A SCHOOL HEALTH PROGRAM EVALUATION SCALE

by

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## CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. CONSTRUCTION OF THE SCALE</td>
<td>1</td>
</tr>
<tr>
<td>The Need for an Evaluation Scale</td>
<td>1</td>
</tr>
<tr>
<td>The Purpose of the Scale</td>
<td>2</td>
</tr>
<tr>
<td>Development of the Scale</td>
<td>4</td>
</tr>
<tr>
<td>Sources of Information</td>
<td>4</td>
</tr>
<tr>
<td>Limitations of the Scale</td>
<td>5</td>
</tr>
<tr>
<td>II. A SCHOOL HEALTH PROGRAM EVALUATION SCALE</td>
<td>6</td>
</tr>
<tr>
<td>Part I. SCHOOL HEALTH SERVICES</td>
<td>6</td>
</tr>
<tr>
<td>Health Appraisal</td>
<td>6</td>
</tr>
<tr>
<td>Activities of Health Appraisal Personnel</td>
<td>7</td>
</tr>
<tr>
<td>Follow-up and Counseling Procedures</td>
<td>10</td>
</tr>
<tr>
<td>Prevention and Control of Communicable Diseases</td>
<td>11</td>
</tr>
<tr>
<td>Emergency and First Aid Provisions</td>
<td>12</td>
</tr>
<tr>
<td>Health Room</td>
<td>13</td>
</tr>
<tr>
<td>Records</td>
<td>14</td>
</tr>
<tr>
<td>Part II. HEALTH AND SAFETY INSTRUCTION</td>
<td>14</td>
</tr>
<tr>
<td>Direct Health Instruction</td>
<td>14</td>
</tr>
<tr>
<td>Correlated Health Instruction</td>
<td>17</td>
</tr>
<tr>
<td>Integrated Health Instruction</td>
<td>17</td>
</tr>
<tr>
<td>Preparation of Teachers</td>
<td>18</td>
</tr>
<tr>
<td>Part III. HEALTHFUL SCHOOL LIVING</td>
<td>19</td>
</tr>
<tr>
<td>Safe and Sanitary School Facilities</td>
<td>19</td>
</tr>
<tr>
<td>Healthful School Program</td>
<td>26</td>
</tr>
</tbody>
</table>

BIBLIOGRAPHY | 28 |
APPENDIX A | 31 |
APPENDIX B | 32 |
INDEX | 33 |
A SCHOOL HEALTH PROGRAM EVALUATION SCALE

CHAPTER I

CONSTRUCTION OF THE SCALE

The Need for an Evaluation Scale

In education it is always necessary to evaluate our progress in order to plan effectively for the future. Health Education programs in the past have not been evaluated to the satisfaction of the personnel in the field. Some efforts have been made but on the whole they have been check-lists useful only to suggest some of the characteristics of a good health program. (7, 8, 12, 16, 26) In a few instances where a scale has been proposed for scoring the items they have been entirely subjectively stated with the result that there might be as many different scores as there were persons making the rating. (10, 11) In some school systems the evaluations deal only with one aspect of the health program. Others cover largely the Physical Education program with little emphasis on any phase of the health program. (10, 11) Apparently, dissatisfaction with some of the evaluation forms has caused the discontinuance of their use in some areas. Several evaluation forms published only five or six years ago are no longer available. No reply was received from publishers of six evaluation instruments.
From available literature and from information gathered directly from health educators it appears there is even greater need for improving the health programs of secondary schools. Yet, many of the attempts at evaluation seem to be more applicable to elementary schools than to secondary.

School health programs have varied widely dependent upon the education, experience, and interests of the administrator of the program and the available local resources. This has made difficult the construction of a scale which could be used to evaluate all types of school health programs. Evaluation forms used to date have been compiled by individuals or groups within a given area as a county or state. There is need for objective evaluative criteria approved by health education authorities and directors of school health programs throughout the nation which would have universal application. These could be used for setting up uniform standards and improving health practices throughout the country thereby possibly giving children more nearly equal opportunities for health protection and development.

The Purpose of the Scale

The purpose of this School Health Evaluation Scale is to provide a scaled instrument for objectively appraising school health procedures in elementary and secondary
schools. It measures procedures and conditions, not the end result. To measure the end result would be extremely difficult. This scale thus is an inferred measure based on the inference that if certain recognized procedures and conditions prevail, the end result is favorable.

This scale is of value to the individual teacher, principal, health educator, or health director who wishes to measure the attainment of his school or group of schools in his district. It will indicate to him in what ways his school or schools are meeting recognized practices and point out the weaknesses which need correction or concentrated effort toward improvement. This scale can also be used to measure the progress in the health program of a school or district from one year to another.

Another value of this scale is that it will furnish a means by which certain schools or districts can be compared with others in the attainment of good school health programs. This comparison can furnish wholesome competition and school pride in a way that less objective checklists can not do. In so far as possible this scale has been made objective in order to avoid the inconsistencies of appraisers' opinions.
Development of the Scale

A SCHOOL HEALTH PROGRAM EVALUATION SCALE has been developed to evaluate the three major phases of a school health program: School Health Services, Health Instruction, and Healthful School Living.

Part I, School Health Services, has a total of 350 possible points. It includes the Health Appraisal by the Physician, Nurse, Teacher, Parent, and Pupil; Follow-up and Counseling Procedures; Prevention and Control of Communicable Diseases; Emergency and First Aid Provisions; Health Room; and Records.

Part II, Health and Safety Instruction, carries a weighting of 400 possible points. The areas included in this section are Direct Health Instruction, Correlated Health Instruction, Integrated Health Instruction, and Preparation of Teachers.

Part III, Healthful School Living, has a possible total of 250 points. It covers the requirements for Safe and Sanitary School Facilities and a Healthful School Program.

Sources of Information

Sources of information for this report have been:

1. Current literature by recognized school health authorities. (1, 2, 3, 9, 13, 14, 15, 17, 18, 25)
2. Existing check-lists and other evaluation forms dealing with this subject.

3. Material presented in health classes as "School Health Problems" and "Health of the School-age Child."

4. Twelve years of experience in Health Education and School Health Administration.

5. Direct criticisms of the first draft of this evaluation scale from nationally recognized authorities and directors of school health programs. (Appendices 1 and 2)

Limitations of the Scale

Although there have been incorporated into this scale the suggestions made by a group of nationally recognized health educators, doubtless it will need further revision after its initial use in several schools. An attempt has been made to make it equally applicable to rural and urban schools, large and small schools, and to both elementary and secondary schools. It may need further study and adaptation to one or more of these areas.
### A SCHOOL HEALTH PROGRAM EVALUATION SCALE

**Part I. SCHOOL HEALTH SERVICES** ..........(350 points)

#### A. Health Appraisal

1. Frequency of health examinations

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Points</th>
</tr>
</thead>
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<tr>
<td>90-100%</td>
<td>15 pts.</td>
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<tr>
<td>80-89%</td>
<td>12 pts.</td>
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<tr>
<td>70-79%</td>
<td>9 pts.</td>
</tr>
<tr>
<td>50-69%</td>
<td>6 pts.</td>
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<tr>
<td>20-49%</td>
<td>3 pts.</td>
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b. New pupils entering the school system examined: 90-100% (5 pts.), 80-89% (4 pts.), 70-79% (3 pts.), 50-69% (2 pts.), 20-49% (1 pt.)

c. Pupils examined at least once through grades three to ten: 90-100% (5 pts.), 80-89% (4 pts.), 70-79% (3 pts.), 50-69% (2 pts.), 20-49% (1 pt.)

d. Pupils referred by teacher or nurse examined: 90-100% (10 pts.), 80-89% (8 pts.), 70-79% (6 pts.), 50-69% (4 pts.), 20-49% (2 pts.)

e. Interscholastic athletic participants examined: 90-100% (5 pts.), 80-89% (4 pts.), 70-79% (3 pts.), 50-69% (2 pts.), 20-49% (1 pt.)

f. Pupils having injuries at school or serious illness necessitating absence of five days or more from school examined: 90-100% (5 pts.), 80-89% (4 pts.), 70-79% (3 pts.), 50-69% (2 pts.), 20-49% (1 pt.)

g. Pupils tested with audiometer every three years or more often (Elementary Schools only): 90-100% (5 pts.), 80-89% (4 pts.), 70-79% (3 pts.), 20-49% (1 pt.)
2. Dental Examinations

Pupils examined by dentist during the year - 90-100% (5 pts.), 80-89% (4 pts.), 70-79% (3 pts.), 50-69% (2 pts.), 20-49% (1 pt.) .......... (5 pts.)

3. Screening

a. Pupils' having height and weight recorded at least twice a year (Elementary only) - 90-100% (5 pts.), 80-89% (4 pts.), 70-79% (3 pts.), 50-69% (2 pts.), 20-49% (1 pt.) .......... (5 pts.)

b. Pupils having vision and hearing tested during first two months of school year (Elementary school only) - 90-100% (5 pts.), 80-89% (4 pts.), 70-79% (3 pts.), 50-69% (2 pts.), 20-49% (1 pt.) .......... (5 pts.)

B. Activities of Health Appraisal Personnel

1. Physician's examination rated according to time used per child - 10 minutes or more (10 pts.), 7-9 minutes (8 pts.), 5-6 minutes (6 pts.), 3-4 minutes (4 pts.), 1-2 minutes (2 pts.) (10 pts.)

2. Nurse's Procedures

a. Obtaining health history of children examined 1-75-100% (3 pts.), 50-74% (2 pts.), 1-40% (1 pt.) .... (3 pts.)

b. Making health assessment of students as requested by teachers 2.. (3 pts.)

3. Teacher's Activities

a. Elementary School Teacher

   (1) Reviewing and using records relating to child's health status ............... (5 pts.)

1 May be obtained by teacher.
2 May be made by health director or other qualified personnel.
(2) Recognizing outward indices of child health..................(3 pts.)

(3) Making continuous observations of child's health status and recording appraisal at least twice a year..................(3 pts.)

(4) Making continuous observations of child's attitudes and social behavior and recording them at least twice a year.............(3 pts.)

(5) Making referrals promptly through available channels
   (a) Child not making satisfactory weight and height gains..................(2 pts.)
   (b) The excessively overweight child.................................(2 pts.)
   (c) Child with defective posture or body mechanics..............(2 pts.)
   (d) Pupil with emotional or personality problems.............(3 pts.)
   (e) Child with apparent hearing difficulties...............(2 pts.)
   (f) Child with apparent vision difficulties..................(2 pts.)
   (g) Child with speech difficulties.................................(2 pts.)
   (h) Child with abnormal skin conditions......................(2 pts.)
   (i) Child with low vitality........................................(2 pts.)
   (j) Child with other symptoms of illness.......................(3 pts.)

(6) Preparing pupils for examination through discussion (1 pt.), review of experience (1 pt.), evaluation of the examination (1 pt.).................................(3 pts.)
b. Secondary School Classroom Teachers

(1) Recognizing outward indices of
child health......................(3 pts.)

(2) Making continuous observation
of child's health status with
referral to Health Educator or
nurse...............................(3 pts.)

(3) Making continuous observation
of child's attitudes and social
behavior, with referral to
Health Educator or nurse......(3 pts.)

c. Secondary School Health Educator

(1) Reviewing and using records
relating to child's health
status...............................(3 pts.)

(2) Providing for adequate screening
of pupils with emotional
or personality problems.......(3 pts.)

(3) Making referrals promptly
through teacher-nurse con-
ference regularly scheduled
at least once a week..........(3 pts.)

4. Parent's Participation

a. Making written report of observed
practices of child on personal
history form......................(2 pts.)

b. Accepting opportunity to confer
with physician or nurse........(2 pts.)

5. Child's Participation

a. Discussing health problems with
teacher, nurse, or doctor......(3 pts.)

b. Re-evaluating health status in
terms recommended by physician,
nurse, or teacher.............(3 pts.)
C. Follow-up and Counseling Procedures

1. Counseling pupils regarding health status .................................................. (3 pts.)

2. Giving parents adequate information on health status of child within two weeks after examination. .................. (3 pts.)

3. Giving parents information or other aid in implementing physician's findings and recommendations. ............... (3 pts.)

4. To teachers, interpreting the physician's findings and recommendations. ........................................ (3 pts.)

5. Making adaptation of the school program to meet the needs of handicapped children - 100% (10 pts.), 75-99% (8 pts.), 50-74% (6 pts.), 25-49% (4 pts.), 1-24% (2 pts.). .................................... (10 pts.)

6. Making effective use of state and community resources
   a. Consultants - hearing (2 pts.), vision (2 pts.), mental health (2 pts.), dental health (2 pts.), nutrition (2 pts.), sanitation (2 pts.). ........................................ (12 pts.)
   b. Social workers. ........................................ (4 pts.)

7. Aiding in obtaining professional services for children needing corrections but unable to pay - 90-100% (10 pts.), 80-89% (8 pts.), 70-79% (6 pts.), 50-69% (4 pts.), 20-49% (2 pts.). ............... (10 pts.)

8. Making follow-up survey to determine which corrections have been made after two months (5 pts.), after four months (3 pts.), after six months (1 pt.). ............... (9 pts.)

9. Recording corrections on Student's Health Record Form. ........................................ (3 pts.)

10. Obtaining dental certificates - 80-100% of pupils (5 pts.), 60-79% (4 pts.), 40-59% (3 pts.), 20-39% (2 pts.), 1-19% (1 pt.). ....................... (5 pts.)
D. Prevention and Control of Communicable Disease

1. Chest x-rays of children exposed to tuberculosis given annually (10 pts.), biennially (5 pts.) ................... (10 pts.)

2. Chest x-rays made available to all High School pupils annually (6 pts.), biennially (4 pts.), every three years (2 pts.), every four years (1 pt.) ................... (6 pts.)

3. Spot x-ray surveys made annually (3 pts.), biennially (2 pts.), every three years (1 pt.) ................... (3 pts.)

4. Chest x-ray required of all school personnel annually (3 pts.), biennially (2 pts.), only before entry (1 pt.) (3 pts.)

5. Children immunized
   a. For diphtheria - 80-100% (5 pts.), 60-79% (4 pts.), 40-59% (3 pts.), 20-39% (2 pts.), 1-19% (1 pt.) .... (5 pts.)
   b. For smallpox - 80-100% (5 pts.), 60-79% (4 pts.), 40-59% (3 pts.), 20-39% (2 pts.), 1-19% (1 pt.) .... (5 pts.)
   c. For poliomyelitis - 80-100% (5 pts.), 60-79% (4 pts.), 40-59% (3 pts.), 20-39% (2 pts.), 1-19% (1 pt.) .... (5 pts.)

6. Children with suspected communicable disease reported to the health department ................... (5 pts.)

7. Children with symptoms of communicable disease isolated (Exclusion of child based on appearance, behavior and complaints) ................... (3 pts.)

8. Parents notified when child appears to be ill ................... (3 pts.)

9. Teachers provided with list of characteristics of common illnesses of school children ................... (2 pts.)

10. Pupils inspected early morning and before noon during epidemics ................... (5 pts.)
11. Teacher observation made for symptoms of illness when no epidemic exists. (3 pts.)

12. Pupils absent less than five days checked by nurse or teacher for communicability of disease upon readmission. (3 pts.)

13. Pupils and school personnel absent from school five days or more due to illness with no official isolation, readmitted to school only upon presentation of statement of non-communicability signed by health department or licensed physician. (5 pts.)

14. Pupils readmitted to school after official isolation for communicable disease only upon release by health department. (4 pts.)

15. Pupils returning to school after serious illness permitted to participate in strenuous activities only by approval of physician or nurse. (3 pts.)

16. Perfect school attendance not encouraged. (2 pts.)

17. Teacher illness reported to principal and recommended control procedures followed. (3 pts.)

E. Emergency and First Aid Provisions

1. First Aid training required of every teacher. (3 pts.)

2. Responsibility for care of serious cases assigned to at least one specially trained person in each building. (3 pts.)

3. Well-planned written procedures giving instructions to follow in case of emergency or disaster reviewed and understood by all school employees. (3 pts.)
4. Emergency and disaster plans rehearsed six times or more per year (5 pts.), five times (4 pts.), four times (3 pts.), three times (2 pts.), twice (1 pt.) .................. (5 pts.)

5. Accidents reported, investigated, and filed .................................. (4 pts.)

6. Record of family physician of each child kept available .................. (2 pts.)

7. Adequate First Aid supplies made readily available ........................ (5 pts.)

8. Telephone made easily available ................................................. (3 pts.)

9. Important numbers posted at telephone, e.g. nearest physician, ambulance, police, fire department .................. (2 pts.)

10. Fire and emergency alarm system working efficiently .................. (3 pts.)

11. Transportation home provided for ill children .......................... (3 pts.)

12. Rest rooms provided for ill or injured children ..........................
    a. Separate rooms for boys and girls ............................... (3 pts.)
    b. At least two cots for boys and two for girls ...................... (3 pts.)
    c. Rooms partially darkened ......................................... (2 pts.)
    d. Room temperature and ventilation controlled .................. (2 pts.)
    e. Responsible person in attendance ................................. (2 pts.)

F. Health Room equipped for clinics, conferences, and examinations (table, chairs, good light and ventilation, window shades, scales, measuring rod, eye charts, etc.) (5 pts.)
G. Records

1. Cumulative health records kept up-to-date, transferrable with other school records.........................(3 pts.)

2. Cumulative health records made available to administrators, teachers, and medical advisers..................(3 pts.)

Part II HEALTH INSTRUCTION..................(400 points)

A. Direct Health Instruction

1. A general plan of progressive health instruction for all grades used..............(15 pts.)

2. Subject areas included in health instruction
   a. Structure and Function..............(5 pts.)
   b. Personal Health......................(5 pts.)
   c. Sex education......................(5 pts.)
   d. Nutrition......................(5 pts.)
   e. First Aid and Safety......................(5 pts.)
   f. Mental Health......................(5 pts.)
   g. Control of Disease (communicable and non-communicable)......................(5 pts.)
   h. Narcotics and other Poisons..............(5 pts.)
   i. Community Health and Sanitation...(5 pts.)
   j. Choice and Use of Health Services and Products......................(5 pts.)

3. Organized course of study for each grade kept on file in Principal's office (including aims, objectives, and methods of teaching)......................(7 pts.)
4. Course of study reviewed and revised annually. (8 pts.)

5. Health practices, attitudes, and information included in aims and objectives. (5 pts.)

6. Planned instruction in grades one to eight - three or more times a week (5 pts.), two times a week (3 pts.), once a week (1 pt.). (5 pts.)

7. Graduating seniors having High School health instruction - all students (10 pts.), 80-99% (8 pts.), 60-79% (6 pts.), 40-59% (4 pts.), 20-39% (2 pts.), 10-19% (1 pt.). (10 pts.)

8. Scheduled health classes in secondary schools - two semesters during grades 9 through 12 (10 pts.), four quarter years during 9 through 12 (10 pts.), alternating during week with another subject for one year (5 pts.), one semester during grades 9 through 12 (5 pts.). (10 pts.)

9. Health classes held in standard classrooms. (3 pts.)

10. Instruction based on needs and interests of children (as revealed by surveys of their health histories, records, interests, and practices). (3 pts.)

11. Up-to-date textbooks in health instruction available to all children in health classes (10 pts.), 80-99% (8 pts.), 60-79% (6 pts.), 40-59% (4 pts.), 20-39% (2 pts.), less than 20 (0 pts.). (10 pts.)

12. Methods used in teaching health
   a. Discussion (group, buzz sessions, panels). (2 pts.)
   b. Reading and study assignments. (2 pts.)
   c. Oral and written reports. (2 pts.)
d. Lectures.........................(2 pts.)____
e. Demonstrations.....................(2 pts.)____
f. Conferences.........................(2 pts.)____
g. Projects............................(2 pts.)____
h. Problem solving......................(2 pts.)____
i. Field trips...........................(2 pts.)____
j. Supplementary aids..............
   (1) Models, charts, posters........(2 pts.)____
   (2) Lantern slides and motion
       pictures...........................(2 pts.)____
k. Plays and role playing.............(2 pts.)____
l. Health surveys eg. practices, illnesses, medical treatment, immunizations......................(2 pts.)____
m. Experiments..........................(2 pts.)____

13. Both official and voluntary agencies used in health instruction e.g. literature and speakers.................(5 pts.)____

14. Health instruction evaluated by means of
   a. Conferences.........................(2 pts.)____
   b. Objective tests.....................(2 pts.)____
   c. Surveys of health practices........(2 pts.)____
   d. Surveys of health attitudes........(2 pts.)____
   e. Surveys of health knowledge........(2 pts.)____

15. Handicapped children provided with appropriate learning activities........(3 pts.)____
16. Students encouraged to evaluate own health behavior and to assume responsibility for improvement. (5 pts.)

17. Supplementary health materials available for student use. (3 pts.)

18. Sufficient facilities provided for adequate health instruction. (5 pts.)

19. Only materials from reliable sources used. (5 pts.)

20. Adult health education program offered. (3 pts.)

B. Correlated Health Instruction

1. With Art. (10 pts.)

2. With Biological Science. (10 pts.)

3. With Physical Science. (10 pts.)

4. With Home Economics. (10 pts.)

5. With Physical Education. (10 pts.)

6. With Social Studies. (10 pts.)

7. With other subject fields. (10 pts.)

C. Integrated Health Instruction

1. Health education made functional in classroom activities
   a. Control of heat. (5 pts.)
   b. Control of ventilation. (5 pts.)
   c. Practice of cleanliness. (5 pts.)

2. Health education made functional in non-classroom activities
   a. Recreation
      (1) Use of safety precautions. (5 pts.)
      (2) Emphasis on personal adjustment. (5 pts.)
b. Lunch program

(1) Selection of food. ............... (5 pts.)
(2) Adequate time for eating. ....... (5 pts.)
(3) Time for washing before meals. (5 pts.)
(4) Favorable lunchroom atmosphere (5 pts.)

C. Safety program

(1) Safety patrol. ............... (5 pts.)
(2) Traffic patrol. ............... (5 pts.)

3. Pupils given individualized guidance in evaluating daily health. ............... (5 pts.)

4. Medical and dental examinations utilized as learning experiences. ............... (5 pts.)

5. Health instruction integrated with other worthwhile experiences e.g. field trips, projects, clubs, home and family experiences. ............... (5 pts.)

D. Preparation of Teachers

1. Areas included in Elementary Teacher preparation

a. Personal Health. ............... (5 pts.)

b. School Health Services. ............... (5 pts.)

c. School Health Instruction. ............... (5 pts.)

d. Healthful School Living. ............... (5 pts.)

e. Community Health. ............... (5 pts.)

2. Secondary School Health Educator preparation

a. Health teaching major. ............... (20 pts.)

b. Health teaching minor. ............... (15 pts.)
c. 10-20 quarter hours in health courses. (10 pts.)
d. Six to ten quarter hours in health courses. (5 pts.)

3. Health education included in inservice program for teachers and principal
   a. Instruction and illustrations of recognizable signs and symptoms of communicable disease given by qualified person. (5 pts.)
   b. Policies and recommendations of health department interpreted to teachers. (5 pts.)
   c. Health information presented through
      (1) Library. (2 pts.)
      (2) Bulletin boards. (2 pts.)
      (3) Faculty meetings. (2 pts.)
      (4) P.T.A. meetings. (2 pts.)
      (5) Radio programs. (2 pts.)
      (6) Newspapers. (2 pts.)

Part III. HEALTHFUL SCHOOL LIVING...(250 points)

A. Safe and Sanitary School Facilities

1. School Site
   a. Easily accessible
      (1) Elementary schools not more than one-half mile walking distance or thirty minutes riding distance. (3 pts.)
(2) Junior High Schools not more than one mile or one hour riding distance...........(3 pts.)

(3) Senior High Schools not more than two miles or one hour riding distance...........(3 pts.)

b. Free from disturbances
(1) No distracting noises...........(2 pts.)
(2) No irritating dust.............(2 pts.)
(3) No noticeable smoke............(2 pts.)
(4) No objectionable odors........(2 pts.)

c. Well-drained.....................(2 pts.)

d. Adequate in size..................
(1) Elementary school grounds four or more acres (4 pts.), three acres (3 pts.), two acres (2 pts.),
less than two acres (1 pt.).......(4 pts.)

(2) Secondary school grounds six acres or more (4 pts.), five acres (3 pts.), four acres (2 pts.),
less than four acres (1 pt.).........(4 pts.)

2. Water Supply
a. Ample............................(3 pts.)

b. Clear and cool...................(2 pts.)

c. Free from undesirable flavors and odors.........................(2 pts.)

d. Free from contamination and pollution.........................(3 pts.)

e. Adequate in fluorine content.....(2 pts.)

3. Waste Disposal
a. Safe and sanitary garbage disposal(3 pts.)
b. Sewage disposal meeting State Standards .................................. (5 pts.)

4. Building

a. Fire Protection

(1) Building constructed of fire-resistant material .................... (4 pts.)

(2) Fire extinguishers placed convenient to all parts of the building .............. (2 pts.)

(3) Fire alarms and extinguishers kept in working order .......... (2 pts.)

(4) Fire alarms and extinguishers tested twice a year or more often (2 pts.), once a year (1 pt. ) ...................... (2 pts.)

(5) Fire doors at all stairs ...... (2 pts.)

(6) Outside doors open by inside bar ................................ (2 pts.)

(7) Doors to exits unlocked or chutes open at all times building is in use .......... (2 pts.)

(8) Exits and fire escapes sufficient to empty building in two minutes ...................... (3 pts.)

(9) At least two exits from each floor ................................ (2 pts.)

(10) Exits well-marked and lighted ................................ (2 pts.)

(11) Last section of fire escape stairs left down .............. (2 pts.)

b. Ventilation

(1) Controllable in each room .... (1 pt.)

(2) Comfortable circulation of fresh air ..................... (2 pts.)
c. Heating

(1) Facilities inspected for safety weekly (3 pts.), monthly (2 pts.), every six months (1 pt.)..........................(3 pts.)

(2) Classroom temperature range 68 to 72 degrees..............(2 pts.)

d. Lighting

(1) Inspection and approval of electrical wiring at least once a year..................(3 pts.)

(2) Foot-candles of light available at desk level - 25 or more (3 pts.), 15-24 (2 pts.),
5-14 (1 pt.)..........................(3 pts.)

(3) Uniform light in each room...(2 pts.)

(4) Absence of glare

(a) Blackboards of dull finish not beside windows........(2 pts.)

(b) Desks and tables of dull finish.......................(2 pts.)

(c) Shades adjustable for maximum light control........(2 pts.)

(5) Walls and ceiling of good light-reflecting colors -
white or ivory (4 pts.), yellow (3 pts.), light buff (2 pts.),
light gray (1 pt.).................(4 pts.)

(6) Stairway, entrances and corridors well-lighted - more than 15 foot-candles (3 pts.),
10-14 (2 pts.), 5-9 (1 pt.)....(3 pts.)

e. Seating

(1) Individual seats......................(1 pt.)

(2) Movable seats......................(1 pt.)
(3) Regular adjustments to meet the needs of children - two or more times a year (2 pts.), once a year (1 pt.)..............(2 pts.)

(4) Seat arrangement

(a) No child facing window....(3 pts.)

(b) Teacher's desk not facing window.................(2 pts.)

(5) Provision for left-handed pupils..........................(3 pts.)

f. Drinking Fountains

(1) Type approved by Board of Health..................(2 pts.)

(2) Adequate number - one or more for 50 children (3 pts.), one for 60 (2 pts.), one for 70 or more (1 pt.)...................(3 pts.)

g. Handwashing Facilities

(1) Type of basin approved by Board of Health..............(2 pts.)

(2) Adequate number of wash basins

(a) Elementary Schools - one for each 20 pupils (3 pts.), one for each 30 (2 pts.), one for each 40 or more (1 pt.)....................(3 pts.)

(b) Secondary Schools - one for 50 pupils (3 pts.), one for 60 (2 pts.), one for 70 or more (1 pt.).......(3 pts.)

(3) Available hot and cold water...(2 pts.)

(4) Available paper or roller towels.........................(2 pts.)

(5) Available liquid or powdered soap......................(2 pts.)
(6) Available waste basket (1 pt.)

h. Toilet Facilities

(1) Rooms clean, well-lighted and ventilated.............. (3 pts.)

(2) Toilets

(a) Type meeting State Board of Health standards........ (2 pts.)

(b) Number

1' For Elementary Girls -
one for 20 (3 pts.),
one for 25 (2 pts.),
one for 30 (1 pt.) ..... (3 pts.)

2' For Elementary Boys -
toilets and urinals,
one for 20 (3 pts.),
one for 25 (2 pts.),
one for 30 (1 pt.) ..... (3 pts.)

3' For Girls in grades nine through twelve -
one for 45 (3 pts.),
one for 50 (2 pts.),
one for 55 (1 pt.) ... (3 pts.)

4' For Boys in grades nine through twelve -
toilets and urinals,
one for 60 (3 pts.),
one for 65 (2 pts.),
one for 70 or more
(1 pt.) ............... (3 pts.)

(c) Plumbing conforming to State Plumbing Code........ (3 pts.)

5. Custodial Service

a. Cleaning practices

(1) Floors cleaned daily with dust-preventive material......... (2 pts.)
(2) Light fixtures and windows cleaned at least three times a year..............(2 pts.)

(3) Toilet room care

(a) Swept daily......................(1 pt.)

(b) Scrubbed at least twice a week......................(2 pts.)

(c) Towels, soap, and toilet paper kept available..............(2 pts.)

b. Building and equipment kept in good repair......................(2 pts.)

c. Building kept free from accumulations of rubbish......................(2 pts.)

d. Inflammable material kept only in tight metal containers..............(2 pts.)

e. Custodian having special training (2 pts.)

6. Lunchroom Service

a. School lunch facilities conforming to standards of State Board of Health......................(3 pts.)

b. Serving designed to promote good eating practices......................(2 pts.)

c. Sale of carbonated beverages, gum, and candy prohibited (2 pts.), restricted (1 pt.)......................(2 pts.)

d. All milk pasteurized......................(2 pts.)

e. All food handlers instructed in sanitary food handling and personal health practices......................(3 pts.)

f. Dishes cleaned and stored in manner approved by Board of Health......................(3 pts.)

g. Metal garbage cans watertight and rodent-proof......................(1 pt.)
h. Kitchen well-lighted, well-ventilated, clean and attractive

i. Dining room well-lighted well-ventilated, clean and attractive

7. Play Facilities and Practices

a. Play areas and equipment inspected for accident hazards and such conditions promptly corrected - weekly (3 pts.), monthly (1 pt.)...(3 pts.)

b. Adequate indoor play areas with non-slip floors

c. Adequate outdoor play areas with non-slip surfaces

d. Pupils instructed and supervised in proper use and care of classroom, gymnasium, and playground facilities

8. Safety Program

a. Planned program

b. Responsible supervisor

c. Weekly safety inspections

d. Traffic problems adequately supervised and controlled

B. Healthful School Program

1. Teaching methods which promote both physical and mental health

a. Frequent success experienced by all pupils

b. Mental health of child considered in school discipline

c. Excessive fatigue avoided
e. Each child encouraged in his special interest...(3 pts.)

f. Each pupil given opportunity to lead and follow...(2 pts.)

g. Each child assisted in development of self-confidence, self-judgment, and good social attitudes...(3 pts.)

2. Good rapport between pupils and teacher

a. Children feel free to express themselves...(2 pts.)

b. Pupils are relaxed...(3 pts.)

c. Pupils feel they are held in esteem by teacher and associates...(3 pts.)

3. Emotional effect on pupils taken into consideration in making decisions...(3 pts.)

4. Teaching staff emotionally well-adjusted...(5 pts.)

5. Established standards of health required of all school personnel...(3 pts.)

6. General health examination required of all school personnel annually (3 pts.), biennially (2 pts.), only before entry to school system (1 pt.)...(3 pts.)

7. Teaching load - total work load limited to 40 hours or less per week (3 pts.), 41-44 hours (2 pts.), 45-48 (1 pt.), more than 48 (0 pts.)...(3 pts.)

8. One week sick-leave granted to school personnel...(2 pts.)
1. American association of school administrators. 
   American school buildings. 27th yearbook. 

2. American association of school administrators. 
   Health in schools. 20th yearbook. Rev. ed. 

   School health problems. 3d ed. New York, 

4. Committee on school health councils. Healthful 
   school environment. Mineola, New York, New 
   York state council on health teaching, 6p. 
   (Its bull. no.2.)

5. Committee on school health councils. School health 
   services. Mineola, New York, New York state 
   council on health teaching, 5p. (Its bull. 
   no.3.)

6. Committee on school health councils. Health in- 
   struction. Mineola, New York, New York state 
   council on health teaching. 5p. (Its bull. 
   no.4.)

7. Dearborn, Terry H. A check list for the survey of 
   health and physical education programs in sec- 
   ondary schools. Stanford, Stanford university 

8. Elliott, Eugene B. Check list for surveying the 
   secondary school health program. Lansing, 
   Michigan, Superintendent of public instruction, 
   1946. 16p. (Lansing, Mich. Supt. of public 
   instruction. Bull. 346.)

9. Grout, Ruth E. Health teaching in schools. Phila- 
   delphia, Saunders, 1953. 320p.

10. LaPorte, William Ralph. Health and physical edu- 
    cation score card no.1 for elementary schools. 
    Los Angeles, Parker, 1951. 10p.
11. LaPorte, William Ralph. Health and physical education score card no. 2 for junior and senior high schools and four year high schools. Los Angeles, Parker, 1951. 19p.


23. Texas education agency, Austin, Texas. A checklist: appraising the elementary and secondary school health program. Austin, Texas, 1951. 28p. (Its bull. no.519.)


Dear Dr. ______________:

Health educators at Oregon State College are attempting to develop a scaled instrument for appraising school health programs. The enclosed form is the first draft of this attempt.

We are asking selected health educators to go over the form and make corrections, changes, and comments as occur to them. May we ask you to give us the benefit of your review of the form?

We especially are interested in whether the items are clearly stated, are pertinent, are properly weighted numerically, and whether other items should be included.

Kindly make notations on the form and return it in the enclosed self-addressed envelope.

Sincerely,

C. L. Anderson
Professor of Hygiene and Health Education

CLA/1h

P.S. We would greatly appreciate a prompt reply. Thank you.
The comments and criticisms of the following persons who gave their evaluation of this scale are greatly appreciated.

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18. Dr. Charles C. Wilson  
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Activities of
health appraisal
personnel, 7
Agencies, 16
official, 16
voluntary, 16
Appraisal, health, 6
Attendance, 12
Child, participation
of in health ap­praisal, 9
Communicable disease
control, 11
Consultants, use of, 10
Counseling, 10
Emergency provisions, 12
Environment, healthful
school, 19
Evaluation of program, 16
Examinations,
frequency of, 6
dental, 7
with audiometer, 6
x-ray, of children, 11
x-ray, of school
personnel, 11
Facilities,
Safe and sanitary
school, 19
play, 26
First aid provisions, 12
Follow-up, 10
Handicapped children, 10, 16
Hearing, tests, 6
Immunizations, 11
diphtheria, 11
poliomyelitis, 11
smallpox, 11
Instruction,
correlated health, 17
direct health, 14
evaluation of, 16
health and safety, 14
integrated, 17
methods of, 15
subject areas in
health, 14
Lunchroom, 25
program, 18
service, 25
Nurse, activities of, 7
Parent, participation
of in health ap­praisal, 9
Personnel, activ­ities of, 7
Program,
adult health edu­cation, 17
healthful school, 19
lunchroom, 25, 18
safety, 26
Records, 14
cumulative, 14
height, 7
weight, 7
Room,
health, 13
rest, 13
Safety program, 26
Scale,
development of, 4
limitations of, 5
need for, 1
purpose of, 2
sources of informa­tion, 4
Teacher
activities of, 7
illness of, 12
preparation of, 18