Meramec Valley R-III School District

Health and Wellness
Program Evaluation
Mrs. Barb Heger, District Health Coordinator
Dr. Jeff Haug, Chief Financial Officer

Presented October 18, 2017

Dr. Ed Hillhouse, Superintendent
Dr. Terri A Parks, Assistant Superintendent
Dr. Jeremy Way, Assistant Superintendent
The Board of Education with the support of Administration recognize the relationship between student wellbeing and student achievement, as well as the importance of a comprehensive district wellness program involving both students and staff. The district wellness program focuses on encouraging students and staff to establish and maintain healthy lifestyles.

Since 1987, the Centers for Disease Control and Prevention’s Coordinated School Health (CSH) approach has been the blueprint for integrating health-promoting practices in the school setting. CSH programs have helped to establish policies and practices in states, districts, and schools across the nation, and will see continued success within the expanded Whole School, Whole Community, Whole Child (WSCC) model. It is a goal of the MVR-III wellness program to embrace the tenets of the Whole School, Whole Community, Whole Child model in all of our efforts.

In accordance with law, the Meramec Valley R-III School District has established a School Health and Wellness Committee that consists of at least one: parent, student, nurse or other school health professional, physical education teacher, school food service representative, board member, school administrator, member of the public, and other community members as appropriate.
School Health and Wellness Committee 2016-2017

Mary Clasby-Agee – Board of Education Member
Ed Groom – Board of Education Member
Michel Brindell – Pacific High School Guidance Counselor
   Janel Brown – PHS PE/Health Teacher
Melissa Calvin, RN – Coleman School Nurse
Rachel Dake – Pacific High School Vocal Music Teacher
Michelle Dawson – Asst. Director of Food and Nutrition
   Meredith Fallert – Director of Food and Nutrition
   Cara Frahm, LPH – Zitzman School Nurse
Cathy Hartmann – Health Occupations Teacher
   *Jeff Haug – Chief Financial Officer
Barb Heger, RN – District Health Coordinator and Truman School Nurse
   Lindsy Hendricks, RN – Riverbend School Nurse
   *Jessie, Przeworski – Community School Teacher
Laura McCune – Cooperating School District Trust Wellness Coordinator
   *Dan Missey – Truman PE/Health Teacher
   *Steven Musial – Robertsville/Nike PE/Health Teacher
Thomas O’Neill – Meramec Valley Middle School PE/Health Teacher
   Mindy Parton, RN – Nike School Nurse
   Tracy Payne – District Personnel/Benefits
   Sue Price, LPN – Robertsville School Nurse
Mary Beth Schmidt – Franklin County Health Department
   Leslie Sherp, RN – Community School Nurse
   Tracy Smith, RN – Pacific High School Nurse
   *Allison Strode – Nike Third Grade Teacher
   Kyle Walz – Pacific High School Gifted Teacher
Joan Whitlock, LPN – Meramec Valley Middle School Nurse
   (*Denotes new member)

This evaluation process is directed by policy ADF for District Health and Wellness Program. It allows for the gathering of data to help establish and set future CSIP goals.
Health and Wellness Program Evaluation

The Purpose of the Program Evaluation

- Provide information for planning in the district, assure compliance with legal requirements and provide data for public information.
- Includes program goals and objectives.
- Share evaluation data used to determine program effectiveness.
- Provide recommendations for continued or improved effectiveness by the way of listing strengths and growth opportunities.

MSIP 5 Alignment of the Health and Wellness Program

Process Standard G-8
The local Board of Education and district leadership manage organizational systems and resources for a safe, high-performing learning environment.

Attendance Rate – The district ensures all student regularly attend school.
- The percent of students who regularly attend school, meets or exceeds the state standard or demonstrates required improvement.
- Attendance targets use the individual student’s attendance rate and set the expectation that 90% of the students are in attendance 90% of the time.

Program Goals and Objectives Aligned to MVR-III CSIP Goals:

The primary goals of the MVR-III School District’s wellness program are to promote student health, reduce student overweight/obesity, facilitate student learning of lifelong health habits and increase student achievement.

CSIP Goal 1: All MVR-III students will graduate college and/or career ready. (CSIP G1.O1.C) The average daily attendance rate of all district students will be at or above 95%, and 90% of the students are in attendance 90% of the time, as measured by MSIP 5 targets yearly.
- Program Targets:
  - Maintain a comprehensive school health program to help our children in developing their potential academically, emotionally, and physically.
  - Work to remove health-related barriers to attending school and learning.

CSIP Goal 2: MVR-III will recruit, attract, develop, and retain highly qualified staff yearly. (CSIP G2.O1.S1.A5) Develop and implement yearly staff professional development opportunities targeted for specific needs.
- Program Targets:
  - All PE teachers and instructors of health education will participate at least once a year in professional development in health education.
  - Continue nursing professional development offerings to keep health services staff current on school health trends.
CSIP Goal 3: MVR-III students will learn in an environment that is supportive and conducive to learning. (CSIP G3.O2.S2.A3)

Development district-wide protocol to contribute to the health and academic achievement of all students as well as protect the health and safety of our students with life-threatening food allergies.

- Program Targets:
  - Maintain health program protocols which protect the health of students and employees.

CSIP Goal 4: MVR-III parents, students and community members will actively participate in school events to support student learning. (CSIP G4.O2.S2.A3)

Collaborate with parents and the local community to promote health and well-being of students.

- Program Targets:
  - Maintain and expand the Health and Wellness tab on the district website.
  - Partner with community agencies to host and expand community health fair.
  - Conduct student and parent health survey.

CSIP Goal 5: MVR-III will be governed to provide fiscal resources and leadership that benefit students, staff, and parents. (CSIP G5.O2.S2.A1)

Policy, procedures, and forms will be adopted, updated or modified to reflect changes in law and/or district processes.

- Program Targets:
  - Develop protocols needed to comply with Healthy, Hunger Free Kids Act final rule.

**Wellness Policy and Procedure:**

Policy ADF requires the Board of Education designate District Wellness Program Coordinator(s). The Business Manager and the District Health Coordinator have been appointed to fill this role at MVR-III. The wellness program coordinators are responsible for ensuring that each school in the district complies with this policy. The major components with subcomponents as noted from ADF-AP1 follow:

**Nutrition Guidelines**
- Fundraising
- Water and Milk
- Nutrition Education
- Nutrition Promotion

**Physical Activity**

**Other School Based Activities**
- Community Involvement
- Family Involvement
- Marketing and Advertising
- Meal times
- Outdoor Air Quality
- Staff Development and Training
- Staff Wellness
- Sun Safety
- Tobacco

**Oversight, Evaluation and Monitoring**
Wellness Program Compliance Indicators:

Per administrative procedure ADF-AP1, the Wellness Program Coordinators will provide a report to the Board as part of the program review based on the analysis of no fewer than four (4) of the following indicators. The items below in bold print are the primary areas where data is being collected and will be utilized as baseline data moving forward.

1. School Health Index (SHI)
2. Physical fitness reports
3. Physical activity levels of staff
4. Weight status or body mass index (BMI) of students and staff
5. Fruit and vegetable intake of students and staff
6. Number of discipline occurrences
7. Achievement levels of students
8. Student attendance rates/absenteeism
9. Number of staff who participated in training and development related to student wellness

The School Health Index (SHI) is based on the Center for Disease Control’s (CDC) research-based guidelines for school health programs, which identify the policies and practices most likely to be effective in reducing youth health risk behaviors. The SHI is structured around CDC’s model of coordinated school health (CSH). This model highlights the importance of involving and coordinating the efforts of all eight interactive components to maintain the well-being of young people.

The MVR-III School Health and Wellness Committee participates in a self-assessment of health related programs and policies on an annual basis. Our district has been a part of The Alliance for a Healthier Generation’s Health Schools Program since the 2012-2013 school year. The Alliance has adopted the CDC’s School Health Index as its assessment tool to help schools assess their current policies and practices as well as track progress over time. The evaluation takes place in the form of district-wide and building-level inventories as part of the Alliance for A Healthier Generation’s (the Alliance’s) Healthy Schools Program.

The six components of the Healthy Schools Program assessment include:

1. School Health and Safety Policies and Environment
2. Health Education
3. Physical Education and Other Physical Activity Programs
4. Nutrition Services
5. Health Promotion for Staff
6. Family / Community Involvement

*The italicized components are addressed in the Student Health Service Program Evaluation. The bold components are addressed in this Health and Wellness Program Evaluation. **Application for recognition with the Alliance was not completed for 2016-2017 as sites cannot apply for the same level of recognition without a two year period between applications. The buildings self-assess health related programs informally at the building level. Sites will be eligible to apply again during the 2017-2018 school year.
Physical Education and Other Physical Activity Programs

Background

In September 1957 at the Conference on Physical Fitness of Youth (held at the U.S. Military Academy in West Point, NY), a plan of action was developed for the first nationwide pilot study of 8,500 boys and girls, ages 5-12 resulting in the start of a national testing program (known today as the President’s Challenge).

https://www.presidentschallenge.org/challenge/physical/

In 2013-2014, the President’s Challenge was updated and renamed Presidential Youth Fitness Program (PYFP), and “health-related, criterion-based assessment” which resulted from a partnership between the President’s council on Fitness, Sports, and Nutrition, the Amateur Athletic Union, the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD), Cooper Institute, and the Centers for Disease Control and Prevention. The updated test signals a move away from measuring students’ performance and puts more emphasis on assessing student’ health. Students’ fitness is measured using the Cooper Institute’s FITTESTGRAM, which measures five areas of health-related fitness: aerobic capacity, body composition, flexibility, muscle strength, and muscular endurance.

In August 2013, Missouri Cade’s Law required DESE to develop and adopt rules relating to the physical fitness challenge for elementary, middle and high school students. Although schools are encouraged to assess student fitness at each grade level, Local Education Agencies are required to collect and report data on aerobic capacity, muscular strength, endurance and flexibility for all eligible elementary student in grade five (5), middle school student in grade seven (7), and high school students in grade nine (9) who are enrolled in a physical education class for any part of the traditional school year. Schools began reporting this data in the June 2015 reporting/core data cycle.

Physical Fitness School Assessment

MVR-III uses four of the five test events from the PYFP. The test events measure a child’s fitness level in the areas of Aerobic Capacity, Abdominal Strength, Upper Body Strength, and Flexibility. The MVR-III Fitness Test is comprised of the following test events and are acceptable for the Missouri Physical Fitness Assessment (DESE, 2000):

1. **Aerobic Capacity** – One-Mile Run/Walk
   a. ¼ mile Run/Walk
   b. ½ mile Run/Walk
2. **Abdominal Strength** – One-Minute Curl-Ups
3. **Upper Body Strength** (Choose of the following)
   a. Pull-Ups
   b. Flexed-Arm Hang
   c. Right Angle Push-Ups (*Recommended for elementary students, overweight students, and/or student who cannot do at least one pull up*)
4. **Flexibility** – Sit-and-Reach
All fitness scores for 5th, 7th, and 9th grades are recorded and reported, using the Fitness Assessment School Report at the end of the year for purpose of district and state data analysis.

### Fitness Reports Grades 5, 7, 9

<table>
<thead>
<tr>
<th>School Year</th>
<th>TOTAL (Grade 5)</th>
<th>MVMS (Grade 7)</th>
<th>PHS (Grade 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16/17</td>
<td>15/16</td>
<td>14/15</td>
</tr>
<tr>
<td>Minutes per week</td>
<td>60</td>
<td>50</td>
<td>225</td>
</tr>
<tr>
<td>Avg. Class Size</td>
<td>24</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Enrolled</td>
<td>244</td>
<td>267</td>
<td>294</td>
</tr>
<tr>
<td>Tested</td>
<td>240</td>
<td>228</td>
<td>255</td>
</tr>
<tr>
<td>Participation</td>
<td>98%</td>
<td>85%</td>
<td>87%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy Fitness Range (HFR) %</th>
<th>16/17</th>
<th>15/16</th>
<th>14/15</th>
<th>16/17</th>
<th>15/16</th>
<th>14/15</th>
<th>16/17</th>
<th>15/16</th>
<th>14/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerobic Capacity</td>
<td>77%</td>
<td>45%</td>
<td>60%</td>
<td>72%</td>
<td>67%</td>
<td>75%</td>
<td>80%</td>
<td>67%</td>
<td>84%</td>
</tr>
<tr>
<td>Abdominal Strength</td>
<td>87%</td>
<td>50%</td>
<td>71%</td>
<td>99%</td>
<td>91%</td>
<td>100%</td>
<td>68%</td>
<td>64%</td>
<td>79%</td>
</tr>
<tr>
<td>Upper Body Strength</td>
<td>53%</td>
<td>46%</td>
<td>56%</td>
<td>62%</td>
<td>50%</td>
<td>60%</td>
<td>72%</td>
<td>67%</td>
<td>78%</td>
</tr>
<tr>
<td>Flexibility</td>
<td>61%</td>
<td>43%</td>
<td>63%</td>
<td>90%</td>
<td>94%</td>
<td>87%</td>
<td>76%</td>
<td>69%</td>
<td>79%</td>
</tr>
</tbody>
</table>

### Weight status or body mass index (BMI) of students and staff

Grade based Body Mass Index (BMI) measurement has attracted attention across the nation as a potential approach to address obesity among youth. Grade based BMI measurement programs are for screening purposes. It is the district goal to screen 1st, 3rd, 5th, 7th and 9th graders each year on growth. MVR-III follows the “Guidelines for Growth Screening in Missouri Schools” which is provided by Mo DHSS. Our health history forms include permission for the students to participate in growth screenings throughout the year.

CDC recommends using BMI charts or other standardized growth charts. The district School Information System (SIS) has an area where heights and weights are entered, and BMI is calculated. Meramec Valley R-III health staff measure students’ height and weight for the purpose of measuring Body Mass Index in grades 1, 3, 5, 7, 8 and 9.
BMI data for the 2016-2017 school year follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>school year</th>
<th>BMI &lt; 5% (underweight)</th>
<th>BMI 5% - 84% (healthy weight)</th>
<th>BMI 85% - 94% (overweight)</th>
<th>BMI 95% or &gt; (obese)</th>
<th>85% or &gt; (O and O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2016-2017</td>
<td>3%</td>
<td>67%</td>
<td>15%</td>
<td>15%</td>
<td>30%</td>
</tr>
<tr>
<td>3</td>
<td>2016-2017</td>
<td>3%</td>
<td>67%</td>
<td>13%</td>
<td>17%</td>
<td>30%</td>
</tr>
<tr>
<td>5</td>
<td>2016-2017</td>
<td>1%</td>
<td>66%</td>
<td>20%</td>
<td>13%</td>
<td>33%</td>
</tr>
<tr>
<td>7</td>
<td>2016-2017</td>
<td>5%</td>
<td>62%</td>
<td>15%</td>
<td>18%</td>
<td>33%</td>
</tr>
<tr>
<td>8</td>
<td>2016-2017</td>
<td>2%</td>
<td>60%</td>
<td>15%</td>
<td>23%</td>
<td>38%</td>
</tr>
<tr>
<td>*9</td>
<td>2016-2017</td>
<td>1%</td>
<td>66%</td>
<td>12%</td>
<td>21%</td>
<td>33%</td>
</tr>
</tbody>
</table>

(*Only 77% of 9th graders were screened.)

BMI data for specific classes over time:

<table>
<thead>
<tr>
<th>Graduating Class</th>
<th>School year</th>
<th>Grade</th>
<th>BMI less than 5%</th>
<th>BMI 5%-84%</th>
<th>BMI 85%-94%</th>
<th>BMI 95% and higher</th>
<th>Overweight or Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2009-2010</td>
<td>5</td>
<td>2.15%</td>
<td>62.06%</td>
<td>20.68%</td>
<td>15.08%</td>
<td>35.76%</td>
</tr>
<tr>
<td></td>
<td>2011-2012</td>
<td>7</td>
<td>3.16%</td>
<td>63.34%</td>
<td>18.55%</td>
<td>14.93%</td>
<td>33.48%</td>
</tr>
<tr>
<td>2018</td>
<td>2008-2009</td>
<td>3</td>
<td>1%</td>
<td>64.00%</td>
<td>14.00%</td>
<td>21.00%</td>
<td>35%</td>
</tr>
<tr>
<td></td>
<td>2010-2011</td>
<td>5</td>
<td>0.39%</td>
<td>58.59%</td>
<td>17.18%</td>
<td>23.82%</td>
<td>41%</td>
</tr>
<tr>
<td>2019</td>
<td>2009-2010</td>
<td>3</td>
<td>2.33%</td>
<td>67.28%</td>
<td>14.01%</td>
<td>16.35%</td>
<td>30.36%</td>
</tr>
<tr>
<td></td>
<td>2011-2012</td>
<td>5</td>
<td>1.50%</td>
<td>63.34%</td>
<td>13.06%</td>
<td>19.08%</td>
<td>32.14%</td>
</tr>
<tr>
<td></td>
<td>2014-2015</td>
<td>8</td>
<td>3.38%</td>
<td>61.83%</td>
<td>14.97%</td>
<td>19.80%</td>
<td>34.77%</td>
</tr>
<tr>
<td>2020</td>
<td>2008-2009</td>
<td>1</td>
<td>1%</td>
<td>72%</td>
<td>16%</td>
<td>11%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>2010-2011</td>
<td>3</td>
<td>1.99%</td>
<td>62.15%</td>
<td>18.72%</td>
<td>17.13%</td>
<td>35.85%</td>
</tr>
<tr>
<td></td>
<td>2014-2015</td>
<td>7</td>
<td>2.15%</td>
<td>61.63%</td>
<td>16.37%</td>
<td>19.82%</td>
<td>36.19%</td>
</tr>
<tr>
<td></td>
<td>2015-2016</td>
<td>8</td>
<td>2.42%</td>
<td>63.56%</td>
<td>13.76%</td>
<td>20.24%</td>
<td>34.00%</td>
</tr>
<tr>
<td>*2016-2017</td>
<td></td>
<td>9</td>
<td>1.00%</td>
<td>66.00%</td>
<td>12.00%</td>
<td>21.00%</td>
<td>33.00%</td>
</tr>
</tbody>
</table>

(*Only 77% of class of 2020 was screened in 9th grade.)

(This chart allows tracking of a group of the same students over time.)

(Note: While BMI information is not collected on staff, staff members do have access to wellness screening annually, which includes body mass index.)
Number of discipline occurrences

The Board of Education with the support of Administration recognize the relationship between student behavior/discipline and student achievement.

<table>
<thead>
<tr>
<th>GRADE</th>
<th>TOTAL</th>
<th>GRADE 5</th>
<th>MVMS (Grade 7)</th>
<th>PHS (Grade 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL YEAR</td>
<td>16/17</td>
<td>15/16</td>
<td>14/15</td>
<td>16/17</td>
</tr>
<tr>
<td>Discipline Count to DESE</td>
<td>49</td>
<td>74</td>
<td>47</td>
<td>492</td>
</tr>
</tbody>
</table>

(Discipline count includes both In School Suspension and Out of School Suspension removals.)

Achievement levels of students

The Board of Education with the support of Administration recognize the relationship between student wellbeing and student achievement.

Below are the 2017 MAP district achievement level data on:
1. 5th ELA, math and science
2. 7th ELA and math
3. 9th English I and Biology I

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![Missouri Assessment Program](image)
Student Attendance / Absenteeism
The Board of Education with the support of Administration recognize the relationship between student attendance and student achievement.

<table>
<thead>
<tr>
<th>ATTENDANCE DATA GRADES 5, 7 &amp; 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE</td>
</tr>
<tr>
<td>SCHOOL YEAR</td>
</tr>
<tr>
<td>Attendance percentage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ATTENDANCE DATA GRADE 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELEMENTARY BUILDINGS</td>
</tr>
<tr>
<td>SCHOOL YEAR</td>
</tr>
<tr>
<td>Attendance percentage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>90 FOR 90 ATTENDANCE, GR 5,7 &amp; 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
<tr>
<td>90 for 90 percentage</td>
</tr>
</tbody>
</table>

Nutrition Services
Improving child nutrition is the focal point of the Healthy, Hunger-Free Kids Act of 2010. This legislation authorized funding and set policy for USDA’s core child nutrition programs, including the National School Lunch and School Breakfast Programs. The Healthy, Hunger-Free Kids Act allowed USDA, for the first time in over 30 years, opportunity to make real reforms to the school breakfast and lunch programs by improving the critical nutrition and hunger safety net for millions of children. The Meramec Valley R-III School District meets or exceeds all USDA rules and standards of the Healthy Hunger-Free Kids Act. The district contracts with Chartwell’s to deliver the food and nutrition program, supervised by the Food and Nutrition Director, a registered dietician.

Health Promotion for Staff
The Meramec Valley R-III School District highly values the health and wellbeing of every staff member and supports efforts by staff to maintain a healthy lifestyle. The following are efforts by the district to promote staff health and wellness:

1. Employee Flu Shot/Wellness Screen Clinic – held annually in October. At this clinic, staff members have access to flu shots and wellness screenings. Wellness screenings include Body Mass Index, blood pressure reading, blood sugar and cholesterol testing. During the clinic in October 2016, 154 employees received a flu shot and 35 employees took advantage of the wellness screens.
2. Mammography Van – held twice a year in spring and fall. We have the Mercy van come in the fall, and the St. Luke’s van comes in the spring of each year. During the 2016-17 van visit dates, 29 mammograms were completed. (This is a lower number than usual due to local flooding situation.)

3. CSD Wellness Challenges – Cooperating School District’s TrustWellness Program sponsors health and wellness challenges in our district and other member districts of the CSD each year. Those challenges include Fall and Spring Activity Challenges, Stress Less Holiday Challenge, Nutrition Trivia Challenge and a Healthy Lifestyles Nutrition Program.

4. YMCA – The Meramec Valley R-III School District has a corporate agreement with the YMCA for discounted joining fees and first month’s dues. Our employees have access to “Try the Y” sessions – a free two week trial membership for employees and family members. These happen 4 times a year, and employees can take advantage of two per calendar year.

5. Yoga – In district yoga classes are offered. This program has been well received. These classes are offered in six week sessions and typical attendance runs between 10 and 15 persons.

**Family and Community Involvement**

The Meramec Valley R-III School District will strive to engage families as partners in their children’s education by supporting parental and staff efforts to motivate and help their children with maintaining and improving their health. We strive to make effective use of district and community resources to serve the needs and interests of all students and staff. The following are some activities used to encourage family and community involvement:

1. Safety and Health Fair – This is a joint effort between the district and the Meramec Ambulance District. The fair was scheduled for Saturday, May 6, 2017 but had to be cancelled due to local flooding situation.

2. Andy Hubbard Walk/Run – Annual walk/run at Shaw Nature Reserve with district and community support.

3. Girls on The Run – This 10 week program is active in several buildings and encourages girls and their families through lessons and physical activity. It culminates in a 5K run in St. Louis where coaches, girls and families run together.

4. Go Noodle – Active brain breaks in the classroom and can be used at home.

5. Indoor (with an approved facility use agreement) and outdoor physical activity facilities are open to students, their families, and the community outside school hours.

**Conclusions of Evaluation:**

**Program Strengths**

- The district School Health and Wellness Committee meets at least four (4) times a year and advises on school health policies and programs.
- The district has implemented all of the components required by the USDA Healthy, Hunger Free Kids Act of 2010, including final rule in 2017.
- Standards for food offered to students during the school day put in place with the District Food Protocol.
- Staff members have access to a variety of free or low-cost health assessment and health promotion programs at least once per year.
- Collaboration with community on Safety/Health Fair.
Ongoing staff CPR/AED certifications take place to comply with policy requirements. Currently there are over 100 staff members with American Heart Association certification in CPR/AED.

**Growth Opportunities**

- Increase opportunities for PE/Health teachers to participate in professional development in health education. This is important as we will have dedicated health education time for elementary students for 2017-18 school year.
- Increase opportunities for nursing staff to participate in professional development offerings. *Met – Participated in full day PD offering from Children’s Hospital before start of school.*
- Strive for a ninety-five percent (95%) participation rate of eligible students in the report grade span per fitness assessment in grades 5, 7 and 9. *Met overall in 5th, and also in 7th.*
- Expand student fitness testing and tracking to grade levels beyond grades 5, 7 and 9.
- Explore ways to complete BMI testing on all 9th graders at PHS. *Ongoing*
- Increase collaboration between nutrition services and staff members. Dietetic intern is available first semester 2017-18. *Ongoing – Intern has been in buildings teaching nutrition.*
- Encourage culture and climate of health – encourage staff to use non-food items, activities, and opportunities for physical activity to recognize students for their achievements or good behavior, and encourage staff to model healthy behaviors in the classroom. *Ongoing – District Food Protocol in place for 2017-18 school year.*
- Support and continue the plan to implement the proper health and physical education minutes into the K-12 program. *Ongoing - 30 minutes per week of dedicated health education to be implemented for 2nd-5th grades in 2017-18 school year.*
- Expand use of district Health and Wellness tab on website to include learning opportunities on health topics for district staff and families. *Ongoing*