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Evaluative criteria for health education at the elementary school level

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BOSTON UNIVERSITY
SCHOOL OF EDUCATION

THESIS

EVALUATIVE CRITERIA FOR HEALTH EDUCATION
AT THE ELEMENTARY SCHOOL LEVEL
(REVISED EDITION)

Submitted by

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In Partial Fulfillment of Requirements for
the Degree of Master of Education

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TABLE OF CONTENTS

CHAPTER	Page
I. THE PROBLEM	1
Statement of the Problem	1
Background and Purpose of the Study	1
Delimitation of the Study	2
Justification of the Study	2
II. REVIEW OF THE RESEARCH.	4
III. DEVELOPMENT OF MATERIALS.	11
Procedures of Study	11
Jury Members Participating.	13
Jury Criticisms	14
Limitations of the Instrument	15
Evaluative Criteria for Health Education: (Final Revised Edition)	16
IV. Suggestions for Using the Criteria.	28
V. Appendix.	32
VI. Bibliography.	55

CHAPTER I
THE PROBLEM

Statement of the problem.---The construction and presentation of a revised instrument of Evaluation Criteria for Health Education at the Elementary School Level is the problem of this study.

Background and purpose of the study.---The original instrument was one of eight specific curricular evaluations developed through a Boston University research project during the school year of 1951-52. In 1953, the results of that project were published under the title, Elementary Evaluative Criteria.¹ In this project the health area was combined with the physical education area. During the past eight years this manual has been used by many school systems in a number of states throughout the country to evaluate their respective elementary school curriculums.

Because of the recent rapid growth and development of health education in both elementary and secondary schools throughout the country, it is believed that it is necessary to improve methods and materials in health education and also that the instrument of evaluation criteria for elementary school health education developed in 1953, is in need of

¹James F. Baker, and Others, Elementary Evaluative Criteria (Research Project), Boston University, School of Education, Boston Massachusetts, 1953.

revision and must be up-dated to reflect the thinking of modern-day health educators. This is the purpose of the study.

Delimitation of the study.---The instrument will be developed in terms of evaluative criteria for health education in grades one through six only. It will not be intended for use at the kindergarten or seventh and eight grade levels. Items of evaluation for physical education will not be included, but a minority of the criteria may closely correspond to the separate instrument pertaining directly to physical education at the elementary school level, which has been developed by another writer.

Justification of the study.---Today in education there is an emphasis upon evaluating the present status and a determination to find the strengths and weaknesses to establish a curriculum which will meet our educative needs.

It has been said that "Although teaching programs have greatly improved in elementary schools in recent years there is still a need for a reconsideration of many phases of the program. The various methods to be used in teaching health as well as the gradation of health and safety need reconsideration. Attention should be given to more objective means of selecting from the wealth of source materials available."²

² Irwin, Leslie W., "Basic Needs in Health Education," Journal of Education, Boston University, School of Education, Boston, Mass., 1959, p. 2-5.

To further justify the study, I. Fleming,³ has stated that balance in the area of health is of great importance in making sure that health is viewed in its broad prospective and that evaluation of progress being made by and for the individual, group, school and health teacher is essential.

"As in all evaluation processes, the more the scientific appraisal, the sooner the purposes of the program may be reached."⁴ With this in mind, the need for an up-to-date instrument which will evaluate programs of elementary health education in terms of present-day aims, objectives and goals is necessary. This instrument is hoped to serve as a guide in the perpetuation or modification of some practices, and the elimination of others.

³Fleming, I., "Building an Effective Health Program," National Elementary School Principal (Feb., 1960), 39: 10-13.

⁴Willgoose, Carl E., Health Education in the Elementary School. W.B. Saunders Company, Philadelphia, 1959, p. 38.

CHAPTER II

REVIEW OF THE RESEARCH

The school health program should assure that each child achieves the most of which he is capable from his educational opportunity, and to provide a healthy adult population for the future. To achieve this, the school must inculcate sound health habits, give factual health instruction, provide an environment that is safe, pleasant and emotionally understanding and recognize and refer for treatment children with physical, emotional, and social handicaps.

The attainment of these goals requires the active cooperation of many people. Parents of course, have the primary responsibility. The health of the school child depends to a very great extent on the health status of the home from which he or she comes. The health of the school child is a product not only of his family health but also of the health consciousness of his community. The school's responsibility is to provide for the ever changing services it must cope with, including instruction and facilities for the advancement of every pupil.

Thus, "The school health program must be based on a knowledge of community health needs and effective utilization of community health resources. It must be supported by the cooperative efforts of parent, family physician and dentist, school administrator, school physician, teacher, nurse,

guidance counselor, psychologist, dental hygienist, physical education instructor, lunch room staff, and custodian."¹

The broad concept of a school health program as one embracing efforts to meet the physical, emotional, and social needs of every child through family, school, and community resources has developed slowly yet certainly.

Great needs exist for revising the commonly accepted evaluation criteria which are used today in the health education programs of our schools. The principles involved are constantly being revised and evaluated to conform with those accepted in general education, and to ascertain that they are meeting the needs of an ever changing society.

In the over-all picture of health education, Smith and Wolverton² conform to other modern health educators and state that: "From the standpoint of practical organization, school health education operates in three main areas; (1) health services for individual children through examination and guidance; (2) planned and organized instruction; and (3) provision and maintenance of a healthful school environment."

Irwin³ and others, have stated that: "health services as

¹ Latimer, Jean V., and Others, The Administrator's Guide For The School Health Problems (Fourth Revision), Massachusetts Dept. of Education, Mental Health, Public Health, 1957, p. 5.

² Smith, Helen N., and Mary E. Wolverton, Health Education in the Elementary School, Ronald Press Company, New York, 1959.

³ Irwin, Leslie W., and Others, Methods and Materials in School Health Education. C.V. Mosby Company, St. Louis, 1956.

applied to the school program embody all efforts of the school to conserve, protect and improve the health of the school population through activities and procedure such as medical and dental examinations; follow-up of health examinations; encouragement and assistance in plans for the correction of defects; observation of pupils; control of communicable diseases; health counseling and appraisal of health status; providing emergency care for the sick and injured; provisions for the care and education of handicapped and exceptional children; and supervision and maintenance of hygienic and sanitary conditions of the school plant and facilities."

In order to insure the protection of pupils' health, it is necessary that an efficiently organized health service program be put into effect. The coordination of all health service efforts should be under the direction of a health coordinator.

Full value of the health services is never fully achieved unless they are made part of the pupils' learning experiences. Health standpoint will aid in developing a wholesome pupil attitude for health, and in influencing pupil behavior. The ultimate success of a school service program may be determined from the standpoint of its contribution to pupils' health education as well as its direct value in appraising, protecting, and promoting health.

Health instruction may be defined as the "organization

of learning experiences directed toward the development of favorable health knowledges, attitudes and practices."⁴ As a result of the instructional program the pupil should have a grasp of a body of scientific knowledge which should provide a basis for intelligent self direction.

Willgoose ⁵ states that, "the desired outcome of health instruction is a change in the behavior of the pupils." This can be accomplished by relating the health and safety instruction to real life situations and going beyond the classroom into the community. Because of the complexity of modern living, it has become necessary to include general program instruction pertaining to the prevention of accidents. It is highly important that one live and practice safety to live healthfully. Administrators and teachers should see that whatever time is necessary for furthering the health and safety of the pupils is available and used.⁶ The amount of time allotted to health and safety instruction should at least be equal that devoted to any other major area in the curriculum.

Irwin ⁶ and Clarke ⁷ have both written of the necessity

⁴Wilson, Charles C., (Editor), National Education Association and American Medical Association, Health Education (Fourth Edition). N.E.A., Washington, D.C., 1959, p. 4.

⁵Willgoose, Carl E., op. cit., p. 74.

⁶Irwin, Leslie W., Journal of Education, op. cit., p. 2-5.

⁷Clarke, Harrison H., Application of Measurement to Health and Physical Education (Third Edition), Prentice-Hall, Inc., Englewood Cliffs, N.J., 1959, p. 3-12.

for some definite type of evaluation in the area of instruction. Irwin speaks of the scientific approach to health education and of a more objective means of selecting from the wealth of source materials available. Irwin does, however, defend the health educator today by saying that development has been rapid within this area during the past two or three decades. But declares that much further effort should be put into this important phase of the health education program.

Since the school environment directly affects one's health, safety, and learning, it is the responsibility of school administrators to provide for and maintain a safe and sanitary environment conducive to proper physical, social, and emotional development. All pupils should be given the opportunity to live healthfully while at school.

The National Education Association-American Medical Association⁸ and Irwin⁹ recommend that the classroom teacher must establish and maintain hygiene conditions in her classroom. Important in the consideration of a healthful school environment are adequate space and facilities, appropriate heating, lighting and ventilation, adjustable seats which provide for individual differences in growth, lavatory and handwashing

⁸ Wilson, Charles C., (Editor), Health Education, op. cit., p. 115-128.

⁹ Irwin, Leslie W., The Curriculum in Health and Physical Education, William C. Brown Company, Dubuque Iowa, 1960, p. 241-244.

facilities, sufficient drinking fountains of an approved sanitary design, and general cleanliness of the classroom. The maintenance of safe and sanitary conditions in the building and on the school grounds should be under constant supervision since equipment and facilities are factors which vitally influence the health and well-being of the pupil. Aside from providing a safe and sanitary school environment, it is of no less importance that the hygiene of the school environment be closely correlated with the instructional program.

Willgoose,¹⁰ in his chapter on, "Aspects of Healthful School Environment," infers that a healthful school environment requires constant consideration of pupils' emotional and social development. The many sided pupil-teacher relationships greatly influence mental and emotional health and are vitally important factors in establishing wholesome conditions within the classroom. When a desirable relationship has been established between the pupil, the teacher, and his environment, learning is facilitated and attitudes and ideals are fostered. Before effective learning can take place, a pleasant and harmonious classroom is necessary; therefore, it is of fundamental importance that proper pupil-teacher relations be established, maintained and developed to the fullest.

¹⁰Willgoose, Carl E., op. cit., p. 60-65.

An up-to-date criteria of evaluation of these different aspects of health education is surely one of the weakest links in the health education program of today's schools.

Summarizing what many health educators have stated, the National Education Association--American Medical Association, Joint Committee have stated that, "A health instruction program which includes consideration of important health topics and which is based on sound educational principals should be expected to produce better results than one which is less extensive or less carefully conceived." In view of this fact the program itself may be evaluated from the standpoint of its organization and completeness. Periodic evaluations give indications of the success or failures of a program and help point the way for improvements. No teacher, school or school system should fail to evaluate the results of its health education efforts. Out of failure and success come the pointers to further progress."¹¹

It is hoped that this criteria for evaluation which is being presented will help to achieve what the N.E.A. & A.M.A., has deemed essential for the advancement of education.

¹¹Wilson, Charles C., (Editor), Health Education, op. cit., p. 348-349.

CHAPTER LII
DEVELOPMENT OF MATERIALS

Procedures of study.--In Health Education evaluation techniques of administration, instruction and pupils progress are very inadequate. An up-to-date instrument of an evaluative type needs to be constructed.

In reviewing the literature many names of authorities in health education were noted and lists compiled to be later used as jurors. Each of the authorities selected was sent a letter ¹ requesting their assistance in criticizing the tentative instrument. Sixteen invitations to serve on the jury were sent out. A form, answer letter ² was enclosed, along with a self-addressed envelope for their convenience in replying.

Eleven replies were received, ten of which were willing to serve, one did not wish to for personal reasons. These final ten jurors were located in almost every geographic area of the United States. Each of the jurors were proficient in the proposed evaluative criteria. In many cases the jurors held authoratative roles in more than one of the three areas served in the criteria.

¹See Appendix, p. 32.

²See Appendix, p. 33.

The first draft of the proposed instrument ³ was sent out and the jurors were asked to make any changes, deletions or additions that they believed necessary to make the instrument more effective and meaningful. Along with the proposed instrument a letter of explanation ⁴ was sent and also a separate page of "jury instructions" ⁵. Once again a self-addressed stamped envelope was enclosed to facilitate the return of the instrument.

After the criticisms of the jurors were received, the criteria was again revised, additions and corrections were made as deemed necessary in light of the suggestions of the jurors. The first draft instrument was then re-written into the final instrument.

³See Appendix, p.⁴¹ 34-41.

⁴See Appendix, p.⁴¹ 42.

⁵See Appendix, p.⁴¹ 43.

Jury members participating.--The lists of jurors who served as active participants in suggesting revisions is as follows:

*Dr. G.L. Anderson
Professor of Hygiene and Health Education
Oregon State College
Corvallis, Oregon

*Dr. Mary K. Beyrer
Department of Physical Education for Women
Ohio State University
Columbus 10, Ohio.

*Dr. Oliver E. Byrd
Director, Department of Hygiene
School of Education
Stanford University
Stanford, California

*Dr. Leslie Irwin
Dept. of Health, Physical Education and Recreation
School of Education
Boston University
Boston 15, Massachusetts

*Dr. Mary J. Moriarty
School of Education
Boston University
Boston 15, Massachusetts

*Dr. D. Oberteuffer
Ohio State University
Columbus, Ohio

*Dr. J.K. Rash
Chairman, Department of Health and Safety
Indiana University
Bloomington, Indiana

*Dr. Sara L. Smith
Department of Health Education
Florida State University
Tallahassee, Florida

* Authors

*Dr. Carl E. Willgoose
 Dept. of Health, Physical Education and Recreation
 School of Education
 Boston University
 Boston 15, Massachusetts

*Dr. C.C. Wilson
 Professor of Education and Public Health
 Yale University
 New Haven, Connecticut

Jury criticisms.--Mainly, the jury members were most keenly interested in the content of the Health Services Section of the instrument. Many changes and additions took place here. The greatest number of criticisms dealt in minor word changes, deletions and amount of emphasis relating to the individuals own philosophy. There were also changes made in the standards which were used throughout the instrument. Changes due to the jurors' location within the United States also had to be considered in the final instrument. This fact made a few major questions "open ended" so as to serve their purpose.

A follow-up letter ⁶ to assure the author time to finish the thesis was sent to every jury member.

A final copy of the revised instrument ⁷ was sent to each member of the jury, accompanied by a letter of personal thanks for their participation ⁸.

*Authors

⁷See Appendix, p.45-53.

⁶See Appendix, p.44.

⁸See Appendix, p.54.

Limitations of the instrument.--Due to the construction of an instrument of this type it is obvious that at the present time it has certain limitations. First, and most important, would be the testing of the instrument. The degrees of reliability and validity cannot be ascertained until results from several school systems which have used the instrument can be tabulated and investigated.

Secondly, the instrument was written with the full intention of serving all areas within the United States. However, it is almost impossible to incorporate the philosophies of all health educators in all areas of the country.

Therefore, it is probable that further revision may be deemed necessary before the instrument can accurately produce reliable and valid results in terms of apparent strengths and weaknesses and provide a sound basis for necessary improvements and additions in programs of elementary health education.

EVALUATIVE CRITERIA FOR HEALTH EDUCATION
AT THE ELEMENTARY SCHOOL LEVEL
(FINAL REVISED EDITION)

The following is the completed instrument of the evaluative criteria for health education at the elementary school level in final form. The underlying philosophy with which these revised materials have been developed is that a program in health education can be evaluated in terms of its own philosophy and objectives. This idea is valid, however, only when the school using the criteria has developed a specific statement of philosophy and objectives consistent with pupil needs and is using the most modern procedures as identified through research to meet their needs.

The standards and evaluation items following reflect a forward looking philosophy and are based on research and trends of modern day elementary health educators and health education programs.

Health specialists and staff members conducting an evaluation should be sincerely interested in evaluation and should be willing to participate extensively in the process. Results of evaluation studies are directly related to the earnestness with which the school, staff members and pupils evaluate their own work.

In other items, the standards have been applied as weighted responses. The score is determined by the response or responses selected. The following examples will indicate the use of this method:

Ex.-3 A periodic dental exam is provided by the school and is conducted by either a dentist or a dental hygienist.

yearly (4) every two years (3)
 every three years (2) every four years (1) 1-2-3-4

Ex.44 In case of remediable work, teacher-health personnel conferences, are held to discuss possible solutions. yes (4) no (0) (0)1-2-3-4

Ex.-5 Teaching aids that are available include:

<input type="checkbox"/> bulletin boards	<input type="checkbox"/> charts	
<input checked="" type="checkbox"/> flash cards	<input checked="" type="checkbox"/> graphs	
<input type="checkbox"/> posters	<input checked="" type="checkbox"/> maps	
<input checked="" type="checkbox"/> scrapbooks	<input type="checkbox"/> other	
<input checked="" type="checkbox"/> cartoons		8 checks (4)
<input type="checkbox"/> pictures		6 checks (3)
<input checked="" type="checkbox"/> models		4 checks (2)
<input type="checkbox"/> activity guides		2 checks (1)
(add checks to determine rating)		1-2-3-4

Ex.-6 An adequate number of toilet facilities are provided for both boys and girls.

(	1--30 girls	1-2-3-4
Recommended Minimum)	1--60 boys	1-2-3-4
(	boys urinals 1--30 boys	1-2-3-4

(The first two examples, Ex.3 and Ex.4, can be scored by using one response only. Ex.5 and Ex.6, illustrate how the score can be determined on the total responses evident or more than one response in a particular question.)

In all cases, encircle correct responses and final scores.

Provisions are made at the completion of each division for a single score that is interpreted in terms of the five standards. (See example below)

Part I: Total Items: 20; Possible Total for Part I: 80;

School Total for Part I: 60

Evaluation for Part I: 3

To determine the score for Part I, the following formula is used:

$$\frac{\text{School Total}}{\text{Total Items}} \text{ Score for Part I } \left(\frac{60}{20} \times 3 \right)$$

Part I: Health ServicesPupils:

1. A health examination is given by medical personnel:
 - a. visiting school doctor (or) every year, two years, three years, and/or according to state, city requirements (4)
 - b. family doctor every fourth year or according to medical request (1) 1-2-3-4

2. A special health examination is given at the time of:
 - a. entrance to elementary school 3 checks (4)
 - b. referral examination 2 checks (3)
 - c. entrance to Junior High school 1 check (1)
 - d. other 0 checks (0)
 (add checks to determine rating) 1-2-3-4

3. A periodic health screening test is provided for the eyes by methods approved by the state board of health.
 - yearly (4) every two years (3)
 - every three years (2) every four years (1) 1-2-3-4

4. A periodic health screening test is provided for the ears by methods approved by the state board of health at the:
 - a. first grade level 3 checks (4)
 - b. third grade level a&c checks (3)
 - c. sixth grade level b&c checks (2)
 - 1 check (1)
 - 0 checks (0)
 0-1-2-3-4

5. A periodic dental exam is provided by the school and is conducted by either a dentist or a dental hygienist.
 - yearly (4) every two years (3)
 - every three years (2) every four years (1) 1-2-3-4

6. School and community health resources are periodically revised and coordinated to enrich the opportunities for the pupil. 1-2-3-4

7. An insurance plan to cover injuries resulting from school accidents is available to all students and is provided by or through:
 - a. the school system (4)
 - b. the pupils parents (4)
 - c. combined school and parent payment (4)
 - d. none provided (0) 0-----4

Part II: Health InstructionCurriculum:

1. The content of the health curriculum is based upon the health needs of the greatest percentage of the pupils at each age level. 1-2-3-4
2. The purpose of the instruction is to create proper health knowledges, attitudes and behaviors, for individual as well as group situations. 1-2-3-4
3. The health personnel staff contribute to the development of the curriculum. 1-2-3-4
4. The school health curriculum considers the physical, social-emotional, and intellectual growth of the pupils at each grade level. 1-2-3-4
5. Recent scientific advances are incorporated in the curriculum to increase pupil interest. (in science, medicine, and public health) 1-2-3-4
6. Health information is correlated in other subject matter areas. 1-2-3-4
7. Health is intergrated with other subject matter areas. 1-2-3-4
8. A complete planning process, progressing from a resource unit, to the teaching unit, and finally to the daily lesson plan is evident. 1-2-3-4
9. Over a period of six years, the experiences that are provided in the school health curriculum are:
 - ___ a. personal clenliness and appearance 1-2-3-4
 - ___ b. care of eyes, ears, and teeth 1-2-3-4
 - ___ c. activity, fatigue, relaxation, sleep 1-2-3-4
 - ___ d. body structure and function 1-2-3-4
 - ___ e. prevention and control of disease 1-2-3-4
 - ___ f. safety and first aid (all places, including) 1-2-3-4
 - ___ g. nutrition and substances harmful to health 1-2-3-4
 - ___ h. mental and emotional health 1-2-3-4
 - ___ i. community health 1-2-3-4
 - ___ j. family life education 1-2-3-4
 - ___ k. common health misconceptions 1-2-3-4
10. In a situation where clarification or precautionary measures presents itself spontaneous health instruction is encouraged. (for example, an accident on the playground) 1-2-3-4

11. The person in the school system who is actually teaching health is:
 ___ a. health specialist ___ c. physical education
 ___ b. classroom teacher with ___ specialist
 preparation ___ d. other
 (rate the instruction that is done) 1-2-3-4
12. A current (within the past 5 years) text book is used as the basis for the course of instruction.
 yes (4) no (0) 0-----4
13. Adjustments in programming in health instruction are provided for:
 ___ a. the gifted child 4 checks (4)
 ___ b. the physically handicapped 3 checks (3)
 ___ c. the mentally handicapped 1 check (2)
 ___ d. the transfer student 0 checks (0) 0-1-2-3-4
- General Policies:
14. A yearly minimum time, allotted health instruction is:
 90 minutes or more (4) 45/60 minutes weekly (2)
 60/90 minutes weekly (3) 30/45 minutes weekly (1)
 bad weather only (0)
 0-1-2-3-4
15. Classification and grouping of pupils according to age, mental ability, and physical capacity are taken into consideration with regard to the teacher-learning situations. 1-2-3-4
16. The classroom and/or the library contain health materials which is available and applicable to the level of the pupil. 1-2-3-4
17. In the upper elementary school (4--6), pupils are given an opportunity to appraise the specific facts they have learned throughout a certain health unit. 1-2-3-4
18. Staff evaluation of the health instruction program is a continuous process and the methods employed are:
 ___ a. data gathering devices
 ___ b. standardized tests and/or paper pencil tests
 ___ c. pupil records
 ___ d. pupil evaluation
 (add checks to determine rating) 1-2-3-4

19. Resources which are available and are used for an in-service training program include: (where indicated; local and national, subscriber and member)

- visitations meetings and conferences (L&N)
- bulletins (L&N) in-service courses
- workshops (L&N) professional literature (S)
- advanced study professional associations (M)
- demonstrations other

6 checks (4), 4 checks (3), 2 checks (2), 1 check (1)
(add checks to determine rating) 1-2-3-4

20. Teaching aids that are available include:

- bulletin boards cartoons charts
- flash cards pictures graphs
- posters models maps
- scrapbooks activity guides other

8 checks (4), 6 checks (3), 4 checks (2), 2 checks (1)
(add checks to determine rating) 1-2-3-4

21. Audio-visual aids that are used primarily to supplement and enrich the health instruction are:

- demonstrations educational T.V.
- exhibits field trips
- dramatizations motion pictures, slides
- other filmstrips

4 checks or above (4), 3 checks (3), 2 checks (2),
1 check (1) (add checks to determine rating) 1-2-3-4

Part II: Total Items: 21; Possible Total for Part II: 128

School Total for Part II: _____

Evaluation for Part II: _____

Part III: Healthful School Living

General Policies:

1. The ultimate goal is to establish positive health attitudes and behavior favorable to the best emotional, social and physical health of the pupils. 1-2-3-4
2. Sufficient daily relaxation and play periods are provided for the students. 1-2-3-4
3. Classroom teachers are provided daily relaxation breaks. 1-2-3-4
4. In addition to eating, sufficient time is given (maximum time of 10 minutes) during the lunch period for washing hands before going into the lunchroom. 1-2-3-4
5. School safety policies are established and enforced to insure and maintain a safe school environment. 1-2-3-4
6. Through the direction of a registered dietitian or another qualified person, the students have an opportunity to plan the school lunch menus. 1-2-3-4
7. The school program is constructed so that there are various recreational activities for the teacher in order to create a healthful working environment. 1-2-3-4
8. A student safety patrol, under the direction of the teachers, guard against accidents inside and outside the school in the following areas:
 - ___ a. halls and stairways 1-2-3-4
 - ___ b. shops and laboratories 1-2-3-4
 - ___ c. gymnasium, locker, and shower rooms 1-2-3-4
 - ___ d. playgrounds 1-2-3-4
 - ___ e. school buses (transportation to and from school) 1-2-3-4
 - ___ f. street crossings 1-2-3-4
9. Annual or semi-annual inspections or surveys of school buildings and grounds for health and safety reasons are made by the health staff. 1-2-3-4
10. This inspection serves as a basis for recommendations for improvements. 1-2-3-4

CHAPTER IV

SUGGESTIONS FOR USING THE CRITERIA

The elementary school evaluating its health education offerings should first examine the Instruction sheet carefully and use it as a check in terms of its own evaluative techniques.

The Health Services section includes items of suggested practices aimed at promoting optimal growth and development for each individual child. It is by no means inclusive of all practices throughout the country.

The Health Instruction section is based upon current practices in health education and generally reflect the basic philosophy of the leading health educators throughout the country. No attempt has been made to classify any of the items to a specific grade level. This classification is left to the discretion of the individual teacher, administrator, or health staff member undertaking the evaluation.

The items contained in the section, Healthful School Living, should show strengths and weaknesses of the school environment. This would entail a safe, organized healthful school day, and the development of relationships between school personnel and pupils. The stress is on the development of proper emotional, social and physical health.

The suggestions recommended for the use of the health evaluative criteria at the elementary school level do not vary from those suggested by Goheen¹ in his evaluative criteria for physical education at the elementary school level.

It is suggested that if meaningful results are desired a separate copy of the instrument be used for each individual school. This would hold true even in a system involving many elementary schools.

To receive a more valid outcome of the entire health education program it would be desired if all health personnel, classroom teachers and specialists alike worked as a team in determining this evaluation.

To determine whether or not progress in terms of program improvement is being made it is recommended that this same evaluation be used at least twice within a period of four years. This should be followed by a program which takes action from the results of this evaluation to further improve the health education. Unless this is done the program would appear to be ineffective.

Occasions would arise where the use of this instrument by an outside committee of health education would be desirable,

¹Goheen, Royal Leonard, Evaluative Criteria for Physical Education at the Elementary School Level (Revised Edition), Master's Thesis, Boston University, School of Education, Boston, Massachusetts, 1961, p. 56.

especially for purposes of review and verification of results. It is recommended that this committee be well qualified and familiar with the school, its health program and personnel before being asked to participate in such an evaluation.

The Revised Evaluative Criteria should prove useful to all of the following: teachers, principals, elementary school supervisors and superintendents. The standards should also prove very helpful to those responsible for the health curriculum.

The criteria used constructively by a teacher should be valuable in pointing out the strengths and weaknesses in his or her own teaching, thus providing an opportunity for correction and improvement necessary for the achievement of desirable outcomes.

The revised criteria should also provide the principal and supervisor with a functional tool for evaluating the various aspects of the program, enabling him to be more objective in the evaluation of the various areas with which he is concerned.

The superintendent should find the criteria helpful in rating the position of health education in his school system. In addition it would provide him with the details necessary

for good public relations in regard to philosophy, content, methods, materials, and outcomes.

Earlier paragraphs mention only the usefulness of the criteria to various school personnel, without consideration of the ultimate benefit to the child.

Evaluation often is both the onset and the continuation of an endless flow of improvement which greatly enriches the program and is so important to the over-all development of the child. There should never be a culmination to evaluation, as the result would mean an end to program improvement. As needs change, curriculum revisions should be forthcoming to keep pace with the changes.

Therefore, one of the many that could be cited, this revised instrument of evaluative criteria would be of great value to the boys and girls of our present day schools.

APPENDIX

SAMPLE

ORIGINAL LETTER SENT TO SIXTEEN PROSPECTIVE JURY CANDIDATES

January 9, 1961

Name and Title
 Street or Institutional Address
 Town or City and State Address

Dear :

The Elementary Evaluative Criteria which was developed through a research project was published in 1953, and has since been used in many school systems throughout the country. At the present time, this criteria is in need of revision.

As part of the requirements for my graduate work, I propose to revise the section of the Elementary Evaluative Criteria pertaining to physical education and health education. This work is being done under the direction of Dr. Arthur G. Miller, Head of the Department of Health, Physical Education and Recreation at the School of Education, Boston University.

Two juries, each composed of 12 qualified persons, one for physical education and one for health education, are being asked to offer constructive criticism in terms of changes, additions and deletions concerning the tentative checklist items. The number of items to be judged will not be excessive and will be presented in objective form. It is my earnest hope that you will consider serving as a member of the jury for health education.

Enclosed is a self-addressed, stamped envelope and a form letter for your convenience in indicating whether or not you are willing to serve as a jury member. The checklist items will be sent to you early in February, with the hope that they could be returned by March 11, 1961. Your cooperation is sincerely appreciated and I look forward to your reply.

Respectively yours,

Arthur D. Reed Jr.
 34 Woodland Ave.
 Beverly, Mass.

Note: (Original plans called for the development of one final instrument containing evaluative criteria for physical education and health education. Later it was decided that two separate instruments would be constructed and that another writer would do the section on physical education.)

SAMPLE

REPLY FORM ENCLOSED WITH THE ORIGINAL LETTER

Date:

Mr. Arthur D. Reed Jr.
34 Woodland Ave.
Beverly, Mass.

Dear Mr. Reed:

In regard to your letter of January 9, 1961:

I (will__)-(will not__) serve as a jury member for the re-
vised development of the Elementary Evaluative Criteria.
(Health Education Section)

Signed: _____

Official Position_____
School or Street
Address_____
City and State

A-5 Teaching aids that are available include:

<input type="checkbox"/> bulletin board	<input checked="" type="checkbox"/> cartoons	<input type="checkbox"/> charts	10 checks (4)
<input checked="" type="checkbox"/> flash cards	<input type="checkbox"/> pictures	<input checked="" type="checkbox"/> graphs	8 checks (3)
<input type="checkbox"/> posters	<input checked="" type="checkbox"/> workshops	<input checked="" type="checkbox"/> maps	6 checks (2)
<input checked="" type="checkbox"/> scrapbooks	<input type="checkbox"/> activity guides	<input type="checkbox"/> models	4 checks (1)

(add checks to determine rating) 1(2)3-4

- A-6 Adjustments in programming in health instruction are provided for:
- a. the gifted child 1-2-3-4
 - b. the physically handicapped 1-2-3-4
 - c. the mentally handicapped 1-2-3-4

(The first two examples, A-3 and A-4 can be scored by using one response only. Examples A-5 and A-6 illustrate how the score can be determined on the total responses evident or more than one response in a particular question.)

In all cases, encircle correct responses and final scores.

Provisions are made at the completion of each division for a single score that is interpreted in terms of the four standards. (See example below)

Part I: Total Items: 20; Possible Total for Part I: 80; School Total for Part I: 60
 Evaluation for Part I: 3

To determine the score for Part I, the following formula is used:

$$\frac{\text{School Total}}{\text{Total Items}} = \text{Score for Part I } \left(\frac{60}{20} = 3 \right)$$

Part I: Health ServicesPupils:

1. A health examination is given by competent medical personnel:

<u> </u>	a. school doctor	every year or according to	state requirements	(4)	
	or	"	two years or "	"	county "
	"	"	"	"	"
<u> </u>	b. family doctor	"	third year "	"	city "
		"	fourth " "	"	medical request
				(2)	
				(1)	1-2-3-4
2. Health examinations are given for pupils who need special frequent exams.

	yes (4)	no (1)	
			1-2-3-4
3. A periodic health screening test is provided for the eyes and ears by the use of apparatus which is approved by the state board of health.

	yearly (4)	every two years (3)	
	every three years (2)	every four years (1)	1-2-3-4
4. A periodic dental exam is provided by the school and is conducted by either a dentist or a dental hygienist.

	yearly (4)	every two years (3)	
	every three years (2)	every four years (1)	1-2-3-4
5. School and community health resources are constantly being revised and coordinated to enrich the opportunities for the pupil.

		1-2-3-4
--	--	---------
6. An insurance plan to cover school accidents and physical damage occurring during the school day is available to all students and is provided by or through:

<u> </u>	a. the school system	(4)	
<u> </u>	b. the pupils' parents	(4)	
<u> </u>	c. none provided	(1)	1-----4
7. In the upper elementary grades (4--6), pupils are given an opportunity to appraise the specific facts they have learned throughout a certain health unit.

		1-2-3-4
--	--	---------

Staff:

1. Staff personnel are required to have a periodic health examination which includes a physical check-up, eye and ear exam, and a blood pressure test.

	yearly (4)	every two years (3)	
	every three years (2)	every four years (1)	1-2-3-4
2. The teachers are instructed how to recognize personal health differences in daily inspection of the health of the pupils.

		1-2-3-4
--	--	---------
3. The teachers are instructed to refer any negative health findings, as a result of the daily inspection, to the nurse or another qualified person.

		1-2-3-4
--	--	---------

General Policies:

1. School health records are provided for each child and are available for use by teachers. 1-2-3-4
2. These health records are understandable to parents, and are of use now and later in determining the essential growth patterns. 1-2-3-4
3. The cumulative health record includes:
 a. past health history
 b. immunization(s) received
 c. medical reports of special examinations
 d. operations and/or disabling accidents (if applicable)
 (add checks to determine rating) 1-2-3-4
4. The follow-up program, (such as a corrective physical program, during or after school) which is conducted as a result of the health examinations includes a:
 a. corrective physical education program
 b. medical appointment(s) for eye, ear, internal organs, or physical defects
 c. psychological appointment for mental or emotional disturbance
 d. speech and hearing remedial work
 (add checks to determine rating) 1-2-3-4
5. The reporting of the health examinations (eyes, ears, dental, and physical defects) are accomplished through:
 a. letters to parents
 b. health personnel-teacher conferences
 c. " " -parent "
 d. " " -doctor "
 e. none (1)
 (add checks to determine rating) 1-2-3-4
6. In case of remedial work, teacher-health personnel conferences, are held to discuss possible solutions. yes (4) no (1) 1-2-3-4
7. Correction of remedial defects are an immediate goal, and are carried out through the direction of the school health personnel. 1-2-3-4
8. In the event of an accident or sudden illness, immediate care is given to the victim by a member of the health personnel staff or another qualified person. 1-2-3-4
9. The health services include a health guidance program and the teachers employed in such are thoroughly versed in health counseling techniques. 1-2-3-4
10. Inventory and summary reports of school health services, health program, and healthful school environment are completed annually and are filed in one location. 1-2-3-4

Part I: Total Items: 20; Possible Total for Part I: 80

School Total for Part I: _____

Evaluation for Part I: _____

Part II: Health InstructionCurriculum:

1. The content of the health curriculum has been adapted to the health needs of all students in the school. 1-2-3-4
2. The purpose of the instruction that is given is to create proper health attitudes and behavior for individual as well as group situations. 1-2-3-4
3. The entire health personnel staff contribute to form what should be considered the best possible curriculum. 1-2-3-4
4. The school health curriculum is formulated around the physical, social-emotional, and intellectual growth of the pupil from grade one through grade six. 1-2-3-4
5. In creating pupil interests, exposure to advances in science, medicine, public health and related areas are intergrated with the health curriculum. 1-2-3-4
6. Health information is imparted through the use of other subject matter areas within the total educative curriculum. 1-2-3-4
7. There is an attempt to intergrate health throughout all school areas. 1-2-3-4
8. Fire safety is part of the instructional program. 1-2-3-4
9. A complete planning process progressing from a resource unit, to the teaching unit, and finally to the daily lesson plan is evident. 1-2-3-4
10. Instruction in health and safety include common health misconceptions. 1-2-3-4
11. The school health curriculum is concerned with:
 - a. personal clenliness and appearance 1-2-3-4
 - b. care of eyes, ears, and teeth 1-2-3-4
 - c. activity, fatigue, relaxation, sleep 1-2-3-4
 - d. body structure and mechanics 1-2-3-4
 - e. prevention and control of disease 1-2-3-4
 - f. safety and first aid (for inside and outside school) 1-2-3-4
 - g. nutrition and habit forming substances 1-2-3-4
 - h. mental and emotional health 1-2-3-4
 - i. community health 1-2-3-4
 - j. family life education 1-2-3-4
12. In a situation where clarification or precautionary measures presents itself spontaneous health instruction is encouraged. 1-2-3-4
13. The person in the school system who is actually teaching health is:
 - a. health specialist
 - b. classroom teacher
 - c. physical education specialist
 - d. other

(rate the instructor)

1-2-3-4

Part III: Healthful School Living

General Policies:

1. The establishment of positive health attitudes favorable to the best emotional, social and physical health of the pupils is the ultimate goal. 1-2-3-4
2. Adequate daily relaxation and play periods are provided for the students. 1-2-3-4
3. Classroom teachers are provided daily relaxation breaks. 1-2-3-4
4. Sufficient time is given (maximum time of 10 minutes) during the lunch period for washing hands before going into the lunchroom as well as for eating. 1-2-3-4
5. Through a rotation system of the teachers, school safety policies are established and enforced to insure and maintain a proper healthful school environment. 1-2-3-4
6. The school lunch menus are planned by a registered dietitian or another qualified person. 1-2-3-4
7. The entire school program is constructed so that there are various recreational activities for the classroom teacher in order to create a healthful working environment. 1-2-3-4
8. A safety patrol, under the direction of the teachers, is constantly guarding against accidents inside and outside the school in the following areas:
 - a. halls and stairways 1-2-3-4
 - b. shops and laboratories 1-2-3-4
 - c. gymnasium, locker, and shower rooms 1-2-3-4
 - d. playgrounds 1-2-3-4
 - e. school buses (transportation to and from school) 1-2-3-4
 - f. street crossings 1-2-3-4
9. Annual or semi-annual inspections or surveys of school buildings and grounds for health and safety reasons are made as a basis for recommendations for improvement. 1-2-3-4

Facilities

1. Classroom seats and desks are chosen for their size, comfort and contribution to good posture of the feet, thighs, buttocks, lower and upper back support, and arm placement. 1-2-3-4
2. Surfaces of desks are light in color and have a flat polished finish. 1-2-3-4
3. Seats and desks are arranged so that pupils need not face the windows or bright light from unshaded lamps or reflections. 1-2-3-4

SAMPLE

LETTER SENT TO JURY MEMBERS WITH THE FIRST PROPOSED
INSTRUMENT

Arthur D. Reed Jr.
34 Woodland Ave.
Beverly, Mass.
Date:

Name and Title
Street or Institutional Address
Town or City and State Address

Dear :

A great deal of time has elapsed since you have heard about this revised development of the Health Section of the Elementary Evaluative Criteria. Due to the over abundance of school work it was put aside for a while but now however, progress is being made. I would like to thank you for your acceptance to serve as a member of the "jury" for the revised development of the Elementary Evaluative Criteria, Health Section.

A separate page of "jury instructions" is attached to this letter and a copy of the proposed instrument is enclosed. Everything has been double spaced so that there is ample room for revisions and comments.

The form of the criteria and methods of evaluation differ from the original work done in 1953. It is felt that this instrument will provide a more effective evaluation and will also tend to reveal any strengths and weaknesses to a greater degree.

A self-addressed, stamped envelope is enclosed for your convenience in returning the completed evaluation. It is hoped that you may find it possible to send the instrument back to me (Arthur D. Reed Jr,) by May 24th 1961.

I would like to call your attention to the fact that I, Arthur D. Reed Jr., have assumed the responsibility of revising the Health Section of the Elementary Evaluative Criteria. This has been done through the generosity of Royal L. Goheen, who you conversed with previously. I would like to ask for your continued cooperation which you gave to Mr. Goheen. Thank you.

Respectively yours,

Arthur D. Reed Jr.
Graduate Assistant to:
Dr. Arthur G. Miller
Boston University
School of Education

SAMPLE

JURY GUIDE SHEET ATTACHED TO PRECEDING LETTER

"Guide Sheet for Jury"

Please make any changes, additions or deletions that you feel are necessary to make this instrument more effective.

Notice by reading the instruction sheet, that each item is scored as a separate entity. The standards mentioned on the instruction sheet are used throughout the instrument and all items that are weighted should be weighted in terms of those standards.

Special attention is called to those items which are wheighted. The weights are already printed, but if you disagree with those printed in, please insert what you feel is the proper amount that should accompany the given question.

It must be pointed out that all weights included on the present instruction sheet are subject to change if you feel they should be. They are only on there to serve as examples and to show what the final instruction sheet will probably look like.

If you would like to receive a finished copy of this instrument for your files, please check here and return.
Thank you.

SAMPLE

FOLLOW UP LETTER TO FIRST DRAFT OF INSTRUMENT

Arthur D. Reed Jr.
34 Woodland Ave.
Beverly, Mass.
Date:

Name and title
Street or Institutional Address
Town or City and State Address

Dear :

This is a short note to ask if you have read and evaluated the revised Health Section of the Elementary Evaluative Criteria. If you remember, I asked to have it returned to me by May 24th.

This is a reminder which has been sent to the entire "jury" to assure me enough time to receive and retouch the instrument and write my thesis. I'm sure you will have it ready for me on time. Thank you very much.

Sincerely yours,

Arthur D. Reed Jr.

Elementary Evaluative Criteria: Health Education Section#:

Instruction Sheet

The items contained in this section reflect the thinking of modern-day health educators. It is the intent that the use of this instrument will evaluate an elementary school health education program in terms of strengths and weaknesses and provide a sound basis for necessary improvements and additions. The evaluation, therefore, should be the best judgements of the health education personnel and/or visiting committee.

Allmost all items are scored on a basis of 4,3,2,1. There are a few scored with a 0. These numerical scores conform with the standards which appear below:

- 4--Major Provision evident: few improvements or additions needed:
- 3--Partial Provision evident: many additions and improvements needed:
- 2--Minor Provision evident: several additions and improvements needed:
- 1--Close to Non-Existant: definate improvements needed:
- 0--No Provision evident:

The examples that follow illustrate the use of the standards in scoring the items:

Ex.-1 School and community resources are periodically revised and coordinated to enrich the opportunities for the pupil. 1-2-3-4
(In this example, a rating of 2 is given, indicating that only minor provision is evident with several additions and improvements needed.)

Ex.-2 For greater individual evaluation, the cumulative health record includes:
 a. health history (including operations, accidents, immunization(s))
 b. physical health examination
 c. laboratory tests and allergies
 d. special examinations and tests (vision, hearing, etc.) 1-2-3-4
(add checks to determine rating)
(When an item such as this appears, it is necessary to score each sub-item in terms of the standards and to add the total of these scores. This will determine the final, which is in the above example a 3, or "partial provision evident.")

In other items, the standards have been applied as weighted responses. The score is determined by the response or responses selected. The following examples will indicate the use of this method:

Ex.-3 A periodic dental exam is provided by the school and is conducted by either a dentist or a dental hygienst.

yearly (4)	every two years (3)
every three years (2)	every four years (1)

1-2-3-4

Ex.-4 In case of remediable work, teacher-health personnel conferences, are held to discuss possible solutions.

yes (4)	no (0)	(0)-1-2-3-4
---------	--------	-------------

* Revised Development

Ex.-5 Teaching aids that are available include:

<input type="checkbox"/> bulletin boards	<input checked="" type="checkbox"/> cartoons	<input type="checkbox"/> charts	8 checks (4)	
<input checked="" type="checkbox"/> flash cards	<input type="checkbox"/> pictures	<input checked="" type="checkbox"/> graphs	6 checks (3)	
<input type="checkbox"/> posters	<input checked="" type="checkbox"/> models	<input checked="" type="checkbox"/> maps	4 checks (2)	
<input checked="" type="checkbox"/> scrapbooks	<input type="checkbox"/> activity guides	<input type="checkbox"/> other	2 checks (1)	
(add checks to determine rating)				1-2-3-4

Ex.-6 An adequate number of toilet facilities are provided for both boys and girls.

Recommended Minimum	(	1--30 girls	1-2-3-4
	)	1--60 boys	1-2-3-4
	(	boys urinals 1--30 boys	1-2-3-4

(The first two examples, Ex.3 and Ex.4, can be scored by using one response only. Ex.5 and Ex.6, illustrate how the score can be determined on the total responses evident or more than one response in a particular question.)

In all cases, encircle correct responses and final scores.

Provisions are made at the completion of each division for a single score that is interpreted in terms of the five standards. (See example below)

Part I: Total Items: 20; Possible Total for Part I: 80; School Total for Part I: 60

Evaluation for Part I: 3

To determine the score for Part I, the following formula is used:

$$\frac{\text{School Total}}{\text{Total Items}} = \text{Score for Part I } \left(\frac{60}{20} = 3 \right)$$

Part I: Health Services

Pupils:

1. A health examination is given by medical personnel:
 - a. visiting school doctor (or) family doctor every year, two years, three years, and/or according to state, city requirements (4)
 - b. family doctor every fourth year or according to medical request (1) 1-2-3-4

2. A special health examination is given at the time of:
 - a. entrance to Elementary school 3 checks (4)
 - b. referral examination 2 checks (3)
 - c. entrance to Junior High school 1 check (1)
 - d. other 0 checks (0)

(add checks to determine rating) 0-1-3-4

3. A periodic health screening test is provided for the eyes by methods approved by the state board of health.
 - yearly (4) every two years (3)
 - every three years (2) every four years (1) 1-2-3-4

4. A periodic health screening test is provided for the ears by methods approved by the state board of health at the:
 - a. first grade level 3 checks (4)
 - b. third grade level a&c checks (3)
 - c. sixth grade level b&c checks (2)
 - 1 check (1)
 - 0 checks (0) 0-1-2-3-4

5. A periodic dental exam is provided by the school and is conducted by either a dentist or a dental hygienst.
 - yearly (4) every two years (3)
 - every three years (2) every four years (1) 1-2-3-4

6. School and community health resources are periodically revised and coordinated to enrich the opportunities for the pupil. 1-2-3-4

7. An insurance plan to cover injuries resulting from school accidents is available to all students and is provided by or through:
 - a. the school system (4)
 - b. the pupils parents (4)
 - c. combined school and parent payment (4)
 - d. none provided (0) 0-----4

Staff:

8. Staff personnel are required to have a periodic health examination which includes an eye and ear exam, blood pressure test, and a tuberculin test.
 - yearly (4) every two years (4)
 - every three years (2) every four years (1) 1-2-3-4

9. The teachers are instructed how to recognize personal health differences in daily observation of the health of the pupils. 1-2-3-4

10. The teachers are asked to refer any negative or positive health findings as a result of their observation, to the nurse or another qualified person. 1-2-3-4

Part II: Health InstructionCurriculum:

1. The content of the health curriculum is based upon the health needs of the greatest percentage of the pupils at each age level. 1-2-3-4
2. The purpose of the instruction is to create proper health knowledges, attitudes and behaviors, for individual as well as group situations. 1-2-3-4
3. The health personnel staff contribute to the development of the curriculum. 1-2-3-4
4. The school health curriculum considers the physical, social-emotional, and intellectual growth of the pupils at each grade level. 1-2-3-4
5. Recent scientific advances are incorporated in the curriculum to increase pupil interest. (in science, medicine, and public health) 1-2-3-4
6. Health information is correlated in other subject matter areas. 1-2-3-4
7. Health is intergrated with other subject matter areas. 1-2-3-4
8. A complete planning process, progressing from a resource unit, to the teaching unit, and finally to the daily lesson plan is evident. 1-2-3-4
9. Over a period of six years, the experiences that are provided in the school health curriculum are:
 - a. personal clenliness and appearance 1-2-3-4
 - b. care of eyes, ears, and teeth 1-2-3-4
 - c. activity, fatigue, relaxation, sleep 1-2-3-4
 - d. body structure and function 1-2-3-4
 - e. prevention and control of disease 1-2-3-4
 - f. safety and first aid (all places, including) 1-2-3-4
 - g. nutrition and substances harmful to health 1-2-3-4
 - h. mental and emotional health 1-2-3-4
 - i. community health 1-2-3-4
 - j. family life education 1-2-3-4
 - k. common health misconceptions 1-2-3-4
10. In a situation where clarification or precautionary measures presents itself spontaneous health instruction is encouraged. (for example, an accident on the playground.) 1-2-3-4
11. The person in the school system who is actually teaching health is:

<input type="checkbox"/> a. health specialist	<input type="checkbox"/> c. physical education specialist
<input type="checkbox"/> b. classroom teacher with preparation	<input type="checkbox"/> d. other

 (rate the instruction that is done) 1-2-3-4
12. A current (within the past 5 years) text book is used as the basis for the course of instruction.

yes (4)	no (0)	
---------	--------	--

 0-----4

13. Adjustments in programming in health instruction are provided for:
- | | | | |
|--|----------|-----|-----------|
| <input type="checkbox"/> a. the gifted child | 4 checks | (4) | |
| <input type="checkbox"/> b. the physically handicapped | 3 checks | (3) | |
| <input type="checkbox"/> c. the mentally handicapped | 2 checks | (2) | |
| <input type="checkbox"/> d. the transfer student | 1 check | (1) | |
| | 0 checks | (0) | 0-1-2-3-4 |

General Policies:

14. A yearly minimum time, allotted health instruction is:
- | | | | | |
|----------------------|-----|----------------------|-----|-----------|
| 90 minutes or more | (4) | 45/60 minutes weekly | (2) | |
| 60/90 minutes weekly | (3) | 30/45 minutes weekly | (1) | |
| | | bad weather only | (0) | 0-1-2-3-4 |
15. Classification and grouping of pupils according to age, mental ability, and physical capacity are taken into consideration with regard to the teacher-learning situations. 1-2-3-4
16. The classroom and/or the library contain health materials which is available and applicable to the level of the pupil. 1-2-3-4
17. In the upper elementary school (4--6), pupils are given an opportunity to appraise the specific facts they have learned throughout a certain health unit. 1-2-3-4
18. Staff evaluation of the health instruction program is a continuous process and the methods employed are:
- | | | | | |
|--|--|----------------------------------|--|---------|
| <input type="checkbox"/> a. data gathering devices | | | | |
| <input type="checkbox"/> b. standardized tests and/or paper pencil tests | | | | |
| <input type="checkbox"/> c. pupil records | | | | |
| <input type="checkbox"/> d. pupil evaluation | | (add checks to determine rating) | | 1-2-3-4 |
19. Resources which are available and are used for an in-service training program include: (where indicated; local and national, subscriber and member)
- | | | | | |
|--|---|----------------------------------|-----|---------|
| <input type="checkbox"/> visitations | <input type="checkbox"/> meetings and conferences (I&N) | 6 checks | (4) | |
| <input type="checkbox"/> bulletins (I&N) | <input type="checkbox"/> in-service courses | 4 checks | (3) | |
| <input type="checkbox"/> workshops (I&N) | <input type="checkbox"/> professional literature (S) | 2 checks | (2) | |
| <input type="checkbox"/> advanced study | <input type="checkbox"/> professional associations (M) | 1 check | (1) | |
| <input type="checkbox"/> demonstrations | <input type="checkbox"/> other | (add checks to determine rating) | | 1-2-3-4 |
20. Teaching aids that are available include:
- | | | | | |
|--|--|----------------------------------|----------|---------|
| <input type="checkbox"/> bulletin boards | <input type="checkbox"/> cartoons | <input type="checkbox"/> charts | 8 checks | (4) |
| <input type="checkbox"/> flash cards | <input type="checkbox"/> pictures | <input type="checkbox"/> graphs | 6 checks | (3) |
| <input type="checkbox"/> posters | <input type="checkbox"/> models | <input type="checkbox"/> maps | 4 checks | (2) |
| <input type="checkbox"/> scrapbooks | <input type="checkbox"/> activity guides | <input type="checkbox"/> other | 2 checks | (1) |
| | | (add checks to determine rating) | | 1-2-3-4 |
21. Audio-visual aids that are used primarily to supplement and enrich the health instruction are:
- | | | | | |
|---|---|----------------------------------|-----|---------|
| <input type="checkbox"/> demonstrations | <input type="checkbox"/> educational T.V. | 4 checks or above | (4) | |
| <input type="checkbox"/> exhibits | <input type="checkbox"/> field trips | 3 checks | (3) | |
| <input type="checkbox"/> dramatizations | <input type="checkbox"/> motion pictures, slides, | 2 checks | (2) | |
| <input type="checkbox"/> other | <input type="checkbox"/> filmstrips | 1 check | (1) | |
| | | (add checks to determine rating) | | 1-2-3-4 |

Part II: Total Items: 21; Possible Total for Part II: 128; School Total for Part II: _____

Evaluation for Part II: _____

Part III: Healthful School LivingGeneral Policies:

1. The ultimate goal is to establish positive health attitudes and behavior favorable to the best emotional, social and physical health of the pupils. 1-2-3-4
2. Sufficient daily relaxation and play periods are provided for the students. 1-2-3-4
3. Classroom teachers are provided daily relaxation breaks. 1-2-3-4
4. In addition to eating, sufficient time is given (maximum time of 10 minutes) during the lunch period for washing hands before going into the lunchroom. 1-2-3-4
5. School safety policies are established and enforced to insure and maintain a safe school environment. 1-2-3-4
6. Through the direction of a registered dietitian or another qualified person, the students have an opportunity to plan the school lunch menus. 1-2-3-4
7. The school program is constructed so that there are various recreational activities for the teacher in order to create a healthful working environment. 1-2-3-4
8. A student safety patrol, under the direction of the teachers, guard against accidents inside and outside the school in the following areas:
 - a. halls and stairways 1-2-3-4
 - b. shops and laboratories 1-2-3-4
 - c. gymnasium, locker, and shower rooms 1-2-3-4
 - d. playgrounds 1-2-3-4
 - e. school buses (transportation to and from school) 1-2-3-4
 - f. street crossings 1-2-3-4
9. Annual or semi-annual inspections or surveys of school buildings and grounds for health and safety reasons are made by the health staff. 1-2-3-4
10. This inspection serves as a basis for recommendations for improvements. 1-2-3-4

Facilities:

11. Classroom seats and desks are chosen for size, comfort and contribution to good posture. (of the feet, thighs, buttocks, lower and upper back support, and arm placement) 1-2-3-4
12. Surfaces of desks are light in color and have a flat non-reflecting finish. 1-2-3-4
13. Seats and desks are arranged so that pupils do not face the windows or bright light from unshaded lamps or reflections. 1-2-3-4
14. Sufficient natural or artificial lighting is provided to promote efficient vision. 1-2-3-4

Final Summary of Evaluation:

<u>Part</u>	<u>Possible Score</u>	<u>School Score</u>		<u>Total Items</u>	=	<u>Evaluation</u>	
I.	88	_____	÷	22	=	_____	
II.	128	_____	÷	21	=	_____	
III.	132	_____	÷	26	=	_____	
<hr/>							
Totals	348	_____	÷	69	=	_____	Final Evaluation

SAMPLE

THANK YOU LETTER SENT TO JURY MEMBERS WITH A COPY
OF THE FINAL INSTRUMENT ENCLOSED

July 10, 1961

Name and Title
Street or Institutional Address
Town or City and State Address

Dear :

Thank you for your fine cooperation in serving as a jury member for the revised development of the Elementary Evaluative Criteria, Health Education Section.

A number of changes, deletions, and additions were made in the instrument as a result of the comments received from the ten active jury member. Your participation has been greatly appreciated.

As you have requested, a final copy of the instrument is enclosed.

Respectfully yours,
Arthur D. Reed Jr.
34 Woodland Ave.
Beverly, Mass.

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