

From: Candace Hill, Chair, School Health Advisory Board

Through: Barbara Nowak, Health Services Coordinator
Staff Liaison, School Health Advisory Board

To: The Honorable Ramee Gentry, Chair, and Members of the Alexandria City School Board

Date: June 29, 2017

Topic: School Health Advisory Board 2016-17 End of Year Report

The School Health Advisory Board accomplished the following items during the SY 2016-2017:

1. Monitored the Health Access Outreach for uninsured families to increase participation in FAMIS and FAMIS Plus this school year. Data was presented on the number of uninsured. (See Attachment A. SHAB Health Outreach Access Report and Attachment B., which is a placeholder for the two documents attached separately: 1. 2016-2017 PHK Outreach Report; and 2. Connecting Uninsured Children to Coverage.) **SHAB commends staff for its community education and ongoing outreach efforts to ensure all students have access to health care.**
 - a. ACPS included the Health Insurance and Healthcare Access Flier (translated in Spanish, Amharic, and Arabic) in the welcome packets distributed at the beginning of the 2016-2017 school year
 - b. Flier has been updated and ACPS plans to include it in the 2017-2018 packets.
 - c. The flier is also available in all four languages on the new ACPS website.
 - d. Forms are also being distributed in the ELL Registration Office.

SHAB recommends that ACPS continue Health Access education and outreach.

2. Monitored ongoing programs, needs, and implementation of school-based health care initiatives, including general nursing care, oral health screenings, the Teen Wellness Center (TWC), and the WOW Bus. See Attachments C and D for number of health services delivered by the TWC and the school nurses, respectively. **SHAB recognizes and commends ACPS on the increase in access to dental services with highlighted activities listed below:**
 - a. WOW Bus is treating students at William Ramsay, John Adams, Patrick Henry, James Polk, Mt Vernon Community School, and Cora Kelly.
 - b. ACPS Facilities arranging for the installation of the required electrical outlet at Samuel Tucker for WOW bus with a proposed start date of late August or early September 2017.
 - c. Neighborhood Health has received a grant to purchase mobile dental equipment and will include Jefferson Houston's Dental Room as a virtual WOW BUS event. Jefferson-Houston will be in the WOW Bus schedule starting with the 2017-2018 school year.
 - d. Total elementary school involvement will involve eight schools, all of which have free/reduced lunch rates

greater than 55%.

- e. The Oral Health Impact Project saw their first round of students at TCW-King Street and served over 150 students.
3. ACPS is now working closely with the Alexandria Health Department (AHD) to analyze and report the findings from the BMI data collected on incoming Kindergartners to ACPS. A report will be available in 2017 showing the three year trend for data collected during school years 2014-2015, 2015-2016, and 2016-2017. A draft of this report has been reviewed by SHAB and edits/comments submitted to AHD. AHD will finalize the report for release.
- a. SHAB is excited that AHD has requested to take the lead on the BMI data analysis and to work closely with ACPS on the reporting and distribution of findings. ACPS will continue to contribute the data mapping information and SHAB will continue to review annual draft reports prior to their release.
 - b. ACPS now has an aggregate measure of the youth obesity rate for incoming youth to school. SHAB believes a second data point to the BMI data, an aggregate snapshot of youth obesity once the students have been in school for three years, would be of value toward informing obesity prevention programs.

SHAB recommends investigating the feasibility of adding a height and weight measurement to the 3rd grade screening for hearing that all ACPS students receive.

4. SHAB's scope of work goal to research national best practices for required daily physical activity in schools is ongoing. SHAB members' efforts on this topic were redirected per concerns regarding the ACPS summer Physical Education (PE) program.
- a. **SHAB's inquiry was generated from multiple complaints** posted on social media and reported to SHAB members by ACPS parents and students. (See Attachment E.) The quantity and detail of the latter reports reveal that several ACPS families believe that boys and girls are receiving differential treatment and experiences in the PE program during the summer, and as reported later to SHAB, during the Sept. to June school year as well.
 - i. As an example, it's not clear to SHAB members when it's ok to separate students into all male and all female groups in PE and offer different activities based on sex and still be in compliance with Title IX.
 - ii. Based on reports, the parents' perception is that it's always wrong, so if we had more information on when it's appropriate, it would be helpful to disseminate this information and educate families.

While complaints focused largely on gender equity, they also related to: operational concerns; clinical health guidance to students; and whether or not CPR training was provided as outlined in the curriculum. ACPS has addressed the administrative problems identified, but questions remain regarding the other issues (See Attachment F for questions submitted to ACPS in May).

- b. **SHAB's concern is that ACPS is in compliance with Title IX** and that communication/referral guidance has been provided to all administrators and teachers on how to handle complaints.
 - i. When families have questions related to gender equity in PE, for example, when does it become appropriate for the Title IX Compliance Officer / Coordinator to become involved?
 - ii. Can the complaint process be made more transparent to families, i.e., if a family wishes to discuss

an equity issue without formally filing a Title IX complaint, what should they do? Are there actions that will automatically trigger legal action or a formal review process, and where can parents find this information? How is a student's privacy protected when a problem is brought to the attention of an administrator?

- c. **The goal of SHAB's inquiry is to make sure that all PE teachers receive guidance on best practices regarding sex equality / gender equity in physical education.**
 - i. SHAB requires information to better understand if the PE curriculum itself requires updating, or if the problems reported are a result of the curriculum's implementation.
 - ii. SHAB believes ACPS may want to offer more training / professional development opportunities centered on sex equality / gender equity in physical education.
 - iii. A potential solution is to create Curriculum Guides. **SHAB commends ACPS on the Curriculum Guides available to FLE teachers.** We believe something similar could be made available to PE teachers about the importance of sex equality / gender equity in PE.

- d. **SHAB is also very concerned that ACPS has not communicated with parents/students that attended the 2016 Summer physical education class to let them know that their children did not receive CPR/First Aid/AED training.** Training in emergency first aid, cardiopulmonary resuscitation, and the use of an automated external defibrillator are Virginia state requirements as of the 2016-2017 school year for both standard and advanced diplomas from high school, (Gwyneth's Law--House Bill 2028/Senate Bill 986).

SHAB recommends that the School Board request division-wide best practice guidelines from staff about sex/gender equality in physical education. SHAB advises such guidelines be presented to Administrators to set clear expectations for physical education teachers division-wide, including those implementing the Summer PE program.

SHAB also recommends that ACPS communicate with families and develop a plan for students to receive the CPR/First Aid/AED training prior to their graduation.

- 5. ACPS encourages staff to incorporate exercise and movement into daily activities, including the support of bike and walk to school programs and increased opportunities for movement during the school day. Programs are not standardized across the division, however, and not all schools are consistently promoting activities to offer more physical activity to students. The hope is that the pilot programs highlighted below will find success and be implemented across the division. These programs, include:
 - a. Elementary School "learn to bike" program piloted in PE classes at Mt.Vernon Elementary School
 - b. A "study" beginning with a small group of teachers around classroom reboots. Sponsored by a community partner, RunningBrooke, ACPS will be launching a pilot program involving the implementation of classroom movement opportunities, with the intent to gather info and apply to the rest of the division.
 - c. ACPS has also recently submitted a grant (roughly \$70,000) with Safe Routes to School that includes seven schools (six elementary and one middle). At each facility, key stakeholders have given input on how to improve the walking and biking to school efforts, and potential funding has been allocated to address the identified concerns. With or without funding, ACPS will still move forward to engage students in more physical activity during the school day using all of the low-cost measures and utilizing the assistance of

each school's leadership and community stakeholders. From the initial group of schools, ACPS would spread the lessons-learned from the pilot group to the rest of the division.

6. Monitored ACPS 2020 strategic plan implementation of health and wellness goals and related incorporation of measurable health data into ACPS dashboard. After reviewing the ACPS 2020 Scorecard for Goal 5, SHAB finds the following:
 - a. Key Performance Indicators (KPIs) serve as a proxy measure for student health and wellness. Given the amount of health data ACPS now has access to, including but not limited to: the quantity and type of nursing/health/dental services provided to students; the health access outreach efforts and number of uninsured; and the BMI percentages of all incoming Kindergartners, SHAB requests information on why these direct measures of health are not included as KPIs.
 - b. KPI 5.1.3 is the percentage of students who are chronically absent (missing more than 10% of the days registered in school). Based on consistent input from parents/families with children attending various schools across the district, SHAB members feel attendance is often recorded incorrectly, which could inflate the percentage of chronic absenteeism. Cited examples of the latter often occur on days when a student's class schedule is different from the norm, e.g., field trips, the last two weeks of school. In these instances, students are often recorded as absent when present.

SHAB recommends a review of accurate attendance records processes to find a solution toward increasing the accuracy of attendance reporting at all schools.

- c. Regarding Objective 5.2 for Goal 5, it's not clear to SHAB how the KPIs provide a measure of student health and wellness. Specifically, SHAB members have questions about the type of information KPI 5.2.1, student satisfaction with the School Counseling program as measured by the Individualized Career and Academic Plan (ICAP) survey (grades 6-11), yields. Based on input from several ACPS families, ICAPs do not appear to have been fully implemented, as parents are not looped into the process, and they are not reported as being used consistently with students for future course/career planning.

SHAB suggests ACPS brief SHAB on their future Goal 5 performance updates.

SHAB also recommends research into other metrics for Goal 5 that may be useful to report on the dashboard.

7. Per the scope of work item, monitoring substance abuse and the results of available student survey health data, SHAB members requested information from ACPS regarding substance abuse prevention programming and reviewed the Developmental Assets data.
 - a. **SHAB commends ACPS for incorporating SHAB's request to include SAPCA recommendations into Policy JHCF-R regarding the provision of substance abuse training to health and PE teachers, as well as substance abuse prevention programming to students in all grades, K-12th.**
 - b. According to Developmental Assets information provided at the *Accelerating Assets in Alexandria* Workshop, the majority of students fall within the "vulnerable" category, or possess only 11-20, or about half of the 40 assets considered optimal

- i. The external asset categories of Support and Empowerment had the lowest average asset scores and displayed relatively minimal rates of improvement.
- ii. The internal asset category of Positive Identity declined across all four asset areas when compared to 2009 results and should also be considered an area of focus moving forward.
- iii. Below are assets included in city plans that offer areas for collaboration toward boosting students' health and wellness:
 - 1. **Other Adult Relationships:** Young person receives support from three or more non-parent adults. (Alexandria City Strategic Plan FY 2017 to 2022 and Alexandria Children and Youth Well-Being Data Profile 2016)
 - 2. **Service to Others:** Young person serves in the community one hour or more per week. (Alexandria Children and Youth Well-Being Data Profile 2016 and ACPS 2020 Strategic Plan)
 - 3. **Cultural Competence:** Young person has knowledge and comfort with people of different cultural, racial and ethnic backgrounds. (Alexandria Children and Youth Well-Being Data Profile 2016)
 - 4. **Planning and Decision-making:** Young person knows how to plan ahead and make choices. (Alexandria Children and Youth Well-Being Data Profile 2016)
- c. Additionally, SHAB sees an opportunity for ACPS to meet their goals and objectives as outlined in the ACPS 2020 Strategic Plan by working with the community and local non-profits to support our students in building assets. Together we can have a collective impact by focusing efforts toward increasing the following four assets that were selected as priorities for Alexandria's youth during the *Accelerating Assets in Alexandria* workshop on February 8 (Host committee for the event included ACAP, ACPS, ACT of Alexandria, Alexandria Children, Youth, and Families Collaborative Commission, DCHS, Alexandria Parks, Recreation and Cultural Activities, Alexandria Health Department, Casa Chirilagua, Mayor's Campaign to End Bullying in Alexandria, Northern Virginia Health Foundation, Partnership for a Healthier Alexandria, and SAPCA):
 - i. Positive Family Communication
 - ii. Community Values Youth
 - iii. Creative Activities
 - iv. Personal Power
- d. **SHAB has requested a schedule from ACPS to receive briefings on all findings from health survey data** in order to be able to review the YRBS and Developmental Assets survey results as soon as they become available.

SHAB recommends the YRBS / Developmental Assets briefing schedule commence with the 2017-2018 school year.

- 8. Reviewed Family Life Education (FLE) elementary curriculum and its plan for implementation. **SHAB commends ACPS for its focused efforts toward updating FLE curriculum for all grades.**
 - a. SHAB recommended to ACPS that the elementary FLE curriculum language be updated to align with ACPS policies of inclusion.
 - b. SHAB noted inconsistencies in the elementary FLE implementation with the schools split on who handles implementation of FLE (roughly 50/50) between classroom teachers and Physical Education teachers.

SHAB recommends the standardization of how FLE is implemented across all schools to ensure that all students are receiving the same style and quality of instruction. (See Attachment G.)

- c. With strong community partnerships (ACAP) and programs (Draw the Line, Respect the Line; and evidence-based curriculum) and a fully updated middle school curriculum, ACPS reports that teachers have more tools than in prior years to implement the FLE curriculum.
- d. SHAB encourages every student to take Human Growth & Development (HGD) and appreciates the division acknowledging its importance by listing HGD as a required course. SHAB also agrees that students should be able to opt-out of HGD.

SHAB recommends that all students and families continue to be advised about the individual choice to opt-out of HGD, but recommends that counselors and administrators not advise or encourage students to opt-out.

- e. ACPS is trying to get several classes of HGD moved back to the King Street campus for next year to expand the reach of the program.
- f. ACPS also reports progress for FLE implementation in the self-contained setting. Teachers at all three levels were(are) involved in lesson adaptation, and piloting efforts are starting soon at the elementary level. ACPS reports that efforts have been reported to SEAC and are supported by the Office of Specialized Instruction (OSI).

9. The School Health Advisory Board requests that the School Board consider the following relating to ACPS health policy and related guideline review:

- a. Several amended health policies and related guidelines were presented to the School Board this year that SHAB, as a full committee, did not review. Based on its advisory role and historical practices, SHAB believes the School Board assumes SHAB reviews and approves all amended health policies and guidelines.
- b. ACPS Regulations of Advisory Committees to the School Board (BCF-R) indicate that “SHAB assists with the development of health policy in the school division ...”.

SHAB, therefore, recommends that staff amendments to health policy and related guidelines be presented to the full SHAB membership in advance of presentation to the School Board and with sufficient notice for proper review. If staff submits an amended health policy or guideline without approval by SHAB, SHAB recommends staff be expected to present amendments with an explanation of why SHAB was not involved.

- c. Under ACPS Advisory Committees to the School Board Policy BCF, SHAB recognizes the “recommendations of the committees are advisory only” and that all final decisions rest solely with the School Board. SHAB understands it may not be included in all staff health policy and guideline review and acknowledges there may be legal and regulatory matters that necessitate action by staff only.
- d. SHAB members occasionally propose and approve amendments to health policy and guidelines as deemed necessary. If staff disagree with SHAB amendments, SHAB invites submission of independent staff recommendations along with SHAB amendments.

SHAB recommends that staff be expected to present any SHAB-approved health policy or guideline amendments to the School Board within the same school year.

10. SHAB requested a review of Food Allergy Guidelines (JHCF-R2) by ACPS Physician Consultant and School Health Coordinator to support best current clinical practices. SHAB appreciates the thorough review and supports recommended changes. Document is set to be finalized by ACPS this school year and SHAB recommendation is as follows:

SHAB recommends that ACPS personnel interacting with students be trained on the updated guidelines. SHAB encourages a public announcement about the updated guidelines for community awareness purposes. SHAB further advises that parents and guardians of students with known life-threatening food allergies be provided individually with guidelines and given a contact person for specific questions about food allergy safety.

ATTACHMENT A.

SHAB Health Access Outreach Project Summary May 11, 2017

2016-17 Goals Completed

- Prepared data summary on health coverage for Alexandria children including total number of uninsured and estimate of children eligible for coverage but not enrolled.
- Disseminated data summary to School Board and requested staff share with Administrators and School Support Teams.
- Monitored ACPS efforts to identify uninsured students eligible for coverage and make referrals for enrollment assistance.

2015-16 Goals Completed

- Updated outreach flyer to prepare for fall 2015 federal marketplace open enrollment period.
- Ensured distribution of flyer through back-to-school packets.
- Prepared and disseminated data summary on health coverage for Alexandria children.
- Presented materials to PTAC and did outreach to PTAs.
- Posted updated materials on ACPS website.

2014-15 Goals Completed

- Updated technical assistance paper and outreach flyer to prepare for fall 2014 federal marketplace open enrollment period.
- Ensured distribution of flyer through back-to-school packets.
- Posted updated paper and flyer on ACPS website; worked with staff to improve navigability to make documents more accessible.
- Presented project update and materials to PTAC and interested WOW Bus schools.

2013-14 Goals Completed

- Finalized and distributed one-page flyer for families in four languages.
- Held informational forum for all School Support Teams.
- Held informational sessions for PTAC and WOW Bus schools.
- Coordinated outreach between WOW Bus provider and potential patients.
- Coordinated outreach to families with Virginia Health Insurance Exchange navigator.

2012-13 Goals Completed

- Reviewed ACPS health coverage outreach practices.
- Gathered and analyzed data available to show the number of uninsured children in Alexandria; also considered problem of families moving on and off coverage throughout the year.
- Gathered information about new federal health coverage options available in 2014 through Virginia health insurance exchange.
- Evaluated information currently used to identify needs to support increased outreach efforts.
- Prepared technical assistance document for use by all ACPS Nurses, Administrators, Counselors and Social Workers.
- Drafted summarized one-page outreach brief for families.
- Reported back to School Board on outreach education efforts.
- Held informational session for administrators.

SEE ATTACHMENT B

**1. Alexandria City Public Schools Contact Form Review Outreach
- 2016-2017 PHK Report**

2. Connecting Uninsured Children to Coverage

(SEPARATE DOCUMENTS ATTACHED)

ATTACHMENT C.

School Health Advisory Board Alexandria City Public Schools June 29, 2017

Teen Wellness Center Services Report

Teen Wellness Center Visits													
	May '16	June '16	July '16	Aug '16	Sept '16	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr'17	May '17
Total Medical Visits	249	293	231	288	323	291	398	302	335	336	380	237	343
Child Health	67	96	113	119	104	101	197	92	67	106	79	54	132
Family Planning	141	138	83	106	115	107	134	106	169	123	198	106	149
Immunization	26	38	17	47	89	65	52	28	72	70	85	61	42
STD	15	21	18	16	15	18	15	23	27	19	18	15	20
Total Med Visits - MH	3	12	0	0	0	4	27	8	8	18	5	6	8
Total Med Visits - TC	246	281	231	288	323	287	371	294	327	318	375	231	335
Undup Med Pt Counts	209	225	202	238	253	240	296	228	247	262	294	194	293

TWC Updates:

- Decline in visits for April due to Spring Break and additional Teacher Work Day where no students were present. Return to normal levels in May.
- We have focused our immunization efforts on completely immunizing all new immigrant teens and completing the HPV vaccine series for boys and girls coming to the clinic.
- Long term birth control LARCS insertion has doubled from last year's numbers.
- Health educator has resigned effective 6/26/17. Recruiting activities are already underway and we hope to have someone selected, and hopefully on board by September.
- Teen Wellness Center Student Advisory Committee met through the remainder of the school year. Information from students will be used to develop outreach, health education, and other TWC initiatives.
- Minnie Howard continues with regular weekly hours available.
- Football physicals were done in collaboration with the athletic department during two days in June to avoid last-minute rush at the end of summer.
- TWC is open all summer, M-F from 10-5 for all services, especially sports physicals, college physicals, and immunizations.

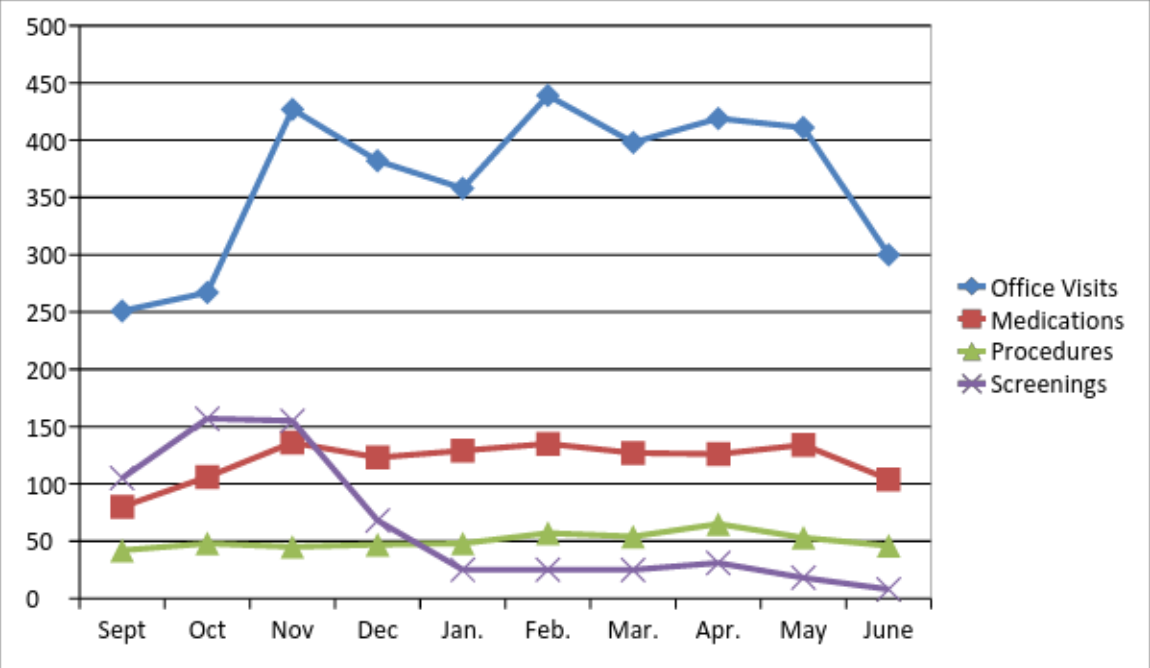
ATTACHMENT D.
Alexandria City Public Schools
School Health Advisory Board
School Health Services Report 2016-2017

	Days Operational	Office Visits	Return to Learn	Medications Daily+PRN	Procedures	Case Management	Screenings	Dental Procedures	Enrollment
09/2016	19	4,773	4,245 89%	1,517	805	350	1,991	WOW 0 OHIP 0	15,208
10/2016	20	5,349	4,768 89%	2,120	958	447	3,131	WOW 12 days New Students 73 Procedures 161 OHIP 0	15,239
11/2016	18	7,694	7,017 91%	2,442	816	386	2,781	WOW 10 days New Students 46 Procedures 111 OHIP 0	15,242
12/2016	15	5,734	5,189 90.5%	1,849	700	406	1,025	WOW 6 days New Students 23 Procedures 55 OHIP 0	15,215
01/2017	19	6,807	6,228 91%	2,458	909	451	470	WOW 13 days New Students 38 Procedures 135 OHIP 0	15,334
02/2017	18	7,893	6,906 87.5%	2,432	1,024	324	458	WOW 12 days New Students 40 Procedures 133 OHIP 0	15,406
03/2017	20	7,959	7,061 88.7%	2,546	1,075	383	495	WOW 11 days New Students 28 Procedures 112 OHIP 0*	15,429

	Days Operational	Office Visits	Return to Learn	Medications Daily+PRN	Procedures	Case Management	Screenings	Dental Procedures	Enrollmen t
04/2017	14	5,871	4,989 85.0%	1,769	908	470	436	WOW 8 days Students 62 Procedure s 114 OHIP- see attached	15,419
05/2017	22	9,039	8,329 92.1%	2,958	1,161	504	392	WOW 0 days Bus out for repairs.	15,405
06/2017	16	4,794	4,344 90.6%	1,667	743	378	122	WOW 0 days Bus out for repairs.	15,360
<i>2014-20 15 Average</i>	<i>No Data</i>	<i>4,730</i>	<i>No Data</i>	<i>1,885</i>	<i>908</i>	<i>116</i>	<i>1,274</i>	<i>No data</i>	<i>No data</i>
<i>2015-20 16 Average</i>	<i>19</i>	<i>6,949</i>	<i>6,029 86.7%</i>	<i>2,235</i>	<i>1,038</i>	<i>198</i>	<i>1,634</i>	<i>No Data</i>	<i>14,650</i>
2016-20 17 Average	20	7,324	6,564 91.8%	2,418	1,011	455	1,256	<i>Awaiting Report</i>	15,317

*OHIP Applications 150 completed. Dental work is projected to begin in April.

School Health Clinic Visits Types by Daily Average per Month SY 2016-2017



ATTACHMENT E.

**MEMO TO ACPS OUTLINING CONCERNS REGARDING
SUMMER PHYSICAL EDUCATION CLASS**

To: Michael Humphreys, PE/Health/Family Life Education Instructional Specialist for Alexandria City Public Schools
 From: ACPS School Health Advisory Board (SHAB)
 Re: Feedback about Summer PE at T.C. Williams High School
 Date: September 12, 2016

SHAB has received the following feedback directly from families and via social media about the Summer PE program at T.C. Williams High School. From this feedback, we have generated questions. It would be helpful if we can receive information about the following at the next SHAB meeting. Thank you.

Concern	Question / Possible Action Step
Registration was by word-of-mouth with no written material about dates/times, transportation or fees provided upfront. This did not provide an equal opportunity for all students to participate.	SHAB acknowledges the benefits for students to have the opportunity to participate in physical activity every day, in grades K-12. However, if ACPS is going to offer students the ability to obtain their PE requirement in the summer, there is concern that Summer PE registration forms, with relevant course information, isn't being provided to every student along with regular course registration forms?
Parents and students were told classes would be held at the Minnie Howard campus. Classes were moved to the main campus without notification. Some students walked alone between campuses to get to class.	What is the future communication plan if classes are relocated again at the last minute? What steps can be taken to ensure administrators understand the liability of permitting students to walk alone between campuses without parental permission?
Students were separated by gender.	Are students in all physical education and health classes automatically separated by gender? If so, why, and how is this in compliance with Title IX?
Females were initially denied the opportunity to participate in weight training. A teacher told students the weights were too heavy for girls to lift and that it was unattractive and not "feminine" to lift weights and get large muscles.	Are all students in physical education classes given equal opportunity to participate in all activities? What action did ACPS take to resolve this matter and ensure it does not happen again? Should parents or students with concerns about gender equity have been referred to the Title IX Coordinator?
Student privacy was not protected when a parent contacted the school about gender equity concerns.	What is the process for protecting student privacy when a concern is raised? Should the Title IX Coordinator be consulted before teachers communicate with a student in response to a gender equity concern?
Students were given the option to have an evaluation of their body fat ratio and were offered nutritional guidance based on the results. Extra credit was offered for making dietary changes.	Should students be given clinical examination without parent consent or clinical staff involvement? Should staff without access to student medical records be guiding and rewarding nutritional changes?
Concern	Question / Possible Action Step

<p>Students were told they could have two unexcused absences so they did not need to attend the last two days if they had not missed any classes. There was no communication to parents about attendance.</p>	<p>Why would students be told they do not need to attend a required class? How does ACPS ensure the academic integrity of a state-mandated course if students are permitted to miss 10% of the class? What course activities were planned for the last two days?</p>
<p>Students were dismissed at 9:00am on the final day. There was no communication about this to parents.</p>	<p>What is the future communication plan if classes are dismissed early? What action will be taken to ensure administrators understand the liability of permitting students to leave campus without parental permission when parents believe students are in school?</p>
<p>The Principal was not available to parents who had concerns during the last week of classes. It is rumored the Principal left ACPS during the summer.</p>	<p>What is the future plan for notifying parents and students when there is an administration change?</p>
<p>Students were told, but parents were not informed, that the CPR course requirement was not offered during the summer.</p>	<p>How will students meet the CPR requirement for Summer PE classes? What is the plan for informing parents? How are grades and credits managed when all course requirements are not offered?</p>

ATTACHMENT F.

SHAB'S REMAINING QUESTIONS REGARDING PHYSICAL EDUCATION CURRICULUM AND IMPLEMENTATION SUBMITTED TO ACPS MAY 24, 2017

Several ACPS students/parents reported to SHAB that:

1. Students are routinely separated by sex/gender (divided into all male and all female groups) in physical education and health classes. SHAB requests detailed information from ACPS on:
 - When students are separated by sex in physical education and health classes
 - Why the separation by sex occurs in these classes
 - How the instances of separation described above comply with Title IX
2. Students in physical education classes are not always given equal opportunity to participate in all activities. SHAB requests detailed information on:
 - When students are separated by sex and offered different activities in which to participate, i.e., the girls do one activity and the boys do something different with no opportunity to switch and do the other activity
 - Why the above occurs - is this dictated by curriculum or happening as a result of teachers' individual decision making?
 - How the above complies with Title IX
 - The training/professional development provided to PE teachers on the importance of sex equality in physical education
3. Parents or students with sex/gender equity concerns have not been referred to a Title IX Coordinator / Compliance Officer.
 - Does ACPS have a protocol in place with school administrators to refer ACPS families to a Title IX Coordinator / Compliance Officer, or alternate, designated ACPS administrator when they submit their concerns?
 - What is the process for protecting student privacy when a sex/gender equity concern is raised?
4. Students have been given clinical health guidance regarding their diet and body mass index (BMI) in Summer PE classes.
 - Input from ACPS Physician Consultant, Dr. Vivek Sinha, concludes that teachers should not be offering specific advice on students' diet and BMI.
 - While incorporating a general discussion on healthy eating, e.g., whole foods, less sugar, is commendable, SHAB would like assurances that *clinical health guidance* will not be given to students by non-clinicians in physical education classes
5. Students did not receive CPR instruction, which is listed as part of the curriculum, in 2016 Summer Physical Education (PE) classes. See the description as outlined in the 2016 Summer School Handbook at the following link: <http://www.acpsk12.org/news/wp-content/uploads/2016-Summer-School-Handbook-TC-Williams.pdf>
 - Is First Aid/CPR instruction part of the ACPS 9th and 10th grade Summer Physical Education curriculum as outlined in the handbook at the link above? If yes, SHAB would like assurances that future students enrolled in Summer PE will receive First Aid/CPR instruction. If no, then SHAB recommends updating/editing the description of the curriculum in future course description materials.
 - SHAB is concerned that ACPS has not communicated with parents/students that attended the 2016 Summer physical education class that the CPR training was not provided. Is there a plan to communicate with families and/or to have students receive the training in the future?

ATTACHMENT G.

SHAB RECOMMENDATIONS FOR FAMILY LIFE EDUCATION (FLE) ELEMENTARY CURRICULUM AND IMPLEMENTATION

School Health Advisory Board Meeting
May 11, 2017

Based on the 2016 - 2017 review of the Family Life Education (FLE) curriculum for elementary schools, the School Health Advisory Board (SHAB) recommends the following activities to address the lack of standardization in how schools implement the FLE curriculum.

Finding from SHAB Review: About 50% of schools are teaching FLE to elementary students in the classroom and 50% are teaching FLE in Physical Education (PE) classes. The classroom is preferable to the gymnasium as it provides a more intimate environment and the ideal conditions conducive to thoughtful and meaningful teaching and learning practices which oftentimes includes sensitive materials. With the expanded teacher certification options the division has recently created, plenty of opportunities exist for prospective FLE teachers to obtain certification.

Recommendation: ACPS should standardize FLE curriculum implementation across all schools to ensure that students are receiving the same style and quality of instruction. It is also recommended that Family Life Education (FLE) implementation occur in the classroom setting with no more than 30 students.

Finding from SHAB Review: Some of the language in the FLE curriculum required updating to align it with ACPS school policies of inclusion. SHAB worked with ACPS to change this language to bring it into alignment.

Recommendation: Regarding FLE curriculum implementation, SHAB recommends adherence to the recently updated curriculum guides and other approved materials. Parents and guardians have the right to preview all materials that will be used in their child's classroom.

Based on SHAB's review, members recommend the following:

Recommendation: Classroom teachers should teach FLE on a consistent basis inside their rooms. Whether this is done as a scheduled event every week or two, or by taking advantage of early-release days, field trips, or other atypical school days, students should not experience these lessons in complete isolation from earlier material. The curriculum has been designed so that only a handful of lessons need to be taught each quarter, emphasizing skills, behaviors, and attitudes vital to one's healthy development.

Finally, SHAB strongly recommends that teachers who received initial FLE certification five or more years ago attend an FLE "Refresher Course." This two-day afterschool event happens two or three times a year, and serves to provide veteran teachers with the latest information and pedagogy pertaining to FLE instruction.

