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DP23-0002 CDC Healthy Schools Program: Monthly Indicator Report

Form Approved

OMB No. 0920-xxxx

Expiration Date: XX/XX/XXXX

Thank you for submitting the monthly indicator report. Please submit this form by the 15th of each month, following the reporting period (e.g., submit January report by February 15th).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Select the period you are reporting on.





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Professional Development

Professional development (PD) events include training, workshops, communities of practice, presentations, and information sessions designed to help individual participants obtain or develop new and existing knowledge and skills needed to put expected practices into action.

How many PD events were delivered in July 2024?

Please include PD events provided statewide and to your PLEA.



(Select all that apply)



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The following questions pertain to **the 1st PD event**.

What was the name of the PD event?

PD Topics of Focus

For each the following questions, please select all the topics that were a major theme or focus of the PD event. A theme or focus is major if it has a learning objective or another meaningful result attached to it.

Which of the following school health infrastructure building processes did the PD event focus on (if any)?

Establishing and/or operating school health/wellness teams, councils, or committees

Conducting and/or using the School Health Index (SHI)

Conducting other CDC school health assessments (e.g., Wellness Policy in Action Tool (WPAT), Health Education Curriculum Assessment Tool (HECAT), or Physical Education Curriculum Assessment Tool (PECAT))

Conducting non-CDC school health assessments (e.g., Thriving School's Integrate Assessment by the Alliance for a Healthier Generation, Health services Assessment Tool for Schools (HATS) by the American Academy of Pediatrics (AAP), or the Healthy Eating and Physical Activity (HEPA) Standards 2.0 Self-Assessment tool by The National Afterschool Association's (NAA)

Developing and/or implementing school health action plans

Developing and/or implementing local wellness policies

Evaluating programs and initiatives

Other infrastructure building process(es)

No school health infrastructure building processes were a focus of the PD event

**Which of the following DP23-0002 priority topics did the PD event focus on (if any)?
(Select all that apply)**

Diversity, equity, inclusion, accessibility, and belonging (DEIAB)

Health equity and/or health disparities

Management of chronic health conditions

Nutrition environment and services

Physical activity/Physical education (PA/PE) or Comprehensive School Physical Activity Program (CSPAP)

None of the above priority topics were a focus of the PD event

Which of the following additional topics did the PD event focus on (if any)?
(Select all that apply)

Community involvement

Counseling, psychological, and social services

Employee wellness

Family engagement

Health education

Health services

Physical environment

Social and emotional climate

Out-of-school time

Whole School Whole Community, Whole Child (WSCC) model

Other topic(s)

No additional topics were a focus of the PD event

(Select all that apply)

PD Participants

How many total participants (i.e., individuals) attended the PD event?

Include only intended PD recipients. Exclude PD event staff or partner observers who are not intended to receive the PD to increase their knowledge and/or skills.

0

How many of your state's unique local education agencies and/or schools were represented by one or more participants at the PD event?

Local education agencies0

Schools0

Please select the types of school participants that attended the PD event. (Select all that apply)

School administrators

School student support staff (i.e., counselors, psychologists, social workers)

School health/physical education teachers

School health coordinators

School nurses

School nutrition staff

Other school teachers

Other school staff

What other categories of school staff attended the PD event?

(Select all that apply)

Please select the types of district participants that attended the PD event. (Select all that apply)

District family or community engagement staff

District health coordinators

District health/physical education staff

District nurses or health services staff

District nutrition staff

District superintendent

Other district staff

Please select the types of non-school and non-district participants that attended the PD event. (Select all that apply)

State education agency (SEA) staff

Other state government staff (e.g., health department staff)

Local government staff (e.g., local health department staff)

Out-of-school-time staff (e.g., administrators of out-of-school time programs, intermediary organizations, front line staff)

Community-based organization staff

Community members

Parents/family members

Students

Other non-school and non-district participants





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Technical Assistance

Technical assistance (TA) is the process of providing direct, tailored support to an organization or individual(s). A **TA instance** is a collaborative (two-way) exchange between a provider (specialist) and one or more site(s) to address a need or problem. TA instances may occur by phone, e-mail, and virtual or in-person meetings and may include routine (e.g., monthly) and ad hoc communications. Multiple email exchanges or phone calls around one or more topics or issues should be counted as a single TA instance. Only report TA instances delivered as part of the DP23-0002 program.

How many TA instances occurred in July 2024?

Please include TA provided statewide and/or to your PLEA and corresponding schools.



TA Topics of Focus

Select up to 3 school health infrastructure building processes most commonly addressed by TA instances in July 2024.

Establishing and/or operating school health/wellness teams, councils, or committees

Conducting and/or using the School Health Index (SHI)

Conducting other CDC school health assessments (e.g., WPAT, HECAT, PECAT)

Conducting non-CDC school health assessments (e.g., Healthy Generation's Healthy Schools Assessment)

Developing and/or implementing school health action plans

Developing and/or implementing local wellness policies

Evaluating programs and initiatives

Other process(es)

No school health infrastructure building processes were the focus of TA

Select up to 5 additional topics most commonly addressed by TA instances in July 2024.

| |
|--------------------------------------------------------------------------------------------------------|
| Community involvement |
| Counseling, psychological, and social services |
| Employee wellness |
| Family engagement |
| Health education |
| Health equity and/or health disparities |
| Health services |
| Management of chronic health conditions |
| Nutrition environment and services |
| Out-of-school time |
| Physical activity/physical education (PA/PE) or Comprehensive School Physical Activity Program (CSPAP) |
| Physical environment |
| Social and emotional climate |
| Whole School Whole Community, Whole Child (WSCC) model |
| Other topic(s) |

Of the 1 TA instances you provided in July 2024, how many focused on diversity, equity, inclusion, accessibility, and belonging (DEIAB); health equity; and/or health disparities topics?

In 1-2 sentences, describe how the TA supported efforts to promote diversity, equity, inclusion, accessibility, and belonging (DEIAB); promote health equity; and/or reduce disparities.



TA Participants

How many of your state's unique local education agencies, schools, and/or other organizations did you provide TA to in July 2024?

Local education agencies

Schools

Other organizations (e.g., community-based organizations, out-of-school providers)

Of the 1 TA instances provided in July 2024, how many were provided to the PLEA and/or PLEA corresponding schools?



PLEA Corresponding Schools

This section pertains only to corresponding schools within your priority local education agency (PLEA). The maximum number of schools you may enter for any question is .

How many PLEA corresponding schools completed new school health assessments of each type in July 2024?

Only report schools that completed the entire assessment during this period. Do not include schools that started or are in progress of completing an assessment or schools who had completed the assessment before this period.

School Health Index (SHI) (CDC)

Wellness Policy in Action Tool (WPAT) (CDC)



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Healthy Eating and Physical Activity (HEPA) Standards 2.0 Self-Assessment Tool (The National Afterschool Association)

Other assessment(s)

How many PLEA corresponding schools submitted a new fully developed DP23-0002 action plan in July 2024?

How many PLEA corresponding schools did you assist in implementing their action plans in July 2024?

In 1-2 sentences, describe how you assisted **PLEA** corresponding schools to implement their action plans.

You may provide any additional relevant notes on school health assessments and/or action plans here. (Optional)



Wins and Lessons Learned

Please share any wins and/or lessons learned in . (Optional)

For example, a state or district adopted a policy you have been advocating for, a partner you helped write a grant proposal secured funding, or a new collaboration has kicked off due to your network weaving efforts.

Please share any other information that is important to understand your report this month (e.g., challenges, barriers, etc.).





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I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

Name and title of person who completed this form

Email address



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