

# Wellness Policy

## Vision Statement

The Board of Education recognizes that families are the primary teachers and caregivers for their children. The present and future health, safety and well-being of students are also the concern of Bridgeport Schools. Health and success in school are interrelated. The district cannot achieve its primary mission of education if students and staff are not healthy and fit physically, mentally and socially. The district has a duty to help prevent unnecessary injury, disease, and chronic health conditions that can lead to disability or early health. For students to learn to take responsibility for their own health and to adopt health-enhancing attitudes and behaviors:

- ❖ The district shall be a safe and healthy place for children and employees to learn and work, with a climate that nurtures learning, achievement and growth of character;
- ❖ All students shall be taught the essential knowledge and skills they need to become “health literate” – that is, to make health-enhancing choices and avoid behaviors that can damage their health and well-being;
- ❖ The district shall be organized to reinforce students’ adoption of health-enhancing behaviors and staff shall be encouraged to model healthy lifestyles; and
- ❖ District leaders shall ensure that the nutrition, health services and social services children need in order to learn are provided either at school or in cooperation with other community agencies.

## **The Coordinated School Health Program**

The Bridgeport Exempted Village School District shall develop, adopt and implement a comprehensive plan for a thorough, well-coordinated district health program that shall:

- ❖ Be designed in response to demonstrated needs in the community;
- ❖ Be based on models that demonstrate evidence of effectiveness;
- ❖ Emphasize a positive youth development approach;
- ❖ Make efficient use of district and community resources; and
- ❖ Respond to families' needs and preferences.

This coordinated district health program plan shall incorporate the following eight components within a single framework:

1. A **school environment** that is safe; that is physically, socially, psychologically healthful; and that promotes health-enhancing behaviors;
2. A sequential **health education curriculum** taught daily in every grade, pre-kindergarten through twelfth, that is designed to motivate and help students maintain and improve their health, prevent disease, avoid health-related risk behaviors; and that is taught by well-prepared teachers;
3. A sequential **physical educational curriculum** taught annually in grades pre-kindergarten through tenth, that involves moderate to vigorous physical activity; that teaches knowledge, motor skills, and positive attitudes; that promotes activities, sports that all students enjoy and can pursue throughout their lives; that is taught well-prepared staff; and that is coordinated with the comprehensive district health education curriculum;
4. A **nutrition services program** that includes a food service program that employs well-prepared staff who efficiently serve appealing choices of nutritious foods; a sequential program of nutrition instruction that is integrated within the comprehensive district health education curriculum and coordinated with the food service program; and a district environment that encourages students to make healthy food choices;
5. A district **health services program** that is designed to ensure access or referral to primary health care services; foster appropriate use of health care services; prevent and control communicable disease and other health problems; provide emergency care for illness or injury; and is provided by well-qualified and well-supported professionals;
6. A **counseling, psychological and services program** that is designed to ensure access and referral to assessments, interventions, other services for student's mental, emotional,

and social health; and whose services are provided by well-qualified and well-supported professionals;

7. Integrated **family and community involvement activities** that are designed to engage families as active participants in their children's education; that support the ability of families to support children's school achievement, and that encourage collaboration with community resources and services to respond more effectively to the health-related needs of students;
8. A **staff health promotion program** that provides opportunities for district staff to improve their health status through activities such as health assessments, health education, and health-related fitness activities.

### **Administration and Evaluation**

The Superintendent of Schools or his/her designee shall be responsible for:

- ❖ Preparing a comprehensive plan for eight elements of a coordinated district health program with input from students and their families;
- ❖ Ensuring that the various components of the district health program are integrated within the basic operations of the district, are efficiently managed, reinforce one another, and present consistent messages for student learning;
- ❖ Developing procedures to ensure compliance with district health policies;
- ❖ Supervising implementation of district health policies and procedures;
- ❖ Negotiating provisions for mutually beneficial collaborative arrangements with other agencies, organizations and business in the community; and
- ❖ Reporting on program implementation, results, and means for improvement to the Board of Education on an annual basis.

### **Responsibilities of the District Health Council**

A district health council shall be established, that is composed of diverse members of the school community representing the eight components of the coordinated district health program, plus members of the community, family members, and students as appropriate. The council shall meet regularly to assess the progress of all aspects of the district health program and assist district leaders with general oversight, planning, evaluation and periodic revisions of all aspects of the district health program.

### **Responsibilities of Other Administrative Staff**

The food service program and its personnel shall be under the general supervision and authority of the treasurer who reports to the superintendent of schools. State and district

officials remain legal oversight responsibility to ensure compliance with state and federal laws, regulations, and guidelines.

The high school principal and athletic director shall be primarily responsible for the development, implementation, and ongoing administration of the district's interscholastic athletic program.

## **Evaluation**

Multiple indicators shall be used to assess the implementation and results of each component of the district health program. Health-related behaviors of students shall be anonymously surveyed every two years. The evaluation plan shall also include assessments of student and family satisfaction with the district health program.

## **Health Education**

A comprehensive program of health education that is designed to promote healthful living and discourage health-risk behaviors shall be taught throughout the various grade levels beginning with pre-kindergarten. Health-literate graduates of the school system shall be able to:

- ❖ Comprehend concepts related to health promotion and disease prevention;
- ❖ Access valid health information and health promoting products and services;
- ❖ Practice health-enhancing behaviors and reduce health risks;
- ❖ Analyze the influence of culture, media, technology, and other factors on health;
- ❖ Use interpersonal communication skills to enhance health;
- ❖ Use goal-setting, decision-making, and self-management skills to enhance health; and
- ❖ Advocate for personal, family, and community health.

## **Instructional Program Design**

The health education program shall be an integral part of a coordinated district health program, be consistent with the state's standards, and be reviewed by the district health council. The health education program shall:

1. Utilize educational theories and methods that have credible evidence of effectiveness;
2. Emphasize learning and practicing the skills Students need for healthful living;
3. Build functional knowledge and skills from year to year (i.e., sequential in design);
4. Include accurate and up-to-date information;
5. Use active, participatory instructional strategies and techniques;
6. Stress the appealing aspects of living a healthy lifestyle;

7. Address student health-related concerns;
8. Utilize curriculum materials that are gender-neutral and non-stereotyping;
9. Assess student achievement of health knowledge and skills with assessment instruments aligned with the curriculum;
10. Be appropriately adapted to the special needs of students with disabling conditions;
11. Be taught by well-prepared instructors with adequate support;
12. Be allocated enough instructional time to achieve program goals;
13. Include means for program evaluation;
14. Involve parents and families as active partners in their children's learning.

### **Grading**

All students shall be assessed regularly for attainment of the health learning objectives. Course grades shall be awarded in the same manner as in other subject areas and be included in calculations of grade point average, class rank and academic recognition programs such as honor roll.

Students' results on health-related portions of state academic achievement tests shall be considered the same as in other subject areas for determining district progress indicators and in application of consequences in accordance with established provisions of the district's accountability system.

### **Curriculum Integration**

Health education topics shall be integrated into instruction of other subject areas to the greatest extent possible. Such cross-curricular teaching is intended to complement, not substitute for, a comprehensive health educational program.