

School Name: _____ Grade Levels _____ Healthy School Team Leader _____

Semester 1

CSH Evaluation Data:

Semester 2

No. hours: _____	Total amt. of Staff Development time spent on health-related issues (CPR, first aid, suicide prevention, Behavioral S-teams, asthma, diabetes, bloodborne...)	No. hours: _____
No. participants: _____	Total number of students participating in CSH initiatives/projects	No. participants: _____
No. leaders: _____	Total number of students leading CSH Initiatives / projects	No. leaders: _____
No. parents: _____	Total number of Parents participating in CSH initiatives/projects	No. parents: _____
No. partners: _____	Total number of Community/Business Partners participating in CSH initiatives/projects	No. partners: _____
Date: _____	CSH Evaluation Data (BMI, PACER, and Youth Risk Behavior Survey results) presented to HST:	Date: _____