

Does your School Health Advisory Board serve as the forum for leadership for multiple committees (e.g., part of PTA, Safe and Drug Free School Committee, etc.)? YES NO
If yes, explain:

Are there other boards in your school division that work on issues that might be relevant to your SHAB?
YES NO

If yes, list:

B. Meetings

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

How many subcommittee meetings did your SHAB hold this school year? _____ meetings
List subcommittees: _____

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 reports _____ Oral reports
(name) _____ Written reports _____ Oral reports

D. Operating Procedures

Does your SHAB have operating procedures/bylaws?
YES NO

Have you made any changes to your operating procedures/bylaws for your SHAB in the past year?
 YES (please attach a copy if revised in the past year)

NO

III. GOALS AND ACCOMPLISHMENTS

A. Goals

In the first column, check the goals that were identified by your SHAB for this school year. In the second column, check the goals that were accomplished.

	Identified Goals	Accomplished Goals
Health Services		
Increase school nursing staff	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve school health services	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve student wellness	<input type="checkbox"/>	<input type="checkbox"/>
Review procedures for student health screening, record keeping, and referrals	<input type="checkbox"/>	<input type="checkbox"/>
Health Education/Instruction		
Review health education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Review health education assessment	<input type="checkbox"/>	<input type="checkbox"/>
Reduce teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Develop/revise Family Life Education Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Revise HIV Policy for School Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Reduce drug, alcohol, and/or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Environment		
Review emergency/crisis medical situations	<input type="checkbox"/>	<input type="checkbox"/>
Review school health policies	<input type="checkbox"/>	<input type="checkbox"/>
Review school safety procedures	<input type="checkbox"/>	<input type="checkbox"/>
Physical Education		
Review physical education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Review physical education assessment	<input type="checkbox"/>	<input type="checkbox"/>
Review availability of instructional resources	<input type="checkbox"/>	<input type="checkbox"/>
Increase student's physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Services		
Review school nutrition program procedures and offerings	<input type="checkbox"/>	<input type="checkbox"/>
Counseling		
Review psychological and social services for diagnosing special needs for students	<input type="checkbox"/>	<input type="checkbox"/>
Review counseling services for helping students set education and social goals	<input type="checkbox"/>	<input type="checkbox"/>
Staff Wellness		
Review staff wellness initiatives	<input type="checkbox"/>	<input type="checkbox"/>

	Identified Goals	Accomplished Goals
Parent/Community Involvement		
Improve parent communication/education	<input type="checkbox"/>	<input type="checkbox"/>
Develop/maintain community partnerships	<input type="checkbox"/>	<input type="checkbox"/>
Other		
Conduct a needs assessment/data collection	<input type="checkbox"/>	<input type="checkbox"/>
Please list topic(s): _____		
Improve operations of SHAB	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

B. Successes

Please describe your SHAB's two greatest accomplishments this school year. What were your goals and what projects/activities were used to meet the identified goals? How many students did it impact? Who were your community partners? Add an additional sheet, if necessary.

Will you allow the Virginia Department of Education to post/share information about your successes on its Web site? YES NO

IV. ADDITIONAL INFORMATION

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

Use this space to indicate whether you would like some assistance from the VDH or DOE and the nature of the assistance needed.

SCHOOL HEALTH ADVISORY BOARD

2004-2005 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 2004-05 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 person.

Date Submitted:

School Division:

Name of "Point of Contact":

Position or Role on the SHAB:

Mailing

Address:

Telephone ()

Fax: ()

E-Mail:

Please return this form by July 1, 2004 (via fax, email or regular mail) to:

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Questions may be addressed to Muriel Azria-Evans at the phone number or e-mail address above.

Thank you for your participation!