2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

Part I: Human Immunodeficiency Virus (HIV) Prevention SLIMs

Percentage of Schools
Meeting SLIM

School-Level Impact Measure (SLIM)

HIV 1. (2010 version)

The percentage of schools that address all of the following in a required course taught during grades 6, 7, or 8:

39.3

- The differences between HIV and AIDS.
- · How HIV and other STD are transmitted.
- · How HIV and other STD are diagnosed and treated.
- Health consequences of HIV, other STD, and pregnancy.
- The benefits of being sexually abstinent.
- How to prevent HIV, other STD, and pregnancy.
- How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy.
- The influences of media, family, and social and cultural norms on sexual behavior.
- · Communication and negotiation skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
- Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
- · Compassion for persons living with HIV or AIDS.

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

Part I: Human Immunodeficiency Virus (HIV) Prevention SLIMs

	School-Level Impact Measure (SLIM)
HIV 1. (2012 version)	The percentage of schools that address all of the following in a required course taught during grades 6, 7, or 8:
	• The differences between HIV and AIDS.
	How HIV and other STD are transmitted.
	How HIV and other STD are diagnosed and treated.
	 Health consequences of HIV, other STD, and pregnancy.
	The benefits of being sexually abstinent.
	How to prevent HIV, other STD, and pregnancy.
	 How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy.
	 How to create and sustain healthy and respectful relationships.
	• The influences of media, family, and social and cultural norms on sexual behavior.
	• Communication and negotiation skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
	· Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.

Compassion for persons living with HIV or AIDS.

Percentage of Schools Meeting SLIM

37.9

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

Part I: Human Immunodeficiency Virus (HIV) Prevention SLIMs

	School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
HIV 2. (2010 version)	 The percentage of schools that address all of the following in a required course taught during grades 9, 10, 11, or 12: The relationship among HIV, other STD, and pregnancy. The relationship between alcohol and other drug use and risk for HIV, other STD, and pregnancy. 	78.3
	• The benefits of being sexually abstinent.	
	 How to prevent HIV, other STD, and pregnancy. How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy. 	
	The influences of media, family, and social and cultural norms on sexual behavior.	
	 Communication and negotiation skills related to eliminating or reducing risk for HIV, other STD, and pregnancy. Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy. 	
HIV 2. (2012 version)	The percentage of schools that address all of the following in a required course taught during grades 9, 10, 11, or 12:	72.0
	The relationship among HIV, other STD, and pregnancy.	
	 The relationship between alcohol and other drug use and risk for HIV, other STD, and pregnancy. 	
	The benefits of being sexually abstinent.	
	How to prevent HIV, other STD, and pregnancy.	
	 How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy. 	
	 How to create and sustain healthy and respectful relationships. 	
	• The influences of media, family, and social and cultural norms on sexual behavior.	
	• Communication and negotiation skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.	

· Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
HIV 3. (2008 version)	 The percentage of schools that address all of the following in a required course taught during grades 9, 10, 11, or 12: Efficacy of condoms, that is, how well condoms work and do not work. The importance of using condoms consistently and correctly. How to obtain condoms. 	33.2
HIV 3. (2010 version)	 The percentage of schools that address all of the following in a required course taught during grades 9, 10, 11, or 12: Efficacy of condoms, that is, how well condoms work and do not work. The importance of using condoms consistently and correctly. How to obtain condoms. How to correctly use a condom. 	23.1

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
HIV 4.	The percentage of schools that deliver HIV, STD, or pregnancy prevention programs (including after school or supplemental programs) that meet the needs of ethnic/racial minority youth at high risk (e.g., black, Hispanic, or American Indian youth) by doing all of the following:	2.5
	• Providing curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities.	
	• Providing curricula or supplementary materials in the primary languages of the youth and families.	
	 Facilitating access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community. 	
	 Facilitating access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community. 	
	 Requiring professional development for school staff on HIV, STD, and pregnancy prevention issues and resources for these youth. 	
HIV 5.	The percentage of schools that provide parents and families health information to increase parent and family knowledge of HIV prevention, STD prevention, or teen pregnancy prevention.	11.4
HIV 6. (2008 version)	The percentage of schools in which students' family or community members have helped develop or implement HIV prevention, STD prevention, or teen pregnancy prevention policies and programs.	13.7
HIV 6. (2010 version)	The percentage of schools in which students' family and community members have helped develop or implement HIV prevention, STD prevention, or teen pregnancy prevention policies and programs.	8.1

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
HIV 7. (2010 version)	The percentage of schools in which the lead health education teacher received professional development during the past two years on all of the following: Describing how widespread HIV and other STD infections are and the consequences of these infections. Understanding the modes of transmission and effective prevention strategies for HIV and other STDs. Identifying populations of youth who are at high risk of being infected with HIV and other STDs. Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.	11.0
HIV 7. (2012 version)	The percentage of schools in which the lead health education teacher received professional development during the past two years on all of the following: Describing how widespread HIV and other STD infections are and the consequences of these infections. Understanding the modes of transmission and effective prevention strategies for HIV and other STDs. Identifying populations of youth who are at high risk of being infected with HIV and other STDs. Implementing health education strategies using prevention messages that are likely to be effective in reaching youth. Describing the prevalence and potential effects of teen pregnancy. Identifying populations of youth who are at high risk of becoming pregnant.	9.3

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

Part I: Human Immunodeficiency Virus (HIV) Prevention SLIMs

	School-Level Impact Measure (SLIM)	of Schools Meeting SLIM
HIV 8.	The percentage of schools in which the lead health education teacher received professional development on at least six of the following during the past two years: Teaching HIV prevention to students with physical, medical, or cognitive disabilities. Teaching HIV prevention to students of various cultural backgrounds. Using interactive teaching methods for HIV prevention education, such as role plays or cooperative group activities. Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills. Teaching about health-promoting social norms and beliefs related to HIV prevention. Strategies for involving parents, families and others in student learning of HIV prevention education. Assessing students' performance in HIV prevention education. Implementing standards-based HIV prevention education curricula and student assessment. Using technology to improve HIV prevention education instruction. Teaching HIV prevention to students with limited English proficiency.	9.5
HIV 9.	 The percentage of schools that follow a policy or policies that address all of the following issues: Attendance of students with HIV infection. Procedures to protect HIV-infected students and staff from discrimination. Maintaining confidentiality of HIV-infected students and staff. 	69.8

Percentage

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
HIV 10.	 The percentage of schools that implement HIV, other STD, and pregnancy prevention strategies that meet the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth by doing all of the following: Providing curricula or supplementary materials that include HIV, other STD, or pregnancy prevention information that is relevant to LGBTQ youth (e.g., curricula or materials that use inclusive language or terminology). Identifying "safe spaces" such as a counselor's office, designated classroom, or student organization where LGBTQ youth can receive support from administrators, teachers, or other school staff. Prohibiting harassment based on a student's perceived or actual sexual orientation or gender identity. Facilitating access to providers not on school property who have experience providing health services, including HIV/STD testing and counseling, to LGBTQ youth. Facilitating access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth. Encouraging staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity. 	5.0
HIV 11.	The percentage of schools that teach about all of the following contraceptives in a required course taught during grades 9, 10, 11, or 12: Birth control pill (e.g., Ortho Tri-cyclen). Birth control patch (e.g., Ortho Evra). Birth control ring (e.g., NuvaRing). Birth control shot (e.g., Depo-Provera). Implants (e.g., Implanon). Intrauterine device (IUD; e.g., Mirena, ParaGard). Emergency contraception (e.g., Plan B).	34.6

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
HIV 12.	 The percentage of schools that address all of the following in a required course taught during grades 9, 10, 11, or 12: How to obtain contraceptives, other than condoms. How to correctly use contraceptives, other than condoms. The importance of using contraceptive methods, other than condoms, consistently and correctly. The importance of using a condom at the same time as another form of contraception to prevent both sexually transmitted diseases (STDs) and pregnancy. 	35.8
HIV 13.	The percentage of schools that provide students with direct access or referrals to healthcare providers for all of the following services: HIV testing and counseling. STD testing and treatment. Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, IUD). Pregnancy testing. Prenatal care. Human papillomavirus (HPV) vaccine administration. Provision of condoms.	35.2

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Coordinated School Health School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
CSH 1.	Data are not available for 2012 report.	
CSH 2. (2008 version)	The percentage of schools that have a group (e.g., school health team) that helps plan and implement school health programs, with representation from 10 or more of the following: School administration. Health education teachers. Physical education teachers. Mental health or social services staff. Nutrition or food service staff. Health services staff (e.g., school nurse).	20.5
	Maintenance and transportation staff.	
	 Student body. Parents or families of students. Community. Local health departments, agencies, or organizations. Faith-based organizations. Businesses. 	
	Local government.	

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

	Coordinated School Health School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
CSH 2. (2010 version)	The percentage of schools that have a group (e.g., school health team) that helps plan and implement school health programs, with representation from 10 or more of the following: School administration. Health education teachers. Physical education teachers. Mental health or social services staff. Nutrition or food service staff. Health services staff (e.g., school nurse). Maintenance and transportation staff. Technology staff. Library/media center staff. Student body. Parents or families of students. Community. Local health departments, agencies, or organizations.	22.6

Businesses.Local government.

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Coordinated School Health School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
CSH 2. (2012 version)	The percentage of schools that have a group (e.g., school health team) that helps plan and implement school health programs, with representation from 6 or more of the following: • School administration.	41.5
	Health education teachers.	
	Physical education teachers.	
	Classroom teachers. Nutrition on find appring staff.	
	Nutrition or food service staff. Health comings staff (a.g., school nurse) or montal health or social services staff (a.g., school counselor).	
	 Health services staff (e.g., school nurse) or mental health or social services staff (e.g., school counselor). Parents or families of students. 	
	 Community members (e.g., local health departments, agencies, or organizations; faith-based organizations; businesses; local government). 	
CSH 3. (2008 version)	The percentage of schools that have ever assessed their policies, activities, and programs by using the School Health Index or a similar self-assessment tool in any of the following areas:	40.4
	Physical activity.	
	• Nutrition.	
	Tobacco-use prevention.	

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Coordinated School Health School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
CSH 3. (2010 version)	The percentage of schools that have ever assessed their policies, activities, and programs by using the School Health Index or a similar self-assessment tool in all of the following areas: • Physical activity. • Nutrition. • Tobacco-use prevention.	32.7
CSH 4.	Data are not available for 2012 report.	
CSH 5.	Data are not available for 2012 report.	
CSH 6.	 The percentage of schools in which those who teach health education are provided with all of the following: Goals, objectives, and expected outcomes for health education. A written health education curriculum. A chart describing the annual scope and sequence of instruction for health education. Plans for how to assess student performance in health education. 	69.8
CSH 7.	 The percentage of schools that follow a written health education curriculum that addresses all the following: Comprehending concepts related to health promotion and disease prevention to enhance health. Analyzing the influence of family, peers, culture, media, technology, and other factors on health behaviors. Accessing valid information and products and services to enhance health. Using interpersonal communication skills to enhance health and avoid or reduce health risks. Using decision-making skills to enhance health. Using goal setting skills to enhance health. Practicing health-enhancing behaviors to avoid or reduce risks. Advocating for personal, family, and community health. 	78.3

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Coordinated School Health School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
CSH 8. (2008 version)	The percentage of schools that provide parents and families health information to increase parent and family knowledge of any of the following health issues:	51.0
	Tobacco-use prevention.	
	Physical activity.	
	Nutrition and healthy eating.	
CSH 8. (2010 version)	The percentage of schools that provide parents and families health information to increase parent and family knowledge of all of the following health issues:	21.9
	Tobacco-use prevention.	
	Physical activity.	
	Nutrition and healthy eating.	
CSH 9. (2010 version)	The percentage of schools that have a written school improvement plan that includes health-related goals and objectives on any of the following topics:	59.6
	Health education.	
	Physical education and physical activity.	
	 Nutrition services and foods and beverages available at school. 	
	Health services.	
	Mental health and social services.	
	Healthy and safe school environment.	
	Family and community involvement.	
	Faculty and staff health promotion.	

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Coordinated School Health School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
CSH 9. (2012 version)	The percentage of schools that include at least one health and safety objective in their school improvement plan and have completed a self-assessment of school health policies and practices (e.g., the School Health Index) and have reviewed health and safety data during the past year as part of their school improvement planning process.	21.5
CSH 10.	The percentage of schools that have a group (e.g., school health team) that performs all of the following actions to help plan and implement school health programs: • Identify student health needs based on a review of relevant data.	20.0
	 Recommend new or revised health and safety policies and activities to school administrators or the school improvement team. 	
	• Seek funding or leverage resources to support school health and safety priorities for students and staff.	
	 Communicate the importance of health and safety policies and activities to district administrators, school administrators, parent-teacher groups, or community members. 	
	Review health-related curricula or instructional materials.	

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Physical Activity and Physical Education School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
PE 1.	Data are not available for 2012 report.	
PE 2.	The percentage of schools in which at least one physical education teacher or specialist received professional development on physical education during the past two years.	90.8
PE 3.	 The percentage of schools in which those who teach physical education are provided with all of the following: Goals, objectives, and expected outcomes for physical education. A written physical education curriculum. A chart describing the annual scope and sequence of instruction for physical education. Plans for how to assess student performance in physical education. 	73.7
PE 4.	Data are not available for 2012 report.	
PE 5.	The percentage of schools that offer intramural activities or physical activity clubs for all students, including those with disabilities.	63.7

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Physical Activity and Physical Education School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
PE 6.	 The percentage of schools that teach about all of the following in a required course: Physical, psychological, or social benefits of physical activity. Health-related fitness (i.e., cardiorespiratory endurance, muscular endurance, muscular strength, flexibility, and body composition). Phases of a workout (i.e., warm-up, workout, cool down). How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity). Developing an individualized physical activity plan. Monitoring progress toward reaching goals in an individualized physical activity plan. Overcoming barriers to physical activity. Decreasing sedentary activities such as television viewing. Opportunities for physical activity in the community. Preventing injury during physical activity. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active). 	68.6
PE 7.	 Dangers of using performance-enhancing drugs such as steroids. Data are not available for 2012 report. 	
PE 8.	The percentage of schools that, either directly or through the school district, have a joint use agreement for shared use of physical activity facilities.	81.9

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

Percentage of Schools Meeting SLIM
SLIM

Physical Activity and Physical Education School-Level Impact Measure (SLIM)

- PE 9. The percentage of schools that offer all of the following physical activity opportunities for students at their school:
- 31.5

- Required physical education.
- · Classroom-based physical activity breaks.
- Intramural sports or physical activity clubs.
- · Interscholastic sports.

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Nutrition School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
NU 1. (2008 version)	The percentage of schools that do not sell the following foods and beverages anywhere at school outside the school food service program: Baked goods that are not low in fat (e.g., cookies, crackers, cakes, pastries). Salty snacks that are not low in fat (e.g., regular potato chips). Candy (i.e., chocolate or non-chocolate candy). Soda pop or fruit drinks that are not 100% juice.	47.3
NU 1. (2010 version)	The percentage of schools that do not sell the following foods and beverages anywhere at school outside the school food service program: Baked goods that are not low in fat (e.g., cookies, crackers, cakes, pastries). Salty snacks that are not low in fat (e.g., regular potato chips). Candy (i.e., chocolate or non-chocolate candy). Soda pop or fruit drinks that are not 100% juice. Sports drinks (e.g., Gatorade).	28.4

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Nutrition School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
NU 2.	The percentage of schools that always offer fruits or non-fried vegetables in vending machines, school stores, and during celebrations when foods and beverages are offered.	6.3
NU 3.	 The percentage of schools that use at least three of the following strategies anywhere in the school to promote healthy eating: Price nutritious food and beverage choices at a lower cost while increasing the price of less nutritious foods and beverages. Collect suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating. Provide information on the nutrition and caloric content of foods available. Conduct taste tests to determine food preferences for nutritious items. Provide opportunities for students to visit the cafeteria to learn about food safety, food preparation, or other nutrition-related topics. 	17.8
NU 4.	The percentage of schools in which the lead health education teacher received professional development on nutrition education and dietary behavior during the past two years.	35.1

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Nutrition School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
NU 5.	The percentage of schools that teach about all of the following in a required course: Benefits of healthy eating. Food guidance using the current Dietary Guidelines for Americans (e.g., MyPlate or MyPyramid). Using food labels. Balancing food intake and physical activity. Eating more fruits, vegetables, and whole grain products. Choosing foods that are low in fat, saturated fat, and cholesterol. Using sugars in moderation. Using salt and sodium in moderation. Eating more calcium-rich foods. Food safety. Preparing healthy meals and snacks. Risks of unhealthy weight control practices. Accepting body size differences. Signs, symptoms, and treatment for eating disorders.	76.6
NU 6.	The percentage of schools that prohibit all forms of advertising and promotion (e.g., contests and coupons) of less nutritious foods and beverages on school property.	33.1
NU 7.	The percentage of schools that allow students to have a water bottle with them during the school day and offer free drinking water in the cafeteria during meal times.	82.0

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Tobacco-Use Prevention School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
TOB 1.	The percentage of schools that prohibit tobacco use by students, staff, and visitors in school buildings, at school functions, in school vehicles, on school grounds, and at off-site school events, applicable 24 hours a day and seven days a week.	49.7
TOB 2.	 The percentage of schools that implement a tobacco-use prevention policy in all of the following ways: Provide visible signage. Communicate the policy to students, staff, and visitors. Designate an individual responsible for enforcement. Have a process in place for addressing violations. Use remedial rather than punitive sanctions for violators. Tailor consequences to the severity and frequency of the violation. Communicate student violations to their parents and families. 	20.6

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

Part II: Coordinated School Health and Promotion of Physical Activity, Nutrition, and Tobacco-Use Prevention SLIMs

Percentage of Schools Meeting SLIM

Tobacco-Use Prevention School-Level Impact Measure (SLIM)

TOB 3. The percentage of schools that teach about all of the following in a required course:

- Identifying tobacco products and the harmful substances they contain.
- Identifying short- and long-term health consequences of tobacco use.
- Identifying legal, social, economic, and cosmetic consequences of tobacco use.
- Understanding the addictive nature of nicotine.
- Effects of tobacco use on athletic performance.
- Effects of second-hand smoke and benefits of a smoke-free environment.
- Understanding the social influences on tobacco use, including media, family, peers, and culture.
- Identifying reasons why students do and do not use tobacco.
- Making accurate assessments of how many peers use tobacco.
- Using interpersonal communication skills to avoid tobacco use (e.g., refusal skills, assertiveness).
- Using goal-setting and decision-making skills related to not using tobacco.
- · Finding valid information and services related to tobacco-use prevention and cessation.
- Supporting others who abstain from or want to quit using tobacco.
- Supporting school and community action to support a tobacco-free environment.
- Identifying harmful effects of tobacco use on fetal development.

58.2

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

	Tobacco-Use Prevention School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
TOB 4.	Data are not available for 2012 report.	
TOB 5.	The percentage of schools that provide tobacco-use cessation services to faculty, staff, and students through direct service at school or arrangements with providers not on school property.	43.2
TOB 6.	The percentage of schools in which the lead health education teacher received professional development on tobacco-use prevention education during the past two years.	30.9

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

Part III: Asthma Management SLIMs

	School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
AS 1.	The percentage of schools that have ever assessed their asthma policies, activities, and programs by using the School Health Index or similar self-assessment tool.	19.6
AS 2.	Data are not available for 2012 report.	
AS 3.	The percentage of schools that have on file an asthma action plan for all students with known asthma.	57.4
AS 4.	The percentage of schools that implement a policy permitting students to carry and self administer asthma medications in both of the following ways: • Communicate the policy to students, parents, and families. • Designate an individual responsible for implementing the policy.	55.1
AS 5.	The percentage of schools requiring that all school staff members receive training on recognizing and responding to severe asthma symptoms that require immediate action, as a part of annual staff development.	46.0
AS 6.	The percentage of schools that have a full-time registered school nurse on-site during school hours.	46.4
AS 7.	Data are not available for 2012 report.	
AS 8.	Data are not available for 2012 report.	

2012 School-Level Impact Measures (SLIMs) Weighted Principal and Teacher Survey Results

Part III: Asthma Management SLIMs

	School-Level Impact Measure (SLIM)	Percentage of Schools Meeting SLIM
AS 9.	The percentage of schools that identify students with poorly controlled asthma by keeping track of them in at least three of the following ways: Frequent absences from school. Frequent visits to the school health office due to asthma. Frequent asthma symptoms at school. Frequent non-participation in physical education class due to asthma. Students sent home early due to asthma. Calls from school to 911, or other local emergency numbers, due to asthma.	41.3
AS 10.	The percentage of schools that provide intensive case management for students with poorly controlled asthma at school. These intensive services should include all of the following: Providing referrals to primary healthcare clinicians or child health insurance programs. Ensuring an appropriate written asthma action plan is obtained. Ensuring access to and appropriate use of asthma medications, spacers, and peak flow meters at school. Offering asthma education for the student with asthma. Minimizing asthma triggers in the school environment. Addressing social and emotional issues related to asthma. Providing additional psychosocial counseling or support services as needed. Ensuring access to safe, enjoyable physical education and activity. Ensuring access to preventive medications before physical activity.	37.6
AS 11.	The percentage of schools that provide parents and families of students with asthma information to increase their knowledge about asthma management.	16.2