-mail: <a href="mailto:stephanie.swan@state.me.us">stephanie.swan@state.me.us</a>
<b>Physical Activity - Community &amp; Youth</b>  <b>Walk-to-School Initiative</b>	Debra Wigand Department of Human Services Tel: 287-4624 Fax: 287-4631 E-mail: <a href="mailto:debra.a.wigand@state.me.us">debra.a.wigand@state.me.us</a>

## NATIONAL RESOURCES

### American Cancer Society

<http://www.cancer.org>

- Generation Fit Action Packet
- Improving School Health: A Guide to the Role of the School Health Coordinator
- Improving School Health: A Guide to School Health Councils

### California Project LEAN

<http://www.dhs.ca.gov/lean> or phone: (916) 323-4742

- Playing the Policy Game: Preparing Teen Leaders to Take Action on Healthy Eating and Physical Activity

### Centers for Disease Control and Prevention (CDC)

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Phone: 888-CDC-4NRG E-mail: [ccdinfo@cdc.gov](mailto:ccdinfo@cdc.gov) Web site: <http://www.cdc.gov>

- National Youth Risk Behavior Survey Data

*Division of Adolescent and School Health:*

- Adolescent and School Health Program Funding Database
- Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People
- Increasing Physical Activity: Recommendations of the Task Force on Community Preventive Services
- Promoting Better Health for Young People Through Physical Activity and Sports

# Physical Education and Physical Activity

- School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide

*Division of Nutrition and Physical Activity:*

- Kids Walk-to-School

## **National Association for Sports and Physical Education (NASPE)**

<http://www.aahperd.org/NASPE/>

800-321-0789

- Coaches' Code of Conduct
- Concepts of Physical Education: What Every Student Needs to Know
- Guidelines for School Intramural Programs
- Moving into the Future: National Standards for Physical Education
- National Standards for Beginning Physical Education Teachers
- Quality Coaches, Quality Sports: National Standards for Athletic Coaches
- Recess in Elementary School

## **National Association of State Boards of Education (NASBE)**

<http://www.nasbe.org/>

800-220-5183

- Fit, Healthy, and Ready to Learn: A School Health Policy Guide (Part 1: Physical Activity, Healthy Eating, and Tobacco-Use Prevention)

## **National Athletic Trainers' Association**

- Guidelines on Lightning Safety

## **REFERENCES**

Centers for Disease Control and Prevention. (1997) Guidelines for school and community programs to promote lifelong physical activity among young people. *Morbidity and Mortality Weekly Report*, 46 (RR-6).

Marx, E; Wooley, S.F.; and Northrop, D. (1998) *Health is Academic: A Guide to Coordinated School Health Programs*. New York: Teachers College Press.

National Association of State Boards of Education (NASBE). (2000) *Fit, Healthy and Ready to Learn: A School Health Policy Guide*. Alexandria, VA: NASBE.

# Health Education

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**The health of the people is really the foundation  
upon which all their happiness and  
all their powers as a state depend.**

*—Benjamin Disraeli, Earl of Beaconsfield  
(Speech, July 23, 1877)*





# Health Education

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# Health Education

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## DEFINITION

Comprehensive School Health Education (CSHE) includes curriculum, instruction and assessment that is sequential from kindergarten through high school and that meets the health education standards outlined in the Maine *Learning Results*. CSHE addresses physical, mental, emotional, and social aspects of health, and provides knowledge and skills that promote and enhance lifelong healthy behaviors. CSHE includes ten mandated content areas:

- community health
- consumer health
- environmental health
- family life education
- growth and development
- personal health, including mental and emotional health
- nutritional health
- prevention and control of disease and disorders
- safety and accident prevention
- substance use and abuse prevention

The framework for the CSHE Guidelines is as follows:

### ***Comprehensive School Health Education:***

- Health education as a core academic subject.
- Coordination of curriculum, instruction and assessment.
- Support system for health education.
- Health education as part of a coordinated school health program.

### ***Health Education Curriculum:***

- Comprehensive and sequential.
- Aligned to State Health Education Standards.
- Criteria for effectiveness.
- Essential knowledge and skills.
- Curriculum development process.

### ***Health Education Instruction:***

- Adequate time, opportunity and resources.
- Culturally and developmentally appropriate instruction and classroom materials.
- Effective and varied instructional practices.
- Taught as a distinct course of study.
- Individual health topics are part of a comprehensive school health education program.

### ***Health Education Student Assessment and Program Evaluation:***

- Assessment of student achievement utilizing a variety of strategies.
- Reporting student achievement.
- Evaluation of health education program.
- State assessment.

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## *Teacher Preparation, Certification and Continuing Education for Teachers:*

- Elementary school.
- Middle school.
- High school.
- Continuing professional development

## RATIONALE

CSHE motivates and enables students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. As indicated in the *State of Maine Learning Results* (1997):

Health education gives students the knowledge and skills to thrive physically, mentally, emotionally, and socially. This knowledge helps students meet the challenges of growing up. It helps students to recognize the causes of ill health and to understand the benefits of prevention, good hygiene, and appropriate medical care. Through health education, students become aware of the dimensions of good health: physical soundness and vigor; mental alertness and ability to concentrate; expressing emotions in a healthy way; resiliency; and positive relations with family and peers. Health education also includes a set of skills to help students be better consumers of information, to manage stress and conflict, and to make better decisions in the face of conflicting messages, thus assisting them to live healthier lives (p. 23).

Health education is a core academic subject requiring appropriate resources and support.

## GUIDELINES

1. Require health education as a core academic subject.
2. Ensure that health education instruction delivered to students transmits essential health knowledge and skills as specified in the health education curriculum, and that assessment of student performance is designed to determine whether students are mastering those essential skills and knowledge.
3. Adopt appropriate policies and provide essential resources and supports to effectively implement a high-quality health education curriculum for all students.
4. Deliver comprehensive health education within the context of a coordinated school health program.
5. Adopt a sequential, comprehensive pre-K through high school health education curriculum.
6. Align local health education curriculum with Maine health education standards.
7. Design health education curriculum based on recognized research-based and theory-driven criteria for effectiveness, and on identified needs of students.
8. Ensure that the health education curriculum includes essential health concepts and skills.
9. Follow a sequential process for curriculum development, review, and adoption.



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10. Provide adequate instructional time, opportunity, and resources to assure student achievement of the health education standards outlined in the *Maine Learning Results*.
11. Provide health education instruction and classroom materials that are culturally and developmentally appropriate.
12. Utilize varied and effective instructional strategies that allow students to learn essential health concepts, as well as to observe, practice, and apply health skills.
13. Teach health education as a separate, unique subject, with additional reinforcement across the other academic areas.
14. Provide instruction on individual health topics within comprehensive school health education.
15. Assess student achievement in health education by utilizing a variety of strategies.
16. Include health education in the local assessment system.
17. Evaluate health education programs by systematically conducting a process evaluation to determine the extent to which teachers are delivering health education, and utilize state and local assessment scores to determine program effectiveness.
18. Participate in statewide assessments of student health knowledge and skills.
19. Employ elementary-level teachers who have completed one or more academic courses addressing the content and methods unique to health education at the elementary level as a part of their pre-service training.
20. Employ middle-school teachers with primary responsibility for health education who have academic preparation addressing the content and methods unique to health education at the middle-school level, and who meet state certification requirements for health education.
21. Employ high-school teachers who have completed a formal major in health education from an accredited program and hold the appropriate state certification to teach health education.
22. Offer opportunities for continuing professional development activities that address content, methods, and contemporary issues unique to health education.

**GUIDELINE 1: Require health education as a core academic subject.**

## RATIONALE

Maine's health education standards (Maine Department of Education, 2001, Chapter 127, "Instructional Requirements and Graduation Standards") require that health education be taught every year from kindergarten through eighth grade. Chapter 127 also requires students to complete a half-credit health education course for high school graduation. Several national surveys have found that:

- Parents, students, and school administrators believe that health education should have a prominent place in the overall school curriculum.
- Adults in the U.S. consider learning about all aspects of health to be an essential aspect of the core school curriculum.

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In addition, national studies have shown that many school constituencies strongly view health education as essential to the preparation of well-educated persons. Health status and educational achievement are linked: Healthy students learn better than unhealthy ones, and well-educated individuals are healthier on average than those with less education.

## INDICATORS:

- A. Health education is taught and assessed at every grade, K-8.
- B. A minimum of one-half credit in health education is required for high school graduation.

**GUIDELINE 2: Ensure that health education instruction delivered to students transmits essential health knowledge and skills as specified in the health education curriculum, and that assessment of student performance is designed to determine whether students are mastering those essential skills and knowledge.**

## RATIONALE

In order for students to acquire essential health knowledge and skills as identified in the health education written curriculum, actual classroom instruction must be consistent with the curriculum. Additionally, student assessment must be directly linked to curriculum and instruction. Student assessment strategies must be carefully designed to measure whether or not students have attained the objectives specified in the curriculum. Alignment of curriculum, instruction, and assessment is sound educational practice, regardless of the subject in question.

## INDICATOR:

- A. Health education curriculum, classroom instruction and student assessment are in alignment.

**GUIDELINE 3: Adopt appropriate policies and provide essential resources and supports to effectively implement a high-quality health education curriculum for all students.**

## RATIONALE

Health education is an essential part of a well-balanced pre-K-12 curriculum. Adequate fiscal allocations should be provided, on the same level as other core curriculum subjects, for



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appropriate time, space, instructional materials and appropriate teaching and support staff. An effective support system for delivering the planned health education curriculum allows for students with varying needs and abilities to achieve instructional objectives that lead to attainment of health education standards.

## INDICATORS:

- A. Health education is supported by high administrative priority, health-enhancing school policies, and access to curriculum and instructional materials.
- B. Health education resources include sufficient funding, adequate instructional time, and well-qualified staff with access to ongoing professional development.

**GUIDELINE 4: Deliver comprehensive health education within the context of a coordinated school health program.**

## RATIONALE

Health instruction received by students enhances and is enhanced by all other coordinated school health program components. A dynamic interaction between health education and the other components of the coordinated school health program contributes to and reinforces students' health and academic goals, and is critical for maximum effectiveness. Many schools offer and coordinate at least some of the components of a coordinated school health program. As the number and coordination of these components increase, so does the potential for impact on instruction and on the health status of students. Schools are encouraged to have a health coordinator and to develop school health teams of administrators, staff, family and community members. These teams contribute to the successful implementation of each program component, and to the dynamic interaction of health education with all the other components.

Examples of coordination include:

- The health education teacher or health coordinator serves as a resource for other staff, increasing the likelihood that students will seek needed counseling, physical or behavioral health services, or social services, or become involved in community programs.
- Counselors facilitate peer education activities, enhancing health education instruction in classrooms.
- Physical education and health education teachers coordinate learning activities that complement and reinforce one another.
- Participating in school wellness programs makes staff more likely to advocate for comprehensive health education and to reinforce health messages with students.



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## INDICATORS:

- A. The school administrative unit has a school health coordinator.
- B. The school administrative unit has a system for coordinating the components of a school program, including a school health leadership team with a health education representative.

**GUIDELINE 5: Adopt a sequential, comprehensive pre-K through high school health education curriculum.**

## RATIONALE

CSHE includes ten mandated content areas:

- community health
- consumer health
- environmental health
- family life education
- growth and development
- personal health, including mental and emotional health
- nutrition health
- prevention and control of disease and disorders
- safety and accident prevention
- substance use and abuse prevention.

Research has shown that the comprehensiveness of a health education program is one factor in determining its effectiveness. A 1989 Harris survey of students in grades 3 through 12 found that health knowledge, attitudes, and behaviors improved with increasing numbers of years of health education instruction. The *School Health Education Evaluation* (Connell, et al., 1985) found that students receiving multi-year, multi-topic health instruction had higher knowledge than students with no health education instruction.

## INDICATOR:

- A. Health education curricula include all ten mandated health education content areas, delivered in a sequential manner.

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**GUIDELINE 6: Align local health education curriculum with Maine health education standards.**

## RATIONALE

The Maine health education standards, outlined in the Maine *Learning Results*, provide school districts with the framework to develop local health education curriculum.

## INDICATOR:

- A. The health education curriculum is aligned with the Maine health education standards.

**GUIDELINE 7: Design health education curriculum based on recognized research-based and theory-driven criteria for effectiveness, and on identified needs of students.**

## RATIONALE

The elements of effective health education include:

- Basic, accurate information that is developmentally appropriate;
- Use of interactive, experiential activities that actively engage students;
- Opportunities for students to model and practice relevant social skills;
- Instruction in the social and media influences on behaviors;
- Strengthening of individual values and group norms that support health-enhancing behaviors; and
- Sufficient time to allow students to gain the needed knowledge and skills.

When developing health education curriculum, the curriculum committee should seriously consider programs that have undergone evaluation using an appropriate control or comparison group and that have evidence that they effectively address the intended behaviors. The committee may adapt such programs to the needs of the students while maintaining fidelity to the program. Before reviewing specific programs, the committee should establish criteria for making their recommendations—for example, the relative weight of scientific evidence and values.

## INDICATOR:

- A. The health education curriculum utilizes:

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1. Research-based programs.
2. Theory-driven criteria for effectiveness.
3. Needs of students.

**GUIDELINE 8: Ensure that the health education curriculum includes essential health concepts and skills.**

## **RATIONALE**

Strong, broad-based consensus exists among school health educators as to the essential concepts and skills students should learn to be healthy for a lifetime. These essential concepts and skills are defined by the Maine Health Education Standards, Chapter 127; by National Health Education Standards; and by federal health guidance documents such as the CDC/DASH School Health Guidelines.

## **INDICATOR:**

- A. Health education curriculum includes essential health concepts and skills.

**GUIDELINE 9: Follow a sequential process for curriculum development, review, and adoption.**

## **RATIONALE**

Following a sequential curriculum development process that involves multiple stakeholders will result in approval of a health education curriculum that meets student needs and is consistent with community norms. Employing this process also generates widespread buy-in and ownership of the curriculum.

Although students of a given age share many characteristics, unique aspects of a community or of individual students should be documented and taken into account when planning a health education curriculum. A group of people who know the community and are familiar with the students should gather and examine relevant information about students at the school to determine priorities for health instruction. This group can include teachers, administrators, other school health staff, community and public health professionals, medical professionals, clergy, parents, and students themselves.



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Needs assessment can include student surveys, information from focus groups of students and/or parents, and data from health care providers or professionals about health concerns that are seen on a regular basis. The information should not point out health problems of specific students, but rather identify trends and students' risks relative to others their age.

## INDICATORS:

A.. The curriculum development process includes:

1. A curriculum development committee with representation from stakeholder groups.
2. A needs assessment.
3. A review of policies, literature and existing resources.
4. Written curriculum.
5. Curriculum review.
6. Pilot testing of the curriculum.
7. Review of input from teachers and revision of the curriculum as needed.
8. School board approval of the curriculum.
9. School staff, students, parents and community members are involved in the curriculum development and assessment processes.

**GUIDELINE 10: Provide adequate instructional time, opportunity, and resources to ensure student achievement of the health education standards outlined in the *Maine Learning Results*.**

## RATIONALE

Studies show that adequate instructional time, resources and opportunities to learn are important for mastery of essential health knowledge and skills. Gains in students' health knowledge, attitudes and skills are most apparent when students receive at least 50 hours of health education instruction in grades K-8 and a full year of health education instruction at the high school level. Adequate instructional time is necessary for students to meet the health education standards outlined in the *Maine Learning Results*.

## INDICATORS:

- A. At least 50 hours are allocated in every grade, K-8, for health education instruction.
- B. High school students receive a full year of separate and specific health education instruction.

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- C. In addition, high school students study health education each year through separate or integrated study.
- D. Adequate and current resources are available.
- E. Opportunities are provided for active participation and learning.

**GUIDELINE 11: Provide health education instruction and classroom materials that are culturally and developmentally appropriate.**

## RATIONALE

Effective health education instruction and classroom materials must be geared to the developmental needs and characteristics of students. Learning is enhanced when the physical, mental, emotional and social status of students is considered.

## INDICATOR:

Health education instruction and classroom materials are culturally sensitive and developmentally appropriate.

**GUIDELINE 12: Utilize varied and effective instructional strategies that allow students to learn essential health concepts, as well as to observe, practice, and apply health skills.**

## RATIONALE

Students have a variety of learning styles; thus teachers should employ a variety of instructional methods. Students who have the opportunity to practice health-enhancing skills are more likely to utilize these skills in real-life situations than are those who receive only academic instruction. Students must learn health skills related to decision-making, communication, problem-solving, and risk reduction in order to be able to choose healthy behaviors and to sustain those choices outside of the classroom.

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## INDICATOR:

- A. Teachers demonstrate health skills, and provide students opportunities to practice, apply and master skills in situations that simulate circumstances students will face outside the classroom.

**GUIDELINE 13: Teach health education as a separate, unique subject, with additional reinforcement across the other academic areas.**

## RATIONALE

Studies indicate that it is optimal to teach health education as a separate course of study at every grade. Health education covers greater depth and is given more instructional time in the school curriculum when it is taught as a separate course of study. Offering comprehensive health education as a separate course of study increases the likelihood of it becoming a regular part of the instructional program at each grade level. Advances in knowledge about how children and adolescents learn support the idea of providing additional connections through thematic integrations of health education within and across other content areas.

## INDICATORS:

- A. Health education is taught and assessed as a separate subject.
- B. Reinforcement of health education across the other academic areas strengthens and enriches understanding

**GUIDELINE 14: Provide instruction on individual health topics within comprehensive school health education.**

## RATIONALE

Comprehensive health education for pre-K-high school students has been found to be more effective in changing health behaviors than occasional programs on single health topics.



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## INDICATOR:

- A. Categorical programs are incorporated into comprehensive health education, rather than being offered as stand-alone programs.

**GUIDELINE 15: Assess student achievement in health education by utilizing a variety of strategies.**

## RATIONALE

Health education helps students to acquire knowledge, and to develop and apply higher-order cognitive skills. Authentic assessment in any content area, including health education, takes the form of student products, performances and portfolios, and requires a clear link to predetermined standards/indicators. Use of multiple assessment strategies allows all students to demonstrate mastery of essential health knowledge and skills in ways that are meaningful to both teacher and student.

## INDICATOR:

- A. Teachers consider the varying levels of student skills, abilities, and learning styles for assessment when selecting appropriate assessment strategies.

**GUIDELINE 16: Include health education in the local assessment system.**

## RATIONALE

Health education is important to the well-rounded education of the whole child. The Maine *Learning Results* designates health education as one of the academic areas that must be taught and assessed in all public schools, regardless of resources.

In 2001, the Maine Legislature enacted Title 20-A (MRSA Chapter 222), which requires that by the end of the 2003-2004 school year the locally established assessment system must be fully implemented as the measure of progress for health and physical education and other areas. By 2006-2007, students must achieve the standards described in the *Learning Results* in the areas of

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English language arts, health and physical education, mathematics, science and technology, and social studies in order to graduate from high school.

## INDICATORS:

- A. Student achievement in health education is reported in a manner consistent with all other core academic subjects, as required in the *Maine Learning Results*.
- B. Health education grades are included in overall grade point averages at the high school level
- C. Health education is included within the local assessment design process.

**GUIDELINE 17: Evaluate health education programs by systematically conducting a process evaluation to determine the extent to which teachers are delivering health education, and utilize state and local assessment scores to determine program effectiveness.**

## RATIONALE

Process evaluation of health education should be routinely conducted to determine that the instruction delivered to students is consistent with the planned curriculum, and that the curriculum is aligned to the Maine health education standards. If inconsistencies are found, actions should be taken to identify and rectify barriers to curriculum implementation (e.g., unavailability of resources, lack of time, inadequate teacher preparation, etc.).

Student assessment may demonstrate that students have not achieved specified learning objectives or attained health education standards. One reason for this lack of achievement may be that the health education instruction the students received was not consistent with the learning outcomes specified in the written curriculum. The only way to determine if curriculum implementation is a factor in low student achievement is to conduct routine process evaluation.

The state and local assessment systems provide valuable data on student achievement of the health education standards, and is useful in determining program strengths and weaknesses.

## INDICATOR:

- A. Evaluation of the health education program occurs on a regular basis, with opportunity to adjust the program as necessary.



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**GUIDELINE 18: Participate in statewide assessments of student health knowledge and skills.**

## RATIONALE

In addition to established standards in health education, state-level assessment establishes benchmarks and indicators to monitor progress on program effectiveness and student achievement. This assessment can assist policy makers in making decisions about use of resources, the effectiveness and efficiency of schools, and support of local actions.

State, district and school-level data can be used by local education agencies in their local planning efforts.

## INDICATORS:

- A. Health education is assessed using the Maine Educational Assessment in grades 4, 8, and 11, with full participation by the school.
- B. The school participates in the Maine Youth Risk Behavior Survey and the Youth Tobacco Survey, as appropriate.

**GUIDELINE 19: Employ elementary-level teachers who have completed one or more academic courses addressing the content and methods unique to health education at the elementary level as a part of their pre-service training.**

## RATIONALE

Through national surveys, lack of teacher training has been identified as one of the most significant barriers to effective implementation of school health education at the elementary level. In order to be knowledgeable and comfortable with the health education curriculum, elementary teachers should be adequately prepared through appropriate course work. In order to be endorsed in Maine, elementary teachers are required to have a minimum of 12 semester hours to include all of the following: mathematics, reading, science/health, and social studies. Principals and school districts should seek to hire elementary educators who are prepared to teach health education.



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Elementary classroom teachers help lay the foundation for good health behaviors and practices in children. Elementary teachers that have a minor or major emphasis in health education in their pre-service education can provide expertise to other teachers in their grade and/or school.

## INDICATOR:

- A. The school hires elementary teachers who are prepared to teach health education by completing at least one methods and materials course in health education at the elementary level.

**GUIDELINE 20: Employ middle-school teachers with primary responsibility for health education who have academic preparation addressing the content and methods unique to health education at the middle-school level, and who meet state certification requirements for health education.**

## RATIONALE

Due to the complex and dynamic nature of health education and the unique developmental issues of the middle-level child, it is preferable for middle-school health teachers to have a major in health education. Individuals providing health education instruction at the middle-school or junior high-school level should have completed a formal major in health education from an accredited program, and hold the appropriate state certification to teach health education.

## INDICATOR:

- A. Middle-school or junior high-school health education teachers hold the proper endorsement for teaching health education in Maine.

**GUIDELINE 21: Employ high-school teachers who have completed a formal major in health education from an accredited program and hold the appropriate state certification to teach health education.**

## RATIONALE

Highly sophisticated knowledge and skills are required to educate today's high-school students about health. The current health problems and emerging health trends require schools to employ

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teachers who can adequately prepare high-school graduates to make complex health-related decisions.

The expectation of teachers at the high-school level is that they will be content specialists in their subject area. State certification, which is required to teach high-school health education, ensures that these teachers have met requirements that validate their knowledge and skills.

## INDICATOR:

- A. High-school health education teachers are certified to teach health education in Maine.

**GUIDELINE 22: Offer opportunities for continuing professional development activities that address content, methods, and contemporary issues unique to health instruction.**

## RATIONALE

Teachers who regularly participate in professional development activities are more likely to be effective health educators than those who do not. Continuing education is essential for teachers who provide health education instruction. It is important to assess and address teacher needs, especially for elementary teachers who may have had little pre-service training in the area of health education.

Health education teachers should participate in a variety of health-related professional development activities; join relevant local, state, and national professional organizations; and engage in activities such as study groups, action research, and in-service and mentoring programs. Health education specialists are required to participate in relevant continuing education to maintain their teaching certificates.

## INDICATORS:

- A. Teachers regularly participate in continuing education to meet their needs in order to feel comfortable and knowledgeable regarding health education topics and industrial practices.
- B. Health education specialists maintain their health education certificates.

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## MAINE RESOURCES AND CONTACTS

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Life Skills Training Tobacco Use Prevention Education K-12	Mary Bourque Department of Human Services Tel: 287-5625 Fax: 624-4631 E-Mail: <a href="mailto:mary.t.bourque@state.me.us">mary.t.bourque@state.me.us</a>
AIDS/HIV Education	Joni Foster Department of Education Tel: 624-6687 Fax: 624-6691 E-Mail: <a href="mailto:joni.foster@state.me.us">joni.foster@state.me.us</a>
HIV/STD Prevention Education STD Treatment & Follow-up	Sally-Lou Patterson Department of Human Services Tel: 287-6448 Fax: 287-6865 E-Mail: <a href="mailto:sallylou.patterson@state.me.us">sallylou.patterson@state.me.us</a>



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# Health Education

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# School Climate

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**...schools must unabashedly teach students about such key virtues as honesty, dependability, trust, responsibility, tolerance, respect, and other commonly held values important to Americans.**

*— National Association of Secondary School Principals, 1996*



**Sixty-three percent of Maine high school students feel that their teachers really care about them and give them a lot of encouragement.**

*— Maine Youth Risk Behavior Survey, 2001*



# School Climate

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# School Climate

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## DEFINITION

School climate is the synthesis of policies, procedures, activities, programs, and facilities, both formal and informal, within a school infrastructure that affect the attitudes and behaviors of all people in the school — staff, students, parents, and visitors. Constant attention must be paid to the creation and continuation of a school climate that is warm, welcoming, supportive, and encouraging. School administrators play a key role in creating a positive working environment for staff, an environment that is conducive to learning and promotes students' healthy development, and an environment that welcomes families as partners (National Center on Addiction and Substance Abuse, 2001).

## RATIONALE

A positive school climate constructs a solid foundation for a comprehensive learning experience and promotes academic excellence, personal growth, healthy interpersonal relationships, wellness and safety.

## GUIDELINES:

1. Provide a physically, socially, and emotionally healthy environment in which students and staff are free from harassment, discrimination, and abuse.
2. Provide safety policies and procedures that support personal safety and a violence/harassment-free environment and appropriate training for students and staff.
3. Ensure that school buildings and grounds, structures, buses and equipment are accessible to all, meet current standards, and are kept inviting, clean, safe, and in good repair.
4. Provide opportunities for meaningful student participation, peer-led activities, and activities encouraging global citizenship within a democratic school community.
5. Provide an environment free from the risks associated with substance use.
6. Promote a variety of partnerships involving and benefiting youth, families and community members.
7. Provide opportunities for students and staff to learn about and use dispute/conflict resolution tools and positive behavior supports that promote an environment focused on keeping students in class and in school.

# School Climate

**GUIDELINE 1: Provide a physically, socially, and emotionally healthy environment in which students and staff are free from harassment, discrimination, and abuse.**

## RATIONALE

A school that has appropriate policies prohibiting harassment, bullying, discrimination and abuse potentially provides a strong foundation for creating an environment that is free of negative and harmful behaviors and attitudes. A physically, socially and emotionally healthy environment helps students and staff to focus fully on learning and enables them to perform to their capabilities academically, interpersonally, athletically, and in other ways (US Department of Education, 1999).

## INDICATORS:

- A. A confidential system is established for students to report harassment and abuse.
- B. School staff communicate in ways that show respect for students.
- C. Students communicate in ways that show respect for school staff and their peers.
- D. School staff ensure that no students are harassed.
- E. The school has a formal peer mediation program.
- F. All students are respected by school staff and peers regardless of their achievement level.
- G. All students consider school a safe and secure place where they can be successful.
- H. Large schools are organized into smaller units/houses so that all students can develop a better sense of belonging.
  - 1) School grounds and play areas are supervised before and after school, during recesses and at lunchtime.
  - 2) Extra-curricular activities are provided to meet the interests of diverse groups.
- I. School brochures, textbooks and trade books, bulletin boards and art displays show a diverse population and a non-gender-biased approach to professions/careers.
- J. School staff understand their responsibility to be observant of potentially discriminatory behaviors in classrooms, hallways and other before-, after-, and between-class gathering locations in the school and at school-sponsored functions.
- K. The school staff is aware of civil rights obligations for school-sponsored activities and on school buses.
- L. School administration and staff understand and fulfill their legal responsibilities to develop a process to provide an appropriate education to students in transition (homeless and migrant students, and those returning from correctional facilities, hospitalization or institutionalization).
- M. Information is distributed about individual rights and responsibilities, as well as pertinent laws and policies; for example:
  - 1) The district informs the school community about the protections in the Maine Civil Rights Act and the Maine Human Rights Act.



# School Climate

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- 2) Staff, parents and students are informed about the school's non-discrimination statement, sexual harassment policy and grievance procedures in handbooks and other documents distributed by the district.
  - 3) The community at large receives annual notification of the district's non-discrimination policies.
  - 4) The sexual harassment policy is posted prominently in the school.
  - 5) Students, staff and parents are informed of the name, phone number and pertinent responsibilities of the Affirmative Action Officer and 504 Coordinator.
  - 6) The school administration and special education staff inform parents, in a manner that they understand, of their procedural safeguards under IDEA, Chapter 101 and Section 504.
  - 7) The district has a superintendent's complaint process in place and ready to be used, and informs parents of its availability.
  - 8) The district informs parents and staff about the spectrum of grievance and complaint procedures available to them.
- N. Appropriate policies are developed; for example:
- 1) The school has a written harassment policy that applies to students and staff.
  - 2) The school has a written sexual harassment policy that applies to students and staff (Title IX for State and Federal Government).
  - 3) The school has a written non-discrimination statement (Vocational Education Guidelines, Notification).
  - 4) The school has a written policy and procedure document that ensures that all cases of suspected child abuse and/or neglect involving students under age 18 are reported to the Maine Department of Human Services at 1-800-452-1999.
  - 5) The school has a written policy and procedure for intervention in a crisis.
- O. Appropriate steps regarding Affirmative Action and Section 504 have been taken; for example:
- 1) The district has an Affirmative Action Plan.
  - 2) The school has an Affirmative Action Officer, and a 504 Coordinator who is designated for and empowered to carry out the district's non-discrimination policies (per State law).
  - 3) The district is aware of and ready to fulfill all of its Section 504 responsibilities to students and staff.
- P. Appropriate steps regarding English as a Second Language (ESL) have been taken; for example:
- 1) The district provides pertinent school information, in a language parents can comprehend, to parents who have limited proficiency in English.
  - 2) The district has a Lau Plan that describes in policy form its responsibilities to students and parents who are from a non-English language background and who have limited proficiency in English.
  - 3) The district has a certified English-as-a-Second-Language teacher on staff to serve students who have limited proficiency in English (if applicable).
  - 4) The district has a list of native language translators/interpreters and American Sign Language interpreters to translate school documents and to provide translation
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# School Climate

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services in school meetings, such as Pupil Evaluation Teams (PETs) and parent-teacher conferences, for parents who have limited proficiency in English.

- Q. School district personnel are aware of the Family Education Rights and Privacy Act (FERPA) confidentiality requirements and adhere to them in all aspects of educational records and information; for example:
- 1) The district is aware of and ready to fulfill all of its FERPA responsibilities to students and their parents.
  - 2) All student-related and sensitive documents are locked in desks or file cabinets or are maintained in a controlled access area.
  - 3) Discussion of the student, his/her family and/or any of their issues is never permitted unless it is material to the performance of the job.
  - 4) Careless talk about the student is avoided on and off the job, especially in staff rooms, cafeterias, hallways and elevators.
  - 5) School staff understand and follow a policy that other staff members and neighbors do not have a “need to know” about any issue involving a student and/or his/her family.
  - 6) School staff understand and follow a policy regarding a student’s return to school following an absence for physical or mental illness, in which:
    - a) The school files a letter from the student’s medical or mental health provider which indicates any special considerations needed to assist the student;
    - b) Discussion of the student’s condition among school staff is only on a need-to-know basis.
- R. The school follows the Chapter 101 regulations for children with disabilities identified under IDEA.

**GUIDELINE 2: Provide safety policies and procedures that support personal safety and a violence/harassment-free environment and appropriate training for students and staff.**

## RATIONALE

A school that has safety procedures and appropriate training for students and staff will respond quickly and effectively to safety risks and crises.

## INDICATORS:

- A. Students are taught communication strategies that convey respect for others.
- B. Students are taught a process to use for resolving conflicts peacefully.
- C. The school evaluates teaching material for biases based on gender, race, disability, age, and similar characteristics.
- D. School staff receive appropriate training; for example:



# School Climate

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- 1) Staff receive training in communication strategies that convey respect for others.
  - 2) The school's Affirmative Action Officer has been adequately trained to conduct complaint investigations.
  - 3) The district provides sexual harassment prevention training to all new staff within the first year of employment.
  - 4) The Local Education Agency (LEA) ensures that contracted employees (such as bus drivers and some special-education service providers) have received sexual harassment prevention training.
  - 5) The district/school provides ongoing anti-bullying and sexual harassment prevention training for staff.
  - 6) All staff are provided in-service training on recognizing, reporting and responding to the child victim of abuse and neglect.
  - 7) Staff receive training in dispute/conflict resolution.
- E. Resources are dedicated to both student skill-building and staff development.
- F. All staff and students are given information and training in specific OSHA safety procedures and policies that apply to all areas of work and school, including but not limited to:
- 1) Bloodborne pathogens.
  - 2) Body mechanics.
  - 3) Fire safety.
  - 4) Hazard communication (including chemical safety).
  - 5) Emergency Response Plan.
  - 6) Egress procedures.
  - 7) "Physical Environment Standards."
  - 8) Safety and security.
  - 9) Other state and federal safety standards as determined by a comprehensive safety assessment.
  - 10) Additional training on hazards related to applied technology area for Applied Technology staff and students.
- G. The school has a safety plan that includes:
- 1) Site assessments, including the following factors:
    - a) physical
    - b) social
    - c) economic
    - d) local political environment
    - e) cultural diversity
    - f) physical features and school layout—the establishment of baseline measures for security, safety and orderliness
    - g) policies and procedures
  - 2) Specific issues and concerns of the community
  - 3) Review of federal, state and local statutes that relate to student management and school order.
  - 4) A crisis response team.
  - 5) A strategy of paying attention to the physical design of a school as well as implementing techniques to help secure it.
  - 6) Strong consideration of Maine's *Common Core of Learning* and Maine's *Learning Results*
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# School Climate

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- 7) An accountability statement of safety responsibilities of students and staff.
  - 8) Oversight of safety procedures for on-site building contractors.
  - 9) Suicide prevention, intervention, and postvention programs.
  - 10) Response to incidents of violence on school property.
- H. Positive discipline plans are in place that include:
- 1) Providing an inviting atmosphere to all students, staff and community members.
  - 2) Providing a nurturing environment for students, staff and community members.
  - 3) The participation of all students annually in training that allows them to describe/resolve any conflicts in a positive manner.
  - 4) Peer mediation programs.
  - 5) Expectations that are clearly identified.
  - 6) Positive consequences.
  - 7) Policies that produce changes in the climate and culture of the school so that problems and classroom disturbances are dealt with fairly and consistently.

**GUIDELINE 3: Ensure that school buildings and grounds, structures, buses and equipment are accessible to all, meet current standards, and are kept inviting, clean, safe, and in good repair.**

## RATIONALE

A healthy physical environment promotes learning, productivity, comfort, good health, and safety for students, staff and visitors, and thus provides an optimal learning environment within the school.

## INDICATORS:

All school staff have ready access to healthy school environment policies and procedures.

- A. The school has attractive, safe and clean facilities.
- B. Student bathrooms are equipped with running water, soap, paper towels and toilet paper at all times.
- C. Buildings, grounds and play areas are in good repair.
- D. Students help to keep their school clean and safe.
- E. Students respect and care for their own property.
- F. Students respect and care for the property of other students.
- G. Approved soft surfaces are beneath all playground equipment.
- H. School grounds and play areas are supervised before and after school, during recesses and at lunchtime.

See “Physical Environment Guidelines” for specific guides and indicators for this topic.

# School Climate

**GUIDELINE 4: Provide opportunities for meaningful student participation, peer-led activities, and activities encouraging global citizenship within a democratic school community.**

## RATIONALE

A school that provides opportunities for meaningful student participation and decision-making, peer-led activities, and leadership opportunities within the school community creates a sense of ownership of and connectedness to the school, enhances individual empowerment, and develops useful life skills. When students have a “true voice” in the school community, behavior problems such as alienation and anti-social behavior often decrease and participation levels increase.

## INDICATORS:

- A. School administrators and staff help students “belong” to the school by providing the means for active student participation.
- B. School administrators and staff promote collaborative relationships among staff, students, parents, and community members, and involve these groups in identifying problems and developing solutions to improve the school climate.
- C. School governance policies and procedures reflect involvement of all types of students.
- D. The school has clear formal and informal guidelines for student and staff behavior that are fairly and consistently enforced, and which allow for resolution of issues within the school setting.
- E. Students plan and conduct school and community service and service-learning activities and projects that enhance the image of the school and increase student morale and self-image.
- F. The school has a Student Leadership Team that meets on a regular basis for input into school climate policy-making.
- G. The school has a Conflict Resolution/Crisis Team, composed of school staff, student leaders, and parents, that meets on a regular basis to develop proactive policies which deal with specific behavioral issues in the school setting.
- H. The school allows student leaders to assist school staff in developing student behavioral interventions that allow for offending students to safely remain in the school setting, when possible.
- I. The school provides annual opportunities for students and parents to offer written and oral evaluative input on the school’s behavioral support policies. Measurements might include the following:
  - 1) Number and type of planned school and community service and service-learning projects to be conducted during the school year.
  - 2) Development and maintenance of school climate policy (for example, School climate policy group meets a specified number of times per school year; minutes from meetings).



# School Climate

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- 3) Existence of school Conflict Resolution/Crisis Team, schedule of regular meetings during the school year, and written policies which guide interventions.

**GUIDELINE 5: Provide an environment free from the risks associated with substance use.**

## RATIONALE

Alcohol, tobacco, and other drug (ATOD) use, abuse, and dependency are among today's major community problems. Substance abuse impairs students' ability to learn and to develop emotionally and socially. It is associated with poor academic performance, truancy, violence, and other problematic behaviors. The school, in its role as a community institution, can address this problem by establishing policies and procedures for chemical dependency education, prevention and early intervention that apply to both students and employees.

## INDICATORS:

- A. The school has established standards of conduct related to substance abuse that are consistent with local, state, and federal law, and uniformly enforces those standards.
- B. The school has established a tobacco-free school environment that not only keeps students safe from second-hand smoke, but also is free from tobacco use and advertising.
- C. The school provides after-school activities and functions where students can have fun in an environment that is free of controlled substances.
- D. The school offers or directs students and staff to intervention services, including tobacco cessation classes, to deal with chemical dependency.
- E. Clear consequences are stated in student, staff, and parent handbooks for possession, use, and sale of controlled substances by students and staff, and these consequences have been explained to students, staff, and families.
- F. Drug-free signage is in place in all buildings and grounds.
- G. The school uses developmentally appropriate K-12 health education curricula that include substance abuse prevention.
- H. The school provides prevention and early intervention programs in accordance with U.S. Department of Education's *Principles of Effectiveness* (1998).
- I. A trained Student Assistance Team is in place to identify students in need of intervention services.
- J. There is a qualified substance abuse counselor available to each school.
- K. The school has an active Safe and Drug-Free Schools and Communities Advisory Board that includes members from all sectors of the community.
- L. Policies are in place for student attire.



# School Climate

**GUIDELINE 6: Promote a variety of partnerships involving and benefitting youth, families and community members.**

## RATIONALE

Well-planned and consistent involvement of youth, parents and other community members promotes the academic, social and emotional growth of students. When parents are involved in their children's education, those students have higher grades, higher test scores and better attendance, and complete their homework assignments more regularly. Schools with high levels of parent involvement have more support from families and improved reputations in the community. Negative student behaviors, such as substance abuse and anti-social behavior, decrease with increased parent involvement (Maine Department of Education, 1990; National Parent-Teacher Association, 1998 & 1999).

One way to involve students is through service learning. Service learning is a form of experiential education that balances meaningful service to a school and/or community with academic learning, personal growth and civic responsibility.

## INDICATORS:

- A. School administrators and staff encourage and welcome collaborative relationships among school staff, students, parents and community members.
- B. Parent input is sought as part of the school's decision-making process regarding ongoing issues and setting new directions.
- C. School faculty keep parents informed of their children's progress, and request parents' assistance in preventing students' academic and social problems.
- D. Schools have policies that appropriately involve parents/guardians in a crisis.
- E. Parents and community members are encouraged to volunteer in the classroom.
- F. Opportunities are promoted and provided for parents and community members to be involved in extra-curricula activities.
- G. Two-way communication exists between home and school on student progress and school-wide activities.
- H. Schools link students and their families to programs and resources in the community for needed support services.
- I. Parenting skill development is promoted and supported.
- J. Parents are encouraged to play an integral role in their children's learning.
- K. Schools teach and model life skills such as conflict resolution, problem-solving, and decision-making. Parents model and support teaching these skills, and hold students accountable.
- L. Schools encourage parents to model and consistently enforce acceptable behaviors. Parents establish clear and appropriate behavior expectations for their children in school and at home.

# School Climate

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- M. Local businesses and agencies are utilized as resources for community service learning. Local employers respect student learning needs and observe child labor laws. Local employers also have policies that allow parents to participate in school activities.
  - N. Schools participate in community activities that are family-friendly.

See “Youth, Parent, Family and Community Involvement Guidelines” for more information on this topic.

**GUIDELINE 7: Provide opportunities for students and staff to learn about and use dispute/conflict resolution tools and positive behavior supports that promote an environment focused on keeping students in class and in school.**

## RATIONALE

A school that strives to keep students in school instead of removing them will be a place where all students feel they “belong”. A school that is focused on positive discipline will be a place where children are taught to use dispute resolution tools to resolve problems.

## INDICATORS:

- A. The school develops and uses positive behavior supports.
- B. Students and parents are integrally involved in developing the behavior code and discipline policy.
- C. Keeping students in school is a major goal of the school program (no “throw-away” kids).
- D. Parents are informed about student conduct policies at the beginning of every school year.
- E. Students are informed about conduct policies at the beginning of every school year.
- F. School discipline is developmentally appropriate and equitably applied for all students.
- G. A Behavior Intervention Plan, based on a Functional Behavior Assessment, is provided for every student who requires it (without regard to Special Education status). The plan addresses the specific needs of the student, includes pro-social skills-related goals and objectives, and is based on a commitment to keep the student in school.
- H. The school follows Chapter 101 rules for the Pupil Evaluation Team decision-making process.
- I. The school uses a democratic approach in classrooms, faculty meetings and other school venues.
- J. The district fully understands the Least Restrictive Environment spectrum for students who are disabled.



# School Climate

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## STATE CONTACTS AND RESOURCES

<b>Intentional Injury Prevention</b>	Cheryl DiCara Department of Human Services Tel: 287-5362 Fax: 287-3993 E-Mail: <a href="mailto:Cheryl.dicara@state.me.us">Cheryl.dicara@state.me.us</a>
<b>Youth Violence Prevention</b>	
<b>Suicide Prevention</b>	
<b>Safe &amp; Drug Free Schools</b>	Linda Trahey Office of Substance Abuse Tel: 287-8904 Fax: 287-8910 E-Mail: <a href="mailto:linda.trahey@state.me.us">linda.trahey@state.me.us</a>
<b>Violence Prevention</b>	
<b>Outright</b>	Sally Lou Patterson Department of Human Services Tel: 287-6448 Fax: 287-6865 E-Mail: <a href="mailto:sallylou.patterson@state.me.us">sallylou.patterson@state.me.us</a>
<b>Safe Schools</b>	
<b>Tobacco-Free School Policy</b>	Mary Bourque Department of Human Services Tel: 287-5625 Fax: 624-4631 E-Mail: <a href="mailto:mary.t.bourque@state.me.us">mary.t.bourque@state.me.us</a>

### **Bully-Free Maine**

Information on bullying prevention training and a survey of Maine third-graders  
<http://lincoln.midcoast.com/~sauflers/index.htm>

### **Drug Abuse Resistance Education (D.A.R.E.)**

Mary Lucia, State D.A.R.E. Coordinator  
Maine Criminal Justice Academy  
Waterville, ME  
(207) 877-8020

### **Gay, Lesbian, and Straight Education Network (GLSEN)**

Downeast Maine chapter  
Tel: (207)359-2347,  
National GLSEN (212)727-0135

### **Maine Coalition Against Sexual Assault**

Cyndi Amato, Executive Director  
Tel: (207) 626-0034



# School Climate

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## **Maine Coalition to End Domestic Violence (MCEDV)**

The MCEDV state office assists in conducting activities that promote family violence intervention and prevention and increase public awareness of the problem. Part of this mission is to encourage representatives of the state, municipalities, law enforcement agencies, schools, and the private sector to become involved in planning strategies for the development of coordinated community response. For more information, contact Tracy Cooley, State Coordinator, at 941-1194.

## **Maine Department of Behavioral and Developmental Services**

Office of Substance Abuse Information Resource Center  
1-800-499-0027

## **Maine Department of Education**

Student Assistance Team Unit  
Roger Richards  
Tel: (207) 624-6683

## **Maine Department of Human Services**

Bureau of Health  
Division of Community and Family Health  
Maine Injury Prevention Program  
Tel: (207) 287-5362, or toll-free 1-800-698-3624

## **Maine Safe Schools Resource Collaborative (MSSRC)**

MSSRC is an initiative consisting of four organizations: GLSEN – Gay, Lesbian, Straight Education Network/Southern Maine, PFLAG –Parents, Families and Friends of Lesbians and Gays, Outright, and Maine Speakout Project. These four organizations are committed to helping Maine schools become safe places where every family can belong, every educator can teach, and where every child can learn, regardless of gender identity or sexual orientation. The Collaborative produced the 1999 Maine Safe Schools Resource Guide and offers training and speakers to teachers, administrators, parents, and counselors. Contact the Collaborative at PO Box 15303, Portland, ME 04112-5303, phone 879-0480, email: [MSOProject@aol.com](mailto:MSOProject@aol.com)

## **Maine State Police Safe Schools Program**

Safe Schools is conducted by members of the Maine State Police as a community service for school administrators, school personnel, and school bus drivers. This initiative, adapted from the New York State Police, provides five one- (1) hour sessions on the issue of school safety. Topics include Awareness, Prevention, Effective Response, Incident Management Planning and Effects of Domestic Violence. Contact your nearest Maine State Police Barracks for more information.

## **Maine Youth Suicide Prevention Program**

Maine Injury Prevention Program  
Tel: (207) 287-5356 or 1-800-698-3624

# School Climate

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**Partnership for a Tobacco-Free Maine**

151 Capitol Street; 11 State House Station  
Augusta, Maine 04333  
Tel: (207) 287-2645  
[www.tobaccofreemaine.org](http://www.tobaccofreemaine.org)

**RTI Violence Collection Project**

Linda Williams or Linda Phillips  
(208) 287-8900

**Safety Works**

Maine Department of Labor  
Tel: (207)624-6400

**University of Maine at Orono**

Comprehensive School Health Resource Center

**TECHNICAL ASSISTANCE:****Civil Rights Team Project**

Department of the Attorney General,  
6 State House Station, Augusta, ME 04333,  
Tel: (207) 626-8417

**Maine Youth Suicide Prevention Program**

Program information from:  
Department of Human Services  
Bureau of Health  
#11 State House Station, 331 Water Street  
Augusta, ME 04333  
Tel: (207) 287-5362  
<http://www.state.me.us/suicide>

**Peace Studies Program**

University of Maine  
5725 East Annex  
Orono, ME 04469-5725  
(207) 581-2609

**Peer Leader Program**

Peoples Regional Opportunities Program  
510 Cumberland Ave.  
Portland, ME 041  
Tel: (207) 874-1140

# School Climate

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**Safe Schools**  
Sally Lou Patterson  
(207)287-6448

## **NATIONAL RESOURCES:**

**American Academy of Pediatrics**  
141 Northwest Point Blvd.  
Elk Grove, IL 60007-1098  
(847) 228-5005

**American Association of Suicidology**  
Suite 310, 4201 Connecticut Ave. NW  
Washington, DC 20008  
(202) 237-2280  
<http://www.suicidology.org/>

**American School Counselor Association**  
<http://www.schoolcounselor.org/national.htm>

**Center for the Prevention of School Violence**  
20 Enterprise Street, Suite 2  
Raleigh, North Carolina 27607-7375  
Tel: (800)299-6054

**Center for School Mental Health Assistance**  
University of Maryland at Baltimore  
680 W. Lexington, 10<sup>th</sup> floor  
Baltimore, MD 21201-1570 <http://csmha.ab.umd.edu>

**Center for the Study and Prevention of Violence**  
Institute of Behavioral Science  
University of Colorado at Boulder  
Campus Box 442  
Boulder, CO 80309-0442  
(303) 492-8465  
<http://www.colorado.edu/cspv>

**Centers for Disease Control and Prevention**  
**National Center for Injury Prevention and Control**  
Mailstop K65, 4770 Buford Highway NE  
Atlanta, GA 30341-3724  
(770) 488-1506  
<http://www.cdc.gov.ncipc>



# School Climate

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## **Children's Safety Network**

National Injury and Violence Prevention Resource Center  
Education Development Center  
55 Chapel Street  
Newton, MA 02158  
Tel: (617) 969-7100  
Also: National Center for Maternal and Child Health  
(703) 524-7802

## **Committee for Children**

2203 Airport Way S., Suite 500  
Seattle, WA 98134-2027  
(800) 634-4449  
<http://www.cfchildren.org>

## **Educators for Social Responsibility**

23 Garden St  
Cambridge, MA 02138  
(617) 492-1764  
<http://www.esrnational.org/>

## **Gay, Lesbian and Straight Education Network**

121 West 27<sup>th</sup> St., #804  
New York, NY 10001  
(212) 727-0135  
<http://www.glsen.org/>

## **National Education Association**

Safe & Effective Schools – teleconferences – 4 videotapes  
Contact: Information & Resource Center  
Tel: 1-800-499-0027

## **National Resource Center for Safe Schools (NRCSS)**

101 SW Main, Suite 500, Portland OR 97204  
Tel: (503)275-0131 or Toll Free: (800)268-2275  
FAX: (503)275-0444

## **National School Safety Center**

141 Duesenberg Drive, Suite 11  
Westlake Village, California 91362  
Tel: (805)373-9977  
<http://www.nsscl.org>

## **Office of Substance Abuse Information & Resource Center**

Tel: 1-800-499-0027 or (207)287-8900

# School Climate

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TTY/TDD (207)287-4475 or 1-800-215-7604

## **Safe and Drug-Free Schools Program**

U.S. Department of Education  
400 Maryland Avenue, S.W., 3E314  
Washington, DC 20202-6123  
Tel: (202)260-3654  
<http://www.ed.gov/offices/OESE/SDFS/>

## **Safe Schools/Healthy Students Initiative**

U.S. Department of Education  
400 Maryland Avenue, S.W.  
Washington, DC 20202-0498  
Tel: (800)872-5327  
<http://165.224.220.66.inits/FY99/sdfshapp.html>

## **Substance Abuse and Mental Health Services Administration**

U.S. Department of Health and Human Services  
105 Parklawn Building, Fishers Lane  
Rockville, MD 20857  
(301) 443-4795  
<http://www.samhsa.gov/>

## **REFERENCES**

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- US Surgeon General. (1999) *Youth Violence: A Report of the Surgeon General*.  
<http://www.usophs.dhhs.gov/sqoffice.htm>



# School Climate

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School Climate

# Physical Environment

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The following are sample letters from elementary students from the George E. Jack School in Standish, Maine:

Dear Construction workers,

Thank you for redoing our school this year! It looks great inside and outside. I'm glad it's redone. I bet you would like a day off and some ice cold lemonade and an ice cream.

Thanks,  
Kellie

Dear Construction workers,

I used to hate school but this almost new school makes me enjoy school. On the first day of school I went in and I was shocked, it was great. When I went down to breakfast one wall was knocked down. I was totally shocked. I like this school. It is the best school I've been to. Thanks for all the hard work you put into this school.

Sincerely,  
Dan

# Physical Environment

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# Physical Environment

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## DEFINITION

A physically healthy school environment addresses the physical and aesthetic surroundings of the school, including the buildings, outdoor areas and transportation. Air and water quality, building structure, physical design, temperature, noise, maintenance, sanitation and lighting are also elements of the physical environment.

## RATIONALE

The purpose of maintaining a healthy school environment is to ensure that the physical needs of education (school sites, buildings, transportation, equipment and maintenance) are of a high quality and meet at least minimum standards and guidelines. A healthy physical environment promotes learning, productivity, comfort, good health, and safety for all of its occupants. Maintaining a healthy physical environment:

- Protects the health and safety of all occupants.
- Provides a safe and comfortable place to work and study.
- Minimizes hazards to students, staff and visitors.
- Provides information to staff and students on possible risks to health and safety.
- Trains and instructs staff and students regarding safe practices.
- Provides safety equipment and specific training when hazards cannot be eliminated.

*(Note: Due to the dynamic, expanding nature of these standards and guidelines, please use the Contacts list at the end of this section before taking action to assure that the information is the most current available.)*

## GUIDELINES:

1. The school staff work proactively to prevent indoor air quality problems and assure that air delivered to school building occupants is of the highest quality possible within the framework of existing codes and standards.
2. The school or district has:
  - a) An active cross-organizational safety committee at each location;
  - b) Well-maintained and routinely updated safety and security policies;
  - c) A safe-schools program in each facility/district;
  - d) Compliance with workplace and public facilities safety rules and regulations;
  - e) Maintenance and repair policies, programs and processes in place and working;
  - f) No recognized hazard that is without a remediation interim protection plan.
3. The facility complies with American Disabilities Act requirements.
4. Staff and administration formalize, support and adhere to operating, maintaining and capital replacement policies and practices.
5. Transportation is managed as an essential service, with systems operating within current State and Federal government regulations and National Pupil Transportation Guidelines for organization, policy, equipment, staff and service performance.

# Physical Environment

**GUIDELINE 1: The school staff are proactive in preventing indoor air quality problems and assuring that air delivered to school building occupants is of the highest quality possible within the framework of existing codes and standards.**

**INDICATORS:**

There are few or no reports of:

- A. Thermal- or respiratory-related comfort complaints.
- B. Health complaints (respiratory issues, sore or scratchy throat, skin rash, eye irritation, headache).
- C. Drowsiness.
- D. Evidence of water intrusion into the building.
- E. Odors.
- F. High energy consumption.
- G. Construction/renovation activities.

*\*Note: Please see list explaining acronyms on page F-17*

Element	Standards/Guidelines	Contacts*
a. Air turns, fresh air, CO <sub>2</sub> , temperature, relative humidity, mechanical ventilation maintenance and operation.	-ASHRAE >15cfm for outdoor air ventilation rate and <1000 ppm CO <sub>2</sub> . General ASHRAE guidelines (62-1989) for Temp and R.H (The general recommendation for RH is <30% during heating season in the NE). -Mechanical heating and ventilation systems operated in compliance with Title 20A Chapter 223, Sect. 6302	BGS – 207-287-4001 DOE – Facilities Team 207-287-5903 MSMA – 1-800-660-8484 Maine Indoor Air Quality Council – 207-626-8115 Maine Lung Assoc. – 1-800-499-5864 SMACNA – 1-703-803-2980
b. VOCS, CO	-DOL standards. Specific to compound involved	DOL – 207-624-6400



# Physical Environment

<p>c. Pesticides and Integrated Pest Management (IPM).</p>	<p>-Implement DOA IPM guidelines and adhere to pesticides regulations – Rules 01-026 Chapter 31 and Title 22 MRSA Chapter 258A, section 1471 C &amp; D.          -Commercial applicators License required for most pesticide applications inclusive of non-routine disinfectant use.          -Up-to-date MSDS file on every chemical, pesticide and cleaning compound in use.          -DOL workplace safety standards for chemical use, documentation and communications are met per 29CFR part 1910, section 1200.</p>	<p>DOA – Board of Pesticides Control - 207-287-2731          DOL – 207-624-6400          Univ. of ME. Cooperative Extension (UMCE) – Pest Management Office – 800-287-0279          UMCE County Extension Offices – 800-287-0274          DOC – 207-287-2431</p>
<p>d. Bio-aerosols, mold, fungi, bacteria and wet and/or deteriorating building material.</p>	<p>-Variable with organism and relative outside concentrations.          -BOCA Structural Codes</p>	<p>BGS – 207-287-4001          DOA – 207-287-2731          DOL – 207-624-6400          DOE – 207-287-5903          New York City Dept. of Health – 1-212-788-4290</p>
<p>e. Asbestos</p>	<p>-Maintained in stable condition and removed where damage or direct access by students or staff exists.          -Posted Notices. Employee and Contractor notification.          -Three year AHURA inspection and condition report maintained up-to-date.          -See specific DOL and DEEP standards (29CFR Part 1910, section 1001).</p>	<p>BGS – 207-287-4001          DEEP – 207-287-7829          DOL – 207-624-6400          MSMA – 1-800-8484</p>
<p>f. Lead Paint</p>	<p>-Maintained in good repair, removed or encapsulated. No airborne material.          -Compliance with specific DOL and DEEP standards – 29CFR Part 1910, section 1025.          -If contact is suspected, blood analysis may be required.</p>	<p>BGS – 207-287-4001          DEEP – 207-287-7829          DOL – 207-624-6400</p>
<p>g. Radon Gas</p>	<p>-Bureau of Health - &lt;4pCi/liter for air and &lt;20,000pCi for water (under revision).</p>	<p>DHS – 207-287-5676 for air and 207-287-2070 for water.</p>



# Physical Environment

**GUIDELINE 2: The school or district has:**

- a) An active safety committee at each location;
- b) Well-maintained and routinely updated safety and security policies;
- c) A safe-schools program in each facility/district;
- d) Compliance with workplace and public facilities safety rules and regulations;
- e) Maintenance and repair policies, programs and processes in place and working;
- f) No recognized hazard that is without a remediation interim protection plan

**INDICATORS:**

The following indicators exist and are actively used throughout the facility:

- A. Safety committee reports.
- B. Facility assessment.
- C. Maintenance reports.
- D. Documentation of training and drill events.
- E. Documented incident investigation and mitigation.
- F. Up-to-date emergency response plan.

*\*Note: Please see list explaining acronyms on page F-17*

Element	Standards/Guidelines	Contacts*
a. Buildings, Utility, Services, Site Selection and Design, Capacities/space requirements. Playground design and safety.	-Buildings, utilities, services, playing fields, walkways, parking lots, roadways and traffic flow meet all applicable State and Federal design, fire and safety codes, and size standards and guidelines. -Areas not meeting current design standards are clearly identified and contingent safety management plans are in place to mitigate the hazard. -Fire Code ANSI/NFPA 101 -DHS Eating and Lodging Rules 10-144A-CMR201. -Outdoor air quality and contaminates should be examined as a site selection criteria.	DOE – Facilities Team 207-287-5903 BGS – 207-287-4009 DOL – 207-624-6400 DEEP – 207-287-7658, 287-3901 State Fire Marshall – 207-287-3473 DOT – 207-287-2551 DHS –207-287-5308 and 207-287-2070 (Water); 287-5671 (Eating and Lodging) BPL – 207-287-4970 NFPA – 617-770-3000 DOE – Nutrition Team 207-287-5903 BOH – 207-287-2070 (water supply) Planning Ofc.–207-287-3261

# Physical Environment

Element	Standards/Guidelines	Contacts*
	<p>-Use of NEBB or AABC certified Test, Adjust and Balance contractors is recommended.</p> <p>-Building commissioning process is recommended with major construction and renovation projects.</p>	<p>MSMA – 800-660-8484            DOD, Maine Emergency Management Agency – 800-452-8735            Maine Injury Prevention Program – 800-698-3624            Maine Coalition for Safe Kids – 207-778-2251            NESDEC – 508-481-9444</p>
b. Equipment and Work Station Design inclusive of maintenance and program-related equipment and tools.	<p>-Work stations, study stations, equipment and tools meet standards of ergonomic design and safety.</p> <p>-Video Display Terminal (VDT) law compliance Title 26, MRSA Section 251 and 252</p>	<p>DOL – 207-624-6400            MSMA – 800-660-8484</p>
c. Access Security	<p>-Local Policy written and implemented</p>	<p>DOE – Facilities Team 207-287-5903            Me. State Police – Safe Schools Resources 207-324-1150            MSMA – 800-660-8484            DOD, Maine Emergency Management Agency – 800-452-8735</p>
d. Signage	<p>-All exits, areas of refuge, and emergency equipment clearly identified and Evacuation Maps and procedures clearly posted throughout the facility.</p>	<p>DOL – 207-624-6400            MSMA – 800-660-8484</p>
e. Operating Policies and Practices for handling, use, and/or storage of hazardous materials including body fluids.	<p>-Compliance with DOL workplace safety and health standards, 29CFR Part 1910, Section 1200 and Section 1030.</p>	<p>DOL – 207-624-6400            MSMA – 800-660-8484            UMO School Health Education Resource Center – 888-</p>
f. Training, Education and Drills	<p>-Meet all minimum schedule and content requirements for evacuation, fire, hazardous material and lockdown training and drills. Emergency - Management plan written and</p>	<p>State Fire Marshall – 207-287-3473            DOE – Facilities Team – 207-287-5903            MSMA – 800-660-8484            DOD, Maine Emergency</p>



# Physical Environment

Element	Standards/Guidelines	Contacts*
	implemented.	Management Agency – 800-452-8735
g. OSHA/DOL - Workplace Safety and Health	-In compliance with applicable 29 CFR, Part 1910 and 1926	DOL – 207-624-6400 MSMA – 800-660-8484
h. Maintenance and Repair	-PVM inspection and maintenance program functioning in each facility. -Condition monitoring and hazard assessment programs for all building systems in place. -Pesticide and Chemical Standards. IPM policies and procedures for pest control. License required for some chemical applications -Re-entry requirements for some chemical applications	DOE – Facilities Team 207-287-5903 BGS – 207-287-4009 DOA – 207-287-2731 DOL – 207-624-6400 Univ. of Me. Cooperative Extension, Office of Pest Management – UMCE, County Offices – 800-287-0274

**GUIDELINE 3: The facility is in compliance with American Disabilities Act requirements.**

## INDICATORS:

- A. Periodic facility and transportation services compliance assessment by qualified engineer/architect and/or State Fire Marshall.

*\*Note: Please see list explaining acronyms on page F-17*

Element	Standards/Guidelines	Contacts*
a. ADA Compliance	-Compliance or plan and schedule in place for correction of identified issues. -Required mitigation actions for inclusion in any renovation project with cost exceeding thresholds. -Reasonable accommodation rules. -See specific DOL, DHS, DOE (Special Education), ADA and State Fire Marshall Regulations and standards for design and use.	DOE – Special Services Team 207-287-5950 State Fire Marshall – 207-624-3473 BGS – 207-287-5009 Human Rights Commission – 207-624-6050 MSMA – 800-660-8484



# Physical Environment

**GUIDELINE 4: Operating, maintaining and capital replacement policies and practices are formalized, supported and adhered to by all staff and administration.**

**INDICATORS:**

The condition of the facility has been assessed using the Maine Department of Education Facilities Management Standards, and results indicate a satisfactory level of maintenance and capital asset management performance in the following areas:

- A. Appearance
- B. Cleanliness
- C. Condition of paint
- D. Odors
- E. Age and design of equipment compared to state-of-the-art items of the same function
- F. Annual budget for maintenance and capital replacement

*\*Note: Please see list explaining acronyms on page F-17*

Element	Standards/Guidelines	Contacts*
a. Operating policies and practices related to stewardship and appearance.	-DHS, BOH Eating and Lodging Rules -DOE Facility Management Standards.	DOE Facilities Team 207-287-5903 DOE Nutrition Team 207-287-5903 DHS – 207-287-5671 DOL – 207-624-6400 MSMA – 800-660-8484
b. Operating policies and practices for handling, use, and/or storage of hazardous materials, including body fluids.	-Compliance with DOL workplace safety and health standards, 29CFR Part 1910, Section 1030 and Section 1200.	DOL – 207-624-6400 DOA – 207-287-2731 UMO School Health Education Resource Center – 888-848-1685 MSMA – 800-660-8484
c. Maintenance policies and practices related to stewardship and appearance	-PVM and repair practiced sufficient to maintain at design appearance and function. -Budget established to meet DOE facilities management standards and DOL workplace safety and health standards, 29CFR Post 1910.	DOE – Facilities Team 207-287-5903 BGS – 207-287-4009 DOL – 207-624-6400
d. Capital replacement policies and practices related to stewardship and appearance.	-Replacement scheduled and budgeted based on condition assessment process and life cycle analysis (inclusive of program needs, obsolescence and state of technology.)	DOE – Facilities Team 207-287-5903

# Physical Environment

**GUIDELINE 5: Transportation is managed as an essential service with systems operating within current State and Federal Government regulations and National Pupil Transportation Guidelines for organization, policy, equipment, staff and service performance.**

## INDICATORS:

The following indicators are tracked and analyzed. Problem areas (indicated by high rates of incidents or unsatisfactory performance levels) are addressed with improvement plans and corrective actions.

- A. Crash statistics
- B. Vehicle inspection results
- C. Driver grievances
- D. Student and /or parent complaints
- E. Rider statistics (% riders, length of ride; training and drill documentation)
- F. Driver performance review
- G. Drug and alcohol testing
- H. Skill competition data
- I. Age, mileage and appearance of the bus fleet
- J. Use of non-conforming vehicles for pupil transportation

*\*Note: Please see list explaining acronyms on page F-17*

Element	Standards/Guidelines	Contacts*
a. Vehicle Fleet	-All vehicles pass State Police Inspection 2x each year. -No vehicles used in the >10 passenger vehicle class which do not meet all Federal Motor Vehicle Safety Standards for School Bus Construction. -Fleet replacement cycle within industry recommended standards by vehicle type. -PVM system in use. -Special education and preschool children requirements comply with all relevant FMVSS and NHTSA guidelines.	DOE – Transportation Specialist 207-287-5903 Me. State Police, Traffic Division 207-624-8939 USDOT – NHTSA 617-494-3427 MSMA – 800-660-8484
b. Drivers	-Meet licensing, annual physical requirements and training, skill and knowledge requirements of Title 20A and	DOE – Transportation Team 207-287-5903 BMV – CDL Division 207-624-9000.



# Physical Environment

Element	Standards/Guidelines	Contacts*
	<p>Title 29A and as established in the current Uniform Standards for Pupil Transportation in Maine (DOE Rules chapter 081)</p> <ul style="list-style-type: none"> <li>-Pass all alcohol and drug testing requirements</li> <li>-Pre-trip and Post-trip inspection reports complete</li> </ul>	<p>Maine State Police, Commercial Vehicle Division 207-624-8939 MAPT – 207-874-0622 MSMA – 800-660-8484</p>
c. Students	<ul style="list-style-type: none"> <li>-Twice annual training and drills for safe riding practices and evacuation.</li> </ul>	<p>DOE – Transportation Team 207-287-5903 MAPT – 207-874-0622 MSMA – 800-660-8484</p>
d. System	<ul style="list-style-type: none"> <li>-Investigation and analysis of all crashes and near miss incidents and a resulting corrective action plan.</li> <li>-Length of ride policy</li> <li>-Route design policy</li> <li>-Length of walk policy</li> <li>-Pick-up and drop-off selection and review process.</li> <li>-Emergency response plan and training for drivers, students and support staff/agencies.</li> <li>-Adherence to seating capacity guidelines.</li> <li>-Involvement in Special Ed. IEP when transportation is determined to be a related service or when transportation issues are a predictable outcome of the disability.</li> <li>-Student management and confidentiality training for all drivers.</li> <li>Submission of all required program and crash reports to DOT, DOE and DOPS.</li> </ul>	<p>DOE – Transportation Team 207-287-5903. Me. State Police, Traffic Division – 207-624-8939 MAPT – 207-874-0622 DOT – 207-287-8244 MSMA – 800-660-8484 DOD, Maine Emergency Management Agency – 800-452-8735 Maine State Police, Safe Schools Program – 207-324-1150</p>



# Physical Environment

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## MAINE RESOURCES AND CONTACTS

**Maine Department of Education  
23 State House Station  
Augusta ME 04333-0023**

- Scott Brown  
Director, School Facility Programs  
207-624-6842  
[scott.brown@state.me.us](mailto:scott.brown@state.me.us)
- Michael Kucsma  
Education Specialist: School Renovation and Lease Programs  
207-624-6885  
[michael.kucsma@state.me.us](mailto:michael.kucsma@state.me.us)
- Jay Readinger  
Education Specialist: School Maintenance and Capital Planning Programs  
207-624-6886  
[jay.readinger@state.me.us](mailto:jay.readinger@state.me.us)
- Roanne Seeley  
Workforce Education Specialist  
207-624-6742  
[Roanne.Seeley@state.me.us](mailto:Roanne.Seeley@state.me.us)
- Harvey Boatman  
Education Specialist: Pupil Transportation and School Facilities Programs  
207-624-6884  
[harvey.boatman@state.me.us](mailto:harvey.boatman@state.me.us)

**Maine Department of Administrative and Financial Services  
Bureau of General Services  
77 State House Station  
Augusta ME 04333**

- Lynwood Myshrall  
Director of Construction  
207-624-7351  
[lynwood.myshrall@state.me.us](mailto:lynwood.myshrall@state.me.us)
- Goff French  
Construction Engineer  
207-624-7346  
[goff.french@state.me.us](mailto:goff.french@state.me.us)
- Gene Kaler  
IAQ Technician  
207-624-7349  
[gene.kaler@state.me.us](mailto:gene.kaler@state.me.us)

# Physical Environment

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- Maine Board of Pesticides Control - <http://www.state.me.us/agriculture/pesticides/homepage.htm>
  - Maine Coalition for Safe Kids – 207-778-5097
  - Maine Department of Environmental Protection – <http://www.state.me.us/dep/>
  - Maine Department of Labor/Safety Works – <http://www.state.me.us/labor/blsmain.htm> – 207-624-6400 or 1-877-SAFE-345
  - Maine Drinking Water Program - <http://www.state.me.us/dhs/eng/rad/rad.htm> 207-287-2070.
  - Maine Eating and Lodging Program - <http://www.state.me.us/dhs/eng/el/index.htm> 207-287-5671.
  - Maine Labor Group on Health, Inc. 207-622-7823
  - Maine Plumbing and Wastewater Program - <http://www.state.me.us/dhs/eng/plumb/plumb.htm> 207-287-5689.
  - Maine Radiation Control Program, Radon/IAQ Section - [http://www.state.me.us/dhs/eng/rad/hp\\_radon.htm](http://www.state.me.us/dhs/eng/rad/hp_radon.htm) Phone 207-287-5676 or 1-800-232-0842.
  - Maine Safety Council – <http://www.ime.net/msc/msc> Phone: 207-854-8411
  - Maine Schools Integrated Pest Management Program - 207-287-7616
  - Maine School Management Association – 622-3473
  - Portland Energy Conservation, Inc. (PECI) - <http://www.peci.org>

## NATIONAL RESOURCES AND CONTACTS

- American Air Balancing Council (AABC) - <http://www.aabchq.com>
- American National Standards Institute (ANSI) – <http://www.ansi.org>
- American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) - <http://www.ashrae.org>
- American Society for Testing and Materials – <http://www.astm.org/contact.html>
- Association of Energy Engineers (AEE) - <http://www.aeecenter.org>
- Building Officials and Code Administration International, Inc. (Boca) – <http://www.bocai.org>
- Center for Disease Control – <http://www.cdc.gov>
- Consumer Product Safety Commission – <http://www.cpsc.gov>
- Environmental Protection Agency – <http://www.epa.gov>
- Indoor Air Quality Association – <http://www.iaqa.org>
- Integrated Pest Management Institute - <http://www.ipminstitute.org/school.htm>
- National Coalition against the Misuse of Pesticides (NCAMP) – [http://www.ncamp.org/local\\_school.htm](http://www.ncamp.org/local_school.htm)
- National Environmental Balancing Bureau (NEBB) - <http://www.nebb.org>
- National Fire Protection Association (NFPA) – Phone: 617-770-3000
- National Institute for Occupational Safety and Health (NIOSH) – <http://www.edc.gov/niosh>
- National Playground Safety Institute – <http://www.nrpa.org/NRPA>
- Occupational Safety and Health Agency (OSHA) – <http://www.osha.gov> Phone: 207-941-8177



# Physical Environment

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- Safety Information Resources, Inc. – <http://hazard.com>

## ADDITIONAL RESOURCES AND REFERENCES

### Publications

American Air Balancing Council. *TAB Journal* (magazine).

American Society of Heating, Refrigerating and Air Conditioning Engineers. *ASHRAE Journal*.

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Environmental Protection Agency and NIOSH. (1991) *Building Air Quality*. NIOSH Publication No. 91-114.

AIHA. (1996) *Field Guide for the Determination of Biological Contaminants in Environmental Samples*.

Bearg, David. *Indoor Air Quality and HVAC Systems*. Lewis Publishers

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Cutter Information Services. *IEQ Strategies* (newsletter).

Daar, S.; Drlik, T; Olkowsky, H.; and Olkowsky, W. (1997) *IPM for School: A How-to Manual*. Bio-Integral Resource Center Publication.

Maine Bureau of General Services. *Architectural and Engineering Services Procurement Manual*

Maine Community Action Housing Council. (1996). *Maine Auditor/Estimator Health and Safety Field Guide*.

Maine DECD, Energy Division. *Maine Guide to Energy Efficient Residential Construction - Manual of Accepted Practices*.

Massachusetts Department of Agriculture. *Integrated Pest Management Kit for Building Managers*.

National Fire Protection Association. *NFPA Life Safety Code*. 1 Batterymarch Park, Quincy, Ma. 617-770-3000.

New York City, Department of Health. *Guidelines on Assessment and Remediation of Fungi in Indoor Environments*.

Penton Media. *HPAC Engineering* (magazine).



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- U.S. Consumer Product Safety Commission. *Handbook for Public Playground Safety*. Publication No. 325.
- U.S. Department of Education . *Schools as Centers of Community: A Citizens' Guide for Planning and Design*.
- U.S. Environmental Protection Agency. (1995) *Indoor Air Quality Tools for Schools Action Kit*. EPA 402-K-95-001.
- U.S. Environmental Protection Agency. (1993) *Pest Control in the School Environment: Adopting Integrated Pest Management*. EPA #735-F-93-012.
- U.S. Environmental Protection Agency. (1993) *Radon Measurement in Schools*. EPA-402-R-92-014.
- U.S. Environmental Protection Agency. (1994) *Radon Mitigation Standards*. EPA 402-R-93-078.
- U.S. Environmental Protection Agency. (1994) *Radon Prevention in the Design and Construction of Schools and Other Large Buildings*. EPA/625/R-92/016.
- U.S. Environmental Protection Agency. (1994) *Reducing Radon in Schools: A Team Approach*. EPA 402-R-94-008.
- University of Massachusetts Extension. *Integrated Pest Management Guidelines for Structural Pests*. 413-545-2717 to order.
- Vassalboro Community School . *Safety Tips for Woodworking Machines*. (Available at <http://www.vcs.u52.k12.me.us> ; click on "classrooms" and then "Craig Taylor")

## Website

- Building Science Corporation - <http://www.buildingscience.com>
- ChemInfoNet – chemical safety in schools – <http://www.cheminfonet.org>
- E Design On-Line - <http://www.state.fl.us/fdi/e-design/online/edo.htm>
- Envirocenter - <http://www.envirocenter.com/enyohp/Ndefault.htm>
- Envirovillage Papers -<http://www.envirovillage.com/papers/N0000100001.htm>
- Guidelines on assessment and remediation of fungi and facts about mold – <http://www.ci.nyc.ny.us/> Search "mold"
- Healthy House Institute - <http://www.hhinst.com/index.html>
- IEQ Strategies - <http://www.cutter.com/ieqs>
- Insect and Plant Disease Management – <http://pmo.umext.maine.edu/ipddl/ipddl.htm>.
- Integrated Pest Management - <http://www.ifas.ufl.edu/~schoolipm/index.html>
- Journal of Light Construction - <http://www.jlconline.com>
- Lyme Disease Research Lab – <http://zappa.mncri.mmc.org/research/lyme/lymemain>

# Physical Environment

- Maine Department of Labor, Bureau of Labor Standards – <http://www.state.me.us/labor/bls/websites.htm>
- Mold Tips - <http://www.austin360.com:80/news/1metro/2000/03/05moldtips.html>
- National Association of Home Builders - <http://www.nahb.org/default.htm>
- National Clearinghouse for Educational Facilities – [www.edfacilities.org](http://www.edfacilities.org)
- National Highway Transportation Safety Administration – <http://www.nhtsa.dot.gov>.
- National Information Center for Children and Youth with Disabilities (NICHCY) – <http://www.nichcy.org>
- New York City Mold Remediation Standards - <http://www.ci.nyc.ny.us/html/doh/html/epi/moldrpt1.html#remed>
- Pest Management – <http://www.umext.maine.edu/topics/pest.htm>
- Pesticide Usage – <http://www.ncamp.org>
- Playground Safety – <http://www.uni.edu/playground>
- Safe Schools – <http://www.stwnews.org>
- Safe Schools, New Jersey Department of Education – <http://www.eohsi.rutgers.edu/ss>
- Safety Information Resources Inc. – source of Material Safety Data Sheets – <http://hazard.com>
- SafetyWorks!, Maine Department of Labor – <http://www.state.me.us/labor/bls/saftwkrs.htm>
- School Pesticide Policies and Programs – [http://www.ncamp.org/local\\_school.htm](http://www.ncamp.org/local_school.htm) School Safety Procedures for Art and Industrial Art – <http://artswire.org:70/1/csa/books/schools>
- U.S. Environmental Protection Agency – <http://www.epa.gov>
- Vector and insect borne disease – <http://www.cdc.gov/health/diseases.htm>
- Weatherization Page - <http://www.weatherization.com>
- Workplace Safety – <http://www.state.me.us/labor>
- Workplace Safety and Health for Maine Public Sector (inc. school employees) – <http://www.state.me.us/labor/newpsw.htm>

## Laws, Regulations and Rules

- 20-A MRSA Chapter 201 , §4001 Facilities, and Chapter 609 School Construction.20-A MRSA Chapter 215 Transportation
- 22 MRSA Chapter 562: Camping Areas and Eating Establishments
- 22 MRSA Chapter 601: Water for Human Consumption
- 22-MRSA Chapter 165: Radon Registration Act
- 5 MRSA Chapters 153 and 375 Public Improvements.
- Maine State Labor Laws – Title 26  
<http://www.state.me.us/legis/statutes/26/title26ch00sec0.html>
- Occupational Safety and Health Regulations – [www.osha.gov](http://www.osha.gov)
- Pesticide regulations: Rules 01-026 Chapt. 31 and Title 22 MRSA Chapter 258A, section 1471 C & D.
- Rules: 05-071 Chapter 64: Maine School and Facilities Program and School Revolving Renovation Fund.
- Rules: 05-071 Chapter 81:Uniform School Bus Standards for Pupil Transportation in Maine



# Physical Environment

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- Rules: State of Maine State Board of Education, Rules for School Construction Projects.
  - Rules: Rule 12-179, Chapter 2 and 3 as filed with the Secretary of State's Office, State of Maine Board of Occupational Safety and Health
  - Subsurface Wastewater Disposal Rules: CMR 241.

## LIST OF ACRONYMS

<u>ACRONYM</u>	<u>NAME</u>
AABC	American Air Balancing Council
ADA	American Disabilities Act
AFRR	Maine Department of Agriculture, Food and Rural Resources
AHURA	Asbestos Hazard Emergency Response Act
ANSI	American National Standards Institute
ASHRAE	American Society of Heating, Refrigerating and Air Conditioning Engineers
BGS	Bureau of General Services
BMV	Maine Bureau of Motor Vehicles
BOCA	Building Officials and Code Administrators International, Inc.
BOH	Maine Bureau of Health, Dept. of Human Services
BPC	Board of Pesticide Control
CDL	Commercial Drivers License
cfm	Cubic feet per minute - refers to the volume of air circulated or introduced
CO	Carbon monoxide
CO2	Carbon dioxide
DEEP	Maine Department of Environmental Protection
DHS	Maine Department of Human Services
DOC	Maine Department of Conservation
DOD	United States Department of Defense
DOE	Maine Department of Education
DOL	Maine Department of Labor
DOT	Maine Department of Transportation
EDA	US Environmental Protection Agency
FIFRA	Federal Insecticide, Fungicide, Rodenticide Act
FMVSS	Federal Motor Vehicle Safety Standards
HVAC	Heating, ventilating, air conditioning
IAQC	Maine Indoor Air Quality Council
IPM	Integrated Pest Management
MAPT	Maine Association for Pupil Transportation
MPV	Moisture, Pollutants, Ventilation
MRSA	Maine Revised Statutes Annotated
MSDS	Material Safety Data Sheets



# Physical Environment

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MSMA	Maine School Management Association
NEBB	National Environmental Balancing Bureau
NESDEC	New England School Development Council
NFPA	National Fire Protection Association
NHTSA	National Highway Transportation Safety Association
NTSB	National Transportation Safety Board
OSHA	United States Dept. of Labor Occupational Safety and Health Administration
PMO	University of Maine Cooperative Extension Pest Management Office
PVM	Preventative Maintenance
R.H.	Relative Humidity
SMACNA	Sheet Metal and Air Conditioning Contractor's National Association
UMCE	University of Maine Cooperative Extension
UMO	University of Maine, Orono Campus
USDOT	United States Department of Transportation
VOCs	Volatile Organic Compounds

# Youth, Parent, Family and Community Involvement

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**A child's circumstances...[are], almost always, a function of his or her parents' knowledge, situation, health, resources and relationships.... Kids do well when their families do well, and kids get hurt when their families are hurting.**

*— Douglas W. Nelson, 2001*



**Parent and family involvement increases student achievement and success.... Therefore, the establishment of standards to guide parent involvement programs and evaluate their quality and effectiveness is crucial.**

*-National PTA Standards for Parent/Family Involvement Programs, 1998*

# Youth, Parent, Family and Community Involvement

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# Youth, Parent, Family and Community Involvement

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## DEFINITION

By the term *involvement*, we mean a partnership between school personnel and:

- the youth who attend our schools,
- the parents who are their primary educators and advocates,
- the broader families who nurture them, and
- the leaders of the communities in which they grow up

in designing, developing and monitoring coordinated school health programs.

Involvement can occur through a variety of means, including (but not limited to) membership on advisory committees and organizations, participation in specific problem-solving and program design tasks, shared activities and classes, classroom presentations, and focus groups, depending on the needs and strengths of individual schools and communities. While the format for involvement is flexible, its content should reflect the guidelines and principles outlined below.

## RATIONALE

Youth do not come to us as isolated entities or blank slates. When children first begin kindergarten, they are already “graduates” of the most remarkable learning program they will ever experience: their development from helpless infants into fully functional and verbal citizens of the world. It is their parents, families and communities who, as their primary teachers, have guided this development and provided the learning environment in which it unfolds. Parents, families, communities, and youth themselves are thus natural partners with teachers in the formal education of children in health as well as other academic areas.

A wealth of research supports the effectiveness of youth, parent, family and community involvement in improving both student achievement and program quality (e.g., Ryan, et al., 1994; McDonald, et al., 1997). More recent research supports the importance of parent involvement, in particular, in shaping children’s health-related behaviors (cf. Miller, 1998; Kumpfer, 1999; Welk, 1999; Blake, et al., 2001). It is evident that in the long term, the influences of family and community on children’s health are stronger than those of the schools, and that if schools wish to make major impacts on health behaviors they must work in alliance with the students, their families, and the communities that surround them.

# Youth, Parent, Family and Community Involvement

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## GUIDELINES:

1. Involve youth in the design, development, delivery, and assessment of the Coordinated School Health Program in their school.
2. Involve parents in designing, developing, delivering and assessing Coordinated School Health Programs for their children.
3. Seek support from other family members for the Coordinated School Health Program, and invite them to participate in program activities.
4. Enlist agencies, service entities, local businesses and residents of the community in supporting the Coordinated School Health Program and aligning related non-school services with those provided by the school.

**GUIDELINE 1: Involve youth in the design, development, delivery, and assessment of the Coordinated School Health Program in their school.**

## RATIONALE

The inclusion of youth as partners in their own education is a relatively new concept, but one gaining in popularity. It rests on the rationale that education is most meaningful when it arises out of the experiences and questions of the student's immediate life, and that youth (like adults) are most engaged in learning when their own questions are being answered. Under this premise, youth are the real "experts" on what should be included in the health education curriculum, and when and how it should best be addressed.

The involvement of youth as teachers and/or mentors for younger children provides another venue for the involvement of youth in coordinated school health programs. On the theory that one of the best means of learning a subject is to teach it to someone else, youth mentorship offers the mentors themselves a new perspective on the health curriculum, as well as providing role models and semi-peer companionship for those being mentored. Youth can perhaps identify more easily with younger students than can adults, and their voices may carry more weight with the young than adult voices.

For schoolteachers and administrators, involving youth leads to greater investment by youth into the learning process, resulting in better performance and fewer behavior problems in the health program. Involvement also offers the following benefits to youth themselves:

- Opportunities to have their own questions answered and their own interests and concerns included in the health education curriculum;



# Youth, Parent, Family and Community Involvement

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- Opportunities to develop leadership skills, critical thinking faculties, and in-depth understanding of different views and practices;
- Opportunity to have a voice in policy decisions that affect them;
- A sense of ownership of—resulting in a deeper investment in—the learning process.

Youth must be integral partners because only they have the knowledge and critical perspective of being young in today's world. Youth have powerful voices; they will grab the attention of others, and can often persuade when adults cannot. Youth involvement benefits youth in many ways. It helps strengthen their abilities--e.g. to demonstrate the knowledge and skills they are achieving through Maine's Learning Results--and helps them to gain an appreciation of their responsibility to their community. Involving students in decision-making and leadership roles within their schools also contributes to the schools and the community.

## INDICATORS:

- A. School staff actively solicit students' opinions on health-related curriculum and policies through surveys, student meetings, and/or class presentations, and make sure student input is recorded and used in the processes of curriculum development, delivery and assessment.
- B. Staff institute a system through which students can register their opinions, concerns and other input on health issues on a routine basis, with the assurance that they will be taken seriously.
- C. Staff develop a means through which students can ask sensitive health-related questions anonymously and be assured of sound and confidential advice.
- D. Students serve on coordinated health program councils and committees in sufficient numbers to maintain a balance in numbers between student and other membership.
- E. Youth have opportunities to serve as mentors to younger children and as peer educators within their own age groups through class projects, after-school programs, or other institutionalized forums.
- F. Staff communicate an attitude of respect for youth within the school, and perceive youth as full and equal partners with staff, parents, families and community in making the coordinated school health program a success.

**GUIDELINE 2: Involve parents in designing, developing, delivering and assessing Coordinated School Health Programs for their children.**



# Youth, Parent, Family and Community Involvement

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## RATIONALE

Parents are their children's primary educators. Typically parents provide the bulk of the critical "curriculum" of infancy and early childhood, which forms the foundation for all formal education. They also are their children's strongest and most constant advocates as they progress through the educational system, and especially in the areas of health education and practice they generally have more influence over their children than any other entity. As the true experts on their children as individuals and the environment in which they grow up, parents have a great deal to offer educators and schools through partnership involvement in educational programs of all kinds.

For schools and administrators, involving parents has been shown conclusively to improve student performance (Ryan, et al., 1994), and also potentially provides additional volunteer personnel to the school site. Involvement also offers the following benefits to parents themselves:

- A deeper understanding of the health education curriculum and the school's expectations of their children;
- A voice in determining when and how health concepts—particularly those that are sensitive—are introduced to their children;
- A forum for personal growth and the development of skills and knowledge in parenting, leadership, and healthy life practices.

## INDICATORS:

- A. The school has established a system of frequent, clear, two-way communication between parents and staff through notes, newsletters, meetings, e-mail, and other means, in addition to report cards and student assignments, and provides translations and/or bilingual communications if needed.
- B. School/home communication is routinely used for positive as well as negative reasons—that is, that parents are informed when their child succeeds or excels in a task, as well as when the child has a problem.
- C. Visiting the school is an easy and pleasant process, and both staff and parents feel that parents are welcome in the school at all times.
- D. School staff actively solicit parents' opinions on all components of the coordinated school health program, and parent input is routinely recorded and used in the processes of curriculum development, delivery and assessment.
- E. The school has instituted a system through which parents can register their opinions, concerns and other input on a routine basis with the assurance that they will be taken seriously.
- F. Staff receive in-service training on how to work collaboratively with parents.

# Youth, Parent, Family and Community Involvement

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- G. School administration communicates to both staff and parents a philosophy of respect for parents' expertise with regard to their children.

**GUIDELINE 3: Seek support from other family members for the Coordinated School Health Program, and invite them to participate in program activities.**

## RATIONALE

Families provide the primary cultural, linguistic, social, and economic learning environment for the child. For all children, entering school requires a degree of adaptation to the “culture of the school”—its system of traditions, expectations, hierarchies and practices which may differ markedly from the culture of the home; this, of course, is especially true for children and youth of different cultural backgrounds from the American mainstream. Children are quick to perceive differences in the messages they receive from home and school. Connecting the school with the family provides a means of aligning these powerful influences in children's lives and thus magnifying their shared influence.

For schools and administrators, involving families magnifies the success of the Coordinated School Health Program by reinforcing school-introduced concepts in the home, and also provides a source of new and more culturally relevant concepts and activities for the curriculum. For families, involvement offers the following benefits:

- Opportunities to introduce their own cultural or personal variants (such as traditional foods, games and social practices) into the curriculum;
- Opportunities to learn new health concepts and practices from staff and other families;
- Opportunities to engage in healthy activities with all family members.

## INDICATORS:

- A. The school routinely invites all family members to school events, and ensures that there are age-appropriate activities or supports (e.g., child care, handicap-accessible facilities) available for their use.



# Youth, Parent, Family and Community Involvement

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- B. The school invites family members to share their particular talents, expertise, cultural traditions, etc. within the school community through class presentations, participation in curriculum committees, special events and other venues.
- C. The school includes a “family center” which serves as a home base for parents and other family members when they come to the school, and allows parents and family members to furnish and arrange the center as they please.

**GUIDELINE 4: Enlist agencies, service entities, local businesses and residents of the community in supporting the Coordinated School Health Program and aligning related non-school services with those provided by the school.**

## RATIONALE

Youth, parents, families and schools all exist within the context of the larger community, which offers all of these entities a wealth of resources and influences, both positive and negative. Schools can serve as forums for the positive alignment of community and school resources to best meet the needs of children, parents, families, and other residents.

Community involvement in the Coordinated School Health Program maximizes the health-related and other resources available to the school, and ensures that the health education curriculum will be reinforced at the community level. It also offers the following benefits for community entities:

- Opportunities to share information and recruit support for related community services and projects;
- Opportunities to align school and community resources to provide a more efficient and effective continuum of services and initiatives for families and youth.

## INDICATORS:

- A. School staff or council members have participated in mapping community resources to identify strengths and gaps in the areas of health, sports, before- and after-school programs for children, and other school health-related services.
- B. School staff have identified and met with target service providers and other community organizations to align school and non-school resources for children and families.



# Youth, Parent, Family and Community Involvement

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- C. Service providers, organizational leaders, and other community members serve on key advisory and working groups concerned with coordinating school health programs.
- D. The school offers space and/or resources to community groups or programs offering healthy activities or services for children, youth and families.

# Youth, Parent, Family and Community Involvement

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## STATE CONTACTS AND RESOURCES

<b>Coordinating School Health Programs</b>	Jacqueline Ellis Department of Human Services Tel: 287-3856 Fax: 287-9058 E-Mail: <a href="mailto:jaki.ellis@state.me.us">jaki.ellis@state.me.us</a>
<b>Community Development for Health Health Promotion</b>	Pat Jones Department of Human Services Tel: 287-5379 Fax: 287-4631 E-Mail: <a href="mailto:patricia.r.jones@state.me.us">patricia.r.jones@state.me.us</a>
	Susan Savell Communities for Children Tel: 287-4377 Fax: 287-4375 E-Mail: <a href="mailto:Susan.Savell@state.me.us">Susan.Savell@state.me.us</a>

## NATIONAL RESOURCES:

**Activism 2000 Project National Clearinghouse**—ideas to promote youth involvement:  
[www.youthactivism.com](http://www.youthactivism.com)

**Association for Supervision and Curriculum Development:** [www.ascd.org](http://www.ascd.org)

- Making Parent Involvement Meaningful
- Why Some Parents Don't Come to School

**Center for Community Inclusion**—at the University of Maine in Orono, assists in community involvement efforts: [www.ume.maine.edu/cci/](http://www.ume.maine.edu/cci/)

**Community Resource Guide for Maine's Washington and Hancock Counties:**  
[www.whacap.org](http://www.whacap.org)

**Community Toolbox**—an on-line community health development and organizing manual: [ctb.lsi.ukans.edu/tools/tools.htm](http://ctb.lsi.ukans.edu/tools/tools.htm)

**ERIC Digest Reports:** [www.ed.gov/databases/ERIC\\_Digests/index](http://www.ed.gov/databases/ERIC_Digests/index)

- Teacher-Parent Partnerships
- Parent, Family and Community Involvement in the Middle Grades
- On-Line Resources for Parent/Family Involvement

# Youth, Parent, Family and Community Involvement

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**Family Support America**—resources for working with families:  
[www.familysupportamerica.org](http://www.familysupportamerica.org)

**Keep Schools Safe**—ideas for students, parents and communities on preventing violence and substance abuse: [www.keepschoolssafe.org](http://www.keepschoolssafe.org)

**Knowledge Loom**—guidelines for establishing effective involvement programs:  
[www.knowledgeloom.org/sfcp/index.shtml](http://www.knowledgeloom.org/sfcp/index.shtml)

- School, Family and Community Partnerships

**Maine Mentoring Partnership:** [www.mainementoring.org](http://www.mainementoring.org)

**National Clearinghouse on Families and Youth:** [www.ncfy.com](http://www.ncfy.com)

**National Education Development Laboratories:** [www.sedl.org/pubs/](http://www.sedl.org/pubs/)

- *Family and Community Involvement: Reaching Out to Diverse Populations*
- *Building Support for Better Schools: Seven Steps to Engaging Hard-to-Reach Communities*

**National Parent-Teacher Association**—ideas and standards for parent involvement:  
[www.pta.org](http://www.pta.org) Maine PTA: [www.mainepta.org](http://www.mainepta.org)

**Partnership for Family Involvement in Education:** [www.pfie.ed.gov](http://www.pfie.ed.gov)

**PTO Today**—non-PTA-affiliated parent-teacher organizations: [www.ptotoday.com](http://www.ptotoday.com)

**Search Institute**—core concepts in using an assets approach and partnering with youth:  
[www.search-institute.org](http://www.search-institute.org)

**US Department of Education:**

[eric-eb.tc.columbia.edu/families/strong/index.html#sfhomepage](http://eric-eb.tc.columbia.edu/families/strong/index.html#sfhomepage)

- Strong Families, Strong Schools: Building Community Partnerships for Learning

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# Youth, Parent, Family and Community Involvement

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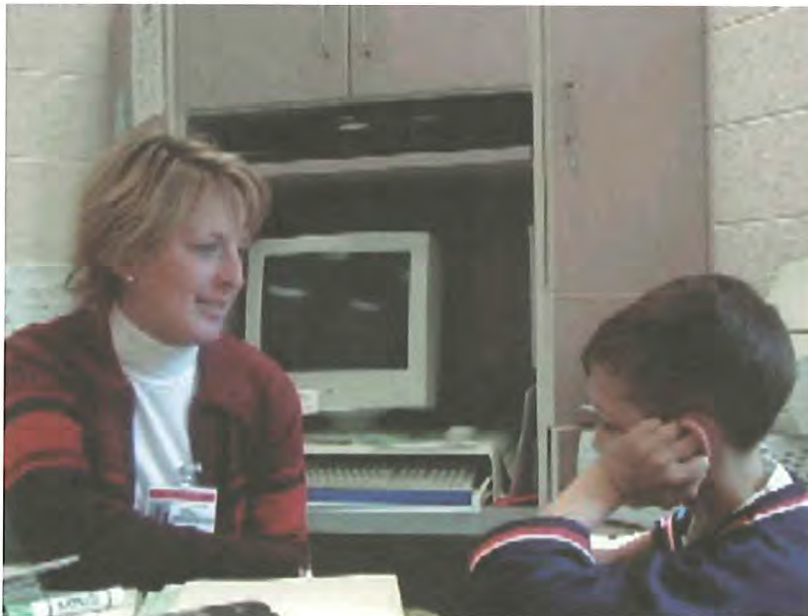
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# School Counseling, Physical and Behavioral Health Services

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**School Health Programs are the only way to provide an equitable base of opportunity for our children, given that schools are the only place that all children are at ... (School health programs) provide an easy way for children to access services that can meet their physical and mental health needs...**

— *Joy Baker*  
*Elementary School Counselor*  
*Searsport, Maine*



**Forty-six percent of Maine high school students have had sexual intercourse. About thirty-eight percent reported that they rarely get help when they feel sad, empty, hopeless, angry, or anxious. Nine percent attempted suicide.**

— *Maine Youth Risk Behavior Survey, 2001*

# School Counseling, Physical and Behavioral Health Services

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# School Counseling, Physical and Behavioral Health Services

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## DEFINITION

This component combines school counseling and guidance services, physical health services, and behavioral health services. Services can be provided on a school site by either school staff or community providers, or can be provided by linking with community health organizations. The component may include case management for students with multiple needs or ongoing needs, which allows for the coordination and integration of services through one provider.

School counseling services assist students with their academic, career, and personal/social development so that they can achieve school success. Grade K - 12 school counseling services help students meet these needs by providing a preventive, developmentally appropriate guidance curriculum for all students; short-term individual and small-group counseling in response to students' difficulties with typical developmental issues (such as puberty, adjustment to new school, etc.); consultation with teachers, immediate family members and other caregivers, and other helping professionals regarding appropriate and consistent interventions for students; and assessment of school climate and other school-based issues that require systemic responses.

Behavioral health services are offered in response to a broad range of needs including, but not limited to, mental health issues, mental disorders and their implications, mental retardation, developmental disabilities, and substance abuse and dependence. These services encompass prevention, treatment and crisis intervention, and include intensive support groups and individual counseling, family counseling and referrals.

Physical health services in schools include school nursing, school physician services, oral health services, and school-based health centers. School nurses provide direct nursing care and supervise and/or coordinate health services. School physicians advise the school administrative unit on school health issues, policies and practices. School-based health centers provide on-site preventive care, management of chronic illness in collaboration with the student's primary care provider, diagnosis and treatment of acute injuries and illnesses, and initial emergency treatment of injuries and illnesses with appropriate subsequent referral. Oral health services offer dental screening and sealant programs; referrals are made for dental treatment services.

School-based health centers may also offer behavioral health services. Other health specialists, such as athletic trainers, occupational, physical and recreational therapists, and speech/language pathologists, may provide services to students at the school in coordination with other school health staff.

## RATIONALE

Health problems and health risk factors are increasingly issues that interfere with the mission of schools. Health services support students' academic performance by reducing multiple barriers to health care and learning, and by helping all students to live healthier lives. Students whose health needs are met holistically by a multidisciplinary team of school-based and school-linked



# School Counseling, Physical and Behavioral Health Services

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professionals can better focus on achieving school success. For some students, a single provider who coordinates and integrates services can increase access to the variety of services needed.

**School Counseling** – All students need specific skills and learning opportunities delivered in a proactive and preventive manner to ensure that they can achieve the *State of Maine Learning Results* standards. School counselors recognize that social/emotional health is fundamental to academic success and career aspirations. As an integral part of the school staff, school counselors can play a significant role in identifying critical issues and individual circumstances that require the attention of an interdisciplinary intervention team.

**Behavioral Health Services** – Students have social, personal, developmental, and mental health needs that must be addressed to ensure that they can be effective learners. Addressing emerging behavioral health needs early, and promoting mental health with prevention-oriented supports, are first steps to meeting these needs. School-based and school-linked behavioral health services also allow the behavioral health-care needs of our youth and children to be met in the least restrictive service environment suitable for each individual, in a timely fashion and in the most cost-effective manner. Students with mental disorders may need support services in the school environment.

**Physical Health Services** – Students have emerging and emergent health care needs, chronic disease management needs, and concerns about safety and health risks. School nurses address these needs by facilitating positive growth and development; promoting health and safety; developing health care plans; intervening with actual and potential health problems; providing case management services; and actively collaborating with families, physicians, administrators and staff to improve student health. Schools are required by law to maintain health records and provide health screenings that are coordinated by school nurses. Schools must have clear medical policies and procedures to meet the health care needs of all students and to respond to medical emergencies. Oral health screenings and sealants provide preventive services to reduce the incidence of dental caries. School-based health centers enhance these services by addressing the immediate primary health care needs without removing students from the school.

## GUIDELINES:

1. Establish and integrate school counseling, physical and behavioral health services as part of the school's mission of promoting student's personal growth – cognitive, emotional, social and physical.
2. Establish written policies to govern school counseling, physical and behavioral health services.
3. Base school counseling, physical and behavioral health services on an ongoing local assessment of needs and on the presence or absence of resources necessary to meet those needs.
4. Provide school counseling, physical and behavioral health services that balance prevention and intervention services for all major risk behaviors that pose immediate threats to health and safety, and those that have long-term consequences.



# School Counseling, Physical and Behavioral Health Services

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5. Develop and implement a quality improvement plan to monitor and evaluate school counseling, physical and behavioral health services.
6. Ensure that school counseling, physical and behavioral health services are provided by qualified, certified, credentialed providers, in a manner that is consistent with professional standards and best practices.
7. Ensure that the school has an adequate number of providers of school counseling, physical and behavioral health services, and provides appropriate workspace for the services delivered.
8. Provide equitable, appropriate, and timely access to school counseling, physical and behavioral health services for all students.
9. Involve students, families or other caregivers, school personnel and community service providers in coordinating and collaborating with school counseling, physical and behavioral health services.
10. Inform all students, families, staff and community members about the array of school counseling, physical and behavioral health services available, and about how to access them.
11. Involve all students and, when appropriate, family members or caregivers as responsible participants in addressing student needs, and provide services within the context of the student's family, focusing on the student's levels of social, emotional, physical and educational growth and development.
12. Provide school counseling, physical and behavioral health services that are appropriately confidential and culturally, environmentally, and developmentally appropriate for students, their families and other caregivers.

**GUIDELINE 1: Establish and integrate school counseling, physical and behavioral health services as part of the school's mission of promoting student's personal growth – cognitive, emotional, social and physical.**

## RATIONALE

Students' growth and development are multi-faceted; therefore, school counseling, physical and behavioral health services must be multi-faceted and integrated to reduce barriers to learning and improve student success.

## INDICATORS:

- A. A written mission statement reflects the cognitive, emotional, social and physical aspects of growth and development.
- B. Links between the philosophy of Coordinated School Health Programs and the Guiding Principles of the *State of Maine Learning Results* are identified and emphasized..



# School Counseling, Physical and Behavioral Health Services

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- C. The school offers a staff development program to ensure that all school personnel understand the mission statement, and know how to integrate it into their curriculum planning, implementation and evaluation and how to integrate it with delivery of services.
- D. Responsibility for integration of school counseling, physical and behavioral health services is assigned to a school administrator.
- E. A professional staff member from school counseling, physical and behavioral health services participates on the school system's administrative team.

**GUIDELINE 2: Establish written policies to govern school counseling, physical and behavioral health services.**

## RATIONALE

By establishing written policies and procedures, the school system ensures that school counseling, physical and behavioral health services are provided in a consistent manner and are based on best practices.

## INDICATORS:

- A. All guidelines for school health services are reflected in written policies, with appropriate designated/assigned responsibilities, and are based on best practices and professional standards in the appropriate areas.
- B. School health services operate under written administrative policies and procedures that are updated annually, including personnel policy; policy regarding exchange of information with parents, school personnel and community providers; emergency care; and record-keeping.
- C. Responsibility for periodic review of written policy is assigned to a school administrator.
- D. The school has on file and follows state and federal requirements.
- E. The school has written policies and procedures that include, but are not limited to, the following:
  - 1) Identifying and minimizing barriers to student learning and performance;
  - 2) Assessments, diagnoses and interventions;
  - 3) Personal and financial costs to schools and families for needed services;
  - 4) Guidelines or protocols including possible medical emergencies students may experience in a school setting;
  - 5) A plan for dealing with school/community crises (such as a fire or shooting) that includes comprehensive follow-up;
  - 6) Ongoing collection of data related to demographic and utilization variables, including their nature, scope and duration of program/service involvements, numbers of students involved, their ages and genders, ethnicity, nature of disorders/disabilities, etc.;

# School Counseling, Physical and Behavioral Health Services

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- 7) Medication administration, both at school and on field trips, and related confidentiality and sharing of student information;
  - 8) Legal relationships and obligations in contracts between schools and community providers, and specifies guidelines for school system employees and school-based community providers;
  - 9) Staff development for school counseling, physical and behavioral health services personnel.
- F. Written policies are distributed and explained to all school system personnel as part of their orientation and in-service training.

**GUIDELINE 3: Base school counseling, physical and behavioral health services on an ongoing local assessment of needs and on the presence or absence of resources necessary to meet those needs.**

## RATIONALE

Ongoing individual and systemic assessment of needs and resources provides a sound basis for continuing successful services and for initiating or realigning services to meet identified gaps.

## INDICATORS:

- A. Reliable and valid assessments are conducted to identify the service needs of the student population, with special attention given to procedures that minimize bias and are sensitive to diversity.
- B. Assessments address the needs of the student, not the resources available.
- C. Triennial audits of existing school and community resources and documented alignment with needs are conducted.
- D. All school-based assessment activities are coordinated with those of other agencies involved in assessing student/family strengths and presenting issues.
- E. All students and their families are able to participate in systemic needs assessments, with necessary modifications or alternative assessment strategies as needed.
  - 1) Staff are trained to understand and implement appropriate assessment procedures.
  - 2) Relevant data are gathered regularly during the implementation of appropriate interventions.



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**GUIDELINE 4: Provide school counseling, physical and behavioral health services that balance prevention and intervention services for all major risk behaviors that pose immediate threats to health and safety, and those that have long-term consequences.**

## **RATIONALE**

In conjunction with health education and other components of CSHP, school-based health services minimize the chances that students will engage in a variety of risk behaviors resulting in serious harm. Services also help students to develop healthy behaviors that reduce risks to themselves and others.

## **INDICATORS:**

- A. School counseling, physical and behavioral health service programs are designed, implemented and evaluated on a K-12 continuum.
- B. School counseling, physical and behavioral health services for all students include prevention of the major risk behaviors identified by the Centers for Disease Control and Prevention.
- C. Behaviors that pose immediate threat to self and others receive immediate attention and a significant allocation of resources.
- D. Appropriate crisis response is provided to address incidents that threaten the sense of security at a school or are disruptive to teaching and learning.
- E. Appropriate comprehensive follow-up interventions are provided following crises to meet the needs of those who are experiencing lingering effects.

**GUIDELINE 5: Develop and implement a quality improvement plan to monitor and evaluate school counseling, physical and behavioral health services.**

## **RATIONALE**

Continuous monitoring and evaluation of school counseling, physical and behavioral health services ensures the quality of those services.

## **INDICATORS:**

- A. School and community interventions are monitored, coordinated and appropriately woven together to address student and family needs.



# School Counseling, Physical and Behavioral Health Services

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- B. School improvement plans include both academic and non-academic areas.
- C. The quality plans for school counseling, physical and behavioral health services are readily available for review.
- D. Steps are taken to analyze and use quality assurance data.
- E. Improvements are planned toward more effective program/service coordination and integration.
- F. Appropriate staff development is provided. School personnel incorporate quality improvement strategies into their program planning, implementation and evaluation.

**GUIDELINE 6: Ensure that school counseling, physical and behavioral health services are provided by qualified, certified, credentialed providers, in a manner that is consistent with professional standards and best practices.**

## RATIONALE

Professional credentialing and established qualifications provide assurance that students and their parents or other caregivers receive services from providers with appropriate skills and knowledge. All staff need continuing education and training to remain current with best practices.

## INDICATORS:

- A. A designated professional with appropriate training, experience and expertise oversees the management of school health services.
- B. Only professionals with appropriate experience, who are certified by the Maine Department of Education and who are credentialed in the State of Maine, provide health services.
- C. Professionals who provide school counseling, physical and behavioral health services within a school district have clearly defined roles and responsibilities that are delineated in a written job description.
- D. Service providers have appropriate access to clinical supervision from within their specialty area to ensure that their practice adheres to the highest ethical standards.
- E. Unlicensed and/or uncredentialed school staff assisting school counseling, physical and behavioral health service providers are trained and supervised appropriately for the specific functions assigned to them.
- F. Staff development is provided for school counseling, physical and behavioral health service personnel to increase their knowledge and use of both innovative and research-based practices in prevention, assessment and intervention services.

# School Counseling, Physical and Behavioral Health Services

**GUIDELINE 7: Ensure that the school has an adequate number of providers of school counseling, physical and behavioral health services, and provides appropriate workspace for the services delivered.**

## RATIONALE

Access to quality services for all students depends on adequate staffing and facilities.

## INDICATORS:

- A. Each school has sufficient staff to address the students' needs for a comprehensive continuum of prevention and intervention services that takes into account program goals, characteristics of the education system, the specific population to be served, the severity of their presenting conditions, and the degree to which the setting is urban or rural.
- B. At a minimum, schools should provide for the following level of services:
  - 1) School counseling services are available in every school for both prevention and intervention programs.
  - 2) Physical health services are available to meet the needs of the student population.
  - 3) School nursing services are available in every school every day.
  - 4) Behavioral health services are available in every school every day, according to the needs of the student population.
  - 5) Each school board has appointed one or more school physicians (Title 20-A, Sec.6402-A).
- C. Appropriate space is assigned in a way that maximizes the match between intervention processes (e.g., individual, group and family counseling) and student/family factors (e.g., the need for privacy, the need to accommodate a highly active youngster).

**GUIDELINE 8: Provide equitable, appropriate, and timely access to school counseling, physical and behavioral health services for all students.**

## RATIONALE

The provision of equitable, timely and appropriate school counseling, physical and behavioral health services for all students decreases the risk of acute and chronic conditions and promotes physical and emotional wellness.



# School Counseling, Physical and Behavioral Health Services

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## INDICATORS:

- A. The school provides short-term, on-site interventions for effectively responding to critical situations.
- B. The school implements a screening program for social, emotional and physical health needs at major transition intervals and for students new to the district.
- C. All positive screening findings are followed up within an appropriate time period.
- D. The school allocates sufficient resources to implement procedures in a timely, appropriate and effective manner.
- E. The school develops effective strategies that address specific barriers, such as language, gender and cultural differences.

**GUIDELINE 9: Involve students, families or other caregivers, school personnel and community service providers in coordinating and collaborating with school counseling, physical and behavioral health services.**

## RATIONALE

Collaborative planning and program coordination allow for the perspectives of different professional disciplines to be included in program planning and management, along with the knowledge and perspectives of students and their families. This promotes more effective and efficient delivery of services, which in turn enhances students' health and their capacity to learn.

## INDICATORS:

- A. The school has established a health advisory council that includes students, family members, other caregivers, school personnel, community representatives and services providers.
- B. In addition to its other responsibilities, the school health advisory council:
  - 1) Assists in determining service priorities.
  - 2) Addresses controversial issues.
  - 3) Participates in quality assurance activities.
- C. An interdisciplinary team meets regularly to discuss and share common issues and assist in coordinating services.
- D. The school has established ongoing case management services to ensure coordination and integration of interventions.
- E. School-based services are coordinated with those of other community agencies and services providers.
- F. The school system delineates legal relationships and obligations in contracts between schools and community providers, specifying roles and responsibilities for both employees and school-based community providers.



# School Counseling, Physical and Behavioral Health Services

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**GUIDELINE 10: Inform all students, families, staff and community members about the array of school counseling, physical and behavioral health services available, and about how to access them.**

## RATIONALE

An informed school community is better prepared to advocate for and access appropriate services.

## INDICATORS:

- A. The school and/or community compiles information on the number, nature and scope of programs and services available to students and families at the school, in the district, and in the surrounding communities (including a range of resources to minimize the impact of risk factors and enhance protective factors and resiliency).
- B. The school informs all stakeholders about available programs and services and how to access them, using multiple means of communication and the range of languages represented in the community.
- C. The school has an established step-by-step process that facilitates enrollment and overcomes barriers to student and family follow-through in enrolling in recommended interventions.
- D. Public information is annually reviewed for accuracy and thoroughness.

**GUIDELINE 11: Involve all students and, when appropriate, family members or caregivers as responsible participants in addressing student needs, and provide services within the context of the student's family, focusing on the student's levels of social, emotional, physical and educational growth and development.**

## RATIONALE

Student- and family-focused interventions allow for participatory problem-solving. This enhances the quality of service planning, delivery and support.

## INDICATORS:

- A. Services involve students as responsible participants in their health care.
- B. Service providers encourage participation of families or other caregivers as appropriate.

# School Counseling, Physical and Behavioral Health Services

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- C. Service providers ensure that informed consent is obtained from families and/or students for all assessments and interventions, as appropriate and in compliance with state and federal law.
- D. Interventions are developed to meet individual student and family needs by using the least restrictive and least disruptive interventions in the most appropriate environments.
- E. The school provides opportunities for all students to engage in positive roles, at school and in the community, as part of their service, recreational and enrichment experiences.
- F. Trainings are conducted to help parents and families develop skills, such as communication, that support the healthy development of their children.

**GUIDELINE 12: Provide school counseling, physical and behavioral health services that are appropriately confidential and culturally, environmentally, and developmentally appropriate for students, their families and other caregivers.**

## RATIONALE

Students benefit most from services when they meet their cultural, environmental and developmental needs. Appropriate sharing of relevant student information can enhance the ability of school personnel to address the student's needs. However, students and their parents or legal guardians have legal and ethical rights to have some information kept confidential.

## INDICATORS:

- A. The school system's policies adhere to state and federal laws and regulations of all professional standards.
- B. Policies and procedures address ethical and legal concerns, including consumer decision-making, informed consent, privacy, mandated reporting and information sharing.
- C. The school personalizes interventions to adapt to relevant individual, cultural, environmental and developmental differences.
- D. School staff are provided general education on the health needs of students, and specific information on the functional needs of an individual student when that information is needed to improve that student's academic performance or health.



# School Counseling, Physical and Behavioral Health Services

## MAINE RESOURCES AND CONTACTS

<b>School Nursing</b>	DeEtte Hall Department of Education Tel: 624-6688 Fax: 624-6691 E-Mail: <a href="mailto:deette.hall@state.me.us">deette.hall@state.me.us</a>
<b>Special Education State Ward/Residential</b>	Christine Bartlett Department of Education Tel: 624-6650 Fax: 624-6651 E-Mail: <a href="mailto:christine.bartlett@state.me.us">christine.bartlett@state.me.us</a>
<b>School-Based Health Centers Adolescent Pregnancy Programs Adolescent Health Family Planning Information</b>	Nancy Birkhimer Department of Human Services Tel: 287-5361 Fax: 287-3993 E-Mail: <a href="mailto:nancy.birkhimer@state.me.us">nancy.birkhimer@state.me.us</a>
<b>Special Education – Federal Programs</b>	John Kierstead Department of Education Tel: 624-6650 Fax: 624-6651 E-Mail: <a href="mailto:john.kierstead@state.me.us">john.kierstead@state.me.us</a>
<b>Children’s Mental Health Services</b>	Ron Taglienti Dept. of Behavioral & Developmental Services Tel: 287-4264 Fax: 287-9915 E-Mail: <a href="mailto:ron.taglienti@state.me.us">ron.taglienti@state.me.us</a>
<b>Oral Health School Oral Health Program School-Based Dental Sealant Programs</b>	Kris Perkins Department of Human Services Tel: 287-3263 Fax: 287-4631 E-Mail: <a href="mailto:kristine.perkins@state.me.us">kristine.perkins@state.me.us</a>
<b>School Counseling Dropout Prevention Homeless Education Alternative Education Truancy</b>	Shelley Reed Department of Education Tel: 624-6637 Fax: 624-6771 E-Mail: <a href="mailto:shelley.reed@state.me.us">shelley.reed@state.me.us</a>
<b>Student Assistance Team</b>	Roger Richards Department of Education Tel: 624-6683 Fax: 624-6651 E-Mail: <a href="mailto:roger.richards@state.me.us">roger.richards@state.me.us</a>
<b>Special Education Student Assistance Team Field Services</b>	Ansley Newton Department of Education



# School Counseling, Physical and Behavioral Health Services

	Tel: 624-6685 Fax: 624-6651 E-Mail: <a href="mailto:ansley.newton@state.me.us">ansley.newton@state.me.us</a>
<b>STD Treatment &amp; Follow-up HIV Antibody Counseling &amp; Testing</b>	Sally-Lou Patterson Department of Human Services Tel: 287-6448 Fax: 287-6865 E-Mail: <a href="mailto:sallylou.patterson@state.me.us">sallylou.patterson@state.me.us</a>

## NATIONAL RESOURCES

**American Academy of Pediatrics**  
[www.aap.org](http://www.aap.org) School Health [www.schoolhealth.org](http://www.schoolhealth.org)

**American Medical Association**  
Adolescent Health On-Line [www.ama-assn.org/adolhlth](http://www.ama-assn.org/adolhlth)

**American Psychiatric Association**  
1400 K Street, NW, Washington, DC 20005  
Phone: (202) 682-6000 Website: [www.psych.org](http://www.psych.org)

**American Psychological Association**  
750 First Street, NE, Washington, DC 20002  
Phone: 1-800-374-2721 Website: [www.apa.org](http://www.apa.org)

**American School Health Association**  
[www.asgaweb.org](http://www.asgaweb.org)

**Bureau of Primary Health Care**  
*Healthy Schools, Healthy Communities*  
[www.bphc.hrsa.dhhs.gov/hshc/hshcfact.htm](http://www.bphc.hrsa.dhhs.gov/hshc/hshcfact.htm)

**Center for Health and Health Care in Schools**  
[www.healthinschools.org](http://www.healthinschools.org)

**Center for Mental Health Services**  
Substance Abuse and Mental Health Services Administration  
Parklawn Building, 5600 Fishers Lane, Rockville MD 20857  
Phone: (301) 443-7713 Website: [www.samhsa.gov](http://www.samhsa.gov)

# School Counseling, Physical and Behavioral Health Services

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## **Center for School Mental Health Assistance**

University of Maryland, Department of Psychiatry  
680 West Lexington Street, 10<sup>th</sup> floor, Baltimore, MD 21201-1570  
Phone: 888-706-0980

## **Centers for Disease Control and Prevention**

[www.cdc.gov/nccdphp/dash](http://www.cdc.gov/nccdphp/dash)

## **Community Toolbox**

[www.ctb.lsi.ukans.edu](http://www.ctb.lsi.ukans.edu)

## **Education Development Center**

Center for School Health Programs  
55 Chapel Street, Newton, MA 02458-1060  
Phone: (617) 969-7100 Website: [www.edc.org/HealthIsAcademic](http://www.edc.org/HealthIsAcademic)

## **Families USA**

[www.familiesusa.org](http://www.familiesusa.org)

## **Harvard University**

Center for Children's Health [www.hsph.harvard.edu/children/links.htm](http://www.hsph.harvard.edu/children/links.htm)

## **Mental Health in Schools Training and Technical Assistance Center**

Department of Psychology  
University of California at Los Angeles  
Los Angeles, CA 90095-1563 Phone: (310) 825-3634  
Website: [www.smhp.psych.ucla.edu](http://www.smhp.psych.ucla.edu)

## **National Assembly on School-Based Health Care**

666 11<sup>th</sup> Street, NW, Suite 735, Washington, DC 20001  
Phone: (202) 638-5872 Website: [www.nasbhc.org](http://www.nasbhc.org)

## **National Association of School Nurses**

[www.nasn.org](http://www.nasn.org)

## **National Center for Education in Maternal and Child Health**

2000 15<sup>th</sup> Street North Suite 701, Arlington, VA 22201-2671  
Phone: (703) 524-7802 Website: [www.brightfutures.org](http://www.brightfutures.org)

## **National Conference of State Legislators**

[www.ncsl.org/programs/health/pp/schlfund.htm](http://www.ncsl.org/programs/health/pp/schlfund.htm)

## **National Mental Health Association**

1021 Price Street, Alexandria, VA 22314  
Phone: 1-800-969-6642 Website: [www.nmha.org](http://www.nmha.org)

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**National School Boards Association**

1680 Duke Street, Alexandria, VA 22314

Phone: (703) 838-6722 Website: [www.nsba.org/schoolhealth](http://www.nsba.org/schoolhealth)

**Research and Training Center on Family Support and Children's Mental Health**

[www.rtc.pdx.edu/index.htm](http://www.rtc.pdx.edu/index.htm)

**Robert Wood Johnson Foundation**

[www.rwjf.org](http://www.rwjf.org)

**Urban Institute**

[www.urban.org](http://www.urban.org)

## REFERENCES

National Center for Education in Maternal and Child Health. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. Arlington, VA: MCE/MCH.

National Center for Education in Maternal and Child Health. *Bright Futures in Practice: Mental Health and Bright Futures for Families*. Arlington, VA: MCE/MCH.



# School Counseling, Physical and Behavioral Health Services

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# Health Promotion and Wellness

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**People of all ages can improve the quality  
of their lives through a lifelong practice  
of moderate physical activity.**

— *Donna E. Shalala*  
*U.S. Secretary of Health and Human  
Services, 1996*



# Health Promotion and Wellness

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# Health Promotion and Wellness

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## DEFINITION

School-site health promotion and wellness programs encourage and support school staff in pursuing healthful behaviors and lifestyles. This component may include planned activities that promote wellness, health assessments, health education, health-related fitness activities, and employee assistance programs. It is expected that a staff person's personal commitment to a healthy lifestyle will be transferred to interest in their students' health and to becoming a positive role model. A strong health promotion/wellness program will contribute to a healthy school environment and climate that affect all of the other components of the Coordinated School Health Program and are inclusive of the community.

In 1985, the Maine Department of Education established health promotion in schools statewide. The Maine School-Site Health Promotion Program provides a model for team-building that schools have used to bring together multidisciplinary teams of superintendents, principals, counselors, nurses, teachers, support staff, school board members, and members of the community for discussions about health and wellness as a priority. The purpose of the team is to design, advocate for, and implement school-wide health education and promotion efforts.

## RATIONALE

A school-site health promotion program, often referred to as a *wellness program*, encourages all staff to pursue a healthy lifestyle. It is designed to promote the physical, social, emotional, and mental health of school employees, thus promoting better overall health, improved morale, and a greater personal commitment to the school's coordinated health program. A personal commitment is likely to transfer into greater commitment to the health of students and positive role modeling. In addition to saving on health care costs, some health-conscious school districts see wellness programs as a way to spur recruitment, improve daily attendance and staff morale, earn the loyalty of their workers, and promote employees' general health and well-being.

Organized health promotion/wellness programs in recent years have proven their financial value in both business and public sectors. Today, more than 81 percent of America's businesses with 50 or more employees have some form of health promotion program – the most popular being exercise, smoking cessation classes, back care programs, and stress management. Work-site wellness is health care reform that works.

## GUIDELINES:

1. Design or maintain a formal, organized school-site health promotion and wellness program.
2. Secure administrative support for the health promotion/wellness program.
3. Enhance the success of school-site health promotion and wellness through quality health-promotion education and training.

# Health Promotion and Wellness

4. Support a healthy school climate and environment that include health promotion and education.
5. Document the positive effects of a quality school-site health promotion program.

**GUIDELINE 1: Design or maintain a formal, organized school-site health promotion and wellness program.**

## RATIONALE

The year-round health promotion program provides a forum for representatives of all segments of the school or school administrative district to discuss and respond to issues related to health education, health promotion, and the maintenance of a healthy school climate and environment. Research shows that participation in school-site health promotion programs leads to statistically significant changes in tobacco and alcohol use, safety, nutrition, and exercise behaviors. Participation in a wellness conference improves participants' knowledge, attitudes and health practices; it also promotes advocacy for comprehensive health education. Encouragement for the development of programs should be based on the most current research on health and wellness.

## INDICATORS:

- A. The school initiates the idea that an investment in the health of faculty and staff is also an investment in the students.
- B. The school establishes a team that involves a wide range of school personnel.
- C. The school assesses needs to determine types of activities, potential barriers and problems, resources and supports, and available team members in developing the health promotion and wellness program.
- D. The school sets goals and objectives and develops an action plan for a year-long health promotion and wellness program.
- E. The school identifies materials and activities needed to implement the action plan.
- F. The school organizes logistics (time, space, resources, information) for successful implementation of the action plan.
- G. The school publicizes and promotes the health promotion and wellness program to build awareness and interest.
- H. The school attracts and maintains participation by scheduling convenient times for meetings and activities and providing healthy snacks and drinks.
- I. The school evaluates the program to measure its quality and effectiveness and the extent of implementation.
- J. The school demonstrates a high level of support for implementation and assessment of comprehensive K – high school health education.
- K. The school promotes health and wellness as an integral part of the Coordinated School Health Program.



# Health Promotion and Wellness

**GUIDELINE 2: Secure administrative support for the health promotion/wellness program.**

## RATIONALE

Administrative support is essential to a successful school health promotion program, since it is the vision of administrators that guides and inspires the school staff. Administrators benefit from health promotion and wellness programs because physically and mentally healthy staff are more likely to be energetic, enthusiastic and effective teachers and to serve as good role models for students

The U.S. Surgeon General has specifically encouraged the nation's schools to adopt the *Healthy People 2010* objectives, recognizing the importance of schools as worksites and that schools are a "natural locus" for educational interventions in health (U.S. Department of Health and Human Services, 2001).

## INDICATORS:

- A. The administration appropriates funds to develop a successful school-site health promotion program.
- B. The administration advocates for policies to promote a healthy school; for example, an environment free from violence and harrassment, promotion of healthy eating, and opportunities for increased physical activity.
- C. The administration seeks and appoints dedicated, qualified individuals to ensure quality program implementation.
- D. Administrative procedures consistently support the healthy development of youth, teachers and staff.

**GUIDELINE 3: Enhance the success of school-site health promotion and wellness through quality health promotion education and training.**

## RATIONALE

As with all programs, education and training enhance the success of a school-site health promotion program. The Maine Department of Education offers a statewide conference each year for school teams comprised of administrators, teachers, staff and community leaders. The purpose is to heighten awareness of personal and professional issues regarding health and health education. It is hoped that these issues will translate into increased knowledge, more positive



# Health Promotion and Wellness

attitudes, and health-enhancing behaviors. The annual Wellness Conference is the centerpiece of the Maine School-Site Health Promotion Program .

Training and education facilitate teams' ability to incorporate the concept of *wellness as a lifestyle* into their personal and professional lives. Team members need knowledge, skills and commitment in order to establish health promotion efforts in their schools and communities. The Maine School-Site Health Promotion Conference provides a wealth of training and education opportunities through a five-day experience, during which teams absorb knowledge, resources and programming ideas. The teams then return to their school systems to infuse these elements into a year-long health promotion program at the school.

The Maine School-Site Health Promotion Conference has successfully provided training since 1985. As a result of participation in the annual conference, schools have reported that they now have in-service wellness days for staff, and offer fitness activities, stress management workshops, weight management services, and smoking cessation programs, as well as adding healthy snack and juice machines, developing and implementing health-related school policies, advocating for and developing quality health education and physical education programs, and working toward a healthy physical and emotional school environment that includes positive, healthy role-modeling.

## INDICATORS:

- A. School teams participate in the annual Maine School-Site Health Promotion Conference.
- B. In-service days are offered to provide opportunities for awareness and understanding of health promotion by teachers, administrators, and other school staff.
- C. Advocacy enables community health and social service professionals and family and community members to organize in support of the health promotion and wellness program.
- D. School personnel understand and demonstrate the importance, as well as the techniques, of modeling healthy behaviors.
- E. Youth are encouraged to participate actively in wellness activities and issues in ways that impact their behaviors and attitudes about their own health and well-being.

**GUIDELINE 4: Support a healthy school climate and environment that include health promotion and education.**

## RATIONALE

School-site health promotion activities can provide a forum for discussion among school administrators, faculty and staff about organizational and worksite improvement. The school climate improves when students, staff and administrators share a concern for physical, social,

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mental and emotional health. In turn, a safe, healthy school environment supports health and learning. Schools need to be places where all feel cared for, supported, included, safe, and personally valued.

“At a time when the traditional structures of caring have deteriorated, schools must become places where teachers and students live together, talk to each other, take delight in each other’s company...children will work harder for people they love and trust” (Noddings, 1988). Research shows that a care-giving school environment can serve as a protective shield in reducing unhealthy behaviors and developing resilient youth. The psychological climate of the school fosters personal achievements and social growth. The physical surroundings in which faculty, staff and students are expected to work can also encourage healthy behaviors.

## INDICATORS:

- A. The school involves students in promoting a safe and healthy school environment.
- B. The school empowers adults to serve as physically, socially and emotionally healthy role models.
- C. The school establishes high expectations and fosters high self-esteem for all.
- D. The school reinforces healthy behaviors of faculty, staff and students.
- E. The school creates a caring and supportive climate that nurtures students, staff and faculty.
- F. The school provides sites for a broad range of community health promotion programs.
- G. The school utilizes existing school or community facilities for health promotion and wellness-related activities.

**GUIDELINE 5: Document the positive effects of a quality school-site health promotion program.**

## RATIONALE

School personnel are not the sole beneficiaries of school-site health promotion programs. Students, their families, and other community members reap significant rewards as well. Students benefit because their teachers are more energetic and have reduced absenteeism, school employees stay on staff longer, and the overall school climate is more optimistic.

Documented effects of health promotion programs on staff include increased energy levels, increased productivity, improved morale, decreased absenteeism and decreased teacher burnout. It has been documented that a health-promoting school climate is associated with improved academic performance (Carnegie Council on Adolescent Development, p. 9). Health promotion programs can have an important impact not only on health, but on organizational cost as well.



# Health Promotion and Wellness

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## INDICATORS:

- A. The health behavior and health status of school staff improve.
- B. Health care costs for school staff are reduced.
- C. The school exhibits lower rates of employee absenteeism.
- D. The school exhibits improvements in staff productivity and morale.
- E. The school seeks to link with local businesses in an effort to develop partnerships within the community.
- F. Organizational policies support a healthful work environment.
- G. The community supports and/or collaborates with the school in the areas of health promotion and wellness.



# Health Promotion and Wellness

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## MAINE RESOURCES AND CONTACTS

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“Let us put our heads  
together and see what life we  
will make for our children.”

*Sitting Bull, Lakota Leader*





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