



# Tools That Work— Your Guide to Success for Building a Healthy School



**Provided by the Office of Healthy Schools**



**MISSISSIPPI  
DEPARTMENT OF  
EDUCATION**

*Ensuring a bright future for every child*

Dear Mississippi School Health Coordinators/School Health Champions,

The Office of Healthy Schools is working diligently to support school districts by providing resources for teachers and administrators across our state that will assist them to have quality coordinated school health programs. Studies show that increased wellness is one of the greatest determining factors for student achievement. What better time than now to implement changes in schools that give students the opportunity to be successful. Together, we can improve student test scores, raise students' self-esteem and reduce the dropout rate by keeping students healthy and in school.

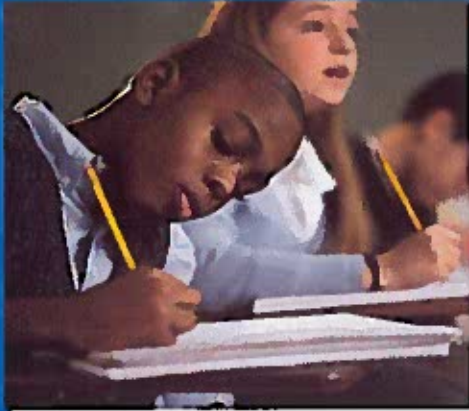
As the director of the Office of Healthy Schools, it is my pleasure to introduce you to the newly revised ***Tools that Work! Your Guide to Success for Building a Healthy School*** toolkit. Originally produced by the Office of Healthy Schools staff in 2009, this document addresses all components of coordinated school health and answers many questions relating to the implementation of MS Code 37-13-134. This toolkit is a guide to resources that will assist you in your efforts to coordinate school health activities and meet countless other objectives that your school may have for achieving healthier minds and bodies for students and staff members!

Let's work together to promote health in our schools for the next generation. Use this toolkit along with our website, <http://www.mde.k12.ms.us/ohs/home> to find resources that you need to achieve health and wellness goals in your school. Please remember that you can also call the Office of Healthy Schools at 601-359-1737 for technical assistance, questions, and any other information that you may need. Contrary to belief, school wellness does not cost a lot of money—there are many small, simple steps that we can take together to change health-related behaviors for the better. Please assist us in giving every child in Mississippi the opportunity to be fit, healthy and ready to succeed.

Sincerely,



Scott Clements, Director  
Office of Healthy Schools



# Toolkit Table of Contents

***This toolkit is divided into 10 sections and contains resources that can be used to ensure successful implementation of coordinated school health programs.***

**Overview of Whole School, Whole Community, Whole Child Model**

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**Physical Education/Physical Activity**

**Nutrition Environment & Services**

**Health Services**

**Counseling, Psychological & Social Services/Social and Emotional Climate**

**Physical Environment**

**Employee Wellness**

**Family Engagement & Community Involvement**

***This Tools That Work—Your Guide to Success for Building a Healthy School toolkit was originally developed by the Mississippi Department of Education's Office of Healthy Schools in 2009. It was revised in May of 2015.***

**Whole School, Whole  
Community, Whole Child  
Model**

# Overview of Whole School, Whole Community, Whole Child (WSCC) Model

Health and Education affect individuals, society, and the economy and, as such, must work together whenever possible. Schools are the perfect setting for this collaboration. Schools are one of the most efficient systems for reaching children and youth to provide health services and programs, as approximately 95 percent of all U.S. Children and youth attend school. At the same time, integrating health services and programs more deeply into the day-to-day life of schools and students represents an untapped tool for raising academic achievement and improving learning.

**The Whole School, Whole Community, Whole Child (WSCC) Model** combines and builds on elements of the traditional coordinated school health approach and the whole child framework by:

- Responding to the call for greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development
- Incorporating the components of a coordinated school health program around the tenets of a whole child approach.
- Providing a framework to address the symbiotic relationship between learning and health.

***The focus of the WSCC model is an ecological approach that is directed at the whole school, with the school in turn drawing its resources and influences from the whole community and serving to address the needs of the whole child.***





# Whole School, Whole Community, Whole Child



## **Components of the CDC Model:**

**Health Education**

**Physical Education/Physical Activity**

**Nutrition Environment & Services**

**Health Services**

**Counseling, Psychological, and Social Services**

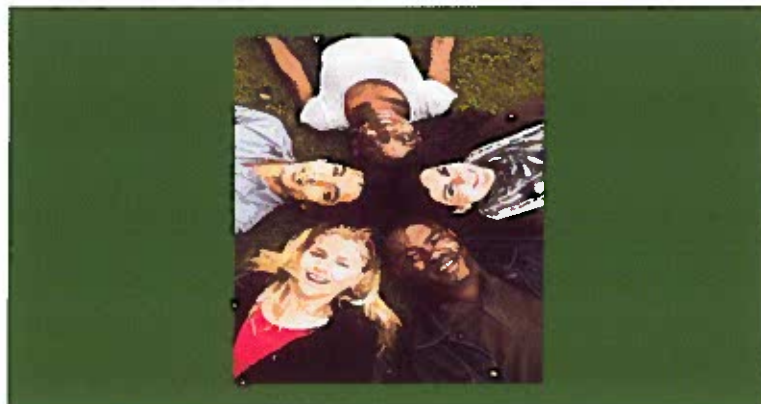
**Social and Emotional Climate**

**Physical Environment**

**Employee Wellness**

**Family Engagement**

**Community Involvement**



# **School Health Councils/ Teams**

# School Health Councils/Teams



**The School Health Council/Team is an advisory group composed of committed individuals from both the school and the community. The group works together to provide guidance on all aspects of the school health program. Mississippi Code of 1972, Annotated Section 37-13-134 requires the recommendations made by a school health council/team be based on a coordinated approach to school health.**

**A coordinated school health program is an effective system designed to connect health with education. This coordinated approach to school health improves students' health and their capacity to learn through the support of families, communities and schools. This section includes:**

- Operating Guidelines for the Health Council/Team**
- Roles & Responsibilities of a School Health Coordinator**
- Guidelines for Getting a School Health Council/Team Started**
- Sample Meeting Agendas**
- Resources for School Health Councils/Teams**



## Office of Healthy Schools Operating Guidelines for School Health Councils/Teams

The following guidelines are provided by the Office of Healthy Schools to support quality implementation of school health policies and standards through a school health council/team:

- Should meet a minimum of three times per school year.
- Should maintain accurate minutes of the meeting to document the recommendations and topics of each meeting.
- Provide at least one annual presentation or written report to the local school board to approve any revisions to the local school wellness policy, identify successes, and/or make recommendations for future policy development.

### **Steps for Operating a School Health Council/Team:**

- Step 1: Get Together and Establish Structure
- Step 2: Assess the Needs and Create a Vision
- Step 3: Develop a Local Wellness Policy and Action Plan  
*(Note: The Wellness Policy Guide to Development can be found on the Office of Healthy School's website at <http://www.mde.k12.ms.us/ohs/home> under What's New. It should be used when developing a local wellness policy as it addresses all school health related regulations and Accountability Standards)*
- Step 4: Take Action-Implement the Plan
- Step 5: Evaluation, Celebration, and Sustainability

The order of the steps may vary in different school administrative units. Also, steps may occur simultaneously and/or loop back on one another. The process of coordination can begin at the school or district level. Eventually coordination will need to occur at both levels.

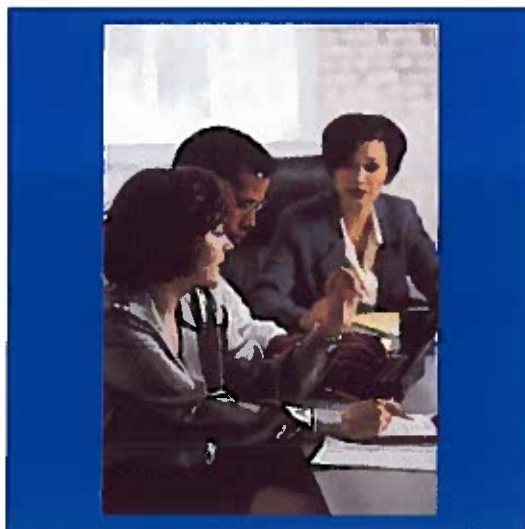
**The topic of operating a school health council/team is addressed more fully in the following pages.**



# School Health Coordinator Roles & Responsibilities

Getting started with a School Health Council/Team is easier if the school appoints a person to coordinate their school health programs. This **School Health Coordinator** will be a school's team leader to improve the programs and policies that impact the health of its students and faculty.

- The **School Health Coordinator's** primary role is to lead the school council team in coordinating all components of a school health program and facilitating implementation of the School Health Council's/Team's plan for school health improvements.
- The **School Health Coordinator** is charged with coordinating wellness initiatives in the school as required by Accountability Standard 17.5.1. They assist the school principal and other administrative staff with the integration, management, and supervision of the school health program.
- The **School Health Coordinator** helps to identify and use resources available to assist in the organization of the School Health Council/Team and communicates with faculty members and team members on health issues and initiatives. They provide or arrange for necessary technical assistance.
- The **School Health Coordinator** works with the group to use the 3-step approach to developing an effective wellness policy that includes:
  - 1) Gathering input and assessing the school's current situation by using either the School Health Index (SHI) or the Mississippi Healthy School Self Assessment.
  - 2) Developing and approving a Local School Wellness Policy using the Wellness Policy Guide for Development found on the Office of Healthy Schools website at <http://www.mde.k12.ms.us/ohs/home> under What's New
  - 3) Implementing and evaluating the Local School Wellness Policy
- The **School Health Coordinator** facilitates the collaboration between the school and other agencies and organizations in the community who have an interest in health and well-being of children and their families.



## ***School Health Councils/Teams: Getting Started***

- Meet informally with a small group of community members and/or school staff.
- Share the need for and benefits of a Whole School, Whole Community, Whole Child approach (WSCC) with local school administration. Discuss forming a School Health Council and appointing a coordinator.
- Design a brief presentation that includes information on the health needs of students, the connections between health and educational success, and the benefits of coordinating school health programs.
- Contact and recruit leaders in the school and community who support WSCC programs to be a part of the school health council/team.
- Make presentations, as needed and distribute information to build awareness and support among community and school groups.
- Support/encourage the adoption of a local school wellness policy and the allocation of resources for a WSCC Program. (The *Wellness Policy Guide for Development* will be used to develop an appropriate local policy.)
- Recruit and/or interview qualified candidates for the school health coordinator position.

### **Stage 1. Establishing Structure**

#### **Step 1. Appoint a school health coordinator and define/clarify his or her responsibilities**

- School health coordinators have multiple roles and responsibilities, including facilitation of school health council/team meetings, delegation of tasks to team members, presentations at School Board meetings, and advocating for improvements
- A written and approved description of roles and responsibilities may be helpful in clarifying this new role.

#### **Step 2. Gain support from school leaders**

- Meet with school administrators, and with others that are informal leaders among staff.
- Explain benefits of a *Whole School, Whole Community, Whole Child Program*, especially the positive impact on health, which in turn affects educational success.

#### **Step 3. Increase awareness about the Coordinated School Health Program within the school and community**

- Get the word out to a wide audience.
- Keep the message simple and avoid jargon. For example, phrases like “healthy school,” “healthy students,” “healthy children are better learners” will be easier for many to understand than “WSCC programs.”
- Listen carefully to ideas and concerns. This will strengthen your work and can indicate barriers that need to be addressed.

**Step 4. Recruit members for appropriate School Health Council Team to guide and assist with coordination.**

- The purposes of the committee(s) are to develop, guide, implement and evaluate a work plan for coordinating quality school health programs.
- The team should include representatives from all component areas within the school system and the community at large. Make sure to include a teacher, administrator and a school health champion as your core group. Students and family members are critical participants in addition to administrators, school staff and health professionals.
- The team should be diverse with a wide variety of backgrounds and expertise.
- Select people with a passion for kids and health
- Select people who can commit time and energy

**Step 5. Establish a strong team.**

- Take time to build good working relationships and to develop ownership among team members from the beginning. This will improve effectiveness and help to prevent problems later on.
- Develop a vision and mission for the school health council/team. (Where do you want to go?)
- Recognize and reward the efforts of team members

**Step 6. Discuss group process including effective communication, participatory decision-making and conflict resolution.**

- Facilitate action and change by providing opportunities for involvement, building skills and by giving recognition or incentives to team/committee members.

**Stage 2. Assessing Need: Where are we now?**

**Step 7. Assess/Evaluate strengths and weaknesses of existing school health programs and student health needs by using a valid and reliable assessment tool. Schools may use either the *School Health Index* or the *Mississippi Healthy School Self-Assessment (MS Code 37-11-71)***

- Identify and analyze key findings from the needs assessment, focusing on items that are ranked as high in importance and low in existence.
- Create a short written report that summarizes key findings and includes general recommendations for improvements.

**Stage 3. Planning: How will we get where we want to go?**

**Step 9. Use assessment findings to help set priorities.**

- Consider other important factors along with the findings from the assessment tool that was used. These factors may include student health needs, best practices for WSCC, feasibility, resources, state mandates or grant requirements.
- Priorities should include strengths that need to be sustained as well as needs or challenges that should be addressed.

**Step 10. Develop an action plan to address priorities.**

- Link the action plan to the vision and mission of the school health council/team to implement and coordinate all components of the WSCC model.
- Coordination will need to be an ongoing process. Try to find a balance between shorter, and longer-term objectives.
- For each priority, identify tasks and person(s) responsible, resources, timeline, process and outcome.

**Step 11. Decide how the team or council wants to organize itself to complete the action plan.**

- Set up task groups or subcommittees to work on the action plan.

#### **Stage 4. Implementation and Evaluation: How well are we doing?**

##### **Step 12. Arrange for training and support.**

- Set up system-wide staff development to raise awareness about the benefits of WSCC Programs. Emphasize that everyone shares the responsibility for and can contribute to, healthy students and a healthy school.
- Organize activities and training as needed to support and maintain a strong school health council.

##### **Step 13. Monitor and document process and progress toward achieving action plan objectives.**

- Discuss progress on the action plan at regular team/committee meetings. Identify successes, challenges and strategies for addressing challenges.
- Adjust activities and timeline as needed.

##### **Step 14. Provide ongoing communication, advocacy and training about WSCC Programs.**

- Regularly publicize school health activities and accomplishments in school and community media. Events that can be photographed seem to be of most interest to the media, but press releases are also a good idea.
- Regular communication and training help to address changes in personnel (especially of key players) and help to maintain the momentum for change.
- The goal is to eventually saturate the school and community with consistent and reinforcing health promoting messages.

#### **Stage 5. Evaluation, Celebration and Sustainability: How will we know when we get where we wanted to go?**

##### **Step 15. Evaluate and report on the impact of the action plan for coordinating a quality school health program.**

- Identify improvements in the quality of each of the components of WSCC.
- Identify increases in coordination among school components and between school and community services and programs.
- Report regularly on action plan progress and WSCC impact to school administrators, to the school board or committee, and other appropriate groups.
- Organize a gathering at least once a year to recognize those who have contributed to the quality and coordination of school health.

##### **Step 16. Advocate with the school board and administration to formalize and sustain Whole School, Whole Community, Whole Child (WSCC) programs.**

- Work with the team/council to advocate for policy, procedures and/or funding that will sustain changes, e.g., the coordinator position and council/team operation.





# Sample Agendas for School Health Council Meetings

## Meeting 1:

- Have all participants sign-in, provide name tags
- Maintain minutes throughout the meeting
- Introduce the council chairperson; including a brief discussion of his/her role as chairperson
- Have each council/team member introduce themselves; allow everyone in the group to share their name, role, and why they are interested in being involved in the School Health Council
- Have the principal address the council, expressing his/her interest and commitment to the health issues facing students, faculty, and staff
- Explain What, Why and How to coordinate school health programs
- What is the Whole School, Whole Community Whole Child Program? Why are Wellness Policies needed? (<http://www.mde.k12.ms.us/ohs/Resources>)
- Provide a brief overview of School Health Councils/Teams
  - What they are?
  - What they do?
  - Who can be a member?
  - Why it is important for a council/team to be established at the school level?
- Questions and Answers
- Closing remarks by the chairperson or principal to include:
  - Next meeting date, time, location and purpose
  - Reminder of any commitments made by team members.

## Meeting 2:

- Have all participants sign-in
- Maintain minutes throughout the meeting
- Review the minutes of the previous meeting
- Have the council/team begin working on a school needs assessment using either the CDC's School Health Index found at <http://apps.need.cdc.gov/shi> or the Mississippi Healthy School Self-Assessment found at <http://www.mde.k12.ms.us/ohs/Resources> (MS Code 37-11-17)

*A needs assessment raises awareness of the issue of school health and promotes interest in engaging the team to create change. The assessment provides comprehensive, useable, and accurate information for decision making, and helps the council/team identify strengths and weaknesses of school health programs within the school.*

- Closing remarks by the chairperson to include:
  - Next meeting date, time, location, and purpose
  - Reminder of any commitments made by council/team members



# Sample Agendas for School Health Council Meetings (Continued)

## Meeting 3:

- Have all participants sign-in
- Maintain minutes throughout the meeting
- Review the minutes of the previous meeting
- Establish ground rules for operating the council/team
- Develop a vision and mission for your council/team
  - The **vision** defines the council's desires and commitments for school health.
  - The **mission** statement describes the overall purpose of the council/team and helps define the actions of the group.
- Develop a **marketing plan** for distribution of successes.
- Closing remarks by the chairperson to include:
  - Next meeting date, time, location, and purpose
  - Reminder of any commitments made by council/team members

## Meeting 4:

- Have all participants sign-in
- Maintain minutes throughout the meeting
- Review the minutes of the previous meeting
- Begin writing an **action plan**
- Brainstorm ideas
- Set priorities
- Assign action steps to each council/team member

*Based on the findings of the needs assessment begun in the second meeting, the council should develop an **action plan**. The **action plan** is a written framework of the changes desired in your school and community and how the council/team hopes to achieve them. The **action plan** holds members accountable to the commitments they make.*

- Closing remarks by the chairperson or principal to include:
  - Next meeting date, time, location, and purpose
  - Reminder of any commitments made by members

### **Note:**

- *After the **action plan** is developed, the council/team should conduct regular meetings that fit their unique situation.*
- *If refreshments are provided during the meetings ensure that these food items are nutritious and healthy. It is important that the council/team set a positive example for the school's effort towards creating a sustainable school health program.*

### **Additional/Future Agenda Items**

- Develop an **Evaluation Plan**
- Invitation for new members
- Community resources/partnerships
- Post the Needs Assessment Results for others to see

# Resources for School Health Councils

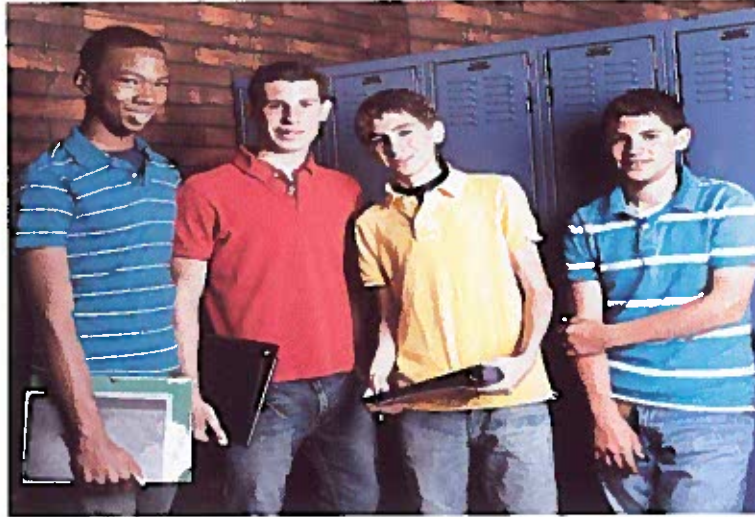


- Local School Wellness Policy Guide for Development  
<http://www.mde.k12.ms.us/ohs/home>
- Mississippi Healthy School Self-Assessment - <http://www.mde.k12.ms.us/ohs/Resources>
- [MyActiveHealth.com](http://MyActiveHealth.com)
- Office of Healthy Schools Monitoring Tool  
<http://www.mde.k12.ms.us/ohs/home>
- Resources for School Health Councils  
<http://www.mde.k12.ms.us/ohs/home>—Click on Resources
- School Health Index  
<http://www.cdc.gov/healthyyouth/shi>
- USDA resource materials page for guidance -  
<http://healthymeals.nal.usda.gov/school-wellness-resources>

# Health Education



# Health Education



**As with all disciplines, Health Education (K-8) and (9-12) must include a range of educational experiences. It should be taught in a way that students can obtain, interpret, and apply basic health information to their daily lives to enhance their individual health.**

**Mississippi Code 37-13-134 requires forty-five (45) minutes of Health Education a week for grades K-8. Additionally, 1/2 Carnegie Unit of Health Education is required for graduation.**

**In order to be health literate, students must be encouraged to be self-directed learners while establishing a basic understanding of health promotion and disease prevention. Students are encouraged to use literacy, numerical skills, and critical thinking skills to gather, analyze, and apply health information as their needs and priorities change throughout life. They must also use interpersonal and social skills in relationships to learn about others and from others. All these skills are highlighted when national and state health standards are taught.**

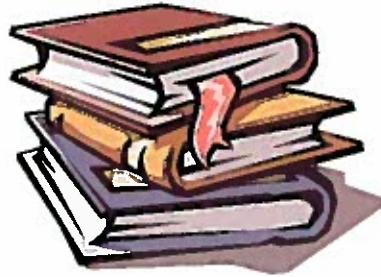




# Health Education National Standards



- Standard 1:** Comprehend concepts related to health promotion and disease prevention to enhance health.
- Standard 2:** Analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- Standard 3:** Demonstrate the ability to access valid information, products, and services to enhance health.
- Standard 4:** Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- Standard 5:** Demonstrate the ability to use decision-making skills to enhance health.
- Standard 6:** Demonstrate the ability to use goal-setting skills to enhance health.
- Standard 7:** Demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
- Standard 8:** Demonstrate the ability to advocate for personal, family, and community health.



## **Mississippi Health Education Curriculum and Instruction**

The 2012 Mississippi Contemporary Health Curricula (K-8) and (9-12) are planned, sequential, frameworks that address the physical, mental, emotional and social dimensions of health. They are designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. They allow students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The curricula addresses the topics of personal and consumer health, mental health, family and social health, human growth and development, disease prevention and control, nutrition and fitness, substance abuse prevention, community and environmental health and safety and first aid.

Contemporary Health (9-12) is a one-semester high school course (offering .5 Carnegie units of credit), which includes classroom and hands-on experiences that help students acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health enhancing behaviors, and promoting the health of others.

Contemporary Health (K-8) and (9-12) can be found on the Office of Healthy Schools website at [www.mde.k12.ms.us/healthy-schools](http://www.mde.k12.ms.us/healthy-schools).

### **Mission Statement**

The 2012 Mississippi Contemporary Health (K-8) and (9-12) Frameworks ensure that all students gain information to develop positive attitudes, behaviors, and skills necessary to make health-enhancing decisions that are age and developmentally appropriate with the ability to apply skills responsibly for a lifetime.

### **Purpose**

The Mississippi Contemporary Health Curricula (K-8) and (9-12) promotes the development of health skills needed to improve quality of life. Based on the National Health Education Standards, the framework emphasizes the holistic dimensions of health education. It enables students to become health literate, self-directed learners, which establishes foundations for leading healthy and productive lives.

## CONTENT STRANDS

Mississippi's Contemporary Health Curriculum consists of ten content strands. These content strands identify the aspect of health that should be taught and ensure continuity throughout the process of teaching Contemporary Health.

Personal Health	Nutrition and Fitness
Mental Health	Substance Abuse Prevention
Family and Social Health	Community/Environmental Health
Human Growth and Development	Safety and First Aid
Disease Prevention and Control	

## SUGGESTED OBJECTIVES

Suggested objectives are not mandatory. The objectives serve as a guide, indicating how competencies can be fulfilled through a progression of content and concepts at each grade level. Multiple objectives should be taught in a well-organized activity. Each school district may adopt the suggested objectives and are encouraged to write additional objectives that meet the needs of students in their district.

## SUGGESTED TEACHING STRATEGIES

The suggested teaching strategies are designed only to be the starting point for creative teaching. The strategies should be enhanced by the school district and teachers based on the health needs of students.

## SUGGESTED ASSESSMENTS

Assessment is the mechanism used to measure educational achievement. Assessment is important because it affects how the students view themselves; the way parents, community, and governing bodies evaluate schools and districts; and the way the citizens of this nation compete with those of other nations in a worldwide marketplace. Assessment in Contemporary Health should focus on students' acquisition of life skills, and students should be able to model health skills related to content strands.



## What the Mississippi Contemporary Health Curriculum Addresses at Each Grade Level:

The interdisciplinary nature of health contributes to the feasibility of infusing health content and skills across disciplines. Health standards provide a way of making the school program more responsive to student, family, and community needs.

### **Kindergarten:**

Contemporary Health for kindergarten reinforces the importance of gaining a basic understanding of health promotion and disease prevention at an early age. This initial exposure is a sequential building process for the health of individuals.

### **First Grade:**

Contemporary Health for first grade focuses on the relationship between personal health behaviors and individual well-being. Emphasis should be placed on the basic structure and functions of the human body systems. The health of individuals is a building process; the teacher must continue to reinforce the importance of gaining a basic understanding of health promotion and disease prevention at an early age.

### **Second Grade:**

Contemporary Health for second grade focuses on teaching students how physical, social, and emotional well-being influence personal health and how to identify common health problems that should be detected and treated early.

### **Third Grade:**

Contemporary Health for third grade reinforces the importance of gaining an understanding of how family influences personal health. Students are introduced to childhood illnesses/injuries and how they can be prevented. Students also gain an understanding about the importance of participation in physical activity.

### **Fourth Grade:**

Contemporary Health for fourth grade focuses on identifying indicators of mental, social, and physical health during childhood. Students should establish the basic health promotion and disease prevention skills and be able to apply them in their individual lives. Students should also be exposed to role-playing in various settings where the teacher reinforces the most accurate ways to resolve each issue. Teachers should reinforce the relationship between physical activity and a healthy lifestyle.

### **Fifth Grade:**

Contemporary Health for fifth grade emphasizes the interrelationship between mental, emotional, social, and physical health during adolescence. Teachers should reinforce the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death.



## What the Mississippi Contemporary Health Framework Addresses at Each Grade Level (continued)

### Sixth Grade:

Contemporary Health for sixth grade allows students an opportunity to maintain and apply the health skills they have learned in kindergarten through fifth grade. The students should gain an understanding of how the environment and personal health are interrelated. Teachers should also emphasize how health care can prevent premature death and disability; while reinforcing the relationship between positive health behaviors and the prevention of injury, illness, disease, and premature death. Students should gain an understanding of how lifestyle, pathogens, family history, and other risk factors are related to the cause or prevention of disease and other health related issues.

### Seventh Grade:

Contemporary Health for seventh grade focuses on analyzing how the environment and personal health are interrelated. Teachers should emphasize the necessary skills to reduce risks associated with adolescent health problems.

### Eighth Grade:

Contemporary Health for eighth grade reinforces the importance of gaining an understanding of how health is influenced by the interaction of body systems. Students should become familiar with the interrelationship between mental, emotional, spiritual, social, and physical health during adolescence. Students should also become more competent in developing a fitness plan. Teachers should reinforce how family and peers influence personal health and how appropriate health care can prevent premature death and disability.

### Ninth – Twelfth Grades:

Contemporary Health (9-12) is a one-semester high school course (offering 1/2 Carnegie unit of credit), which includes classroom and hands-on experiences that help students acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. In this course of study, emphasis is placed on personal, social, and mental health in today's society. It includes instruction on human growth and development, disease prevention and control, substance abuse and prevention, community and environmental health, nutrition and wellness, and safety and first aid. Students will be provided with instruction that is clearly relevant to today's rapidly changing world. Classes and projects will be designed to spark student interest and enthusiastic participation as well as provide a rationale for content relevancy, thus enabling students to connect what they learn in school to other aspects of their lives, including their futures.

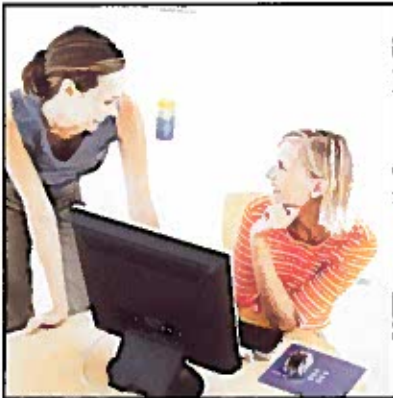




## Things to remember when implementing health education in the classroom:

- Health education does not have to be limited to a “health” class—health information can be provided in many different ways and in any classroom setting.
- Health education should be skill-based. Do not limit education strategies to providing information only. Make learning fun with hands-on teaching strategies.
- Invite partners from the community to come and make presentations about different health topics. Make sure that what they present is accurate and evidence-based.

## Tools for implementing quality health education in any classroom:



### *Health In Action Lesson Plan Website – FREE Resource for Teachers*

Health In Action is a useful on-line lesson plan website for educators who are seeking health and physical education activities and lesson plans to be used in the Health, Physical Education and academic classroom. Offered by the Office of Healthy Schools and funded by the Bower Foundation, these lesson plans were written by Mississippi teachers. This easy-to-use site will help fulfill the requirements of the Healthy Students Act and support academic achievement through integrated instruction. There are over 1,300 lesson plans available. These plans cover a variety of health concepts, physical education skills and are aligned to state and national standards and the Common Core. Find Health In Action Lesson Plans on the Move to Learn website at [www.movetolearnms.org](http://www.movetolearnms.org).

### *Health Education Curriculum Analysis Tool (HECAT)*

Health instruction in schools is shaped, in large part, by the health education curriculum. Choosing or developing the best possible health education curriculum is a critical step in ensuring that health education is effectively promoting healthy behaviors. The curriculum selection or development process, however, can lack structure and focus, which can result in choosing or developing curricula that are inadequate or ineffective. The Health Education Curriculum Analysis Tool (HECAT) provides processes and tools to improve curriculum selection and development.

The HECAT contains guidance, appraisal tools, and resources for carrying out a clear, complete, and consistent examination of health education curricula. Appraisal results can help schools select or develop appropriate and effective health education curricula, strengthen their delivery of health education, and improve the ability of school health educators to influence healthy behaviors and healthy outcomes among school age youth. For more information about HECAT, visit [www.cdc.gov/HealthyYouth/HECAT/index.htm](http://www.cdc.gov/HealthyYouth/HECAT/index.htm).

### *Health Education Assessment Project (HEAP)*

Mississippi was a part of the National HEAP Collaborative for several years and because of that collaboration, we now have the opportunity to offer our teachers the use of the HEAP website and all the resources that it provides. Teachers can use the HEAP of Books or the Health Assessment Item Bank portions of the website at no cost!

Training is provided by the Office of Healthy Schools upon request. Ask for

1. Using Books to Teach Health Concepts and Skills; or
2. Building Quality Health Assessment Items.



## Mississippi Healthy Students Act

### § 37-13-134, MS Code of 1972 Annotated

(1) The Legislature recognizes that there is a problem with Mississippi student inactivity and obesity, and therefore requires the following guidelines for school district physical education, health education and physical activity and fitness classes:

Kindergarten through Grade 8: One hundred fifty (150) minutes per week of physical activity-based instruction and forty-five (45) minutes per week of health education instruction, as defined by the State Board of Education.

Grades 9 through 12: 1/2 Carnegie unit requirement in physical education or physical activity for graduation.

Senate Bill 2815—Beginning with the 2015-2016 Ninth Grade class, an instructional component on the proper administration of cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED) shall be included as part of the physical education or health education curriculum.

### **HIV, STD, and Pregnancy Prevention Education**

Code 37-13-171 (Amended 2011) Mississippi requires each local school board to adopt a Sex-Related Education (SRE) Policy to implement either Abstinence Only or Abstinence Plus Education into its local school district curriculum.

Contemporary Health for grades 9-12 (2012) addresses prevention of HIV and other sexually transmitted diseases.

Code 37-13-171 states that abstinence education shall be the state standard for any sex-related education taught in the public schools and any course containing sex education offered in the public schools shall include instruction in abstinence education. The sex-related education curriculum offered in schools must be approved by the State Department of Education.

### **§ 37-13-171. Abstinence education; components; exception to requirement; parent programs.**

1. **Abstinence-only** education shall be the state standard for any sex-related education taught in the public schools. Abstinence-only education includes any type of instruction or program which, at an appropriate age:

- Teaches the social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical effects of not abstaining;
- Teaches the harmful consequences to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, educational, financial and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others;
- Teaches that unwanted sexual advances are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances;

- Teaches that abstinence from sexual activity before marriage, and fidelity within marriage, is the only certain way to avoid out-of-wedlock pregnancy, sexually-transmitted diseases and related health problems. The instruction or program may include a discussion on contraceptives, but only if such discussion includes a factual presentation of the risks (failure rates, diseases not protected against) of those contraceptives. In no case shall the instruction or program include any demonstration of how condoms or other contraceptives are applied;
  - Teaches the current state law related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity; and
  - Teaches that a mutually faithful, monogamous relationship in the context of marriage is the only appropriate setting for sexual intercourse.
2. **Abstinence-plus** education includes every component listed under above, that is age and grade appropriate, in addition to any other programmatic or instructional component approved by MDE. No program or instruction may include anything that contradicts the excluded components.

Curriculum Content: Approved curricula for both abstinence-only and abstinence-plus can be found on the Office of Healthy Schools website— <http://www.mde.k12.ms.us/ohs/home> under the title Code 37-13-173 (Sex-related Education) Resources.

Parental Approval: Code [37-13-173](#) (2011) requires that schools give at least one week's written notice of an intent to provide any kind of sex education, and to provide parents an opportunity to review all materials. The written notice must inform the parents of their right to request the inclusion of their child for such instruction or presentation (an opt-in policy). It also states, upon the request of any parent, the school shall excuse the parent's child from such instruction or presentation, without detriment to the student" (an opt-out policy).

Program Funding: Mississippi does not provide state funds for school-related HIV, STD, or pregnancy prevention activities. Funds for these activities will need to come from another source.



**Mississippi Department of Education  
Office of Healthy Schools  
Health Education Teacher Evaluation Instrument**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Outstanding	Above Average	Satisfactory	Needs Improvement	Needs significant attention

Teacher's Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

Date \_\_\_\_\_ Class Observed \_\_\_\_\_

To assess if quality health education methods have been presented during a lesson, provide the appropriate score in the "rating" column.

	<b>Planning:</b>	<b>Rating</b>
1.	A <i>lesson plan</i> is being utilized during instruction	
2.	Instruction is planned and implemented in a <i>logical</i> and <i>progressive sequence</i>	
3.	Documentation of planning for <i>term, unit, and lesson</i> is provided	
4.	Planned instruction is <i>developmentally appropriate</i> for age of students	
5.	Classroom is neat and inviting to students	
6.	Planned instruction is based on <i>Mississippi Health Education Standards</i>	
7.	Planned instruction is based on the <i>Mississippi Contemporary Health Curriculum (2011)</i>	
	<b>Instruction:</b>	<b>Rating</b>
8.	Instruction started on time	
9.	Learning expectations or objectives are clearly communicated to students	
10.	All students are engaged in <i>relevant, meaningful activity</i> for 100% of class time	
11.	Students are given the opportunity to participate in a variety of learning experiences	
12.	All students have <i>equal opportunities</i> to learn	
13.	Class activities promote <i>maximum participation</i> allowing all students to be engaged	
14.	Instructions and demonstrations are brief and concise	
15.	<i>Instructions, cueing and feedback</i> to individual students is continued during the classroom experience	
16.	Adjustment of instruction & expectations based on individual differences and needs is accomplished. <i>Accommodations, modifications, and alternative instruction strategies</i> are used to assist students who are not mastering the skill or concept	
17.	Uses technology to enhance instruction	

	<b>Motivation:</b>	<b>Rating</b>
18.	Teacher promotes independent learning through resources outside of class (ex. activity logs, bulletin boards and journaling)	
19.	<i>Cooperative behavior</i> and good social skills are reinforced	
20.	Students were encouraged to make healthy lifestyle choices always	
	<b>Assessment:</b>	<b>Rating</b>
21.	<i>Multiple assessment strategies</i> and tools are used (Written tests and assignments, peer assessment, self assessment, rubrics, outside of class assignments, etc.)	
22.	Student progress is documented in <i>the district-prescribed roll/grade book</i>	
23.	Positive and specific feedback are provided to students	
	<b>Classroom Management:</b>	<b>Rating</b>
24.	Teacher uses <i>effective classroom management strategies</i> .	
25.	Climate of courtesy and respect is established	
26.	Students support the learning of others	
27.	Students understand and adhere to class rules, routines, and behavior expectations. <i>Class rules are posted in the classroom.</i>	
	<b>Professionalism:</b>	<b>Rating</b>
28.	Teacher has assumed responsibility for professional growth. The teacher shows evidence that they have completed professional development classes.	
29.	Teacher adheres to professional and ethical standards	
30.	Instruction reflects best practices and newest trends and research in Health Education	
31.	Teacher is collegial and interacts appropriately with staff, parents, and volunteers	
32.	Teacher models appropriate appearance	
33.	Teacher shows enthusiasm the topic of health	
34.	Teacher actively seeks additional resources to expand and support health education	
35.	Teacher is currently and appropriately licensed.	
<b>Feedback to Teacher:</b>		



# Resources for Health Education

## Health Education Resources for Quality Instructional Practices:

<http://www.mde.k12.ms.us/ohs/home>

Contemporary Health K-8 and 9-12: Mississippi's Health Education curriculum used for teaching Health in Mississippi schools. Contemporary Health has numerous educational website links to aid the instruction of health in K-12 grades.

<http://heaphealthliteracy.com>

Health Education Assessment Project website. Mississippi teachers can have FREE access to this website by participating in Health Literacy/Assessment training provided by the Office of Healthy Schools

<http://www.mde.k12.ms.us/ohs/home>

Health in Action Lesson plan website: over 1300 lesson plans to assist teachers to teach Health and Physical Education Topics and integrate physical activity into the academic classroom.

[www.southernremedy.com](http://www.southernremedy.com)

The Southern Remedy Healthy Living Program was developed for use by medical providers, health advocates, churches, civic and social organizations interested in changing Mississippi's health for the better.

[www.healthteacher.com](http://www.healthteacher.com)

Database for curricula and ideas. Free trial, then a small membership fee.

[www.glogerm.com](http://www.glogerm.com)

Resources to use in the classroom to teach skills related to the spread of disease and hygienic practices.

## Data and Statistics:

[www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm)

Youth Risk Behavior Surveillance Survey results. Self-reported student data for the nation as well as our state in comparison to other states. Great up-to-date resource of where our students are when it comes to health issues and behaviors. Updated every two years.

[www.cdc.gov/HealthyYouth/profiles/](http://www.cdc.gov/HealthyYouth/profiles/)

School Health Profile results. Data reported by principals and health education teachers at the state and national level in the area of coordinated school health implementation at the school level. Take a peak to see where Mississippi stands in the area of school health instruction, programs and services. Updated every two years.

[www.kidscount.org](http://www.kidscount.org)

Kids Count data on economic, health and demographic statistics related to children in our state. Take a peak at where our students stand in relation to the national statistics. Collected right here in Mississippi!

[www.healthyms.com](http://www.healthyms.com)

State and local health department data on health issues in Mississippi.

[www.actionforhealthykids.org](http://www.actionforhealthykids.org)

Action for Healthy Kids database of activities and policy measures at the state and national level. Find out what your state is doing in the area of school health.

[www.msdh.state.ms.us](http://www.msdh.state.ms.us)

Mississippi State Department of Health website covering health issues in Mississippi

# Resources for Health Education (continued)

## Online Resources about Student Health Issues:

[www.kidshealth.org](http://www.kidshealth.org)

Developed by the Kaiser Foundation to promote kids' health. A wealth of knowledge about certain illnesses and general health topics. Great for parents too!

[www.bam.gov/teachers/related\\_activities.html](http://www.bam.gov/teachers/related_activities.html)

CDC's teacher resource center for many types of activities and information about a variety of health topics. Student site as well with student activities.

[www.nasbe.org](http://www.nasbe.org)

National database on school health policies across the country. See Mississippi's school health policies compared to other states. Updated annually.

[www.healthyms.com](http://www.healthyms.com)

State health department information on a multitude of health topics—from disease control and prevention to nutrition and childcare licensure. A one-stop shop of information with contacts for great partnerships!

[www.eatright.org](http://www.eatright.org)

American Dietetic Association. Find great statistics and information on nutrition.

[www.americanheart.org](http://www.americanheart.org)

American Heart Association. Find great statistics and information on any type of heart disease and predictor for heart disease.

[www.cancer.org](http://www.cancer.org)

American Cancer Society. Find everything you ever needed to know about any type of cancer or predictor of cancer. Great resources for tobacco education and sexually transmitted diseases.

<http://www.dmh.state.ms.us/>

The Mississippi State Department of Mental Health. Find out what services are available to your students in the area of mental health in your state.

[http://www.aacap.org/cs/eaacap\\_resource\\_centers](http://www.aacap.org/cs/eaacap_resource_centers)

The American Academy of Child and Adolescent Psychiatry resource centers for a variety of mental health issues that students face daily.

<http://www.niaaa.nih.gov/>

The National Institute on Alcohol Abuse and Alcoholism. Tons of resources, posters, fact sheets, research and statistics at the national level.

[www.lungusa.org](http://www.lungusa.org)

American Lung Association. Resource for any issue related to respiratory concerns or lung cancer. Also great resource for those that deal with asthma.

**Physical  
Education/Physical  
Activity**



## Physical Education/ Physical Activity



**Quality Physical Education/Physical Activity is a crucial component to a student's overall education. It will provide the stepping stones for Mississippi students to develop physically, mentally, emotionally, and socially through planned physical activities that include cognitive learning experiences.**

**Mississippi Code 37-13-134 requires 150 minutes of Physical Education/Physical Activity a week for grades K-8. Additionally, 1/2 Carnegie Unit of Physical Education is required for graduation.**

**The ultimate goal of Physical Education/Physical Activity is to incorporate planned, sequential instruction that promotes lifelong physical activity.**

***Schools serve as an excellent venue to provide students with the opportunity for daily physical activity, to teach the importance of regular physical activity for health, and to build skills that support active lifestyles.***

**Building Evidence to Prevent Childhood Obesity and Support Active Communities-  
Active Living Research—Summer 2009**

# BENEFITS OF DAILY PHYSICAL ACTIVITY

The results of daily physical activity can have a positive and long-lasting effect on those who participate. Some of the benefits of being physically fit are:

- Increased aerobic fitness
- Increased muscular strength and endurance
- Increased flexibility
- Weight control
- Decreased stress and anxiety
- Improved sleep
- Reduced risk of developing type II diabetes, cardiovascular disease and other chronic health conditions
- Improved respiratory efficiency and reduces the risk of respiratory diseases such as asthma
- Healthy bones and muscles
- Reduced feelings of depression and anxiety
- Psychological well-being and self-esteem



**In addition to the well-documented physical and health benefits related to regular physical activity, new research is revealing the effects of physical activity on the brain and neural connections. Many researchers are discovering that physical activity in children is a key influence on problem-solving ability and academic achievement (Jensen 1998, 35).**







## **A Quality Physical Education Program includes:**

- A planned & sequential program of developmentally-appropriate instruction for individual and group activities which are student-centered and taught in a positive environment;
- Curriculum content that meets national standards for physical education;
- Opportunities to improve social, cooperative, and multi-cultural skills;
- Development of cognitive concepts about motor skill and fitness;
- Competent, dedicated, and knowledgeable physical education teachers who utilize appropriate instructional techniques, strategies, and assessments;
- Daily physical education (at least 150 minutes per week for elementary, and 225 minutes per week for middle/high school);
- Student assessment to monitor and reinforce student learning;
- A Pupil/Student ratio equivalent to that in the classroom context;
- Adequate equipment and facilities to promote maximum practice time;
- Promotion of physical activity participation, now and throughout lifetime;
- Full inclusion of all students with maximum practice opportunities for class activities;
- Out of school assignments that support learning and practice; and
- Technology (pedometers, exercise DVD's, music, etc.) to enhance instruction.

## **A Quality Physical Education Teacher is someone who:**

- Implements a sequentially appropriate curriculum and uses best practices;
- Selects curriculum based on state and national standards;
- Uses a variety of instructional models in teaching;
- Incorporates a variety of activities to improve motor skills, fitness levels, cognitive abilities, and social skills;
- Recognizes and considers cultural diversity when designing a program;
- Supervises all students and tries to plan activities to keep them moving;
- Communicates objectives and uses assessments for evaluating the program and students;
- Adapts activities for special needs students;
- Communicates clearly, professionally, and with a positive attitude to students, other educators and administration;
- Strives to be a good example of integrity and healthy behaviors;
- Participates in physical education professional development and has memberships in professional organizations;
- Promotes physical activity among staff, parents, and community;
- Demonstrates cross-curricula teaching methods;
- Assists other teachers with integrating physical activity into the classroom; and
- Seeks feedback from students, peers, and parents as a means for program evaluation and improvement.

**Quality physical education programs will provide students with a foundation of skills and knowledge of many activities so that students are willing, able, and interested in seeking a lifetime of physical activity.**

# National Standards for Physical Education

The National Association for Sports and Physical Education (NASPE) established national content standards for physical education school programs that clearly identify what all students should know and be able to do as a result of participation in a quality physical education program. Mississippi has adopted these national standards as our state standards for physical education.

**Standard 1** - The physically literate individual demonstrates competency in a variety of motor skills and movement patterns.

**Standard 2** - The physically literate individual applies knowledge of concepts, principles, strategies and tactics related to movement and performance.

**Standard 3** - The physically literate individual demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.

**Standard 4** - The physically literate individual exhibits responsible personal and social behavior that respects self and others.

**Standard 5** - The physically literate individual recognizes the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction.





**MISSISSIPPI  
DEPARTMENT OF  
EDUCATION**

*Ensuring a bright future for every child*

**2013-2014  
MISSISSIPPI PHYSICAL EDUCATION  
FRAMEWORK**

**Lynn J. House, Ph.D., Interim State Superintendent of Education**

**Kim Benton, Ed.D., Interim Deputy State Superintendent  
Office of Instructional Enhancement and Internal Operations**

**Scott Clements, Director  
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Office of Healthy Schools**

## 2013 MISSISSIPPI PHYSICAL EDUCATION FRAMEWORK OVERVIEW

Quality physical education is a crucial component of a student's overall education. Every student in Mississippi will benefit from an educational process that utilizes the skills, attitudes and information needed to develop and maintain a healthy and physically active lifestyle. The 2013 Mississippi Physical Education Framework was designed for Mississippi educators who teach physical education in the public schools. It was developed as a model to provide consistency for physical education programs in the state. The framework uses terminology and a format consistent with other Mississippi subject area curriculum frameworks. It is flexible enough to allow opportunities for creativity by individual teachers.

The 2013 Mississippi Physical Education Framework is comprised of eight content strands. The eight strands provide continuity in teaching K-12 Physical Education. These strands overlap and should be integrated throughout the framework. Each competency covers at least one content strand. The eight strands help to ensure that appropriate processes are used and important concepts are learned throughout each grade level and course.

### Content Strands for Physical Education

- Gross Motor Skills Development (GM)
- Fine Motor Skills Development (FM)
- Social Skills (S)
- Personal Skills (P)
- Cognitive Development (C)
- Lifelong Learning/Participation (L)
- Fitness (F)
- Adapted Physical Education (AP)



### **Suggested Assessment Methods for Physical Education**

Assessment is the mechanism used to measure educational achievement and is important because it affects how the students view themselves; the way parents, community, and governing bodies evaluate schools and districts; and the way the citizens of this nation compete with those of other nations in a

Observation	Skill Test	Fitness Test	Checklist
Written Test	Written Assignment	Activity log	Student Journal
Parent Report	Student Contract	Interview	Self Assessment
Peer Assessment	Role Play	Portfolio	Other



## 2013 MISSISSIPPI PHYSICAL EDUCATION FRAMEWORK OVERVIEW

### Grades Kindergarten-Two

Kindergarten through grade two is dedicated to the development of fundamental motor skills, movement concepts, manipulative, non-manipulative, and perceptual motor skills. The instruction at each level will be progressive and focus on basic skills, the value of being physically active and the ability to display appropriate behaviors and attitudes during activity.

### Grades Three-Five

Grades three through five continues the development of fundamental motor skills, movement concepts, manipulative, non-manipulative, and perceptual motor skills. Students are provided the opportunity to refine these basic skills and apply these skills in a movement form. The instruction will be progressive and focus on basic skills, the value of being physically active and the ability to display appropriate behaviors and attitudes during activity.

### Grades Six- Eight

Physical Education in grades six through eight is dedicated to developing competency in many movement forms and their relation to an active lifestyle. The focus is to apply previously introduced skills and to acquire knowledge necessary for participation. The instruction at each level focuses on basic skills, lead-up activities and knowledge that demonstrate competency in each activity.

### Grades Nine-Twelve

Grades nine through twelve are dedicated to the development of achieving competency in more complex versions of various movement forms and proficiency in a few movement forms. The focus of this instruction should be on individual/dual sports, team sports, physical fitness, and life-time activities. It is recommended that students take one credit of physical education yearly.

### **Skills and Concepts**

Movement Patterns/Concepts			
Body Awareness	Spatial Awareness	Quality of Movement	Relationships
Shapes	General	Time/Speed	Far/Near
Balance	Personal	Force	Above/Below
Transfer of body weight	Direction	Flow	Front/Behind
Flight	Levels		On/Off
Landing	Pathways		Together/Apart
	Planes		Around/Through



## GENERAL CATEGORIES OF UNIT THEMES

The following list is not meant to be all-inclusive. These are merely some examples of different types of sport activities. Teachers may select some or all of these activities. Through each of these themes, teachers will be incorporating the content strands within each activity.

<b>Team Sports</b>	<b>Individual/Dual Sports</b>	<b>Lifetime Activities</b>	<b>Fitness</b>
Basketball, Softball, Volleyball Ultimate Frisbee, Soccer Team, Handball, Field Hockey, Speedball, Flag Football	Tennis, Pickleball, Badminton, Golf, Bowling, Table Tennis, Track and field, Gymnastics, Fencing, Frisbee Golf	Canoeing, Hunter Education, Archery, Walking/running, Rollerblading, Dance, Swimming/water sports, Biking	Yoga/Pilates, Aerobics, Weight training

# Physical Education/Comprehensive Health Education Rules and Regulations –Overview

The Mississippi Department of Education understands the relationship between student health and academic achievement. Research supports the relationship between quality physical education programs and the development of social skills, academic performance, increased attendance, and a reduction in discipline referrals. In accordance with Mississippi Code of 1972 Annotated Section 37-13-134 (Mississippi Healthy Students Act) and the Mississippi Public School Accountability Standards, the State Board of Education has adopted rules and regulations to support the implementation of quality activity based and health education programs. To download or view complete rules and regulations go to:

<http://www.mde.k12.ms.us/mississippi-board-of-education/board-of-education-policy-manual/policy-4000-healthy-and-safe-schools/policy-4012-physical-education-comprehensive-health-education-rules-and-regulations>

## DEFINITIONS

***Physical Education*** is a sequentially planned, developmentally appropriate K-12 curriculum and instruction based on the Mississippi Physical Education Framework that promotes lifelong physical activity. It helps students develop the knowledge, motor skills, self-management skills, social skills, attitudes and confidence needed to adopt and maintain physical activity throughout their lives.

Quality physical education programs provide opportunities for:

- students to learn the skills necessary to perform a variety of physical activities;
- students to know the implications and benefits of participating regularly in physical activity;
- all students to be physically active.

***Physical Activity*** is any movement of the body that expends energy, such as exercise, sports, dance, swimming, lifting weights or other body movements that result in an increased heart rate. Physical activity also includes daily activities like walking programs, recess, etc.

Physical activity characterizes all types of human movement that leads to an expenditure of energy, associated with living, work, play, and exercise.

***Activity Based Instruction*** allows students to practice movements learned in a variety of settings that lead to an expenditure of energy and/or support other subject areas.

This instruction can be integrated into the regular classroom setting.



# Physical Education/Health Education Rules and Regulations –Overview

## IMPLEMENTATION

### Grades K-8

**A. Successful implementation of Physical Education and Health Education must include the following:**

- 50 minutes per week of instruction through a combination of physical education, physical activity, and activity based instruction;
- 45 minutes per week of health education; and
- Fitness testing in grade 5.

**B. Standard 27 of the Mississippi Public School Accountability Standards requires physical education to be a part of the basic curriculum in any configuration of **grades K-8**. The total number of minutes in physical education must not be below **50 minutes per week**.**

**C. Grades 7-8** –Extracurricular activities, such as basketball, baseball, cheerleading, archery, softball, and football that is sanctioned by the Mississippi High School Activities Association and can be substituted for physical education if:

- attendance is kept;
- instruction is based on at least one competency from the Mississippi Physical Education Framework; and
- Staff licensed by Mississippi Department of Education supervises practices and games.

**This instruction would be coded in MSIS as a physical education course**

**D. Grades 7-12**—Activities, such as Marching band, Show Choir and ROTC can be substituted for physical education if:

- Attendance is kept;
- Instruction is based on at least one competency from the Mississippi Physical Education Framework; and
- Staff licensed by the Mississippi Department of Education supervises practices and games.

**Instruction in marching band and show choir would be coded in MSIS under Performing Arts as band or choir.**

**JROTC would be coded in MSIS as JROTC.**

### Grades 9-12

**A. Successful implementation of Physical Education and Comprehensive Health Education must include the following:**

- ½ Carnegie unit of physical education provided by staff that possess a valid 9-12 teaching license with a physical education endorsement (See Waivers/Exemptions on Page 10);
- Mississippi Public School Accountability Standards require ½ Carnegie unit requirement for health education provided by staff that possess a valid 9-12 teaching license with a health education endorsement; and
- Fitness Testing in the grade which the student receives credit toward graduation.

# Physical Education/Health Education Rules and Regulations –Overview—continued

**B. In grades 9-12, activities sanctioned by the MHSAA can be substituted for physical education if:**

- Attendance is kept;
- Instruction is based on at least one competency from the Mississippi Physical Education Framework; and
- Instructor with an endorsement in Physical Education must supervise practices and games.

**C. In grades 9-12, Marching Band, Show Choir and JROTC can be substituted for Physical Education if:**

- Attendance is kept;
- Instruction is based on at least one competency from the Mississippi Physical Education Framework; and
- Supervision is provided by staff licensed by Mississippi Department of Education.

## Curriculum

- MS Public School Accountability Standard 27 requires physical education and health education to be a part of the basic curriculum in any configuration of grades K-8.
- Instruction in physical education must be based on state standards for physical education as provided in the Mississippi Physical Education Framework (2013).
- Instruction integrated by the regular classroom teacher may include the *Health in Action* web-based lesson plan resource provided by the Mississippi Department of Education's Office of Healthy Schools (<http://www.mde.k12.ms.us/ohs/home>)
- Instruction in physical education or activity based instruction by regular education teacher or licensed physical education teacher can be based on curriculum identified in the Supplemental Resource Providers list that is based on state standards.

This list may be downloaded at:

<http://www.mde.k12.ms.us/ohs/home>—Click on Resources)

## Fitness Testing

Students must participate in fitness testing using the FITNESSGRAM®, ACTIVITYGRAM®, Presidential Youth Fitness Program ([www.pyfp.org](http://www.pyfp.org)), or other comparable program. This assessment must be conducted in grade 5 and the grade in which the student will earn the ½ Carnegie unit requirement for graduation. The time required to conduct the fitness assessment would count toward the minutes required for minimum implementation for physical education.

## Staff

- Physical education instruction in grades K-8 may be provided by a licensed physical education teacher, regular classroom teacher, or other staff licensed by the Mississippi Department of Education.
- Physical education instruction in grades 9-12 must be provided by a licensed physical education teacher.
- Marching band, show choir and JROTC in grades 9-12 must be provided by teachers with an endorsement in band, choir or JROTC.
- School districts are encouraged to develop ongoing relationships with Institutions of Higher Learning to allow students receiving degrees from an approved teacher preparation program an opportunity to assist with instruction in physical education programs.





## National Association for Sport and Physical Education (NASPE)

### Recommendations for School-Based Physical Activity Opportunities

Along with physical education classes, students need physical activity opportunities throughout the school day to meet the NASPE recommended minimum requirements of at least 60 minutes of physical activity each day. These physical activity opportunities are not to take the place of the required 150 minutes per week of physical education, but rather supplement physical activity time accumulated during physical education class, and use the skills and knowledge learned in physical education to successfully be physically active.

- **Physical Activity Breaks**

During the school day, children and youth need a “break” from sedentary activities in the classroom. Classroom physical activity helps to mediate often cited barriers to learning such as inattentiveness and misbehavior.

- **Recess**

Elementary School students should be provided with at least one daily period of recess for a minimum of 20 minutes for a child’s physical, social, and academic development (NASPE, 2006)

- **“Drop in” physical activity sessions**

In middle and high schools, students might spend free time, such as during lunch or study hall, visiting a supervised school fitness center or check out a pedometer to monitor steps walked on campus during an unencumbered period.

- **Intramural and interscholastic programs**

Physical activity opportunities and programs occurring before and after the regular school hours. Intramural activities can include sports (e.g., volleyball and basketball), self-directed activities (e.g., walking and jogging), classes (e.g., dance, yoga, or martial arts), and activity clubs (e.g., jump rope, hiking, and fitness).

- **Interscholastic sports programs**

Sports are an important part of the American culture and provide physical activity opportunities for the more skillful students, particularly in middle and high schools. They should be offered in addition to school intramural programs.

- **Active transport**

Students and staff are encouraged to take to school, such as walking and biking. Students who walk or bike to school generally expend more energy overall throughout the day and this may particularly help overweight students.

In providing school-based physical activity opportunities, efforts should be made to stimulate interest and participation from the greatest proportion of students in the school. This requires offering a wide variety of activities including non-competitive and health-enhancing choices. Consideration should also be given to providing opportunities at various times so that participation is feasible for all children.

**Note: These recommendations are from NASPE, the National Association for Sport and Physical Education.**





## **MOVE TO LEARN**

**Better grades. Better health. Studies have shown that physical activity increases children's ability to learn, and as fitness improves, test scores improve. That's why Move to Learn incorporates movement in the classroom through short exercise videos and healthy lesson plans.**

**The Bower Foundation and the Mississippi Department of Education (MDE) have launched a new campaign to help teachers incorporate physical activity into lesson plans, in collaboration with the Clinton Public Schools. The Move to Learn campaign is based on two Mississippi academic studies that show a correlation between increased fitness and improved test scores, as well as fewer absences and fewer disciplinary incidents at school. The two studies, 'Fitness Among Mississippi Students', and 'Increasing Fitness to Improve Academic Performance', also showed this correlation applies across all socioeconomic and demographic categories. These findings suggest that a good investment in the future of public education may be through an investment of student fitness.**

**Move to Learn is a free, easy to use tool for educators to incorporate movement and fitness into the school day. The Move to Learn website ([www.movetolearnms.org](http://www.movetolearnms.org)) offers short exercise videos for grades K-6 and healthy lesson plans to help teachers create positive learning environments and promote effective classroom management. The website also includes examples of schools that are already using physical activity to improve academic performance.**



## U.S. Department of Health and Human Services

### 2008 Physical Activity Guidelines for Children and Adolescents

Children and adolescents should do 60 minutes (1 hour) or more of physical activity daily.

- **Aerobic:**

Most of the 60 or more minutes a day should be either moderate or vigorous-intensity aerobic physical activity, and should include vigorous-intensity physical activity at least 3 days a week.

- **Muscle Strengthening Activities:**

As part of the 60 minutes or more of daily physical activity, children and adolescents should include muscle strengthening physical activity on at least 3 days of the week.

- **Bone-Strengthening:**

As a part of their 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least 3 days of the week.

**It is important to encourage young people to participate in a variety of physical activities that are appropriate for their age and enjoyable.**

#### **Strong evidence**

- Improved cardiorespiratory and muscular fitness
- Improved bone health
- Improved cardiovascular and metabolic health biomarkers
- Favorable body composition

#### **Moderate evidence**

- Reduced symptoms of depression



**To read more about these guidelines go to:**

<http://www.health.gov/paguidelines/guidelines/chapter3.aspx>

## Examples of Moderate- and Vigorous-Intensity Aerobic Physical Activities and Muscle- and Bone- Strengthening Activities for Children and Adolescents

Moderate-intensity aerobic	<ul style="list-style-type: none"> <li>• Active recreation such as hiking, skateboarding, rollerblading</li> <li>• Bicycle riding</li> <li>• Brisk walking</li> </ul>
Vigorous-intensity aerobic	<ul style="list-style-type: none"> <li>• Active games involving running and chasing, such as tag</li> <li>• Bicycle riding</li> <li>• Jumping rope</li> <li>• Martial arts, such as karate</li> <li>• Running</li> <li>• Sports such as soccer, hockey, basketball, swimming, tennis</li> <li>• Cross-country skiing</li> </ul>
Muscle-strengthening	<ul style="list-style-type: none"> <li>• Games such as tug-of-war</li> <li>• Modified push-ups (with knees on the floor)</li> <li>• Resistance exercises using body weight or resistance bands</li> <li>• Rope or tree climbing</li> <li>• Sit-ups (curl-ups or crunches)</li> <li>• Swinging on playground equipment/bars</li> </ul>
Bone-strengthening	<ul style="list-style-type: none"> <li>• Games such as hopscotch</li> <li>• Hopping, skipping, jumping</li> <li>• Jumping rope</li> <li>• Running</li> <li>• Sports such as gymnastics, basketball, volleyball, tennis</li> </ul>

*Note:* Some activities, such as bicycling, can be moderate or vigorous intensity, depending upon level of effort.





# National Association for Sport & Physical Education

*an association of the American Alliance for Health, Physical Education, Recreation and Dance*

*NASPE Sets the Standard*

1900 Association Drive,  
Reston, Virginia 20191  
Telephone (703) 476-3410  
Fax (703) 476-8316  
E-mail [naspe@aaahperd.org](mailto:naspe@aaahperd.org)  
Web [www.naspeinfo.org](http://www.naspeinfo.org)

## Quality Physical Education – How Does Your Program Rate?

The National Association for Sport and Physical Education (NASPE), which has been setting the standard for the profession for over 32 years, is committed to quality physical education for every student including Limited English Proficiency (LEP) and those with special needs. Does your school's physical education program help all students attain the knowledge, skills and attitudes necessary for them to lead healthy, active and productive lives? NASPE urges principals, teachers and parents to conduct an assessment of their school's physical education program by evaluating its strengths and weaknesses, and preparing a plan for improvement where needed. Here are 15 quick questions to ask:

1. Is physical education taught by a qualified teacher with a degree in physical education?	Yes ? No ?
2. Do students receive formal instruction in physical education: a. for a minimum of 150 minutes per week (elementary) and 225 minutes per week (middle and high)? OR b. for at least 3 class periods per week for all grades the entire school year.	Yes ? No ?
3. Is the physical education class size similar to other content areas to ensure safe, effective instruction?	Yes ? No ?
4. Is there adequate equipment for every student to be active?	Yes ? No ?
5. Is appropriate technology incorporated on a regular and continuing basis?	Yes ? No ?
6. Are indoor and outdoor facilities safe and adequate (so that physical education classes need not be displaced by other activities)?	Yes ? No ?
7. Is there a written mission statement and sequential curriculum based on state and/or national standards for physical education?	Yes ? No ?
8. Are formative and summative assessments of student learning included in the physical education program, and are they related to meaningful content objectives?	Yes ? No ?
9. Does the program provide for maximum participation for every student (e.g., inclusion, no elimination games, all students active at once, developmentally appropriate activities, etc)?	Yes ? No ?
10. Does the program help to systematically develop the physical, cognitive, social and-emotional aspects of each student?	Yes ? No ?
11. Do the physical education teachers regularly participate in physical education professional development activities and have memberships in related professional organizations?	Yes ? No ?
12. Do the physical education teachers receive student health information and have a plan for handling emergencies?	Yes ? No ?
13. Is there regular periodic evaluation by administrators of the physical education program and teacher performance?	Yes ? No ?
14. Do the physical education teachers communicate with other educators, administration and parents on a frequent basis?	Yes ? No ?
15. Do the physical education teachers seek feedback for improvement from students, peers, and parents as a means for program evaluation and improvement?	Yes ? No ?





## Setting the Standard

### HOW DID YOU DO?

If you answered "YES" to all of the questions on the Physical Education Check-up, your school may be able to qualify for the NASPE STARS national recognition program for quality physical education programs. For more information, visit [www.naspeinfo.org/stars](http://www.naspeinfo.org/stars). If you answered "NO" to one of more of the questions on the Physical Education Check-up, please utilize this Action Plan for Quality Physical Education to get you started improving your school physical education program. NASPE has the necessary physical education standards, opportunity to learn standards, appropriate instructional practices, professional in-service programs and assessment tools to help you. Call 1-800-321-0789 or visit our website at [www.naspeinfo.org](http://www.naspeinfo.org).

## Action Plan for Quality Physical Education

Criteria	Action	Short Term Objectives/ Goals	Long Term Objectives / Goals	Criteria Met
List any questions with a "NO" response from the physical education check-up.	How do you propose to change this to a "YES" response? List action steps here.	List specific goals for the first 1-3 years.	List specific goals for the next 3-5 years.	Place the date of success here!

The preeminent national authority on physical education and a recognized leader in sport and physical activity, the National Association for Sport and Physical Education (NASPE) is a non-profit professional membership association that sets the standard for practice in physical education and sport. NASPE's 17,000 members include: K-12 physical education teachers, coaches, athletic directors, sport management professionals, researchers, and college/university faculty who prepare physical activity professionals. The mission of NASPE is to enhance knowledge, improve professional practice, and increase support for high quality physical education, sport and physical activity programs through research, development of standards, and dissemination of information. It is the largest of the five national associations that make the American Alliance for Health, Physical Education, Recreation & Dance (AAHPERD).



**Mississippi Department of Education  
Office of Healthy Schools**

**Physical Education Teacher Evaluation Instrument**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Outstanding	Above Average	Satisfactory	Needs Improvement	Needs significant attention

Teacher's Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

Date \_\_\_\_\_ Class Observed \_\_\_\_\_

To assess if quality physical education practices and methods have been presented during a lesson, provide the appropriate score in the "rating" column.

	<b>Planning:</b>	<b>Rating</b>
1.	Provides documentation of planning for <i>term, unit, and lesson</i>	
2.	Instruction is planned and implemented in a <i>logical and progressive sequence</i>	
3.	Planned instruction includes a <i>warm-up</i> activity and <i>stretching</i>	
4.	Planned instruction is <i>developmentally appropriate</i> for age of students	
5.	Planned instruction is linked to other subject area content ( <i>cross-curricular</i> )	
6.	Planned instruction is based on <i>state physical education standards</i>	
7.	Planned instruction includes a <i>cool-down</i> period with stretching and <i>lesson closure</i>	
	<b>Instruction:</b>	<b>Rating</b>
8.	Instruction started on time	
9.	Learning expectations or objectives are clearly communicated	
10.	Teaching space <i>adequate</i> , safe from hazards and free of clutter (See MS Rules & Regulations)	
11.	Adequate and developmentally appropriate equipment is utilized	
12.	All students were engaged in <i>relevant, meaningful activity</i> for 60% of class time	
13.	Students were given the opportunity to participate in a <i>variety of activities</i>	
14.	All students have <i>equal opportunities</i> to learn and be active	
15.	Class activities promote <i>maximum participation</i> allowing all students to be engaged	
16.	Instructions and demonstrations are brief and concise to facilitate more activity time	
17.	<i>Instructions, cueing, and feedback</i> to individual students are continued during skill practice	
18.	Allows <i>sufficient time</i> for all students to practice skills	
19.	Adjusts instruction & expectations based on individual differences and needs; accommodations, <i>modifications</i> , and <i>alternative instructional strategies</i> are used to assist students who are not mastering the skill or concept	
20.	Uses technology (ex., pedometers, music, videos) to enhance instruction	

	<b>Motivation:</b>	<b>Rating</b>
21.	Students were encouraged through instruction to be active outside of class	
22.	Teacher promotes independent learning through resources outside of class (ex. activity logs, bulletin boards and journaling)	
23.	<i>Cooperative behavior</i> and good social skills are reinforced	
24.	Students were encouraged to participate in <i>extracurricular activities that promote lifelong fitness</i>	
25.	Students were encouraged to make healthy lifestyle choices	
	<b>Assessment:</b>	<b>Rating</b>
26.	<i>Multiple assessment strategies</i> and tools are used (Written tests and assignments, peer assessment, self assessment, rubrics, outside of class assignments, etc.)	
27.	Student progress is documented in <i>record-keeping system</i>	
28.	Positive and specific feedback are provided to students	
29.	Provides evidence of conducting <i>fitness testing</i> at least once, preferably twice, during the school year (In grade 5 and the year the student receives PE credit for graduation in high school, fitness testing is mandatory.)	
30.	Teacher provides feedback and communication to parents through newsletters, fitness reports, etc	
	<b>Classroom Management:</b>	<b>Rating</b>
31.	Teacher uses <i>effective classroom management strategies</i>	
32.	Climate of courtesy and respect is established	
33.	Students support the learning of others	
34.	Students understand and adhere to class rules, routines, and behavior expectations	
	<b>Professionalism:</b>	<b>Rating</b>
35.	Teacher has assumed responsibility for professional growth	
36.	Teacher adheres to professional and ethical standards	
37.	Instruction reflects best practices and newest trends and research in Physical Education	
38.	Teacher is collegial and interacts appropriately with staff, parents, and volunteers	
39.	Teacher models appropriate appearance, physically active lifestyle and healthful behavior practices	
40.	Teacher shows enthusiasm for physical activity to students	
41.	Teacher actively seeks additional resources to expand and support physical education	
42.	Teacher conducts Family Fitness event at least one time per year	
<b>Feedback to Teacher:</b>		
<p><b>Evaluator's Reflections:</b></p> <ol style="list-style-type: none"> <li>1) Indoor and Outdoor space is adequate for quality instruction.</li> <li>2) Teacher is provided access to a computer.</li> <li>3) Teacher/Student ratio is based on recommendation outlined in the Comprehensive Health and Physical Education Rules and Regulations.</li> </ol>		

## **Glossary:**

**Academic Term-** A division of the academic year in which classes are held

**Unit-** A group of activities or lessons with a particular focus or objectives

**Lesson-** A section of learning or teaching. Includes an introduction that is appropriate for the lesson focus; Expectations, skills, and concepts should be clearly communicated

**Logical-** Concepts are explained and demonstrated at the developmental levels of the students; skills are broken down into progressive and learnable segments that are clearly understood by students

**Warm-up-** A series of activities, usually consisting of a heart warm-up, muscle warm-up, and stretch, that prepares the body for more vigorous exercise and helps prevent injuries

**Stretching-** Flexibility exercise that work to increase range of motion. Two types: static and dynamic

**Developmentally Appropriate-** Strategies suitable for, or consistent with, the age, growth, and developmental level of a student

**Cross-Curricular-** A conscious effort to apply knowledge, principles, and/or values to one or more academic discipline simultaneously

**State Physical Education Standards-** Six standards based on the national standards that reflect current thinking on what students should know and be able to do as a result of a quality physical education program

**Cool-Down-** A period of light activity following exercise that allows the body to slow down and gradually return to near resting levels

**Adequate-** Sufficient and safe to facilitate the learning of a skill or concept and promotes maximum participation and success

**Relevant-** Directly related, connected, or pertinent to a topic

**Meaningful Activity-** Activities are aligned with the lesson focus and expected outcomes of the lesson

**Variety of Activities-** Choices of activities that promote maximum participation and motivation

**Equal Opportunities-** Teacher adjusts teaching and expectations based on individual differences and needs. Modifications are made for students with disabilities or varied learning styles

**Maximum Participation-** Adequate equipment, space and time for everyone to participate (inclusion); Equipment coincides with developmental levels of the learners

**Cueing-** Active response from the teacher to student during class to monitor and reinforce understanding and mastery of a skill or concept

**Feedback-** Reinforcement by providing the student information on their performance at a time and in ways that they can improve their skill. Feedback can be verbal, visual, or tactile

**Sufficient Time-** Class routines (orderly entry, attendance taking, grouping, activities, distribution and collection of equipment, etc.) maximize instructional time

**Modifications-** Adjustments in physical education activities to accommodate disabilities and varied learning styles

**Alternative Instructional Strategies-** Using other instructional strategies to achieve the students learning objectives

**Cooperative Behavior-** Students working together to accomplish the objective of the lesson; promotes respect and appreciation for cultural differences and varied learning styles and disabilities

**Extra Curricular Activities that promote lifelong fitness-** Activities student learn that can be enjoyed as adults. Activities such as tennis, volleyball, etc.

**Multiple Assessment Strategies-** Monitors student learning; these may include skills test, peer observation checklists, self assessments

**Record Keeping System-** A system teachers can use to maintain accurate records of student attendance, assessments, grades or any other documentation required by stakeholders

**Fitness Testing-** Any assessment that address five components of fitness (cardiovascular endurance, muscular strength, muscular endurance, flexibility, and height and weight) For ex., President's Challenge, Fitnessgram, JROTC fitness test

**Effective Classroom Management Strategies-** Teacher is aware of and effectively responds to all situations in class; Teacher has established rules and behavior expectations which are clearly understood by the students. And there are clearly defined consequences for misbehaviors. Students are handled in a compassionate and equitable, yet firm way

# Resources for Physical Education

## Instruction and Curriculum Resources

- **Mississippi Physical Education Framework** - Designed for Mississippi educators to provide consistency for physical education programs in the state  
<http://www.mde.k12.ms.us/acad1/resources/frameworks/physicaleducation.pdf>
- **Health in Action** Online database for over 1300 lesson plans in Physical and Health Education  
<http://www.mde.k12.ms.us/ohs/home>
- **Physical Education Curriculum Analysis Tool (PECAT)**— Assessment tool developed by the CDC to help schools conduct a clear, complete, and consistent analysis of written physical education curricula for the delivery of high-quality physical education  
<http://www.cdc.gov/HealthyYouth/PECAT/>
- **PE Central** — Premier site for health and physical education teachers, parents, and students. Provides the latest information about developmentally appropriate physical education programs for children and youth.  
<http://www.pecentral.org/>
- **Fitness for Life**—Middle and High School text that promotes lifelong physical activity and healthy lifestyles that result in lifelong fitness, wellness, and health  
[www.fitnessforlife.org](http://www.fitnessforlife.org)
- **Physical Best**—Comprehensive health-related fitness education program developed by physical educators to educate, challenge and encourage all young people in the knowledge, skills, and attitudes needed for a healthy and fit life.  
<http://www.shapeamerica.org/prodev/workshops/physicalbest/>
- **SPARK** — Evidence-based physical activity and nutrition programs that provide curriculum, staff development, follow-up support, and equipment to teachers of Pre-K– 12th grade  
<http://www.sparkpe.org/>
- **CATCH PE** — Developmentally appropriate physical education program which develops health related fitness, skill competency, and cognitive understanding about the importance of physical activity for all children.  
<http://www.catchinfo.org/whatsnewphysicaleducation.asp>
- **NASPE Teacher Toolbox** —National Association of Sports and Physical Education shares ideas for promoting quality physical education, physical activity, and youth sports programs.  
[http://www.aahperd.org/naspe/template.cfm?template=teachers\\_toolbox.html](http://www.aahperd.org/naspe/template.cfm?template=teachers_toolbox.html)
- **Human Kinetics**—Publisher and catalog for numerous resources including books, journals, and videos that promote physical activity and health  
<http://www.humankinetics.com/>

## Physical Activities for the Classroom

- **Active Academics** —online practical ideas to classroom teachers for integrating physical activity throughout the school day.  
<http://www.activeacademics.org/>
- **Energizers** — Classroom-based physical activities that integrate activity with academic concepts  
<http://www.ncpe4me.com/energizers.html>



# Resources for Physical Education

## Physical Activities for the Classroom (continued)

- **Take 10** — Classroom-based physical activity for K-5 grades that integrates academic learning objectives with movement.  
<http://www.actionforhttp://www.take10.net/whatistake10.asp?page=new>
- **Brain Breaks** — physical activities implemented into the classroom  
<http://www.emc.cmich.edu/BrainBreaks/>
- **Fit Kids** — Activities for school, home, and after school  
<http://www.fitkidsnc.com/SeeLearnDo.aspx>
- **Jam School Program** — "Just-a-Minute" school program brings daily activity into the classroom to teach kids healthier lifestyle habits  
<http://www.jamschoolprogram.com/>

## Professional Organizations

- **American Heart Association** — [www.heart.org](http://www.heart.org) — The mission of the American Heart Association is to build healthier lives, free of cardiovascular diseases and stroke.
- **Society of Health and Physical Educators (SHAPE America)** — Largest organization for professionals supporting and assisting those involved in physical education, leisure, fitness, dance, health promotion and education, and all specialties related to achieving a healthy lifestyle — <http://www.shapeamerica.org/>
- **Mississippi Alliance for Health, Physical Education, Recreation, and Dance** — Local organization with opportunities for professional growth, leadership, and networking for teachers, coaches, administrators, students and agency personnel.— <http://www.msahperd.com>
- **Mississippi High School Athletic Association** - [www.misshsca.com/](http://www.misshsca.com/) - The Mississippi High School Activities Association is the official sanctioning body of all public and some private junior high and high school academic and athletic competitions in the State of Mississippi

## Fitness Testing

- **Presidential Youth Fitness Program**— Tools for reaching and awarding fitness goals and staying active beyond the school gym — <http://www.pyfp.org/>
- **Fitnessgram**—fitness test battery that evaluates five different part of health-related fitness, including aerobic capacity, muscular strength, muscular endurance, flexibility, and body composition - <http://fitnessgram.net/home/>

## Additional Resources

- **Centers for Disease Control and Prevention/Healthy Youth-** Expansive resource for numerous school health topics and issues - <http://www.cdc.gov/HealthyYouth/>
- **Action for Healthier Kids** — Addresses the epidemic of overweight, undernourished, and sedentary youth by focusing on changes in schools to improve children's nutrition and increase physical activity.  
<http://www.actionforhealthierkids.org/>
- **Alliance for a Healthier Generation** — Healthy School framework that outlines specific steps that schools can take to create healthier school environments, programs, practices, and policies.  
[http://www.healthiergeneration.org/schools.aspx?id=76&ekmense=1ef02451\\_10\\_114\\_btnlink](http://www.healthiergeneration.org/schools.aspx?id=76&ekmense=1ef02451_10_114_btnlink)



# **Nutrition Environment & Services**



# Nutrition Environment & Services

The foods that we eat give us the energy and the nutrients that our bodies need to perform, whether in school or at home. With so many choices available today, acquiring the right amount of energy and nutrients is a challenge for both children and adults.

In all public schools and many private schools, the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) provide meals that are both nutritious and balanced. School lunch and breakfast meals meet the Nutrition Standards meal pattern for foods by providing fruits and vegetables, whole grain-rich grain products, low-fat unflavored and unflavored or flavored fat-free milk.

The meal pattern's dietary specifications set specific calorie limits to ensure age-appropriate meals for grades K-5, 6-8, and 9-12. Other meal enhancements include gradual reductions in the sodium content of the meals (sodium targets must be reached by SY 2014-15, SY 2017-18 and SY 2022-23). While school lunches must meet Federal meal requirements, decisions about what specific foods to serve and how they are prepared are made by local school food authorities.

In addition to USDA meal requirements, the Mississippi Legislature and the Mississippi Board of Education have established additional requirements for foods and beverages sold on school campuses.

Healthy eating patterns and adequate nutrients are important for school-aged children to promote cognitive development, prevent health problems and reduce undernourishment, which has been linked to increased behavioral and emotional functioning. Selecting the right foods to eat today can help us reduce the risk of chronic diseases, such as diabetes, heart disease, and certain cancers in later years. Promoting healthy eating habits, providing resources to reduce the fat, sugar and/or sodium in our foods, marketing fruits and vegetables, along with daily exercise, are important to a healthy lifestyle.

Healthy eating habits can occur in many places: school cafeterias, classrooms, libraries, home and others. Join us in learning more about good nutrition!

## Contents of this section:

- National School Lunch Program (NSLP) and School Breakfast Program (SBP)
- Nutrition Standards
- Smart Snacks Standards
- MS State Board Policy
- Beverage Regulations for MS
- Snack Regulations for MS
- Vending Regulations for MS
- Nutrition Resources





## Federal USDA Nutrition Standards

### National School Lunch Program (NSLP)

The National School Lunch Program is a federally assisted meal program operating in over 100,000 public and non-profit private schools and residential child care institutions. It provided nutritionally balanced, low-cost or free lunches to more than 31 million children each school day in 2012. In 1998, Congress expanded the National School Lunch Program to include reimbursement for snacks served to children in afterschool educational and enrichment programs to include children through 18 years of age. The Food and Nutrition Service administers the program at the Federal level. At the State level, the National School Lunch Program is usually administered by State education agencies, which operate the program through agreements with school food authorities.

School lunches must meet meal pattern and nutrition standards based on the latest *Dietary Guidelines for Americans*. The current meal pattern increases the availability of fruits, vegetables, and whole grains in the school menu. The meal pattern's dietary specifications set specific calorie limits to ensure age-appropriate meals for grades K-5, 6-8, and 9-12. Other meal enhancements include gradual reductions in the sodium content of the meals (sodium targets must be reached by SY 2014-15, SY 2017-18 and SY 2022-23). While school lunches must meet Federal meal requirements, decisions about what specific foods to serve and how they are prepared are made by local school food authorities.

School lunch and Breakfast Programs must meet Federal Nutrition Standards; however, decisions about what specific foods to serve and how they are prepared are made by local school food authorities.

For more information on National School Lunch Program visit: [www.fns.usda.gov/nslp/national-school-lunch-program-nslp](http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp)

### School Breakfast Program (SBP)

The School Breakfast Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It began as a pilot project in 1966, and was made permanent in 1975. The School Breakfast Program is administered at the Federal level by the Food and Nutrition Service. At the State level, the program is usually administered by State education agencies, which operate the program through agreements with local school food authorities in more than 89,000 schools and institutions.

For more information about the School Breakfast Program visit: <http://www.fns.usda.gov/sbp/school-breakfast-programs-sbp>

# USDA Smart Snacks Standards

Students across the country are now offered healthier school meals with more fruits, vegetables and whole grains through the National School Lunch Program and the School Breakfast Program. The Smart Snacks in School standards published by USDA (effective July 1, 2014) will build on those healthy advancements by ensuring that all snack foods and beverages available for sale to students in schools are tasty and nutritious. Foods and Beverages that are available for sale during the **school day**, must meet the criteria's listed below. The **School Day** means the period during the regular and extended school day; from the midnight before, until 30 minutes after the end of the instructional day.

## Nutrition Standards for Foods

### Any food sold in schools must:

- Be a "whole grain-rich" grain product; or
- Have as the first ingredient a fruit, a vegetable, a dairy product, or a protein food; or
- Be a combination food that contains at least ¼ cup of fruit and/or vegetable; or contain 10% of the Daily Value (DV) of one of the nutrients of public health concern in the *2010 Dietary Guidelines for Americans* (calcium, potassium, vitamin D, or dietary fiber).\*

### Foods must also meet several nutrient requirements:

#### Calorie limits

Snack items: ≤ 200 calories and Entrée items: ≤ 350 calories

#### Sodium limits

Snack items: ≤ 230 mg\*\* and Entrée items: ≤ 480 mg

#### Fat limits

Total fat: ≤35% of calories, Saturated fat: < 10% of calories and *Trans fat*: zero grams

#### Sugar limit

≤ 35% of weight from total sugars in foods

## Nutrition Standards for Beverages

### All schools may sell:

- Plain water (with or without carbonation)
- Unflavored low fat milk
- Unflavored or flavored fat free milk and milk alternatives permitted by NSLP/SBP
- 100% fruit or vegetable juice and
- 100% fruit or vegetable juice diluted with water (with or without carbonation), and no added sweeteners.

**Elementary schools may sell** up to 8-ounce portions, while middle schools and high schools may sell up to 12-ounce portions of milk and juice. There is no portion size limit for plain water.

**Beyond this, the standards allow additional** "no calorie" and "lower calorie" beverage options for high school students.

- No more than 20-ounce portions of calorie-free, flavored water (with or without carbonation); and other flavored and/or carbonated beverages that are labeled to contain < 5 calories per 8 fluid ounces or ≤ 10 calories per 20 fluid ounces.
- No more than 12-ounce portions of beverages with ≤ 40 calories per 8 fluid ounces, or ≤ 60 calories per 12 fluid ounces.
- **Fundraisers**
  - The sale of food items that meet nutrition requirements at fundraisers are not limited in any way under the standards.
  - The standards do not apply during non-school hours, on weekends and at off-campus fundraising events.
  - MDE State Board Policy (2006) does not allow "Exempt Fundraisers". If the product does not fall within the Smart Snacks standards, they cannot be sold during the school hours from the midnight before, until 30 minutes after the end of the school day.

# Mississippi Healthy Students Act Nutrition Standards



The Mississippi Department of Education/Office of Child Nutrition recognizes that:

- 1) A crucial relationship exists between health, nutrition and learning. The health and nutrition needs of growing students are met with USDA school meals programs.
- 2) As a minimum, school districts must follow all current and future requirements and recommendations of the USDA National School Lunch Program Meal Patterns and Nutrient Standards.
- 3) The 2010 Dietary Guidelines for Americans, USDA's ChooseMyPlate and the USDA Healthier U.S. School Challenge provide nutritional guidance for school meals.
- 4) Schools must offer equal access to all meals or items served or sold under the National School Lunch & School Breakfast Programs.
- 5) Students need adequate time to eat and enjoy meals served in schools.
- 6) Moving recess before lunch, through a simple schedule change, may provide many benefits for students especially in grades K-12.
- 7) Family education will be the key to building a healthy future for all Mississippians. Families must embrace nutrition and wellness; it is crucial to the success of our efforts. Mississippi public schools offer the best resources, facilities, and structure to promote family nutrition education.
- 8) Offering healthy foods and beverages in schools does not guarantee that students will choose them. Aggressive marketing techniques must inform students, teachers, administrative staff and most importantly, the public of the benefits of eating in the school cafeteria.
- 9) School districts are encouraged to participate in the Healthier U.S. School Challenge and become a **USDA Team Nutrition School**.

The Mississippi Department of Education intends that:

## A. Healthy food and beverage choices:

- 1) Schools (grades K-8) must offer students a minimum of  $\frac{1}{2}$  cup fresh fruits and vegetables daily; schools (grades 9-12) must offer students a minimum of one (1) cup fresh fruits and vegetables daily.
- 2) No more than  $\frac{1}{2}$  of the total weekly requirement for fruit may be offered in the form of 100% full-strength fruit juice.
- 3) Schools (grades K-12) must offer vegetable subgroups throughout the week (dark green, red/orange, beans/peas, starchy and other).
- 4) Schools (grades K-12) fluid milk offered must be 1% unflavored, or fat free flavored or unflavored.

## B. Healthy food preparation

1. Schools shall comply with the existing USDA NSLP/SBP meal pattern requirements. This includes meeting the 10% of the Daily Value (DV) of one of the nutrients of public health concern in the 2010 Dietary Guidelines for Americans (calcium, potassium, vitamin D, or dietary fiber).



## Nutrition Standards (Continued)

2. Schools shall develop and implement a food safety program by July 1, 2005 to conform to guidance issued by USDA. Every school/SFAs must have a fully implemented Food Safety Program that complies with HACCP principles as required by the Child Nutrition and WIC Reauthorization Act of 2004. Policy to include a food safety assurance program for all foods offered to students through sale or service.
3. Schools shall secure a Food Service Permit through the Mississippi State Department of Health for approval to operate under the National School Lunch and School Breakfast Programs.
4. The Mississippi State Department of Health conducts two School Food Facility Inspections per site each school year. The State Agency is required by federal regulations to submit a written report to the United States Department of Agriculture (USDA) Food and Nutrition Service reporting on the number of School Food Facility Inspections conducted per site. **(Child Nutrition and WIC Reauthorization Act 2004, Section 15. 9(H), Implementation Memo SP-24)**
5. Schools shall implement healthy school food preparation techniques using training materials developed through sources such as USDA, National Food Service Management Institute or the Mississippi Department of Education. Training documentation and assessment records shall be retained for review by the Mississippi Department of Education.
6. Schools should limit fried foods whenever possible and practical and shall develop a long range plan for reducing and/or eliminating fried products in their lunch and breakfast menus. The long range plan should include preparation methods using existing equipment and/or goals to replace fryers with combination oven/steamers as budgets allow.

### C. Marketing of healthy food choices to students and staff

1. Train School Foodservice Administrators, Kitchen Managers, and Cooks in Marketing, New Cooking Techniques, and Garnishing using available or newly developed training tools, such as *Marketing Sense* – Mississippi Department of Education, Office of Child Nutrition.
2. Use the Whole School Approach in Marketing the Local Wellness Policy. Administration, faculty, staff, students, and parents need to be solicited to be a part of the implementation of the Local Wellness Policy. Educating the family and the community is crucial to the success of our efforts. Suggestions include:
  - a. Establishing Community Partnerships. With these groups on-board with the program, they can provide physical and financial support.
    - 1) Junior League
    - 2) Service Organizations (Rotary, Kiwanis, etc.)
    - 3) Local Community Foundations
  - b. Marketing New Foods. Research shows that it takes a number of times for an item to be served before it can be accepted. To facilitate the introduction of a new item, we suggest:
    - 1) Tasting Parties
    - 2) Serving Line Sampling
    - 3) Serving Line Promotion



## MS Nutrition Standards (Continued)

### D. Food preparation ingredients and products

1. Keep trans fatty acid consumption as low as possible, especially by limiting foods that contain synthetic sources of trans fats, such as partially hydrogenated oils, and by limiting other solid fats.
2. Wherever possible and practical, school lunch and breakfast programs shall include products that are labeled "0" grams trans fat.
3. Schools shall incorporate whole grain-rich (WGR) products into daily and weekly lunch and breakfast menus based on product availability and student acceptability.

### E. Minimum and maximum time allotment for students and staff lunch and breakfast periods

1. Schools shall schedule at least a minimum of 24 minutes to ensure an adequate eating time for school lunch. The factors influencing the lunch period are wait time, consumption time, standard deviation/variability and social time.
2. Since school breakfast is not factored into the regular school day, schools should take into consideration the recommended time of 10 minutes for a child to eat school breakfast after they have received the meal.

### F. The availability of food items during the lunch and breakfast periods of the Child Nutrition Breakfast and Lunch Programs

1. School districts shall comply with the Mississippi Board of Education Policy on Competitive Food Sales as outlined in the **Mississippi Board of Education Policies**
2. School districts shall update the wellness policy to address limiting the number of extra sale items that may be purchased with a reimbursable meal. This policy will exclude extra beverage purchases of milk, juice and/or water. Schools may want to consider the following options:

#### **Example:**

- A. Elementary School – 1 extra sale item other than beverage
- B. Middle School – 1 extra sale item other than beverage
- C. High School – 2 extra sale items other than beverage

3. Schools may sell extra items in individual packages not to exceed 200 calories.

**Example:** ice cream, reduced-fat chips, (100% juice bars, 100% fruit juice, or granola bars, or cereal bars.

4. Schools may sell entrée items as extra food sales on the day they are served and the day after.
5. Schools will use marketing, pricing and nutrition education strategies to encourage healthy extra sale selections.

#### **Example:**

- A. Healthy selections such as fruit or vegetables priced lower than other selections
- B. Healthy selections positioned in a visibly prominent location
- C. Fun nutrition information marketing the healthy selections

## Nutrition Standards (Continued)

### **G. Marketing methods to increase participation in the Child Nutrition School Breakfast and School Lunch Programs:**

1. Since school food service operates like a business with income and expenses, adequate marketing ensures a successful program operation. Child Nutrition Programs are usually highlighted once or twice a year during National School Lunch and Breakfast Weeks. For marketing to be effective, it should occur more frequently. When devising a plan, remember the following:
  - A. Define your business.
  - B. Define your customers.
  - C. Evaluate your plan and budget.
  - D. Define your objectives.
2. Family education will be the key to building a healthy future for all Mississippians. Mississippi public schools offer the best resources, facilities and structure to promote family nutrition education.
3. Schools are strongly encouraged to develop academic partnerships with appropriate governmental agencies to offer family nutrition education programs. Family education should be incorporated into each school's Wellness Policy.
4. Schools will promote healthful eating and healthy lifestyles to students, parents, teachers, administrators and the community at school events.

### **In Summary:**

School Nutrition Programs must play a central role in modeling good nutrition. These regulations offer schools a standard for improving the nutritional quality of school meals. These recommendations go above and beyond the established standards for the USDA National School Lunch Program (NSLP). Healthy eating patterns and adequate nutrients are important for school-aged children to promote cognitive development, prevent health problems and reduce under-nutrition which has been linked to increase behavioral and emotional functioning.

# Nutrition Standards

## The School Lunch Pattern for Various Age/Grade Groups:

The United States Department of Agriculture, National School Lunch Program requires that portions of meal components be adjusted by age/grade group to better meet the food and nutritional needs of

Food Components	Ages 1-2	Ages 3-4	Grades K-5	Grades 6-8	Grades 9-12
<b>Meat or Meat Alternate (M/MA)</b>			8 oz. eq./wk	9 oz. eq./wk	10 oz. eq./wk
<b>When combining K-5 &amp; 6-8 to establish a K-8 group.</b>			<b>9 oz. eq./wk</b>		
Lean meat, poultry, fish	1 oz.	1 ½ oz.	1 oz. eq. <sup>x</sup> per day minimum	1 oz. eq. <sup>x</sup> per day minimum	2 oz. eq. <sup>x</sup> per day minimum
Cheese	1 oz.	1 ½ oz.			
Large egg(s)	½	¾			
Cooked, dry beans or peas	¼ cup	3/8 cup			
Peanut butter (or any nut or seed butter)	2 Tbsp	3 Tbsp			
Peanuts, soy nuts, tree nuts or seeds*	½ oz. = 50%	¾ oz. = 50%			
Yogurt, plain or flavored, unsweetened or sweetened	4 oz. or ½ cup	6 oz. or ¾ cup			
<b>Grains / Breads</b>			8 oz. eq/wk	8 oz. eq/wk	10 oz. eq/wk
<b>When combining K-5 &amp; 6-8 to establish a K-8 group.</b>			<b>8 oz. eq*/wk</b>		
Servings of grains or breads must be whole-grain rich (WGR)	5 per week at least ½ svg/ day	8 per week at least 1 svg/day	1 oz. eq. per day minimum	1 oz. eq. per day minimum	2 oz. eq. per day minimum
<b>Vegetable</b>			¾ cup every day		1 cup every day
Dark Green	1/2 cup either or	1/2 cup either or	½ cup every week		½ cup every week
Red/Orange			¾ cup every week		1 ¼ cups every week
Beans/Peas			½ cup every week		½ cup every week
Starchy			½ cup every week		½ cup every week
Other			½ cup every week		¾ cup every week
<b>Fruit</b>			½ cup every day	½ cup every day	1 cup every day
<b>Milk (fluid offered as a beverage)</b>	¾ cup (6 fl. oz)		½ pint (8 fl. oz)		
<b>Min. and Max. Calorie Ranges in an average 5-day week menu</b>	517*		550-650	600-700	750-850
<b>When combining K-5 &amp; 6-8 to establish a K-8 group.</b>			<b>600-650</b>		
<b>Sodium</b>			≤ 1230	≤ 1360	≤ 1420

# State Board Policy-2002

## **Competitive Food**

To ensure that children are not in the position of having to decide between non-nutritious foods immediately before or during the meal service period:

- No food or beverage items will be sold on the school campus for one (1) hour before the start of any meal services period.
- The school food service staff shall serve only those foods which are components of the approved federal meal patterns being served (or milk products) and such additional foods as necessary to meet the caloric requirement of the age/grade group being served.
- With the exception of water and milk products, a student may purchase individual components of the meal only if the full meal unit also is being purchased.
- Students who bring their lunch from home may purchase water and milk products. This policy should be viewed as a minimum standard. Local boards of education are encouraged to develop more comprehensive restrictions.



# Nutrition Resources

Mississippi Department of Education/Office of Child Nutrition  
601-576-5000

<http://www.mde.k12.ms.us/child-nutrition>

**United States Department of Agriculture (USDA)**

<http://www.fns.usda.gov/school-meals/child-nutrition-programs>

**Smart Snacks in Schools**

<http://www.fns.usda.gov/healthierschoolday/tools-schools-focusing-smart-snacks>

<http://www.fns.usda.gov/healthierschoolday/tools-schools-focusing-smart-snacks>

**Smart Snacks Alliance Product Calculator**

[https://www.healthiergeneration.org/take\\_action/schools/snacks\\_and\\_beverages/smart\\_snacks/alliance\\_product\\_calculator/](https://www.healthiergeneration.org/take_action/schools/snacks_and_beverages/smart_snacks/alliance_product_calculator/)

**Healthier US School Challenge (HUSSC) Information**

<http://www.fns.usda.gov/hussc/healthierus-school-challenge-training-and-technical-assistance>

**FAQs Healthier US School Challenge**

<http://www.fns.usda.gov/sites/default/files/faq.pdf>

**Fact Sheets For Healthier School Meals**

<http://www.fns.usda.gov/tn/factsheets-healthier-school-meals>

**Team Nutrition Resources**

<http://teamn nutrition.usda.gov/library.html>

**Child and Adult Care Food Program**

<http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

**Summer Food Service Program (SFSP)**

<http://www.fns.usda.gov/sfsp/summer-food-service-program-sfsp>

**Afterschool Care Snacks**

<http://www.fns.usda.gov/cnd/Afterschool/default.htm>

**National Food Service Management Institute (NFSMI) Resource Guide**

<http://www.nfsmi.org/>

**ChooseMyPlate**

<http://www.choosemyplate.gov/>

**Fuel up to Play 60**

<http://www.fueluptoplay60.com/>

**The Southeast United Dairy Industry Association, Inc. (SUDIA)**

<http://www.southeastdairy.org/>

**Move to Learn**

<http://www.movetolearnms.org/>

**The Bower Foundation**

<http://bowerfoundation.org/>

**Food Safety Pre/Post Test for all school staff**

[http://healthyschoolsms.org/ohs\\_main/documents/PreandPostFoodSafetyTest\\_000.doc](http://healthyschoolsms.org/ohs_main/documents/PreandPostFoodSafetyTest_000.doc)

**Food Safety Pre/Post Test Answer Guide**

[http://healthyschoolsms.org/ohs\\_main/documents/PreandPostTestAnswerGuide\\_000.doc](http://healthyschoolsms.org/ohs_main/documents/PreandPostTestAnswerGuide_000.doc)

**Eating Safely at School**

[www.nsba.org](http://www.nsba.org)

**Food-Safe Schools—A How-to Guide**

[http://www.healthyschoolsms.org/ohs\\_main/initiatives/documents/6FSSActionGuide.pdf](http://www.healthyschoolsms.org/ohs_main/initiatives/documents/6FSSActionGuide.pdf)

\* All websites are current at time of publication but are subject to change.

# Health Services



## Health Services



**The Health Services component of the Whole School, Whole Community, Whole Child Health and Learning Model (WSCC) includes services provided for students to appraise, provide direct care, protect, and promote health. These services are designed to ensure access or referral to primary health care. This access can be provided on the school campus or at a healthcare facility. Health Services has an influence in all components of the WSCC model.**

**The school nurse is instrumental in the success of this component at the local level. Referrals are made for services that are provided by qualified professionals collaboratively with school and community.**



## **School Nursing:**

School Nursing is a specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety, including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning. (NASN, 2010)

The role of the school nurse as Health Services leader has a function in each of the CSHP components. (School Nursing: A Comprehensive Text, Selekman, J.(2006), p.52)

***School Health Services:*** assess student health status, provide emergency care, ensure access to health care, and identify and manage health barriers to student learning.

***Health Education:*** provide resources and expertise in developing health curricula, provide health information.

***Staff Wellness:*** provide health information, support health promotion activities, and monitor chronic conditions, and maintaining records.

***Counseling:*** collaborate with counseling staff to identify student psychosocial problems and provide input and intervention.

***School nutrition services:*** provide education about nutritious foods, monitor menus and encourage the inclusion of healthy foods in all aspects of school life.

***Physical education:*** collaborate with physical educators to meet physical education goals, provide information to students about physical activity, and help to design appropriate programs for students with special health concerns.

***Healthy School Environment:*** monitor, report and intervene to correct hazards, collaborate to develop a crisis intervention plan, and provide adaptations for students with special needs.

***Family and Community Involvement:*** leading in collaboration with community agencies to identify and provide programs to meet the physical and mental health needs of children and families.



## Standards of Nursing Practice:



**Assessment:** The school nurse collects comprehensive data pertinent to the healthcare consumer's health and/or the situation.

**Diagnosis:** The school nurse analyses the assessment data to determine the diagnoses or issues.

**Outcomes Identification:** The school nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

**Planning:** The school nurse develops a plan that proscribes strategies and alternatives to attain expected outcomes.

**Implementation:** The school nurse implements the identified plan.

**Coordination of Care:** The school nurse coordinates care delivery through health teaching, health promotion, consultation and treatment.

**Evaluation:** The school nurse evaluates the progress toward attainment of outcomes.

**Evidence-Based Practice and Research:** The school nurse integrates evidence and research findings into practice.

**Quality of Practice:** The school nurse contributes to quality nursing practice.

**Communication:** The school nurse communicates effectively in a variety of formats in all areas of practice.

**Leadership:** The school nurse demonstrates leadership in the professional practice setting and the profession.

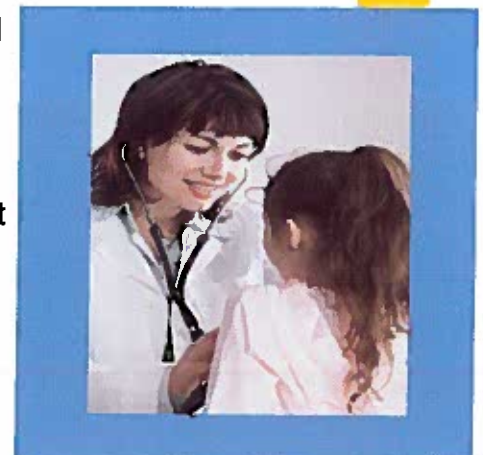
**Collaboration:** The school nurse collaborates with the healthcare consumer, family, school staff, and others in the conduct of nursing practice.

**Professional Practice Evaluation:** The school nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

**Resource Utilization:** The school nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective and financially responsible.

**Environmental Health:** The school nurse practices in an environmentally safe and healthy manner.

**Program Management:** The school nurse manages school health services.



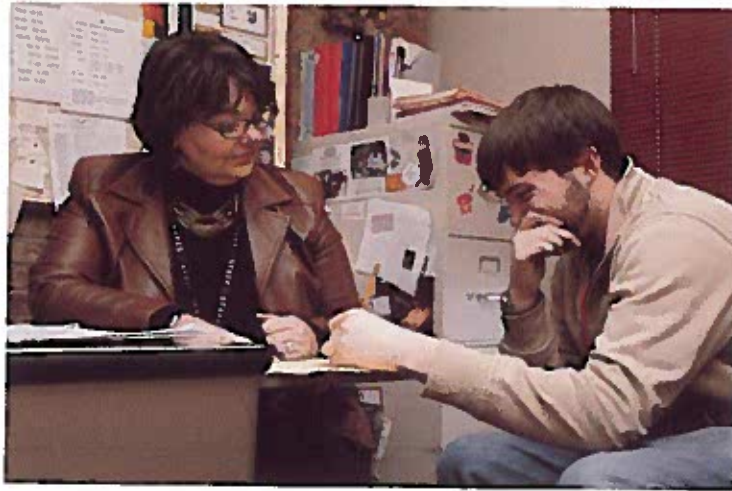




**Counseling, Psychological  
& Social Services/Social  
and Emotional Climate**



## **Counseling, Psychological & Social Services/ Social and Emotional Climate**



**In addition to a student's physical well being, his or her mental health can be effectively addressed through a coordinated approach to school health. Today, many students have the added stress of coping with emotional challenges stemming from problems such as parental divorce, alcoholism, abuse, and drug addiction. Counseling is a process of helping people by assisting them in making decisions and changing behavior. Providing mental health services to all students, school staff, families, and members of the community is an integral part of the education program.**

**Effective school counseling programs are a collaborative effort between the school counselor, parents and other educators to create an environment that promotes student achievement. Staff and school counselors value and respond to the diversity and individual differences in our societies and communities. Comprehensive school counseling programs ensure equitable access to opportunities and rigorous curriculum for all students to participate fully in the educational process.**

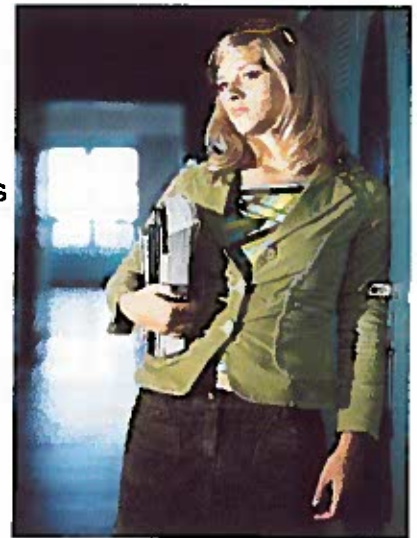
**School counselors have a tremendous responsibility in addressing the personal, social, academic, and career needs of every Mississippi student, not just in career and technical education and high school, but as early as prekindergarten. As student advocates, counselors provide support and foster student development as children learn to live, learn, and work.**

## The Mississippi School Counseling Model:

A comprehensive developmental counseling program is an essential component of an instructional program that provides all students the opportunity for optimum development. **The Mississippi School Counseling Model** is designed to assist the state's school districts and communities with the planning, development, implementation, and assessment of a school counseling program that supports the personal, social, educational, and career development of all the state's public school students from prekindergarten through grade 12 including career and technical. In addition, the Program Model will assist the school districts in their effort to comply with the requirements of Mississippi laws and regulations regarding the function, design, and implementation of this vital program. The counseling model can be found at <http://www.mde.k12.ms.us/career-and-technical-education>—Click on Office of Career, Counseling and Support Services.

**The Mississippi School Counseling Model** is based on national standards endorsed by the American School Counselor Association (ASCA). The framework includes three standards in each of the areas of academic development (*Engagement*), career development (*Achievement*), and personal/social development (*Inspiration*). It is comprehensive in scope and preventive in design.

As school counselors follow this framework, they will address the challenges that face Mississippi schools and their students in the 21st Century. School counselors respond to the direct and immediate concerns of students with methods that include, but are not limited to, individual counseling, group counseling, crisis counseling and referral or consultation with families, teachers, or other specialists. Counselors are advocates for equity and success for every student. School counselors have as their first responsibility to treat every student with respect as a unique individual. Counselors protect the confidentiality of information received in the counseling relationship as specified by federal and state law, written policies, and applicable ethical standards.



## School Guidance Counselors Provide these Comprehensive Counseling Services: (referenced in Senate Bill 2423—Amendment to MS Code 37-9-79—2014)

- Academic and personal/social counseling;
- Use multiple student data sources to help students make informed academic and career choices;
- Career and educational counseling;
- Individual and group counseling (large/small);
- Crisis intervention and preventive counseling;
- Referrals to community services;
- Educational consultations and collaboration with teachers, administrators, parents and community leaders;
- Educational and career placement services;
- Conflict resolution; and
- Professional school counselors must spend a minimum of eighty percent (80%) of their contractual time to the delivery of services to students as outlined by the American School Counselor Association.



# Mississippi Policies Concerning School Counseling Services

## **Mississippi School Counselor Law (Mississippi Code 37-9-79)**

**School guidance counselors; qualifications; define comprehensive counseling services; code of ethics.**

MS Code §37-9-79 (Amended 2014—Senate Bill 2423):

1. Lists the counseling services guidance counselors are required to provide (provided on previous page)
2. Requires school guidance counselors to hold a master's degree in guidance and counseling, or in an emergency situation, an appropriate certification as determined by the Commission on Teacher and Administrator Education, Certification and Licensure and Development.
3. School guidance counselors shall abide by the American School Counselor Association (ASCA) Code of Ethics.
4. The Mississippi Department of Education may adopt regulations regarding the activities of the school guidance counselor.
5. The Mississippi Department of Education has adopted a counselor appraisal system that is aligned to ASCA standards and guidelines.

*Note: Student support personnel may only provide those services and activities in the area(s) that each individual is specifically qualified to provide. All student support personnel will use appropriate job titles that reflect their area of training, expertise, and license. For example, a Social Worker will be referred to as the School Social Worker and may not use the title of or be referred to as the School Guidance Counselor.*

## **Five Year Educator License Guidance and Counseling (436)**

**Requirements for Class AA License include:**

- Hold a five year educator license
- Complete a master's degree program in guidance and counseling
- Praxis II (Specialty Area Test for Guidance Counselor)  
OR
- Complete an approved master's degree program for guidance and counseling which includes a full year internship
- CORE (Core Academic Skills for Educators)
- Praxis II (Specialty Area Test for Guidance Counselor)  
OR
- Hold National Certified School Counselor (NCSC) credential issued by National Board of Certified Counselors (NBCC)





# **Physical Environment**

# Physical Environment



**The Physical Environment component includes the physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well being of students and staff. Building healthy, safe, high performance and sustainable learning environments enhances student and teacher performance and supports culture and community vitality.**

**A healthy school is vital to a healthy community. Creating and sustaining a healthy and safe school environment requires the continued commitment and involvement of the school and community to address the ever-changing needs and circumstances affecting our students' health and safety.**



"A safe school is foundational to the success of the academic mission."  
— Ronald Stephens

## Healthy School Environment

On a day-to-day basis, schools are among the safest places for our nation's children. To ensure that our schools remain safe, it is important that school districts develop and implement sound policies and procedures.

The Office of Safe and Orderly Schools has designed guidelines and policies to assist those who are responsible for the health and safety of students and staff while they are at school, on school grounds, on their way to or from school, and involved in school-sponsored activities. Within the Office of Safe and Orderly Schools you can find these divisions that stress the importance of successful, community-wide partnerships in the development of procedures and policies that most effectively support the operation and maintenance of healthy, safe, orderly and disciplined school environments.

### **School Buildings and Grounds:**

<http://www.mde.k12.ms.us/safe-and-orderly-schools/school-building>

Crucial to the successful education of our children is a healthy learning environment that includes structurally safe facilities that satisfactorily comply with environmental standards and conditions.

Each year, more than 200,000 children go to the emergency rooms with injuries associated with playground equipment. A **playground checklist** is provided on the website listed above. On the website, you can also find the **Process Standard #31 Monitoring Tool** that can be used to ensure that school buildings and grounds are safe places for students..



### **School Safety:**

<http://www.mde.k12.ms.us/safe-and-orderly-schools/school-safety>

Safe schools are fundamental to students' school successes and achievements. Consequently, providing a safe and orderly school environment remains an ever-present priority of the Mississippi Department of Education. School safety should be addressed through a comprehensive approach that focuses on prevention, intervention and response planning. School Safety includes the areas of physical security, emergency operations and school discipline. On the website listed above, you will find a form to report unlawful activities, information about School Resource and Safety Officers, and other important school safety resources.

**CAUTION**

**The Stay Safe Hot line—toll free, 1-866-960-6472**

Call this number to share school safety concerns without sharing your name. It is totally anonymous and available 24/7. Report situations that may endanger the people at your school or school-sponsored activity. The Office of Healthy Schools at the Department of Education is here to listen and take action.



## Healthy School Environment, continued....



### **Crisis Management:**

<http://www.mde.k12.ms.us/safe-and-orderly-schools/crisis-management>

On the Crisis Management site listed above, you can find the **Crisis Management Plan Template** that can serve as a guide for local districts in developing their crisis management plans. Each plan should be developed to meet the needs of the district with the realization that emergencies and crisis that affect our schools and children can and do happen. The crisis management plan should change as a school's needs change. It should be a comprehensive crisis response management plan that addresses mitigation/prevention, preparedness, response and recovery.

### **Bullying / Prevention**

Code 37-11-20 (1972) states that it is unlawful for any person to intimidate, threaten or coerce, or attempt to do such things, to any person enrolled in any school for the purposes of interfering with the right of that person to attend school classes or of causing him not to attend classes.

Senate Bill 2015 was passed in 2010 that:

- Prohibited bullying or harassing behavior in public schools
- Defined bullying or harassing behavior
- Defined hostile environment
- Required all local school districts to adopt a policy prohibiting bullying and harassing behavior

The goal of an anti-bullying policy should be to maintain an environment free from bullying and harassing behavior by providing guidelines to be followed. The intent of the policy is that any student, school employee or volunteer who feels he/she has been a victim of bullying or harassing behavior shall report such conduct to a teacher, principal, counselor or a school official.

**Resources** for bullying prevention include;

Bully Free — <http://www.bullyfree.com>

Coaching Boys INTO Men — <http://www.coachescorner.org/>

Fear Stops Here — [Fearstopshere.com](http://Fearstopshere.com)

Mean Girls Aren't Cool — [www.meangirlsnotcool.com](http://www.meangirlsnotcool.com)

Stop Bullying Now — [www.stopbullying.gov](http://www.stopbullying.gov)

STOP Cyberbullying — [stopcyberbullying.com](http://stopcyberbullying.com)



## Healthy School Environment, continued

### **Pupil Transportation:**

<http://www.mde.k12.ms.us/safe-and-orderly-schools/pupil-transportation>

Because thousands of Mississippi children begin and end their days with a trip on a school bus, transportation safety is an ongoing focus of the Office of Safe and Orderly Schools. Staff members provide assistance to school districts on federal and state laws and guidelines as well board policies concerning pupil transportation. Go to the website listed above to access numerous resources for pupil transportation. For resources relating to **school-bus safety**, go to <http://www.mde.k12.ms.us/safe-and-orderly-schools/school-bus-safety>.



### **Driver Education Program:**

<http://www.mde.k12.ms.us/safe-and-orderly-schools/driver-education>

The task facing driver educators is as complex as it is important. Certainly, driver educators must provide the information and experiences that will enable students to acquire basic vehicle handling skills. At the same time, instructors must instill in students an understanding and appreciation of the practices and principles of safe driving to include the skills and knowledge necessary to make responsible decisions that promote good citizenship. Contact numbers for the Driver Education Office at the Mississippi Department of Education are:

Phone (601) 359 -1028

Fax (601) 359 - 3184



# **Employee Wellness**



## Employee Wellness

**Students are not the only ones who need good health. An employee's mental health and physical health are essential to the success of a school system. School personnel who want to encourage children and teens to live a healthy lifestyle will be more successful if they model healthy behaviors.**

**Employee Wellness Programs should provide staff with information and experiences that increase their understanding of wellness and their commitment to its benefits.**



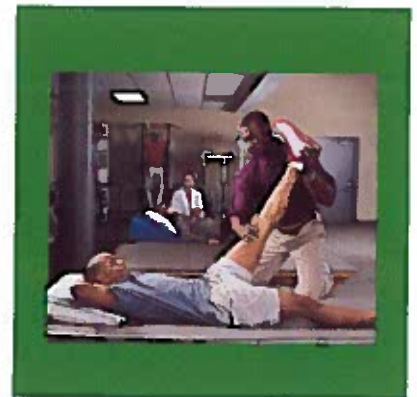
# Employee Wellness Programs

School districts should establish their wellness programs based on the needs of their particular staff and communities. A number of activities can be considered to make sure that teachers and school staff feel their best, perform at peak levels, and reduce their risk of disease. Such efforts can include:

- Promoting health and reducing risk factors through professional and staff development programs, providing information through newsletters, introducing incentives for participating in healthy practices and activities, and offering an employee assistance program.
- Providing health promotion programs for school staff to include opportunities for physical activity, health screenings, nutrition education, weight management, smoking cessation and stress reduction and management.

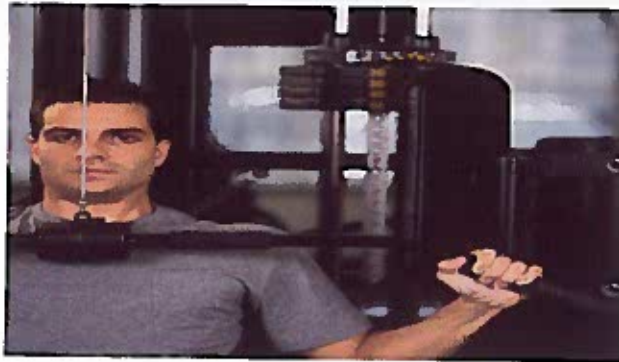
Opportunities listed below encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, decreased insurance costs, and a greater personal commitment to the health of students. They also create positive role modeling:

- Weigh Down Initiative
- Provide access to fitness equipment and space on the school property
- Implement healthy choices for staff
- Program for first aid and CPR
- Smoking cessation programs
- Start a walking club for staff before or after school
- Simple health screenings, such as blood pressure, so that staff can identify vending selections to include healthy choices
- Invite a Yoga or Zumba Instructor to offer classes
- Stress reduction programs
- Provide adult immunizations
- Make sure that all staff are aware of the Mississippi State and School Employees' Health Insurance Plan that has been enhanced to include My Active Health, a wellness and health promotion program designed to help individuals live a healthy lifestyle and increase their overall wellness benefit. [www.MyActiveHealth.com/Mississippi](http://www.MyActiveHealth.com/Mississippi).



# Motivating Mississippi-Keys to Living Healthy

[www.MyActiveHealth.com](http://www.MyActiveHealth.com)



Starting January 1, 2014, Mississippi Department of Education employees can take advantage of a new *Motivating Mississippi - Keys to Living Healthy* website at [www.MyActiveHealth.com/Mississippi](http://www.MyActiveHealth.com/Mississippi). Extra resources at no extra cost include:

**MyActiveHealth for Motivating Mississippi is your newest health advocate.**

At the center of your plan is a website powered by MyActiveHealth to help you keep your important health information—like medical history and future doctor's appointments—in one convenient place. There are fun and informative tools to keep you engaged with your health—from recipes to health news and activity trackers. [www.MyActiveHealth.com/Mississippi](http://www.MyActiveHealth.com/Mississippi).

**Participate in the Weight Management Program.**

If you're struggling with your weight, and your BMI is 30 or higher, this program can help you take control of your fitness and nutrition for long-term weight management. 1-866-939-4721, option 2, option 7.

**If you're expecting a baby, try Healthy Starts for Moms and Babies.**

You'll work with a registered nurse right over the phone through our Healthy Starts maternity program. 1-866-939-4721, option 2, option 3.

**Call the 24/7 Nurse-line for extra support.**

You can call any time for information and guidance from a registered nurse. 1-866-939-4721, option 2, option 4.

**Get support for long-term health conditions with Informed Care Management.**

Do you have **diabetes, congestive heart failure, coronary heart disease or asthma**? You can have a registered nurse as your personal health coach. 1-866-939-4721, option 2, option 2.

**On-site Health Coach available to you.**

Provided at no cost, the onsite health coaching program brings the experience and resources of ActiveHealth® Management to your location. Your health coach will work with you to maximize the potential benefits for your employees. Capabilities include: **Interactive Presentations, Health Literacy Information, Health Fair Participation, Wellness Activity Tables, One-on-One Coaching Assessments & Wellness Webinars**. Contact your wellness coach at [www.MyActiveHealth.com](http://www.MyActiveHealth.com).

# Resources for Employee Wellness

**American Cancer Society**

[www.cancer.org](http://www.cancer.org)

**American College of Sports Medicine**

[www.acsm.org](http://www.acsm.org)

**Centers for Disease Control's Healthy Worksite Initiative**

<http://www.cdc.gov/nccdphp/dnpa/hwi/index.htm>

**Health Enhancement Research Org.**

[www.the-hero.org](http://www.the-hero.org)

**Health Promotion Advocates**

<http://www.healthpromotionadvocates.org/>

**Institute for Health and Productivity Management**

<http://www.ihpm.org/>

**International Association of Worksite Health Promotion**

<http://www.acsm-iawhp.org>

**National Wellness Association**

<http://nationalwellnessassociation.com/>

**National Wellness Institute**

<http://www.nationalwellness.org/>

**The Community Guide to Evidence Based Strategies**

<http://www.thecommunityguide.org/worksite/>

**Wellness Council of America**

<http://www.welcoa.org/>



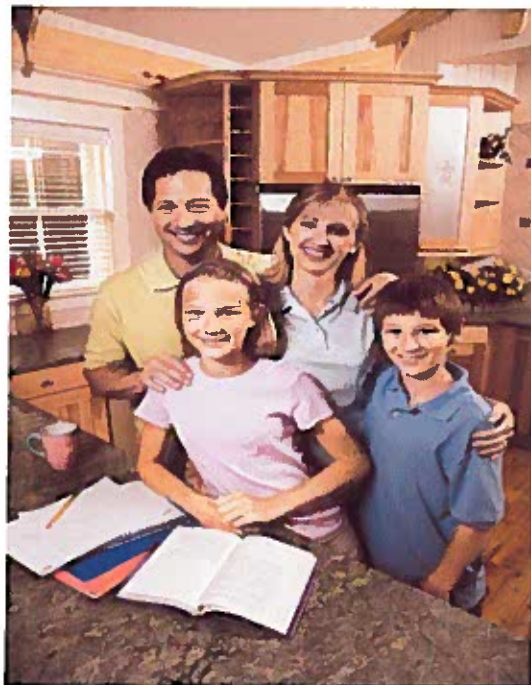
**Family  
Engagement/Community  
Involvement**



## Family Engagement/ and Community Involvement

**One of the biggest benefits of a coordinated approach to school health can be a closer working relationship between parents, businesses, local health officials, and other community groups.**

**Schools can take the opportunity to form powerful coalitions to address the health needs of students. School health councils, coalitions, and broadly based constituencies for school health can assist to build support for school health program efforts. Schools should actively engage community resources and parental involvement services to respond effectively to the health-related needs of students.**



## Examples of involving parents and the community in coordinated school health:

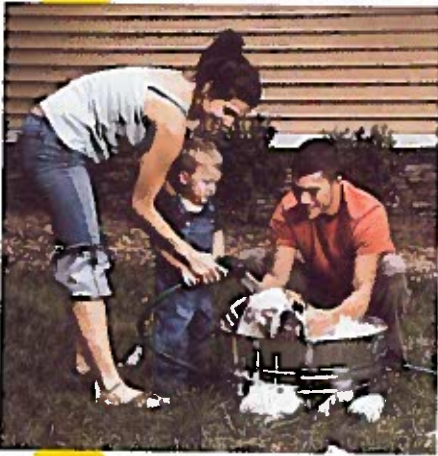
- Encourage parents to participate in coordinated school health planning and oversight committees
- Ask community members with special skills to teach certain health units (i.e. dieticians focusing on food choices).
- Open school facilities during non-school hours for physical activity, fitness sessions, as well as family health seminars and social and recreational functions. A Toolkit for Shared Used Agreements can be found at <http://www.mde.k12.ms.us/ohs/home>
- Schedule health fairs regularly and invite the public to participate.
- Invite parents and community members to be on the school health council
- Update parents on successes relating to school health through monthly newsletter
- Encourage parents and community members to participate in the development of the local school wellness policy and ensure implementation
- Appoint parents to serve on crisis response planning committee
- Sponsor a family fitness night
- Work with local media to inform the community about health problems facing Mississippi children, as well as the need for healthy school environments
- Increase PTO/PTA Membership
- Provide resources that help families on matters that are related to parenting skills, child development, and family relationships.
- Train parents to communicate with their child about relationships, safety, tobacco, alcohol, drugs, sexuality, violence and diet.
- More ideas and resources on the following page.



*"The education of young people affects everything from the economy to national security. The key is to get involved, whether or not you have children."*

## Contacts, Resources, and Data – Family and Community Involvement

On the [Office of Healthy Schools](http://www.mde.k12.ms.us/healthy-schools/family-and-community-services) website, you can find useful resources for reaching family and community members with programming for health and wellness. Go to <http://www.mde.k12.ms.us/healthy-schools/family-and-community-services> and click on resources.



### **Parents for Public Schools:**

Parents for Public Schools is a national organization of community-based chapters working in public schools through broad-based enrollment. The organization's proactive involvement helps public schools attract all families in a community by making sure all schools effectively serve all children. For more information please visit: [www.parents4publicschools.com](http://www.parents4publicschools.com).

### **Mississippi PTA**

The mission of the Mississippi Parent Teacher Association (PTA) is to support and speak on behalf of children and youth in the schools, in the community and before governmental bodies and other organizations that make decisions affecting children. The Mississippi PTA also assists parents in developing the skills they need to raise and protect their children and to encourage parent and public involvement in the public schools.

For more information please visit [www.mississippipta.org](http://www.mississippipta.org).

### **Youth Risk Behavior Survey - [2011 Youth Risk Behavior Survey Data](#)**

<http://www.msdh.state.ms>—Click on Data and Statistics



