

**School Health Advisory Board (SHAB) Annual Report Form**  
**2001-02 School Year**

**I. IDENTIFYING INFORMATION**

School Division: _____ SHAB Chairperson: _____ Address: _____ _____ Telephone: (    ) _____ Fax: (    ) _____ Person Completing this Report: _____ Date: _____ Telephone: (    ) _____ Fax: (    ) _____ E-Mail Address: _____
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**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				
1				11	
2				12	
3				13	
4				14	
5				15	
6				16	
7				17	
8				18	
9				19	
10				20	

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>C = Community</u></b> 1 – civic group 2 – religious group 3 – human services 4 – youth services	<b><u>HP = Health Professional</u></b> 1 – medical 2 – dentistry 3 – mental health 4 – public health 5 – other (specify)  <b><u>S = Student</u></b>	<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)
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**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?

\_\_\_\_\_ No.

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

\_\_\_\_\_ Yes (attach a copy to this report if completed or revised in the past year).

\_\_\_\_\_ We are willing to share our operating procedures with other SHABs.

**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"/> Revise HIV Curriculum/Policy for School Attendance                                 | <input type="checkbox"/> Review emergency/crisis medical situations                                       |
| <input type="checkbox"/> Develop/maintain community partnerships  | <input type="checkbox"/> Review school safety procedures  |
| <input type="checkbox"/> Develop/improve school health services   | Identify Area(s):   |
| <input type="checkbox"/> Conduct a needs assessment   | <input type="checkbox"/> Improve Parent communication/education   |
| <input type="checkbox"/> Reduce drug, alcohol, and/or tobacco use   | Identify Area(s):   |
| <input type="checkbox"/> Improve operation of our SHAB curriculum   | <input type="checkbox"/> Review counseling services for helping students set educational and social goals |
| <input type="checkbox"/> Develop/improve student wellness   | <input type="checkbox"/> Review school health policies  |
| <input type="checkbox"/> Review staff wellness initiatives  | Identify Topic(s):  |
| <input type="checkbox"/> Review psychological and social services for diagnosing special needs for students | <input type="checkbox"/> Others (please specify): _____   |
| <input type="checkbox"/> Review school nutrition program procedures and offerings                           | _____   |
| <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. (Circle one number in each cell using the following codes.)

- 1 – We have not looked at this area yet.
- 2 – Our work in this area is in progress.
- 3 – We have completed 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	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Programs Implemented	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Programs Evaluated	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

If you would like assistance, please indicate in which area and the nature of the assistance needed. \_\_\_\_\_  
 \_\_\_\_\_

**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 following 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 2002 and 2003 school year. (In many localities, the SHAB chair or a school contact person serves this role.) If you wish to change your SHAB Point of Contact before the end of the 2002-2003 school year, contact Fran Anthony Meyer at 804/225-4543 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 804/225-4543 or (mail to: [fmeyer@mail.vak12ed.edu](mailto:fmeyer@mail.vak12ed.edu).)

Thank you for your attention to this request!