



Nebraska  
**Action for Healthy Kids®**

**Action Award  
2009-2010 School Year**



**School  
Application**

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

# 2010 Action Award Online Application Instructions

1. To strengthen your application, convene your School Wellness Committee members and brainstorm the various ways in which you have collaborated to develop programs and provide services for the school and community.
2. All applications must be submitted online, however, you are highly encouraged to print and complete the paper application prior to starting the online application process. Only one application per school building may be submitted. The online application will be available to complete early February, 2010.
3. When you are ready to submit the application online, refer to the instructions and navigation tips located at [www.neactionforhealthykids.org](http://www.neactionforhealthykids.org) to guide you through the process.
4. If you have questions about the online application process, please submit your questions to:

moyer@ActionForHealthyKids.org

5. If you have questions about the content of the application, please submit your questions to:

alosey2@unl.edu

Complete the online application in full, which includes 4 parts:

- Part I: School Information
- Part II: School Wellness Program Description
- Part III: School Survey
- Part IV: School Wellness Policy

**Submit completed online applications by: March 1, 2010.**

## Considerations:

- **Complete the application based on the 2009-2010 school year.**
- All schools, including past Action Award recipients, are encouraged to apply for Action Awards each year.
- Be sure to review all the requirements. Incomplete applications will not be considered.
- Only attachments requested as part of the application will be considered in the scoring process.

## Evaluation of application:

An interdisciplinary team made up of Nebraska Action for Healthy Kids team members, including health professionals, school officials, state leaders, and others, will score each application based on responses to the questions. Some questions will not be used for scoring but are for informational purposes only. Based on scores, schools will be awarded a Gold, Silver or Bronze Level Action Award. All applicants will be notified of their Award level by March 19, 2010. Awardees will be recognized at the Nebraska Action for Healthy Kids Summit in Lincoln on April 13, 2010.

Disclaimer: The level of awarding may vary each year due to changes in the application and scoring process by Nebraska Action for Healthy Kids.

# Part I

## School Information

**Please Print**

Name of District		County	
Name of School			
Street Address			County
City	State	Zip	
Name of School <b>Principal</b>		Phone:	
		E-mail:	
Name of School <b>Cafeteria Manager</b>		Phone:	
		E-mail:	
Name of School <b>PE Teacher</b>		Phone:	
		E-mail:	

**List School Wellness Contact for this application**

Name	Title	Telephone
E-mail address (applicants will be notified via e-mail)		

Total number of students in your school: \_\_\_\_\_

Indicate grade levels served at your school. Check all that apply.

- Elementary School     
 Middle School     
 High School

Has your school previously applied for a Nebraska Action for Healthy Kids Action Award?    Yes    No

Is someone from your school a member of Nebraska Action for Healthy Kids?                      Yes    No

If yes, please list their name and title: \_\_\_\_\_

**NOTE:** To strengthen your school's application, convene your school wellness team (include appropriate school staff, parents, students and community members). Brainstorm the various ways in which you have collaborated to develop programs and provide services for the school and community.

Indicate below the titles of the individuals who assisted in completing this application. Check all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Superintendent                      | <input type="checkbox"/> Classroom Teacher(s)            | <input type="checkbox"/> Food Service Personnel(s) |
| <input type="checkbox"/> School Board Member(s)              | <input type="checkbox"/> Parent(s) of Current Student(s) | <input type="checkbox"/> School Nurse              |
| <input type="checkbox"/> Principal/Administrator(s)          | <input type="checkbox"/> Community Member(s)             | <input type="checkbox"/> Physician                 |
| <input type="checkbox"/> Health Education Teacher(s)         | <input type="checkbox"/> School Counselor                | <input type="checkbox"/> Social Worker             |
| <input type="checkbox"/> Physical Education Teacher(s)       | <input type="checkbox"/> Registered Dietitian            | <input type="checkbox"/> Other, please specify     |
| <input type="checkbox"/> Family and Consumer Science Teacher | <input type="checkbox"/> Student(s)                      | _____  |

## Part II

### School Wellness Program Description

Write a description of your school's most prized wellness programs/initiatives for the 2009-2010 school year. Please limit your description to 350 words.

**NOTE:** This information will be compiled into a booklet and shared with other schools at the Nebraska Action for Healthy Kids Summit in Lincoln on April 13, 2010. Please complete as you want to see it published in the booklet.

Please include the following:

**A. Program Description:**

**B. List measurable program goals and how they relate to your school wellness policy:**

**C. Total number of students involved or impacted by the program (include grade levels reached):**

**D. Total cost of program and funding source (if applicable):**

**E. Obstacles/challenges encountered and how you overcame them:**

**F. Positive impacts or outcomes of your program—Describe how this program/initiative has influenced your overall school wellness environment?**

**G. Photos: Upload up to two photos of your school's program/initiative to be used in the Summit Booklet. By uploading photos, you are granting Action for Healthy Kids permission to use and publish these photos.**

# Part III School Survey

Complete the application based on the 2009-2010 school year.

## School & Community Wellness

1. Does your school have an active School Wellness Committee (a group that addresses health and wellness issues of students, staff, and faculty)?

- Yes, we have a group that has met at least once during the 2009/2010 school year.  
 No – please go to question 6

2. How often does your School Wellness Committee meet?

- 5 or more times/year     4 times/year     3 times/year     2 times/year     1 time/year

3. Indicate below the titles of the members of your School Wellness Committee: (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Superintendent                | <input type="checkbox"/> Classroom Teacher(s)                | <input type="checkbox"/> Food Service Personnel(s)    |
| <input type="checkbox"/> School Board Member(s)        | <input type="checkbox"/> Parent(s) of Current Student(s)     | <input type="checkbox"/> School Nurse                 |
| <input type="checkbox"/> Principal/Administrator(s)    | <input type="checkbox"/> Community Member(s)                 | <input type="checkbox"/> Physician                    |
| <input type="checkbox"/> Health Education Teacher(s)   | <input type="checkbox"/> School Counselor                    | <input type="checkbox"/> Social Worker                |
| <input type="checkbox"/> Physical Education Teacher(s) | <input type="checkbox"/> Registered Dietitian                | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Student(s)                    | <input type="checkbox"/> Family and Consumer Science Teacher |   |

4. Which statement(s) would best describe the purpose of your School Wellness Committee: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Enhance student academic performance                    | <input type="checkbox"/> Contain health care costs                |
| <input type="checkbox"/> Reduce faculty/staff and student absenteeism            | <input type="checkbox"/> Improve faculty/staff and student morale |
| <input type="checkbox"/> Promote the concept of healthy youth development        | <input type="checkbox"/> Improve staff recruitment and retention  |
| <input type="checkbox"/> Improve faculty/staff and student health and well-being |   |
| <input type="checkbox"/> Other, please specify _____                             |   |

5. Describe your School Wellness Committee priorities for the current school year (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Wellness Assessment and Planning | <input type="checkbox"/> Enhance Physical Education               |
| <input type="checkbox"/> Improve Nutrition Services       | <input type="checkbox"/> Increase Physical Activity Opportunities |
| <input type="checkbox"/> Enhance Nutrition Education      | <input type="checkbox"/> Faculty/Staff Wellness                   |
| <input type="checkbox"/> Other, please specify _____      |   |

6. Does your school regularly seek student input in planning wellness initiatives?     Yes     No

7. Does your school regularly seek student input in implementing wellness initiatives?     Yes     No

8. Does your school provide opportunities for families and the community to learn about health, wellness, nutrition and physical activity?  Yes  No
9. Does your school offer staff wellness programs/initiatives during the school year?  Yes  No
10. Does your school offer wellness programs/initiatives for staff and students to participate in together?  Yes  No
11. Does your school allow community members free access to school facilities (ex: gym, weight room, exercise equipment, etc.)?  Yes  No
12. Do students/parents have the opportunity to provide feedback regarding school meals (ex. taste tests, surveys, etc.)?  Yes  No

**To what extent is your school implementing the following (#13 through #19)?**

	Fully in Place	Developing	Not in Place
13. Developing a school-wide, long-term (3 or more years) plan that addresses the health needs/interests of your students, faculty, and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Incorporating specific wellness initiatives into your school improvement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Assigning specific responsibilities to an individual or group for the completion of vital tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Allocating an itemized budget sufficient to carry out the initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Developing tools to evaluate the stated goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Monitoring student satisfaction toward school wellness initiatives (such as a student suggestion box, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Documenting improvements in student health knowledge, attitudes, skills, and behaviors (ex. eating more fruits/vegetables, more activity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Nutrition Services/Nutrition Education**

	Yes	No
20. Does your school participate in the National School Breakfast Program?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does your school participate in the National School Lunch Program?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does your school have a closed campus?	<input type="checkbox"/>	<input type="checkbox"/>
23. Does your food service manager have a degree beyond high school and/or manager certification from the School Nutrition Association?	<input type="checkbox"/>	<input type="checkbox"/>
24. Does your school cafeteria have a pleasant atmosphere? (clean, attractive appearance, reasonable noise level, adequate seating, adequate adult supervision)	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you implemented food purchasing and/or preparation practices to reduce the fat content of foods (e.g., purchased specification for pre-prepared foods requiring lower fat content, used low or reduced fat products, drained cooked ground beef, etc.) to improve nutritional value?	<input type="checkbox"/>	<input type="checkbox"/>
26. Does your school have a milk vending machine?	<input type="checkbox"/>	<input type="checkbox"/>
27. Does your school have a policy that promotes the use of healthy or non-food items for fund raising, classroom activities and school parties?	<input type="checkbox"/>	<input type="checkbox"/>
28. Does your school limit or restrict access of foods with low or minimal nutritional value (ie., soda, chips, pastries) in staff vending machines and lounges to encourage staff to be healthy role models for students?	<input type="checkbox"/>	<input type="checkbox"/>

29. Is nutrition education in your school a required part of the school curriculum?	<input type="checkbox"/>	<input type="checkbox"/>
30. Is your nutrition education curriculum consistent with the USDA's 2005 Dietary Guidelines for Americans (including MyPyramid)?	<input type="checkbox"/>	<input type="checkbox"/>
31. Is nutrition education in your school based upon the National Health Education Standards and/or the Nebraska Health Education Frameworks?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do teachers in your school collaborate with the school nutrition staff to use the cafeteria as a learning laboratory for wellness and nutrition education (ex. tours or taste tests)?	<input type="checkbox"/>	<input type="checkbox"/>
33. Does your school prohibit using food as a reward?	<input type="checkbox"/>	<input type="checkbox"/>
34. Does your school prohibit withholding food as a punishment?	<input type="checkbox"/>	<input type="checkbox"/>

35. Does your school have nutrition standards for any of the following?

- |   |  |
|---|--|
| <input type="checkbox"/> Extra-curricular Activities                                  | <input type="checkbox"/> We do not serve food/beverages at extra-curricular activities |
| <input type="checkbox"/> Vending Machines   | <input type="checkbox"/> We do not serve food/beverages out of vending machines        |
| <input type="checkbox"/> Restaurant Contracts   | <input type="checkbox"/> We do not serve food/beverages from outside restaurants       |
| <input type="checkbox"/> A la Carte   | <input type="checkbox"/> We do not serve food/beverages "a la carte"                   |
| <input type="checkbox"/> No, we do not have nutrition standards for any of the above. |  |

36. How much time does your school allow for students to eat their meal? (Excluding time getting to and leaving the cafeteria)

- 30 minutes or more                       20-30 minutes                       less than 20 minutes

37. How many choices of fruits and/or vegetables does your school offer daily?

- At least 4                       At least 3                       At least 2                       Less than 2

38. How often are fresh fruits and vegetables offered?

- daily                       At least 3 days/wk                       2 days/wk or less

39. How often are foods containing whole grains offered?

- daily                       At least 3 days/wk                       2 days/wk or less

40. Do you offer low-fat (1%) and/or non-fat milk during school meals?

- Yes                       No

41. Does your school limit the sale and access of foods to students considered to be of low or minimal nutritional value (i.e., soda, chips, candy bars, etc) based on the USDA recommendations?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, all day including before and after school and school events | <input type="checkbox"/> Yes, during regular school hours only 1 |
| <input type="checkbox"/> Yes, during meal times only                                      | <input type="checkbox"/> No policy                               |

42. Do you promote (i.e., posters, free samples, student artwork, etc.) consumption of the following food groups in your dining area? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Low-fat or fat-free milk | <input type="checkbox"/> Fruits and Vegetables |
| <input type="checkbox"/> Whole grains             | <input type="checkbox"/> No, we do not         |

43. Does your school offer an Expanded/Alternative Breakfast Program?

- |   |  |
|---|--|
| <input type="checkbox"/> Grab n' Go Breakfast       | <input type="checkbox"/> Breakfast After 1 <sup>st</sup> Period                        |
| <input type="checkbox"/> Breakfast in the Classroom | <input type="checkbox"/> No, we do not offer an Expanded/Alternative Breakfast Program |

44. How many hours of classroom nutrition education are provided to all students each school year?

- At least 5 hours                       Some, but not all, grades receive nutrition education  
 At least 10 hours                     We do not teach nutrition education  
 At least 15 hours

45. How often does your school provide nutrition information for parents and families?

- Weekly                       Monthly                       Quarterly                       We do not provide nutrition information to parents

46. Healthy foods and beverages (i.e., whole grains, low-fat milk, fruits, vegetables and lean meats/beans) are available at (Check all that apply):

- school store                       school events                       school concessions

**Physical Education/Physical Activity**

	Yes	No
47. Is physical education taught by a teacher with a certification in physical education?	<input type="checkbox"/>	<input type="checkbox"/>
48. Does your school have a written, sequential physical education curriculum based on the Nebraska Physical Education Essential Learnings and/or the National Standards for Physical Education?	<input type="checkbox"/>	<input type="checkbox"/>
49. Does your physical education program follow a grading plan that reflects student achievement of essential content so that students' grades are based upon more than participation, effort, and following class rules?	<input type="checkbox"/>	<input type="checkbox"/>
50. Is the use of regular assessments to monitor, reinforce, and plan for student learning included in the physical education program?	<input type="checkbox"/>	<input type="checkbox"/>
51. Does your school provide adequate equipment and facilities for all students to be active at the same time in physical education?	<input type="checkbox"/>	<input type="checkbox"/>
52. Does your school have a policy which prohibits the use of physical activity for punishment or withholding physical education or physical activity/recess as punishment?	<input type="checkbox"/>	<input type="checkbox"/>
53. Does your school prohibit substitution of other courses or activities for physical education?	<input type="checkbox"/>	<input type="checkbox"/>
54. Do classroom teachers incorporate physical activity into the classroom during the school day?	<input type="checkbox"/>	<input type="checkbox"/>
55. Do your physical education teachers participate in annual professional development activities specifically designed for physical education?	<input type="checkbox"/>	<input type="checkbox"/>
56. Does your physical education department have a written statement that is aligned with the overall mission statement of the school?	<input type="checkbox"/>	<input type="checkbox"/>
57. <b>ANSWER ONLY IF ELEMENTARY SCHOOL.</b> Does your school offer recess before lunch?	<input type="checkbox"/>	<input type="checkbox"/>
58. <b>ANSWER ONLY IF ELEMENTARY SCHOOL.</b> Does your school provide an adequate outside recreation/playground area?	<input type="checkbox"/>	<input type="checkbox"/>
59. <b>ANSWER ONLY IF ELEMENTARY SCHOOL.</b> Does your school provide age appropriate, safe playground equipment facilities for students?	<input type="checkbox"/>	<input type="checkbox"/>
60. Does your school offer students opportunities to participate in intramural sports and/or sports clubs?	<input type="checkbox"/>	<input type="checkbox"/>
61. Does your school offer parent/community programs that promote health and/or physical activity (e.g., family fun night, wellness challenge, family fitness events, Jump Rope/Hoops For Heart, Walk to School Day)?	<input type="checkbox"/>	<input type="checkbox"/>

62. What is the average teacher/student ratio in your physical education classes?

- 1:20 or less       1:25 or less       1:30 or less       More than 30

63. **ANSWER ONLY IF ELEMENTARY SCHOOL.** How many minutes of physical education do **elementary students** receive per week? (not including recess)

- 150 minutes or more       90-119 minutes       30-59 minutes       less than 30 minutes  
 120-149 minutes       60-89 minutes       30 minutes

64. **ANSWER ONLY IF MIDDLE/HIGH SCHOOL.** How many minutes of physical education do **middle/high school students** receive per week?

- 200-225 minutes       150-179 minutes       80-119 minutes       less than 40  
 180-199 minutes       120-149 minutes       40-79 minutes

65. At our school, students attend physical education class \_\_\_\_\_ day(s) per week, with an average class length of \_\_\_\_\_ minutes for a total of \_\_\_\_\_ (circle one → ) semester(s) OR quarter(s) OR week(s) of physical education for a total of \_\_\_\_\_ years.

66. During physical education classes, are students engaged in moderate to vigorous physical activity for 20+ minutes per class?

- Yes       No

67. **ANSWER ONLY IF HIGH SCHOOL.** How many credits of physical education (not including health education) are required for graduation? \_\_\_\_ Credits      \*At this school, \_\_\_\_\_ credits equal one semester.

68. **ANSWER ONLY IF ELEMENTARY SCHOOL.** Does your school provide all elementary students with at least 20 minutes a day of supervised recess, preferably outdoors?

- Yes       No

69. **ANSWER ONLY IF ELEMENTARY SCHOOL.** Does your school have a contingency plan for recess in case of inclement weather?

- Yes       No

70. How many minutes, on average, does your school provide ALL students with an opportunity for unstructured physical activity daily (i.e., recess, open gym, walking club, etc.)?

- Less than 20 minutes       20-30 minutes       Greater than 30 minutes

71. Outside of school hours or when school is not in session, are your school grounds, including education/physical activity facilities, if applicable, available for use by the community to be physically active? Check all that apply.

- Yes, outdoor facilities       Yes, indoor facilities  
 No, outdoor facilities       No, indoor facilities

72. Does your school offer before or after school programs for nutrition and physical activity?

- Before school       After school       Both       Neither

73. Does your school partner with community entities to offer before and after school programs for nutrition and physical activity?

Yes

No

If yes, please list the partners: \_\_\_\_\_

---

---

---

---

## Part IV School Wellness Policy

1. Please attach a copy of your School Wellness Policy in Adobe Acrobat (pdf) or Microsoft Word (.doc) format. You will be asked to upload after you hit continue.

2. Does your school use your School Wellness Policy to guide planning and activities?

Yes

No

2a. If yes, briefly describe how your School Wellness Policy has been used to address and improve student, staff, and faculty wellness.

---

---

---

---

---

2b. If no, briefly describe how your school could possibly use your School Wellness Policy to address and improve student, staff, and faculty wellness.

---

---

---

---

---

## Application Submission

By submitting this application our school certifies that to the best of our knowledge and belief, the information submitted in this application is truthful and accurate.

Submit Button

## Thank you

Your interest in the Nebraska Action Award is appreciated!

**Following the submission of your FINAL application, you will receive an e-mail verification. Please e-mail [alosey2@unl.edu](mailto:alosey2@unl.edu) if you do not receive an e-mail verification within 24 hours of submitting your application.**

## Making Positive Changes within Your School

Once you have completed this application, you may realize additional ways in which you can promote wellness within your school environment. Please visit the Nebraska Action for Healthy Kids website, [www.neactionforhealthykids.org](http://www.neactionforhealthykids.org), to take advantage of the many school wellness related resources that can be found there.

If you would like to become a member of Nebraska Action for Healthy Kids, please visit:  
[www.neactionforhealthykids.org](http://www.neactionforhealthykids.org)

Application adapted from Indiana Action For Healthy Kids Healthy Hoosier Award Application and the Nebraska Department of Education Wellness Policy Builder Tool Kit. <http://www.neactionforhealthykids.org/wellness/policybuildertools.html>