

School Health Advisory Board (SHAB) Annual Report Form
2002-03 School Year

I. IDENTIFYING INFORMATION

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

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:

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

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

2003-2004 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 2003 and 2004 school year. (In many localities, the SHAB chair or a school contact person serves this role.) Any resources or information relevant to SHABs will be distributed to this locally identified person.

Date Submitted: _____

School Division: _____

Name of "Point of Contact": _____

Position or Role on the SHAB: _____

Address: _____

Telephone () _____ Fax () _____

E-Mail _____

Please return this form to:
Tricia Penkauskas, Project Assistant
Virginia Department of Education
PO Box 2120
Richmond, VA 23218
Phone: 804-692-0194
Fax: 804-371-8796
(tpenkaus@mail.vak12ed.edu.)

Thank you for your attention to this request!