

APPENDIX A

**ESSENTIAL CRITERIA #1
(SMOKE FREE ENVIRONMENT)**

Option 1A

**Please attach certificate or documentation that indicates
Smoke cessation training completion here**

APPENDIX A

(cont)

**ESSENTIAL CRITERIA #1
(SMOKE FREE ENVIRONMENT)**

Organization/Speaker providing training: _____

Credentials: _____

Date: _____ Time: _____

**Please attach and fold proof of partnership with smoking
cessation organization here**

Please attach and fold List of participants here

APPENDIX A

(cont)

**ESSENTIAL CRITERIA #1
(SMOKE FREE ENVIRONMENT)**

Option 1B

**Please Attach Aluminum Smoke Free School Sign
photograph here**

**Please attach and fold letter explaining how signage was
obtained here. (Letter head)**

APPENDIX B

**ESSENTIAL CRITERIA # 2
(GREEN SEAL PRODUCTS)**

**Option 2B
Please Attach Purchase Order here**

APPENDIX C

**ESSENTIAL CRITERIA # 3
(INTEGRATED PEST MANAGEMENT)**

Option 3A

Please attach the most recent report that demonstrated preventative measures taken at your school using IPM

Option 3B or Option 3C

Please attach purchase order that demonstrates request for pest control Or IPM Log

APPENDIX D

**ESSENTIAL CRITERIA # 4
(AUTOMATED SCHOOL HEALTH RECORD- Option 4A)**

_____ % of school children identified as having asthma. (*)

School Nurse Signature _____ **Date:** _____

Principal Signature _____ **Date:** _____

(*) To be verified By Office of School Health

APPENDIX E (CONT)

**ESSENTIAL CRITERIA # 5
(MEDICATION ADMINISTRATION FORM)**

**Option 5A
Please attach MAF collection protocol**

APPENDIX F

**ESSENTIAL CRITERIA # 6
(OPEN AIRWAYS PROGRAM)**

_____ Students have completed open airways in the 2009-2010 school year. (*)

_____ Students are currently in the OAS program. (*)

Date on completion of current cycle _____

School Nurse Signature _____ Date: _____

Principal Signature _____ Date: _____

(*) To be verified by ALA.

APPENDIX G

**ESSENTIAL CRITERIA #7
(ASTHMA STAFF TRAINING)**

Date: _____ **Time:** _____

Speaker: _____ **Credentials:** _____

Option 7A
Please attach copy of attendance sheet

Option 7A
Please attach material/handouts distributed at the training

Option 7B

Please attach a copy of the protocol on school letterhead.

Option 7C

**Please attach a copy of the description of a healthy classroom
on school letterhead.**

APPENDIX H

**ESSENTIAL CRITERIA # 8
(NO IDLING LAW)**

Sign(s) Location: _____

Option 8A
Please attach Photograph of durable “No Idle ZONE signs”
(close up)

Option 8A
Please attach Photograph of durable “No Idle ZONE signs”
(Distance)

APPENDIX H (Cont)

**ESSENTIAL CRITERIA # 8
(NO IDLING LAW)**

Option 8B

Please attach a copy of information distributed to parents, bus drivers and teachers, regarding No idling law

**ESSENTIAL CRITERIA # 8
(NO IDLING LAW)**

Option 8C

Please attach a copy of signed pledge for bus drivers and school staff committing to “No Idling Law”

RECOMMENDED CRITERIA # 1
(ASTHMA AWARENESS FOR STUDENT BODY)

School sponsored activity: _____

Date: _____ **Time:** _____

Speakers with credentials: _____

Option 1RA

Please attach materials/handouts used in the activity.

APPENDIX I (CONT)

**RECOMMENDED CRITERIA # 1 (Cont)
(ASTHMA AWARENESS FOR STUDENT BODY)**

Community sponsored activity: _____

Date: _____ **Time:** _____

Speakers with credentials: _____

Option 1RB

Please attach materials/handouts used in the activity.

APPENDIX I (CONT)

RECOMMENDED CRITERIA # 1 (Cont)
(ASTHMA AWARENESS FOR STUDENT BODY)

Other educational projects: _____

Date: _____ **Time:** _____

Speakers with credentials: _____

Option 1RC

Please attach materials/handouts used in the projects.

RECOMMENDED CRITERIA # 2
(EPA'S TOOLS FOR SCHOOLS TRAINING/ IAQ MANAGEMENT PLAN)

Moderator: _____ **Location:** _____
Date: _____ **Time:** _____

Option 2RA

Please attach copies of completed TFS checklists, and/or results from Healthy SEAT assessment(s).

Option 2RA

Please provide copies of the agenda(s) and sign-in sheets for training session(s).

**RECOMMENDED CRITERIA # 2
(EPA'S TOOLS FOR SCHOOLS TRAINING/ IAQ MANAGEMENT PLAN)**

Option 2RB

Please provide details that document the composition of the indoor air quality team, how often they meet and their activities.

Option 2RC

Please provide a copy of your school's IAQ management plan.

APPENDIX K

**RECOMMENDED CRITERIA # 3
(PHYSICAL EDUCATION)**

Option 3RA

Please attach sign in sheet, agenda, and materials/handouts distributed.

Option 3RB

Please attach protocol.

APPENDIX K (cont.)
RECOMMENDED CRITERIA # 3
(PHYSICAL EDUCATION)

Physical Education Teacher Asthma Protocol

Please describe how you will manage students with asthma during phys. ed. class.

List the steps to take in the case of an asthma attack.

Indicate the steps that students with asthma should take to prepare phys. ed. class.

Describe 2-3 additional actions that you will take to support students with asthma.

Explain how you will work to prevent asthma symptoms in cold weather.

APPENDIX K (cont.)
RECOMMENDED CRITERIA # 3
(PHYSICAL EDUCATION)

Option 3RC

Submit certificate for completion of program provided by the Minnesota
Department of Health that can be retrieved at the following website:

<http://www.health.state.mn.us/divs/hpcd/cdee/asthma/coachclipboard.htm>.

RECOMMENDED CRITERIA # 4
(Smoking Cessation Program)

SMOKE -OUT: Date: _____
Time: _____

Option 4RA

Please attach materials and pictures with a description of activities.

APPENDIX L (Cont)
RECOMMENDED CRITERIA # 4
(Smoking Cessation Program)

Option 4RB

**Please attach copies of printed/published materials available
at the school.**

APPENDIX L (Cont)
RECOMMENDED CRITERIA # 4
(Smoking Cessation Program)

Speaker: _____ **Credentials:** _____
Date: _____ **Time:** _____

Option 4RC

**Please attach documentation (agenda/attendance sheet) from
community based organization on schools behalf.**

APPENDIX M
RECOMMENDED CRITERIA # 5

Option 5RA

Partner with a community based organization, hospital, parent association or school nurse to hold a workshop. Submit documentation that must include attendance sheet, date, time, and materials/handouts..

APPENDIX M (cont)
RECOMMENDED CRITERIA # 5
(ASTHMA WORKSHOPS FOR PARENTS)

Speaker: _____ **Credentials:** _____
Date: _____ **Time:** _____

Option 5RB

**Please attach attendance sheets and materials/ handouts
provided.**

APPENDIX N
RECOMMENDED CRITERIA # 6
(ASTHMA AWARENESS PROGRAM FOR COMMUNITY)

Option 6RA

Please attach registration forms from all invited partners.

Option 6RB

Please attach flyers and promotional materials used.

APPENDIX O

**RECOMMENDED CRITERIA # 7
(SCHOOL-WIDE POLICY)**

Option 7RA

Please attach description of established policy.

APPENDIX P
RECOMMENDED CRITERIA # 8
(OTHER EDUCATIONAL AWARENESS)

Speaker: _____ **Credentials:** _____
Date: _____ **Time:** _____

Option 8RA

Please submit attendance sheets.

APPENDIX P (CONT)
RECOMMENDED CRITERIA # 8
(OTHER EDUCATIONAL AWARENESS)

Option 8RB

Please submit student's projects.