

**School Health Advisory Board (SHAB) Annual Report Form**  
**2000-01 School Year**

**I. IDENTIFYING INFORMATION**

School Division: _____ SHAB Chairperson: _____ Address: _____ _____ Telephone: (    ) _____ Fax: (    ) _____ Person Completing this Report: _____ Date: _____ Telephone: (    ) _____ Fax: (    ) _____
--

**II. STRUCTURE AND OPERATION OF YOUR SHAB**

**A. Membership**

Use the following grid to describe the composition of your SHAB by listing each member's name. Use the accompanying legend to designate each member's role or roles. If members serve in more than one role please designate it below.

Jane Doe (example)	P1		

Use the following Symbols and numbers:

<b><u>P = Parent</u></b> 1 – school age child 2 – medically fragile child 3 – PTA representative	<b><u>HP = Health Professional</u></b> 1 – medical 2 – dentistry 3 – mental health 4 – public health 5 – other (specify)	<b><u>E = Education</u></b> 1 – school nurse 2 – health teacher 3 – other teacher 4 – administrator 5 – counselor 6 – food services 7 – other (specify)	<b><u>M = Miscellaneous</u></b> 1 – business 2 – government official 3 – other (specify)
<b><u>C = Community</u></b> 1 – civic group 2 – religious group 3 – human services 4 – youth services	<b><u>S = Student</u></b>		

**B. Meetings**

How many general meetings did your SHAB hold this school year (excluding subcommittee meetings)?

\_\_\_\_\_ (number)

**C. Reports**

How many reports did your SHAB make during this school year to:

(1) Your local school board?      Written reports \_\_\_\_\_ Oral reports \_\_\_\_\_

(2) Central office personnel?      Written reports \_\_\_\_\_ Oral reports \_\_\_\_\_

(3) Other groups?

(name) \_\_\_\_\_ (written or oral) \_\_\_\_\_

(name) \_\_\_\_\_ (written or oral) \_\_\_\_\_

**D. Operating Procedures**

Have you developed operating procedures for your SHAB?

\_\_\_\_\_ Yes (If 'yes', please attach a copy to this report)

\_\_\_\_\_ We are willing to share them with other SHABs

\_\_\_\_\_ No

\_\_\_\_\_ We are in the process of developing them

**III. ACCOMPLISHMENTS FOR THE SCHOOL YEAR**

**A. Goals**

Indicate all of the goals from the following list that are consistent with those that were set by your SHAB for this school year. This list was generated from previous years' SHAB reports and commission reports.

- |   |   |
|---|---|
| <input type="checkbox"/> Increase school nursing staff  | <input type="checkbox"/> Review health education curriculum   |
| <input type="checkbox"/> Reduce teen pregnancy  | Identify Topic(s):  |
| <input type="checkbox"/> Develop/revise Family Life Education Curriculum                                    | <input type="checkbox"/> Review procedures for student health screening, record keeping, and referrals    |
| <input type="checkbox"/> Develop/maintain community partnerships  | <input type="checkbox"/> Review emergency/crisis medical situations                                       |
| <input type="checkbox"/> Develop/improve school health services   | <input type="checkbox"/> Review school safety procedures  |
| <input type="checkbox"/> Conduct a needs assessment   | Identify Area(s):   |
| <input type="checkbox"/> Reduce drug, alcohol, and/or tobacco use   | <input type="checkbox"/> Improve Parent communication/education   |
| <input type="checkbox"/> Improve operation of our SHAB  | Identify Area(s):   |
| <input type="checkbox"/> Develop/improve student wellness curriculum  | <input type="checkbox"/> Review counseling services for helping students set educational and social goals |
| <input type="checkbox"/> Review staff wellness initiatives  | <input type="checkbox"/> Review school health policies  |
| <input type="checkbox"/> Review psychological and social services for diagnosing special needs for students | Identify Topic(s):  |
| <input type="checkbox"/> Review school nutrition program procedures and offerings                           | <input type="checkbox"/> Others (please specify): _____   |
| <input type="checkbox"/> Review physical education curriculum and assessment                                | _____   |

**B. Work Completed This Year**

Indicate the areas of work performed by your SHAB this past school year by completing the grid below. (Use the following codes to mark each cell. Use all codes that apply.)

- 1 – We would like assistance with this area.
- 2 – We have not looked at this area yet.
- 3 – Our work in this area is in progress.
- 4 – We have completed our work in this area.
- 5 – We are willing to share information about our work in this area.

	Health Services	Health Education/ Instruction	Healthy Environment	Physical Education	Food Services	Counseling	Staff Wellness	Parent/Community Involvement
Policies Developed or Reviewed								
Programs Implemented								
Programs Evaluated								

**C. Accomplishments**

On a separate page, list your SHAB’s specific contributions to/accomplishments in the above areas (policies, programs, evaluations).

**IV. FACTORS THAT AFFECTED YOUR SHAB’S EFFECTIVENESS**

**A. Factors That Facilitated Effectiveness**

Check all of the following factors that helped your SHAB to be more effective this school year. The below list was generated from previous SHAB reports.

- Participation of the SHAB members
- Diversity of the membership of thr SHAB
- Cooperation and team spirit among SHAB members
- Leadership/organization of the SHAB
- Support provided by the central office
- Support provided by the school administrators
- Support provided by the school board
- Support provided by outside agencies (e.g., local health department)
- Others (please specify): \_\_\_\_\_  
\_\_\_\_\_

**B. Factors That Limited Effectiveness**

Check all of the following factors that limited your SHAB's effectiveness this school year. The below list was generated from previous SHAB reports.

- Lack of time to devote to SHAB activities
- Poor attendance at SHAB meetings
- Scheduling problems
- Lack of money and resources
- Changes in membership
- Poorly defined objectives
- Not enough volunteers
- Others (please specify): \_\_\_\_\_  
\_\_\_\_\_

**V. ADDITIONAL INFORMATION**

Use this space to provide additional information about your SHAB that you feel is important to share.

**Thank you for your participation!**

**SCHOOL HEALTH ADVISORY BOARD**

Point of Contact

Below, please provide the name of the individual you wish to serve as the point of contact for your local School Health Advisory Board (SHAB) during the 2001 and 2002. (In many localities, the SHAB chair or a school contact person the SHAB serves this role.) If you wish to change your SHAB Point of Contact before the end of the 2002 school year, contact Fran Anthony Meyer at 804/225-2071 to make the change. Any resources or information relevant to SHABs will be distributed to this locally identified person.

School Division: \_\_\_\_\_

Name of "Point of Contact": \_\_\_\_\_

Position or Role on the SHAB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Questions about this form may be directed to Fran Anthony Meyer at 804/225-2071 or (mailto:[fmeyer@mail.vak12ed.edu](mailto:fmeyer@mail.vak12ed.edu).)

Thank you for your attention to this request!