IMPROVEMENT LOG

(BASELINE AND PROJECT COMPLETION)

**Name of School:**

**Individual Completing the Form:**

**What number of years of experience does the school have with implementing health and wellness activities using a School Health Team?**

 **\_\_\_ 0-1 year \_\_\_ 4-5 years**

 **\_\_\_ 10 or more years**

 **\_\_\_ 2-3 years \_\_\_ 6-9 years**

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| **Step I. Focus on Administrative Buy–in & Support to Develop School Capacity** |
| **“SIGNS” OF PROGRESS** | **STATUS – Using a √, indicate a status for each sign of progress** |
| **Fully Met** **5** | **Partially Met** **3** | **Not Yet Met** **1** |
| a) WSCC responsibilities for school administration exist.See: School Administration Responsibilities. |  |  |  |
| b) School administration communicates regularly with the WSCC Health &Wellness (H&W) Team. |  |  |  |
| c) School administration participates in WSCC H&W programs and activities. |  |  |  |
| d) The Local Wellness Policy (LWP) requires a H&W Team Leader and an active, functioning Team. |  |  |  |
| e) The School Health Improvement Plan (SHIP)’s goal(s), objective(s) and/or priorities are incorporated into the district’s or school’s improvement plan.  |  |  |  |
| f) School and/or district administration identifies and secures funding for health programs, activities and services. |  |  |  |
| g) School and/or district administration and the local BOE garner diverse community resources for WSCC H&W programs and activities that include but are not limited to: data collection and analysis, communication, supplies, space and professional development.  |  |  |  |
| h) There is a line item in the school budget for the costs (full or partial) of a WSCC H&W Team Leader to financially compensate this individual for their dedicated time and responsibilities. |  |  |  |

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| **Step 2. Identify a WSCC Coordinator, Health & Wellness (H&W) Team Leaders & Develop Partnerships** |
| **“SIGNS” OF PROGRESS** | **STATUS – Using a √, indicate a status for each sign of progress** |
| **Fully Met** **5** | **Partially Met** **3** | **Not Yet Met** **1** |
| a) WSCC H&W Team Leader(s) and their tasks are identified. See: Team Leader Tasks. |  |  |  |
| b) The school promotes and recruits interested parents to participate in health education or training such as: ***Parents as Champions (PAC) for Healthy Schools,*** ***Teen Speak,*** SHIP activities (planning, implementation or evaluation); or, other health and wellness strategies as approved by the regional agency.  |  |  |  |
| c) The school promotes and recruits interested students to participate in: a Youth Advisory Board (YAB); SHIP activities (planning, implementation or evaluation); or, other youth-led health and wellness activities. |  |  |  |
| d) Diverse community organizations participate in school health activities, programs and services. |  |  |  |
| **Step 3. Establish a District- and/or School- Health & Wellness (H&W) Team(s)** |
| a) The H&W Team is established and represented by administration, school staff, students, family and the community. |  |  |  |  |  |  |
| b) The H&W Team represents all 10 WSCC components. (NACDD, p36) |  |  |  |
| c) The H&W Team member activities are identified. See: ***Team Member Qualities and Activities.***  |  |  |  |
| d) The H&W Team meets 4-6 times during the school year. |  |  |  |
| e) The H&W Team disseminates and communicates the School Health Improvement Plan (SHIP) to school administration and staff. See: ***Establish a H&W Team***, Step 5 |  |  |  |
| f) The H&W Team disseminates and communicates the SHIP to students and families. See: ***Establish a H&W Team***, Step 5 |  |  |  |

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| **Step 4. Assess & Plan WSCC Efforts** |
| **“SIGNS” OF PROGRESS** | **STATUS – Using a √, indicate a status for each sign of progress** |
| **Fully Met** **5** | **Partially Met** **3** | **Not Yet Met** **1** |
| a) The H&W Team completes CDC’s School Health Index (SHI) assessment tool and the results are reviewed and approved by Team members. |  |  |  |
| b) Using the results of the SHI assessment, a School Health Improvement Plan (SHIP) is developed to address the identified health priorities. |  |  |  |
| c) Best practices and evidence-based strategies are utilized in the SHIP. |  |  |  |
| d) Local-level health and education data are used to document the health needs of students and school staff to link student health to academic achievement. |  |  |  |
| e) Health attitudes and behaviors of students and staff are considered using questionnaires or other tools. |  |  |  |
| f) Students’ input is obtained using surveys or focus groups.  |  |  |  |
| g) Parents’ and families’ input are obtained using surveys or focus groups |  |  |  |
| h) A survey of school climate and culture is conducted with students, staff and families.  |  |  |  |
| i) The H&W Team reviews the Local Wellness Policy (LWP) and makes recommendations for updates and/or revisions. |  |  |  |
| j) The H&W Team completes an ***Inventory*** and works to facilitate the coordination of all health-related committees in the school. |  |  |  |
| k) The district and/or school is assessing and planning a comprehensive staff wellness program. |  |  |  |
| **Step 5. Implement, Evaluate & Revise the SHIP** |
| a) Evaluation measures (process and outcome) are identified in the SHIP. |  |  |  |
| b) Evaluation measures (process and outcome) are reported.  |  |  |  |
| c) The H&W Team accomplishes the action steps in the SHIP, meeting timeline and budget requirements.  |  |  |  |
| d) The H&W Team continuously improves the SHIP by making annual revisions based on participant feedback and input from staff, administrators, students and families.  |  |  |  |

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| **Step 6. Reflect, Celebrate and Communicate Success/Impact** |
| a) Complete Year End Summary (Step 6 Team Log, see Guide, p58). |  |  |  |
| b) H&W success stories are communicated via newsletter, blog, website, posting, presentation, infographic. |  |  |  |
| c) H&W Team accomplishments are celebrated. |  |  |  |

I certify that this baseline information was reviewed for accurate completion by school administration

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (date)

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 (Print Name – Health & Wellness Team Leader)

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(Signature)