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Introduction

Welcome to the Raising Healthy Children (RHC) program. The Raising Healthy Children program is based on the belief that every teacher makes a difference in the life of a child, that every child can succeed, and that the family is an important partner in learning. In short, the Raising Healthy Children program focuses on creating a caring community of learners. Your school has chosen to create strong connections in students’ lives by committing to comprehensive schoolwide action to strengthen instructional practices and family involvement. Research has shown that three key elements are critical for creating strong connections and bonds that children need to succeed in school and life: opportunities, skills, and recognition. These provide the foundation of the Raising Healthy Children experience.

This Implementation Guide has two purposes. First, it provides a vivid picture of what the Raising Healthy Children program looks like in the school, the classroom, and at home. It answers the question “What is different in a school using the Raising Healthy Children approach?” Second, it provides a set of tools so you can evaluate the implementation of the Raising Healthy Children program in your school, classrooms, and homes. The Raising Healthy Children approach is more than what you do in the classroom or school. It is an approach that involves all of the important adults in children’s lives to create stronger connections between adults and students.
How This Guide Is Structured

This guide has three major sections.

Section One
The first section provides an introduction to and background for the Raising Healthy Children approach.

Section Two
The second section provides an overview of what a Raising Healthy Children program school looks, sounds, and feels like. It provides a clear picture of the Raising Healthy Children approach, management, and teaching practices.

Section Three
The final section describes what is required to become a Raising Healthy Children program school. This section provides you with an overview of the human resources you need to implement the Raising Healthy Children program. It also provides tools to use in your school to assure strong implementation fidelity to the Raising Healthy Children program model. The implementation section is broken into school implementation and family implementation components.

The appendices that follow Section Three offer examples of Raising Healthy Children teaching strategies and program materials, as well as a description of the Implementation Team members’ roles and duties. The appendices are followed by a list of references.

Background

At the end of the day, teachers want to go home feeling that they are making a difference in their students’ lives. But social changes in recent decades have made that feeling increasingly rare. A growing number of students have special social, emotional, intellectual, and behavioral needs. Today’s schools are expected to provide students with a basic education in an ever-expanding array of subject areas. In addition, schools are increasingly expected to meet students’ needs in areas that historically were left to families, churches, public health agencies, or to the broader community. It’s true that school is the one place in a community that is most likely to reach all children. However, with no change in the number of hours in a day or days in the school year, it’s easy to see why educators are saying “Enough! We can’t solve all of society’s problems.”
The recent trend toward standards and accountability has made many educators even more worried. They can’t see how they can possibly meet the required academic standards with so many other demands on their teaching time. It’s no surprise that teachers are left wondering how to balance the need for immediate academic gain with the mandate and the desire to help students grow socially and emotionally.

The *Raising Healthy Children* program provides a tested, effective solution to this dilemma. It’s an approach that lets teachers focus on what they do best—teach. At the same time, it produces long-term positive effects on students’ lives. It does this by increasing the likelihood of healthy development and decreasing the likelihood of problems like dropping out of school, drugs, delinquency, teen pregnancy, and violence. The *Raising Healthy Children* approach increases academic success by improving classroom management and instruction, strengthening partnerships with families, and creating a schoolwide climate that supports social competence and academic excellence.

Social development research has documented the long-term effectiveness of the *Raising Healthy Children* approach in making a significant difference in students’ lives. We know from research that a schoolwide approach is effective because:

- **It affects the entire social environment of the student, classroom, family, and peers.** The focus is on creating a caring community of learners by promoting norms, values, practices, and policies that promote success in the classroom and by changing the conditions that place children at risk for health and behavior problems.

- **It develops a broad base of support and teamwork.** Everyone has a part to play. No parent or teacher is responsible for meeting the challenges alone.

- **It brings results that are long lasting.** Programs and strategies used in the school and with families promote long-term, positive youth development.

No single entity can ensure the positive development of a community’s young people. That’s why the *Raising Healthy Children* program involves the school, the family, and peers to promote the positive development of students.
Making a Difference Using the Social Development Strategy

The Social Development Strategy is the research framework for the Raising Healthy Children program. It guides schools toward their vision of positive futures for young people. The Social Development Strategy organizes the research on protective factors. These are factors that can buffer young people from risk and promote positive youth development. To develop these healthy behaviors, young people must be immersed in environments that:

♦ Consistently communicate healthy behaviors and clear standards for behavior. The Raising Healthy Children program involves educators and family members in defining, communicating, and reinforcing expectations in the school, the classroom, and the home. Healthy beliefs and clear standards give students the foundation they need to be successful in school. Consistent beliefs about the importance of education between parents and school help promote academic achievement and commitment to learning. In addition to immediate academic benefits, consistent beliefs and standards also help young people avoid problem behaviors in adolescence and develop into healthy, productive citizens.

When students know what is expected of them—socially, academically, and behaviorally—by the adults in their school environment, they are protected from risk. When teachers communicate their belief that all students can succeed, that each student has strengths and capabilities, children are protected from risk.

Joy Dryfoos (1991) suggests that successful prevention programs share common features:

♦ The interventions are aimed at changing both institutions and individuals.
♦ The interventions are directed at risk and protective factors rather than at categories of problems such as diagnostic or educational labels.
♦ The main thrust of prevention is in the schools because low achievement is a major risk factor for problem behaviors.
♦ A package of coordinated services is available in each community.
♦ Continuity of effort is maintained.

The Raising Healthy Children Proactive School and Classroom Management Training helps school staff promote healthy beliefs and clear standards in classrooms and in the broader school environment. All three of the Raising Healthy Children parent trainings help parents develop healthy beliefs and clear standards for their children’s behavior.
Foster the development of strong bonds to families, schools and communities. Research shows that children living in high-risk environments can be protected from developing behavior problems by a strong, caring relationship with an adult who is committed to their healthy development (Werner, 1992).

For the countless young people whose families don’t provide that strong, caring relationship with an adult, the power of a teacher, principal, or school counselor to fill the void cannot be overstated. This power is demonstrated again and again when young people who have become productive, healthy adults in spite of high-risk childhood environments are asked to explain their success when so many of their childhood peers were unable to achieve the same success. Invariably they pinpoint the influence of an adult, perhaps a grandparent, a coach, a faith leader, but very often a teacher, who believed in them, made them feel valuable and capable, and gave them hope.

The most important aspect of bonded relationships is that children have a long-term investment in the relationships; they believe that the relationships are worth protecting. These investments motivate children to abide by the healthy beliefs and clear standards held by these important adults in their lives. So, if a third grader is bonded to her teacher, if she cares about that relationship and wants to preserve it, she is less likely to threaten that relationship by violating the beliefs and standards held by the teacher. Similarly, if an 11-year-old is bonded to his parents, if he has an investment in that relationship, he is less likely to violate family rules and guidelines.

Bonding, healthy beliefs, and clear standards work together to promote healthy development. Therefore, neither clear rules and expectations for behavior nor high standards for academic achievement will be effective for those children who lack a strong attachment and commitment to school. Similarly, families can set clear rules for behavior, but without the motivation provided by a strong parent-child bond, it is unlikely that the rules will be followed. Both the staff development and family support components of Raising Healthy Children can help promote strong bonds between students and teachers and between children and parents.

So what creates bonding? Three processes must be in place to develop protective bonds between young people and adults: Opportunities for young people to be involved in meaningful ways, skills for successful involvement, and recognition of involvement.
Strong bonds are built when young people have opportunities to be involved in their families, schools, and communities—to make a real contribution and feel valued for their efforts and accomplishments. For young people to take advantage of these opportunities, they must have the skills to be successful in that involvement. These skills include social skills, academic skills, emotional skills, and behavioral skills. Finally, if we want young people to continue to contribute in meaningful ways, they must be recognized for their involvement. Children must also receive corrective feedback when performance is not up to standards.

When a principal sees a playground conflict between two children, rather than rushing in to solve the problem, she can give the students the opportunity to practice problem-solving skills they have been learning in class. She can coach them from the sidelines to ensure that they have the needed skills. Then she can recognize the children by commenting on how well they solved their problem and how grown-up their behavior is. That’s how bonds are built.

When a teacher provides opportunities for students to participate in classroom governance through class meetings, actively teaches them the skills they need to be successful participants, then recognizes their participation with a sincere comment like, “Thank you for your help in making our classroom run more smoothly.”

When a parent provides opportunities for a child to participate in family life through regular chores, takes the time to teach the child how to perform the task successfully, then recognizes the child with a hug and a story, bonds are built.

♦ Recognize the individual characteristics of each young person. Each child has a different set of skills and abilities. School staff know that all children do not have the same gifts. Certain characteristics, such as prosocial orientation, resilient temperament, and high intelligence, can protect children from risk. For children who do not have a resilient temperament or are not highly intelligent, we must make extra effort to provide opportunities for involvement and teach social, emotional, and cognitive skills. We must also recognize students’ efforts as well as their successes.
Building Healthy Children and Youth: The Social Development Strategy

Healthy Behaviors

Family
School
Community
Individual/Peer

Healthy Beliefs
Guidelines
Bonding
Clear Standards
Monitoring
Consequences

Opportunities
Skills
Recognition

Individual Characteristics
The Social Development Strategy provides a framework for developing the processes necessary for positive youth development, even in the presence of risk. It shows us how the protective factors of healthy beliefs and clear standards, bonding, and individual characteristics work together to buffer children from exposure to risk. But we know that just building protection is not enough to ensure healthy development for all children. Building protection without attending to the risks affecting children’s development is like teaching a two-year-old to recognize Mr. Yuk® stickers but continuing to leave poisonous products within his reach. Responsible parents will safeguard the child by removing the risks (using childproof latches, putting poisonous materials on high shelves) while also teaching the child about the dangers of poisons.

**Risk factors** are conditions that increase the likelihood that children will become involved with problem behaviors in adolescence.

We have synthesized over 30 years of research from the United States and from around the world on the risk and protective factors associated with the healthy development of youth.

Stringent research guidelines guide our work. For a risk or protective factor to be included in *Raising Healthy Children*, the factor must have been shown to predictive in two or more longitudinal studies. For risk factors, this means that the presence of that specific risk factor in a child’s life must significantly increase the chance that the child will engage in adolescent problem behaviors. For protective factors, this means that the presence of the factor increases the likelihood of positive adolescent behavior.

The chart on the following page shows the 20 risk factors and the problem behaviors they predict. Across the top of the chart are six problem behaviors predicted by the risk factors. The risk factors are organized according to domains of influence in children’s and youth’s life: community, family, school and individual/peer.
## Adolescent Problems

### Risk Factors

<table>
<thead>
<tr>
<th>Community</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>School Drop-Out</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Drugs</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Availability of Firearms</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime</td>
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<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Media Portrayals of Violence</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Transitions and Mobility</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Low Neighborhood Attachment and Community Disorganization</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Extreme Economic Deprivation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>School Drop-Out</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family History of the Problem Behavior</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Family Management Problems</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Family Conflict</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>School Drop-Out</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Failure Beginning in Late Elementary School</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lack of Commitment to School</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual/Peer</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>School Drop-Out</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gang Involvement</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Early and Persistent Antisocial Behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Alienation and Rebelliousness</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Friends Who Engage in the Problem Behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Favorable Attitudes Toward Problem Behavior</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Early Initiation of the Problem Behavior</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Constitutional Factors</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>
A number of generalizations can be drawn from the research on risk and protective factors:

♦ Children may face risk in every area of their lives: In families, schools, communities, and peer groups. Individual characteristics such as difficult temperament also increase risk.

♦ The more risk factors present, the greater the chances of problem behavior.

♦ Risk factors can be present across development, from before birth through adolescence.

♦ Common risk factors predict diverse problem behaviors.

♦ Risk factors operate similarly across race, gender, and economic lines. The more risks in a child’s life, the greater the likelihood of problems in adolescence, regardless of race, gender, or economic status.

♦ Each risk factor can be measured and tracked over time at the school level to help focus and guide education, youth development, and prevention efforts at school.

♦ Risk factors are buffered by protective factors. Research has shown that even if a child grows up exposed to a high number of risk factors, key protective factors can shield the child from the effects of that exposure, thus preventing adolescent problem behaviors.

In practical terms, this means that even if you are unable to change difficult circumstances in a child’s life—such as parental substance abuse, poverty, family conflict or poor parenting skills—you still have the power to positively influence that child’s development. You can do this by building a strong bond between yourself and the student, by communicating healthy beliefs and clear expectations for learning and behavior, and by providing opportunities, skills and recognition.

These 20 risk factors will not surprise educators. School staff see the daily impact of these conditions on children’s readiness to learn, their ability to attend to and become engaged in learning, and their social, emotional and academic progress.

Although school staff face the effects of these risk factors every day and may feel that society expects schools to serve as the first line of defense in reducing risk, a careful look at the risk factors shows that such an approach is not feasible.
In fact, of the 20 risk factors listed on the chart on page 14, only 2 appear to be the primary responsibility of schools: **academic failure beginning in late elementary school** and **lack of commitment to school**. However, even for these two important school-related risk factors, the foundations of academic success and commitment to school are laid long before the child enters kindergarten. The message of the research on risk and protective factors and the Social Development Strategy is that children need **all** the adults in their lives working together to reduce risk and enhance protection.

An understanding of risk and protective factors helps us intervene early in a child’s life to promote healthy development and prevent behavior problems. We should not wait until late childhood or early adolescence when we begin to see signs of tobacco or alcohol use, sexual activity, truancy, delinquent behavior, violence or students dropping out of school. By that time, it can be difficult to change behaviors or patterns. Often, serious damage has already been done to the child’s emotional, physical, cognitive, or social development. Just as often, the community has borne significant costs as a result of a youth’s crime, violence, substance use, school difficulties, and/or pregnancy.

Prevention efforts are focused on the predictors of these problems. For example, cardiovascular disease prevention begins with an understanding of the **risk factors** for heart disease (smoking, a high-fat diet, high blood pressure, etc.). These predictors are evident long before disease is present. Other factors, such as regular, aerobic activity, are **protective factors** for heart disease. Once the risk and protective factors are identified, strategies are then developed to reduce the risk factors and increase the protective factors. This public health approach has successfully reduced the death rate from cardiovascular disease by more than 40% over the last several decades.

The risk and protective factor approach for adolescent problem behaviors is similar. Risk factors and protective factors are identified, based on the very best research available. Then, strategies are developed to reduce the risk factors for adolescent problem behaviors and increase the protective factors that buffer children and youth from exposure to risk. Those strategies are then tested for their effectiveness in reducing risk and enhancing protection. Addressing the predictors of youth outcomes is a science-based approach that allows us to measure how well our youth development and prevention efforts are working. As new research emerges, we continue to refine our understanding of the risk and protective factors and how they work.
The *Raising Healthy Children* program works to reduce the school risk factors of *academic failure, lack of commitment to school*, and *early antisocial behavior* by changing the structure of what happens in classrooms to promote stronger bonds to school and classmates. Family programs are designed to reduce the risk factors of *family management problems* and *family conflict*. Social skills taught in school and reinforced at home are designed to reduce the individual risk factors.

Using the Social Development Strategy and the research on risk and protective factors, the *Raising Healthy Children* approach focuses on strengthening the socializing institutions of school, family, and peer group, as well as the individual child, in mutually reinforcing ways that increase protective factors while reducing risk factors.

The *staff development component* provides a series of workshops for the principal, coaches, teachers, and other school staff that focus on proactive school and classroom management, social and emotional learning, and effective instructional strategies. Coaching is also provided to reinforce skills taught in the workshops. The workshops help teachers manage and teach their classes in ways that increase students’ commitment and attachment to school while reducing academic failure.

The *family intervention strategy* offers parent workshops and outreach services to strengthen parents’ ability to manage their families effectively, to support their children’s academic success, to increase family bonding, and to strengthen healthy beliefs and clear standards for behavior.

Finally, the program provides a *peer intervention strategy* for children to learn and practice social and emotional skills in the classroom and in social situations to increase bonding to school, family, and peers, and decrease academic failure.

The tables that follow provide a comprehensive overview of the essential elements of the program, including descriptions of who delivers and who receives each component.
### Table 1: The RHC Program

#### Staff Development Components

<table>
<thead>
<tr>
<th>Year</th>
<th>Staff Development Strategy</th>
<th>Delivered By</th>
<th>Delivered To</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year One</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combined Implementation Team Training</td>
<td>RHC Trainers</td>
<td>Principals, Implementation Teams</td>
</tr>
<tr>
<td></td>
<td>Classroom Visits</td>
<td>RHC Trainers</td>
<td>Teachers</td>
</tr>
<tr>
<td></td>
<td>Coaching Visits</td>
<td>RHC Trainers</td>
<td>Teachers</td>
</tr>
<tr>
<td></td>
<td>Social and Emotional Skills Training</td>
<td>RHC Trainers</td>
<td>Teachers, Educational Assistants, other school staff</td>
</tr>
<tr>
<td><strong>Year Two</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combined Implementation Team Training</td>
<td>RHC Trainers</td>
<td>Principals, Implementation Teams</td>
</tr>
<tr>
<td></td>
<td>Individual District Implementation Team Training</td>
<td>RHC Trainers</td>
<td>Principals, Implementation Teams</td>
</tr>
<tr>
<td></td>
<td><strong>Proactive Management Training</strong></td>
<td>RHC Trainers</td>
<td>Principals, Implementation Teams</td>
</tr>
<tr>
<td></td>
<td><strong>Cooperative Learning Training</strong></td>
<td>RHC Trainers</td>
<td>Teachers</td>
</tr>
<tr>
<td></td>
<td>Classroom Visits</td>
<td>RHC Trainers</td>
<td>Teachers</td>
</tr>
<tr>
<td></td>
<td><strong>Motivation Training</strong></td>
<td>RHC Trainers</td>
<td>Implementation Team, Workshop Leaders</td>
</tr>
<tr>
<td><strong>Year Three</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combined Implementation Team Training</td>
<td>RHC Trainers</td>
<td>Principals, Implementation Teams</td>
</tr>
<tr>
<td></td>
<td>Individual District Implementation Team Training</td>
<td>RHC Trainers</td>
<td>Principals, Implementation Teams</td>
</tr>
<tr>
<td></td>
<td><strong>Proactive Management Training</strong></td>
<td>RHC Trainers</td>
<td>Principals, Implementation Teams</td>
</tr>
<tr>
<td></td>
<td>Coaching Visits</td>
<td>RHC Trainers</td>
<td>Teachers</td>
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<tr>
<td></td>
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<td>Teachers</td>
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<tr>
<td><strong>Year Four</strong></td>
<td></td>
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<tr>
<td></td>
<td><strong>Capacity Building Training</strong></td>
<td>RHC Trainers</td>
<td>Implementation Teams, Workshop Leaders</td>
</tr>
</tbody>
</table>
# Table 2: The RHC Program

## Family Support Components

<table>
<thead>
<tr>
<th>Family Support Strategy</th>
<th>Delivered By</th>
<th>Delivered To</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guiding Good Choices™ Workshop Leaders Training</strong></td>
<td>RHC Trainers</td>
<td>Workshop Leaders</td>
</tr>
<tr>
<td><strong>Guiding Good Choices™</strong> (five sessions)</td>
<td>Implementation Team and trained</td>
<td>Families with students in grades 4-7</td>
</tr>
<tr>
<td><strong>Supporting School Success™ Workshop Leaders Training</strong></td>
<td>Implementation Team and trained</td>
<td>Families with students in grades K-3</td>
</tr>
<tr>
<td><strong>Supporting School Success™</strong> (five sessions)</td>
<td>Workshop Leaders</td>
<td></td>
</tr>
<tr>
<td><strong>Raising Healthy Children Workshop Leaders Training</strong></td>
<td>RHC Trainers</td>
<td>Workshop Leaders</td>
</tr>
<tr>
<td><strong>Raising Healthy Children</strong> (five sessions)</td>
<td>Implementation Team and trained</td>
<td>Families with students in grades K-3</td>
</tr>
<tr>
<td></td>
<td>Workshop Leaders</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year One</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guiding Good Choices™</strong> (five sessions)</td>
<td>Implementation Team and trained Workshop Leaders</td>
</tr>
<tr>
<td><strong>Families with students in grades 4-7</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Supporting School Success™</strong> (five sessions)</td>
<td>Implementation Team and trained Workshop Leaders</td>
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<td><strong>Families with students in grades K-3</strong></td>
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<tr>
<td><strong>Raising Healthy Children</strong> (five sessions)</td>
<td>Implementation Team and trained Workshop Leaders</td>
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<td><strong>Families with students in grades K-3</strong></td>
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<th>Years Two through Four</th>
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<td><strong>Guiding Good Choices™</strong> (five sessions)</td>
<td>Implementation Team and trained Workshop Leaders</td>
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<td><strong>Families with students in grades 4-7</strong></td>
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<td><strong>Supporting School Success™</strong> (five sessions)</td>
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<td><strong>Families with students in grades K-3</strong></td>
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<td><strong>Raising Healthy Children</strong> (five sessions)</td>
<td>Implementation Team and trained Workshop Leaders</td>
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<td><strong>Families with students in grades K-3</strong></td>
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# Table 3: The RHC Program

## Student Components

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<tr>
<th>Student Strategy</th>
<th>Delivered By</th>
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<tr>
<td>Interpersonal and Problem-Solving Skills</td>
<td>Teacher</td>
<td>Students in grades K-6</td>
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<td>- Listening</td>
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<td>- Social awareness</td>
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<td>- Sharing and working together</td>
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<td>- Manners/civility</td>
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<td>- Compliments and encouragement</td>
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<td>- Problem solving</td>
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<td>- Emotion regulation</td>
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<td>- Refusal Skills®</td>
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Research Summary: The Seattle Social Development Project

The *Raising Healthy Children* program is based on the work conducted by Drs. Hawkins and Catalano in the *Seattle Social Development Project (SSDP)*. The project was tested in urban, multiethnic elementary schools in Washington State’s Seattle School District. Eighteen elementary schools that overrepresented students from high-crime neighborhoods were selected.

A nonrandomized, controlled trial with three intervention conditions was created to assess the effects of intervention implemented in grades one through six (full intervention) as well as implemented in grades five and six only (late intervention). The full intervention group received the intervention package from grades one through six. The control group received no special intervention. Students in the full and late interventions participated in the same programs in grades five and six. Please note that during this study, the Seattle School District used mandatory busing to achieve racial equality in schools. As a result, each school in the study served a diverse population of students from at least two Seattle neighborhoods. This reduced the risk that outcomes would reflect neighborhood differences in the populations attending different schools.

Of the 1,053 students entering fifth grade in participating schools in the fall of 1985, 808 (77%) agreed to participate in the longitudinal study and constitute the SSDP sample. Students were interviewed nine times and parents were interviewed six times over the ensuing 11 1/2 years. Teachers completed the Child Behavior Checklist (CBCL) five times from 1985 to 1989. In the 2005 assessment, 720 (91%) of 790 still-living participants were interviewed. Retention rates for the sample have remained above 90% since 1989, when participants were 14 years old. Nonparticipation at each assessment wave was not related to gender, lifetime use of tobacco or alcohol, or participation in delinquency by age 10, nor was it consistently related to race or ethnicity.

“Treat people as if they were what they ought to be and you help them to become what they are capable of being.”

*Johann W. Von Goethe*
The Seattle Social Development Project included the following components of the *Raising Healthy Children* program:

**Teacher Training: Grades One through Six**

Project teachers were trained in three areas:

1. **Proactive classroom management** (the *Raising Healthy Children* program component called Proactive School and Classroom Management is based on this training) addressed healthy beliefs and clear standards and early developing patterns of problem behavior. Teachers were trained to maximize the time students spent actually involved in learning and to minimize classroom disruptions. When teachers used this approach, students learned to manage their own behavior. Teachers learned how to give clear instructions for behavior and to recognize and reward attempts to follow instructions. Teachers also learned how to keep minor discipline problems from interrupting the learning process.

   Specific examples included:
   - clear routines and transitions in the classroom
   - clear routines for work behaviors
   - use of a “signal” to gain student attention
   - clear and explicitly taught expectations for transitions
   - helping students internalize rules, routines, and procedures
   - schoolwide routines and transitions
   - schoolwide playground expectations.

2. **Interactive teaching** (the *Raising Healthy Children* program component called Interactive Teaching is based on this training) enhanced the teacher’s ability to design lesson plans that motivated students, and enhanced the teacher’s ability to monitor student learning. The method, which addresses academic success and commitment to school, is particularly effective with students at high risk for academic failure.

   Specific teaching methods included:
   - motivating students to learn the material by using a mental set
   - breaking objectives into small steps (task analysis)
   - presenting clear information tied to objectives
   - modeling the use of skills being taught
   - group and individual practice
   - monitoring the progress of all students and making necessary adjustments to ensure that all students mastered the lesson.
Cooperative learning (the *Raising Healthy Children* program component called Cooperative Learning is based on this training) addressed commitment to school, positive peer influences, and recognition of student progress. It involved teachers giving initial instruction to groups of students at the same skill level, or to the class as a whole. Students then worked in heterogeneous learning teams to help each other learn and assess each other’s progress. This strategy helped ensure that all students learned the material.

Specific teaching methods included:
- teaching positive social skills such as listening and sharing
- creating learning teams in the classroom
- providing incentives for effective teamwork
- providing opportunities for teamwork
- helping students work together toward mutual goals
- rewarding group and individual efforts
- developing lesson plans that emphasized cooperation to learn the material.

Teachers in grades one through six in the full intervention group were trained in Proactive School and Classroom Management; and Interactive Teaching and Cooperative Learning. They were observed and given feedback every three weeks by project staff and school Principals or Coaches.

**Child Skills Training**

(The *Raising Healthy Children* program component called Social and Emotional Skills Training is based on this training.) In the first grade, children learned competence in cognitive, social, emotional, and behavioral skills, specifically communication, decision-making, negotiation, and conflict resolution.

In addition, when students in both the full and late intervention groups were in grade six, they received training to recognize and resist social influences to engage in problem behaviors and to generate and suggest positive alternatives in order to stay out of trouble while keeping friends (Comprehensive Health Education Foundation, 1986).
Parent Training

Project teachers were trained in three areas:

1 **Catch ’Em Being Good** (there is a *Raising Healthy Children* program component based on this training), a seven-session curriculum offered to parents of first- and second-grade students in the full intervention group. It taught parents how to:

- monitor and identify desirable and undesirable behaviors in their children
- teach expectations for behavior
- give positive feedback for desirable behavior and moderate negative consequences for undesirable behavior.

The curriculum provided demonstration and modeling of skills, role-plays, feedback, and practice assignments.

2 **How to Help Your Child Succeed in School** (the *Raising Healthy Children* program component called *Supporting School Success™* is based on this training), a four-session curriculum offered to parents of children in the full intervention group in the spring of second grade and again in the third grade. *How to Help Your Child Succeed in School* was designed to strengthen parents’ skills for supporting their children’s academic development. Each two-hour workshop session used an interactive, skills-based format that provided opportunities for parents to learn from each other. The curriculum taught parents how to:

- build a home learning environment and establish routines that supported school success
- initiate conversations with teachers about children’s learning
- help children develop basic reading and math skills.
Preparing for the Drug Free Years, (the Raising Healthy Children component called Guiding Good Choices is based on this parent program) a five-session curriculum, was offered to parents in both intervention groups when their children were in grades five and six. The program was designed to teach parents how to reduce their children’s risks for drug use. In independent tests, the Preparing for the Drug Free Years (PDFY) curriculum has been shown to be effective in helping parents protect their 9– to 14-year-old children from substance use. Developed by Drs. Hawkins and Catalano and used by over 120,000 families, Guiding Good Choices is included in the National Institute on Drug Abuse (NIDA) guide: Preventing Drug Use Among Children and Adolescents. PDFY is guided by the Social Development Strategy and aims to increase protective factors and lower risk factors in families. It seeks to reduce drug use and related behavior problems by helping parents:

♦ create opportunities for children to be involved in meaningful ways with their families
♦ strengthen family bonds
♦ set clear expectations for their children’s behaviors
♦ teach their children skills to resist peer influences
♦ reduce family conflict and effectively manage emotions
♦ practice consistent family management.
Summary of Results

**Early Results**

At the end of second grade, teacher reports (CBCL) were used to assess the effects of the full intervention. The CBCL is a standardized instrument developed to measure children’s problem behaviors. It has documented reliability and validity (Achenbach and Edelbrock, 1983, 1986). Two significant intervention effects were found for males. Teachers reported that boys in the intervention group were significantly less aggressive and demonstrated significantly less externalizing antisocial behavior (a composite scale) than boys in the control group. Boys in the intervention group were rated better across all other scales as well, although results were not statistically significant. Teachers reported girls in the intervention group to be significantly less self-destructive than girls in the control group at the end of second grade. Girls in the intervention group had better scores across all other scales as well, although the differences on these other scales were not significant (Hawkins, Von Cleve and Catalano, 1991).

**Results Entering Grade Five**

Direct effects of the full intervention were found by fifth-grade entry, with intervention students reporting significantly less initiation of alcohol use and delinquency than students in the control group. Additionally, analyses of covariance controlling for ethnicity, socioeconomic status, and mobility showed intervention effects across a number of variables. Intervention students reported significantly better family management, family communication, family involvement, attachment to family, school reward, school attachment, and school commitment compared with students in the control group. Intervention students also reported trend-level improvements in their parents’ use of restrained punishment, belief in the moral order, perceived drug use risk, and expected drug use punishment (Hawkins, Catalano, Morrison, O’Donnell, Abbott and Day, 1992).

**Results at the End of Grade Six**

By the end of grade six, boys from low-income families in the full intervention group showed significantly higher scores on standardized achievement tests, increased levels of classroom participation, better social skills, better work skills, greater attachment and commitment to school, as well as lower levels of interaction with antisocial peers. Boys from low-income families also had lower levels of delinquency when compared with their counterparts in the control group. Girls form low-income families in the full intervention group showed significantly higher levels of classroom participation, greater attachment and commitment to school, and lower rates of initiation of alcohol, marijuana, and tobacco use compared to girls from low-income families in the control group (O’Donnell, Hawkins, Catalano, Abbott and Day, 1995).

In addition, students in the intervention group scored significantly better on the California Achievement Test (CAT) at the end of sixth grade than did students in the control group. All analyses controlled for fourth-grade standardized achievement test scores and fall fifth-grade baseline data (Abbott, O’Donnell, Hawkins, Hill, Kosterman and Catalano, 1998).
**Long-Term Results**

A long-term follow-up of the groups showed that at age 18, students in the full SSDP intervention reported more commitment and attachment to school, better grades, and less school misbehavior than students in the control group. Also at age 18, fewer of these students had engaged in problem behaviors, including violent delinquent acts (48.3% vs. 59.7%); heavy drinking (15.4% vs. 25.6%); sexual activity (72.1% vs. 83%), and sexual activity with multiple partners (49.7% vs. 61.5%). Fewer students in the full intervention had become pregnant or caused pregnancies compared with students in the control group (17.1% vs. 26.4%) (Hawkins, Catalano, Kosterman, Abbott and Hill, 1999). Additionally, at age 21, students in the *Seattle Social Development Project* intervention reported significantly fewer lifetime sex partners (Lonczak et al., 2002), and at age 24 significantly more involvement in community groups and nearly significantly more completion of two or more years of college, more constructive self-efficacy, and more volunteerism (Hawkins et al., 2006).

**Cost-Effectiveness**

The Washington State Institute for Public Policy conducted an independent analysis of the cost-effectiveness of the Seattle Social Development Project. While the analysis only examined the benefits related to crime reduction, the Seattle Social Development Project was found not only to pay for itself through reductions in future crime costs, but to yield positive economic returns. The benefits-to-cost ratio was determined to be $3.14 for $1.00 of program cost (Washington State Institute for Public Policy, 2004). *Raising Healthy Children* will provide other benefits, such as the effects of lower teen-age pregnancy rates and heavy drinking, which will reduce the economic impact on the community.
Replications

A separate study of the SSDP teaching practices was conducted among seventh-grade teachers who were randomly assigned to either program or control groups in Seattle public schools in 1981. Program teachers were trained in proactive school and classroom management, interactive teaching, and cooperative learning strategies, just as they were in the elementary SSDP project. After one year of intervention, students in the program group who were low achievers when they entered seventh grade showed more favorable attitudes toward math, more bonding to school, greater expectations for continuing schooling, and less serious misbehavior (measured by suspensions and expulsions) than students in the control group. Though the single-year intervention did not yield academic differences between the intervention and control groups, the results indicate that the SSDP teacher practices have a significant positive impact on behavior of students (Hawkins, Doueck and Lishner, 1988).

The Raising Healthy Children (RHC) Project, the intervention this program is modeled after, is a replication test of the Seattle Social Development Project. It began in 1993 in the Edmonds School District in Washington State. Like SSDP, it tested a social development approach to prevention with strategies that focused on three key socializing domains: school, family, and peer/individual. RHC was implemented in a suburban school district with 10 schools chosen because students’ families had the lowest average income and children had higher rates of academic problems in these schools. The schools were randomly assigned to intervention or control groups.

Outcomes were examined at several time points by comparing students who were assigned to receive the RHC program to those who were not assigned to receive the intervention. After 18 months of intervention, RHC students in intervention schools had significantly higher academic performance and a stronger commitment to school compared to their peers in the control group. Similarly, teachers rated RHC students to be less involved in antisocial behaviors and to have higher social competence than their peers in control schools (Catalano, Mazza, et al., 2003).

Analysis of effects of the Raising Healthy Children teaching strategies (classroom management, social skills teaching and interactive teaching) shows that teachers with more consistent implementation of these strategies report students with improved levels of social competence, more school involvement, and lower rates of antisocial behavior (Harachi, Abbott, et al., 1999).

Substance use during middle and early high school was also examined. Results indicated that intervention students had less growth in the frequency of alcohol and marijuana use over this time, and by 10th and 11th grades they used both substances less frequently than the nonintervention students (Brown, Catalano, et al., 2005).
We examined driving-related outcomes when study participants were in 11th and 12th grades and found that program students and parents were more likely to have a written driving contract than students in the control group. Program students also were less likely to report driving while under the influence of alcohol or riding in a car driven by a minor who had been drinking (Haggerty, Fleming, et al., 2006).
The **Raising Healthy Children** Program Vision for Your School

Remember the old saying — “Start with the end in mind.” The Raising Healthy Children Program Vision is offered as a starting place for your school community. In order for this vision to be useful, it needs to energize and excite the adults who work with students on a daily basis. Take some time to work on this vision with your staff team so that it is exciting, energizing and embraced by all!

---

**Our Vision:**
Each Raising Healthy Children school is a learning community that promotes intellectual and social development through challenging instructional programs and caring classroom, school, and family environments.
We believe that school is a place where:

★ All students, staff, and parents experience a safe, nurturing, and caring learning environment in which disruptions are minimized.

★ School, home, and community share positive, healthy beliefs and clear standards for academic and social behavior.

★ All students are motivated and actively involved in learning.

★ Different cultures, backgrounds, and ideas strengthen and enhance learning.

★ All students, families, and staff have opportunities to be meaningfully involved in learning.

★ All students learn the social, emotional, cognitive, and behavioral skills they need for healthy development.

★ All students, staff, and families are recognized and celebrated for their accomplishments.

★ All members of the learning community are actively engaged in solving problems, resolving conflicts, and setting positive goals.

★ All teachers and parents actively support intellectual, social and emotional, and behavioral development.

★ All students, teachers, and families develop a commitment to learning.

★ All students feel they can, they care, and they count.

★ Research-tested teaching and management practices are well implemented.
Section Two

Consider These Questions about the Raising Healthy Children Vision for Your School:

- How does this vision fit for you as the Raising Healthy Children program leadership team?
- How will you introduce the vision to your staff team?
- How will you establish ownership of this vision for the staff team?
- What needs to be changed in order to make it excite and incite staff, parents, and students?
- How will you reinforce and maintain this vision over time?
The *Raising Healthy Children* Program

Time Line

In order to maximize the success of the intervention and to ensure implementation fidelity, the *Raising Healthy Children* program is installed over the course of four school years. The first year includes training and family program implementation. Implementation teams will be trained and we will begin staff development and coaching. The second and third years continue to provide staff development and more fully implement family programs. The fourth year is for ongoing enhancement of teaching and parent support strategies and to build capacity to continue *Raising Healthy Children* in the schools. Support is available throughout the installation.

**What to Expect from Raising Healthy Children Trainers:**

♦ staff development training as indicated below
♦ regular visits to your school to monitor implementation
♦ assistance with implementation evaluation
♦ parenting curricula and training for parent workshop leaders.

The first staff development sessions will focus on proactive school and classroom management practices and building a social and emotional climate for learning. Year Two will focus on instructional techniques, including interactive teaching, active engagement strategies, and motivational strategies. A sample of an implementation time line is provide. However, variation is expected due to local district scheduling.
Year 1 Time Line

**Fall 2006**

- **Family Programs**—*Guiding Good Choices™*
  Two-day workshop leaders training

- **Family Programs**—*Supporting School Success™ Workshop Leader Training*
  Two-day training for Family Support Team and one other workshop leader

- **Family Programs**—*Raising Healthy Children*
  Two-day workshop leaders training

**Winter 2007**

- **Staff Development**—*Year One Implementation Team Training*
  Three-days of training for the Principals and Implementation Teams (one day in Fall and two days in Winter)

**Spring 2007**

- **Staff Development**—*Classroom Visits*
  One-day classroom visits by *Raising Healthy Children* trainers

- **Staff Development**—*Coaching Visits*
  One-day classroom visits by *Raising Healthy Children* trainers

- **Staff Development**—*Social and Emotional Skills Training*
  Two-days of training for all instructional staff at each site

It is expected that during Year One, all family workshops will be delivered in each school at least once during the academic year.

All school trainings will be scheduled and delivered in coordination with each individual school district.
Year 2 Time Line

**Summer 2007**

Staff Development—Implementation Team Training and Coaching
Two-day training for Principals and Implementation Teams

**Summer/Fall 2007**

Staff Development—Proactive Management Training Workshops
Two-day training for Principals and Implementation Teams

**Fall 2007**

Staff Development—Cooperative Learning Training
One-day training by Raising Healthy Children trainers

Staff Development—Quality control site visit

Staff Development—Classroom Visits
One-day classroom visits by Raising Healthy Children trainers

**Winter/Spring 2008**

Staff Development—Classroom Visits
One-day classroom visits by Raising Healthy Children trainers

Staff Development—Motivation Training
One-day training by Raising Healthy Children trainers

It is expected that during Year Two, all family support programs (Supporting School Success™, Raising Healthy Children, and Guiding Good Choices™) will be delivered at least one time during the school year.
Year 3 Time Line — Ongoing Enhancement

Summer 2008
Staff Development—Implementation Team Training
Four-day training for Principals and Implementation Teams

Summer/Fall 2008
Staff Development—Proactive Management Training Workshops
Two-day training for Principals and Implementation Teams

Fall 2008
Staff Development—Quality Control site visit

Winter 2009
Staff Development—Coaching Visits
One-day visits by Raising Healthy Children Trainers

Staff Development—Refresher Training

It is expected that during Year Three all family support programs (Supporting School Success™, Raising Healthy Children, and Guiding Good Choices™) will be delivered at least one time during the school year.

Year 4 Time Line — Ongoing Enhancement

Summer 2009
Staff Development—Capacity Building Implementation Team Training
Three-day training for the Implementation Team

Staff Development—Capacity Building Training
Six-day training for parent workshop leaders

Winter 2010
Staff Development—Capacity Building Refresher Training
Five two-day trainings
The *Raising Healthy Children* Program at Home: Your Imaginary Tour

Positive parental involvement in school and positive parental attitudes about school are critical to student success. Research shows that parental involvement leads to higher rates of attendance, better academic achievement, and less problem behavior in the classroom (Haxby, 1995, 1997; Gennaro and Lawrenz, 1992). Parental involvement is one strategy that can meet the needs of a diverse population. *Raising Healthy Children* program schools recognize that many parents have had negative school experiences as children. Helping parents feel safe, valued, and welcome takes proactive planning and work.

Schools that have well-planned, well-structured, and well-implemented school-family partnerships not only show direct benefits for students, but for teachers, staff, and the school community as well. The National Education Goals (Goal 8) state that “Every school should promote partnerships that will increase parent involvement in promoting the social, emotional, and academic growth of children” (National Education Goals Panel, 1995).

The benefits of family involvement have been well documented, and we know that the majority of parents want their children to succeed in school. However, parents are not always as involved in school as they, or their child’s teacher, would like. Providing meaningful opportunities for parents to actively contribute to their child’s school success at home, in the classroom, and at school all help validate the importance of parent influence on student school success.
The goal of the *Raising Healthy Children* program’s family intervention is to reinforce healthy beliefs and clear standards for families while promoting strong bonds between parents and children and between families and the school. Our main focus is to strengthen the “Learning Try-Angle: Families, School, and Students.”

Haxby (1995; 1997) suggests that before assuming that a parent is ready to volunteer for or attend parent workshops, it is important to look at how the parent sees himself or herself in relation to school. According to Haxby, parents can generally be viewed as falling into three categories:

**“Visitor Parents”**

These are parents who come into the school occasionally to drop off or pick up their child; however, they look at school as separate from their lives. These families may have had unhappy or difficult experiences with school and don’t find school a comfortable or reinforcing place. Often these parents have their hands full with the daily struggle of working and/or parenting, and involvement in school is not a priority. These may also be the parents who provide the least supportive encouragement to their children about schoolwork.

The goal with “visitor parents” is to engage them in school and stimulate their interest in visiting the school. Through their engagement, they are likely to provide more supportive messages to their children. Activities that stimulate “visitor parents” include family fun nights, performances by children, family dinners, and other events. These types of activities can stimulate interest in school and engage parents in visiting the school. These events should not be used as “recruiting” mechanisms where parents feel pressured to volunteer.

At Beech Elementary, teachers reach out to “visitor parents” by providing a variety of ways for parents to be involved or contribute. One teacher provides a “menu” of parent involvement opportunities that she sends out with her parent letter before school begins in the fall. She then reviews the list with parents at parent conferences, helping parents to identify at least one way that they can be involved. Options range from collecting egg cartons for art projects to listening to a student read on a regular basis, to sharing an individual skill or talent with the class. She is careful to include plenty of options for working parents or other parents who cannot be in the classroom during the school day and parents who prefer to contribute by helping from home.
“Home Supporters”
These parents provide encouragement and support at home for their child’s education, but leave the “education” to the school. This is the majority of parents. Providing these parents with opportunities to broaden their involvement in home support is a great way to engage them.

Creating a welcoming environment is important for the “home supporters.” Greetings from the office staff when parents come in or informal outreach to parents in front of the school or on the playground can be a good way to foster connections. The Supporting School Success parent workshops program, offered through the Raising Healthy Children program, is a wonderful way to engage these parents by helping them learn new activities to support school success. The Raising Healthy Children parent workshops program is also specifically designed to help parents support their child’s development.

♦ One Raising Healthy Children program school encouraged “home supporters” to become “partners” by making it easier for parents to become parent helpers. The Implementation Team provided an orientation for parent helpers where parents learned what was expected of them in the classroom. They also got to know important school staff and became familiar with the layout of the school, how to use the copy machine, etc.

In addition to training parents to be effective classroom helpers, teachers received training in how to best utilize parents in the classroom. Teachers learned to develop schedules and routines for parent helpers in the classroom.
“Partners”

These are the parents who see themselves as “partners” in education. They are more likely to help in the classroom, be involved in PTA, organize fund-raisers, and volunteer in other areas. Providing meaningful opportunities for “partners” to contribute to the school and classroom environment is critical. School site councils, PTA, and Learning Improvement Teams all provide such opportunities. “Partners” form your core volunteer group. Use their enthusiasm and commitment to provide fun opportunities at the school to engage a broader group of families—especially the “visitor parents.”

Raising Healthy Children program schools believe that all parents want their children to be successful in school. The Raising Healthy Children Implementation Team identifies and removes barriers to family involvement and tries a variety of creative and innovative ways to turn all parents into “partners.”

♦ At Meadowlake Elementary, the Implementation Team started the Raising Healthy Children family workshops in the fall with the Supporting School Success parent program. They started recruitment by making a presentation to the PTA and talking individually with parents as they interacted with them at school. However, they were determined to reach out to “home supporters” and “visitor parents,” so they kicked off the five-session workshops series with a Welcome Back to School Family Barbecue. Parents and children were invited for barbecue and fun outdoor games. During the barbecue, the Implementation Team and other staff interacted informally with parents and extended personal invitations to attend the Supporting School Success workshops. They then followed up by visiting each of the primary classrooms, talking to students about the fun activities that would be available for children at the Supporting School Success Kid’s Kamp, and reminding students to encourage their parents to attend the first session.

Essential Elements of the Raising Healthy Children Program Family Partnership

The Raising Healthy Children Program Family Partnership requires three essential elements to succeed:

1. Proactive contact with parents.
2. Opportunities for family learning.
3. Family support outreach to families in need.

Each of these essential elements is discussed in more detail in this guide.
In Raising Healthy Children Program Schools
You See MORE…

Proactive Contact with Parents — Two-Way Communication
Welcoming all students and parents is more common in the early years than in the intermediate years. Beginning the year with positive communication from the teacher helps establish a connection with the family.

♦ The week before school starts, students in Mr. Abel’s second-grade classroom receive two letters in the mail: One addressed to the student and one to the student’s parent. The student letter welcomes the child to “Room 10’s Abel’s Able Learners,” tells a little about Mr. Abel’s background, teaching experience, and hobbies, and describes some of the exciting things students will be learning during the year. He also extends an invitation to visit the classroom before the first day of school. The parent letter welcomes the parents, explains his background and teaching experience, describes his teaching philosophy, and outlines how parents can help their child be successful in his classroom. He invites parents to visit the classroom with their child before the first day of school. He also includes a short survey that solicits parents’ expectations for the year.

Prior to parent conferences, a phone call and personal note can be effective ways to reach out to parents, especially those parents you think are unlikely to attend. Likewise, personal invitations to the parent workshops from teachers, the counselor, or the principal are helpful.

♦ At Birch Elementary, the Implementation Team worked with teachers to identify parents who had not yet scheduled parent conferences. They then contacted the identified parents, explained the purpose of the conference and what to expect, encouraged them to attend, and worked with them to eliminate any barriers to attending. For one parent, she arranged baby-sitting for a toddler during the conference. For another, she worked with the teacher to schedule a telephone conference to accommodate the mother’s split-shift work schedule.
Opportunities to Strengthen Parent Support through Parent Education

The Raising Healthy Children program parent workshops are designed to reinforce and complement the staff development sessions. Based on the same research foundation as the staff development sessions, the parent programs use similar terms and common concepts, and teach parallel skills to parents. This common framework helps teachers and families work together to communicate healthy beliefs and clear standards to children, strengthen bonding to school, provide children with opportunities for meaningful involvement in both the school and family, teach the skills children need to be successful, and provide recognition for children’s successful involvement. The use of similar terms, concepts, and skills in both parent and teacher programs promotes consistency across these two important areas of children’s lives.

The three Raising Healthy Children program parent workshops include:

1. Raising Healthy Children

This five-session curriculum for parents of students in kindergarten through third grade, enhances parents’ skills in effective behavior management. The interactive sessions, led by a team of two workshops leaders (a member of the Implementation Team and one other leader), help parents:

1. develop effective guidelines for their child’s behavior.
2. teach their children expectations for behavior.
3. pinpoint problem behaviors.
4. use the “Law of Least Intervention” to select from a menu of effective discipline strategies.
5. build strong bonds with their child.

Each two-hour session involves skill demonstration and modeling, role-play, small- and large-group discussion, and opportunities for parents to share with and learn from each other.
For the last 20-25 minutes of each session, children join their parents for “Family Practice.” During Family Practice, parents and children engage in fun activities designed to allow parents to practice their new skills, with coaching and guidance from the workshop leaders. Home practice assignments encourage parents to use their new skills at home during the week.

♦ At Firlands Elementary, the Implementation Team encouraged parents to attend more than one of the three *Raising Healthy Children* program parent workshops offered by establishing a “Parent University.” Parents who completed all three of the workshops were honored in a special “graduation” ceremony and received a “Master of Parenting” diploma.

♦ After attending the *Raising Healthy Children* workshops, the mother of Samuel, a first grader who had difficulty controlling his behavior both at home and at school, scheduled a conference with her child’s teacher. The teacher had learned about the Law of Least Intervention in the *Raising Healthy Children* Proactive School and Classroom Management Training and had been using it effectively with her students, including Samuel. When she learned that Samuel’s mother had attended the *Raising Healthy Children* workshops and learned how to use the Law of Least Intervention at home, the two were able to share their experiences in managing Samuel’s behavior, developing a plan for using similar approaches at home and at school. With this coordinated approach, Samuel’s behavior improved dramatically at home and at school.

### Supporting School Success

This workshops series provides parents with the skills they need to support their child’s academic success. The series includes five two-hour sessions. The first two sessions focus on developing a home learning routine, learning through play and talk, and communicating with the school. Parents then choose three topics from the following five additional sessions:

1. helping with homework.
2. strengthening children’s reading and language skills.
3. reinforcing math skills.
4. coping with problems at school (anger management and problem-solving skills).
5. teaching skills to children.
The program provides activities and learning games for parents to use with children of all ability levels. Parents also have an opportunity to practice their new skills with their child during the last 20 minutes of the sessions, when children are invited to join their parents to participate together in a learning activity. This guided practice session gives parents an immediate opportunity to use strategies learned in the workshops with their child.

At one Raising Healthy Children elementary school, the Supporting School Success Workshop Leader, a counselor at the school, was approached by an eight-year-old student who asked, “how many more of the classes are you going to have for parents?” The counselor answered, “Two more.” The boy responded, “You’ve got to do more of them! My mom is changing! She comes home from work every day and wants to play games with me or talk to me!”

After attending the Supporting School Success workshops and learning about the importance of establishing a learning environment and learning routines, one harried mother of three school-age children used the “in-boxes, out boxes” that she and her children had made together at the workshops to manage the papers, assignments, notes, and other items that came home from school or had to be returned to school. As a result, the “morning crazies,” which had often ruined everyone’s day, disappeared. In addition, her third-grade son, whose grades had suffered because his homework was often left behind in the mad dash out the door in the morning, saw significant improvements on his next report card.
Guiding Good Choices™

Designed for parents of children in grades four through seven, this five-session curriculum helps parents prevent their children’s drug use and related behavior problems by:

♦ creating opportunities for children to be involved in their families in meaningful ways
♦ strengthening family bonds
♦ setting clear expectations for their children’s behavior and establishing family policies
♦ teaching their children skills to resist peer pressure
♦ reducing family conflict through anger management skills
♦ practicing consistent and effective family management.

Guiding Good Choices™ (GGC) is an interactive, multimedia curriculum that uses a variety of strategies to teach parents new skills. The GGC video shows families modeling the skills. The curriculum also uses role-play, guided practice, small- and large-group discussion, and home practice activities.

♦ At Birch Elementary, GGC workshops were timed to coincide with fifth-grade registration for middle school, when parents were focused on this important transition in their child’s life. Parents left the workshops feeling more confident in their ability to support their children as they entered the often turbulent teen years.

♦ The parents of 11-year-old Emily knew they should talk with their daughter about tobacco, alcohol, and other drugs, but they just weren’t sure how to do so. In fact, there were a lot of subjects that they didn’t feel prepared to handle as Emily approached middle school. At the GGC workshops, they learned how to develop family guidelines for drug use and other behaviors with Emily. They also learned how to hold regular family meetings, which provided a way for them to ensure good communication and problem solving as Emily entered adolescence.
Sample Yearly Family Involvement Schedule
Each of the workshop series should be offered at least one time each year. Our experience suggests that to maximize participation in schools with a traditional calendar, conducting parent workshops in the evenings between October and spring break (usually mid-April) is optimal. A sample calendar of family activities is shown below:

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<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
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<tbody>
<tr>
<td>Welcome-Back BBQ</td>
<td>Supporting School Success™</td>
<td>Supporting School Success™</td>
<td>Workshop Recruitment</td>
<td>Raising Healthy Children</td>
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<td>Parent Conferences</td>
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<th>February</th>
<th>March</th>
<th>April</th>
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<th>June</th>
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<tbody>
<tr>
<td>Raising Healthy Children</td>
<td>Guiding Good Choices™</td>
<td>Parents Night Out: Celebrate Reading K-6</td>
<td>Parents’ Night Out: Building Respect and Responsibility Grades 4-6</td>
<td>End-of-Year Picnic and Celebration</td>
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<tr>
<td>Workshops</td>
<td>Workshops</td>
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<tr>
<td>Guiding Good Choices™</td>
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<td>Workshops</td>
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The *Raising Healthy Children* Student Recognition Postcards
Research indicates that positive communication from the school or the teacher increases parental involvement at school.

The *Raising Healthy Children* program recognition postcards are provided to promote positive communication between teachers and parents. The postcards are most effective when sent through the mail with a personal note from the teacher.
**Raising Healthy Children Family Support Outreach**

Some families need a little extra support to help their children prepare to learn at school. Working with teachers, counselors or other school staff, the *Raising Healthy Children* Program Implementation Team can help these families with some of their needs. For example:

♦ One single mother was having a difficult time making sure her children had the school supplies they needed to begin the school year. The Implementation Team was able to secure financial help from the PTA school supply program and provide concrete assistance to the family.

♦ Another parent was told by the teacher that her third-grade son was having difficulty reading due to vision problems. The mother was unable to have her son’s eyes checked because she couldn’t afford the visit to the eye doctor. The Implementation Team helped her work with the state system to qualify her family for state insurance coverage, and she also arranged for an eye exam by a local optometrist while they were waiting for the coverage to start.

♦ One Implementation Team compiled a list of all the local counselors that provided free or reduced services so that she had options for families with few resources for counseling.

**Reducing Barriers to Learning**

One important goal of the *Raising Healthy Children* program is to maximize student on-task time by reducing barriers to learning. Consequently, in some *Raising Healthy Children* program schools, the Implementation Team contacts students missing from school and students who are frequently tardy. The first contact can be by phone to find out what the school can do to help the student get to school on time. Future contacts are made in person and a plan is developed to improve the student’s attendance. See Appendix A, page 87, for details.
Other Ways to Enhance the Raising Healthy Children Program Family Partnership

Raising Healthy Children schools develop creative activities to strengthen and enhance the sense of community in the school. For example:

First Day of School Greeting
At Evergreen Elementary, parents are greeted with a cup of coffee, donuts, and, for the kindergarten parents, tissues! Big welcome banners greet students and parents and provide a feeling of warmth and fun.

Parents Night Out
These evening sessions are a popular way to engage parents. Topical sessions led by the Implementation Team address issues raised by parents attending other parent sessions. Examples include building respect and responsibility, sibling rivalry, birth order, learning disabilities and ADD/ADHD. The purpose of these facilitated events is to provide both factual information and an opportunity for parents to share with other parents. Childcare is provided, and parents often bring snacks to share.

Family Recognition for Attendance
At Firlands Elementary, the Implementation Team decided that since children and parents both play an important part in good attendance, both should be recognized for their efforts. Families whose child has perfect attendance for two consecutive months receive a note from the Principal recognizing their efforts to be in school on time each day.

Celebrate Reading
Maplewood Elementary students hosted a special celebration of reading. Family members were invited to an evening event to watch student presentations on specific books they had read and then to interact with students about the different genres they were reading — mystery, poetry, fiction, etc. The Parent Club also coordinated a parent and student book exchange to “celebrate reading.”
**Community Dinners**
The Parent’s Club at Madrona Elementary sponsored a Hot Dog Welcome-Back BBQ for all students and their families at the beginning of the school year. All families were invited to attend. Donations were encouraged, but not required. The staff at Magnolia Elementary teamed up with a local Italian restaurant to host a spaghetti dinner for all the families to celebrate the opening of school. The dinner was held in the gym and provided families the opportunity to get to know one another as their children were entering elementary school.

**Family Fair**
This all-day Saturday event provides fun and workshops for parents and students. At Birch Elementary, there were three separate tracks of workshops: one for parents only, one for students only, and one for parents and students together. Workshops were fun and interactive and used content from the three *Raising Healthy Children* program parent workshops. For example, in one workshop, parents and children made make-and-take math games. In another, parents learned how to help their children select books that were appropriate for their reading level and interests. In another “children only” workshop, students learned about reptiles from the “reptile guy.” The fair can also include fun family games, activities, entertainment and, of course, food!

**Morning Muffins and More**
Evenings are not the only time to have parent sessions. Some schools have provided parent workshops in the library during the morning hours, offering coffee and muffins (and childcare for preschoolers, when possible).

**Summary**
Building a strong, caring community of learners begins with the staff team working together and a commitment to developing strong family partnerships. The combination of multiple school- and family-based strategies, based on the Social Development Strategy to target known risk factors, has been shown to increase students’ long-term academic performance and enhance social development outcomes. Combining teacher strategies and family strategies helps students understand that the adult community is speaking with “one voice” of caring and commitment for their positive development!
The **Raising Healthy Children** Program

**School: The Tour Continues**

As you begin the *Raising Healthy Children* program process you might ask yourself, “What does a *Raising Healthy Children* program school look like?” Perhaps the best way to understand what makes a *Raising Healthy Children* program school different is to imagine a visit to the schools and classrooms of teachers who have been involved in the program. The strategies used in a *Raising Healthy Children* program school are strategies that many teachers already use. In a *Raising Healthy Children* program classroom, you will see more of some strategies and less of other strategies. You will also see consistent management strategies throughout the building. You will see parents and teachers using a common vocabulary and similar strategies as they work with children to promote academic success.

**The Raising Healthy Children Program School—A Caring Community of Teachers**

Developing a strong, caring community of learners begins with a strong, caring community of teachers. To facilitate the development of a community of teachers, the *Raising Healthy Children* program staff development is designed so that school staff participate together. Grade-level teams allow teachers with similar interests to learn and share together. Staff development is structured to reinforce community building in the school, beginning with staff.

There are several essential components in building a school community to enhance student learning, including: 1) Principals lead the way, 2) Teachers share with and observe each other, and 3) School personnel develop and implement of a school-wide behavior management system for classrooms and common spaces (hallways, lunchroom, playground, etc.). Examples of each of these elements follows.
**Principals Lead the Way**

♦ At Magnolia Elementary, the Principal began each day with social skills development, starting the daily announcements with a quotation that supported the “social skills of the month.” This focused, daily attention promoted a schoolwide environment of responsibility and respect, which contributed to a dramatic reduction in behavior referrals.

♦ At Firlands Elementary, a comprehensive plan for homework completion and follow-up was developed so that the school could operate with “one voice.” The Principal led a staff team working with fourth- through sixth-graders in developing a tracking and follow-up system for homework so that there was a consistent policy used by all classroom teachers. This helped families know exactly what to expect. Homework completion dramatically increased at this school.

♦ At Spruce Elementary, the Principal led a weekly celebration assembly to recognize students who had been good citizens and to provide opportunities for students to share their talents (such as reciting a poem). The assembly started with a school cheer and chant, and the Principal acted as master of ceremonies for the assembly. Both students and staff looked forward to this fun way of recognizing and celebrating each other.

**Teachers Share with Teachers**

Teaching can be an isolating experience, with few opportunities for professional sharing or observations. Providing opportunities to make connections with other teachers about the “art” of instruction is an important part of building a community in school. *Raising Healthy Children* Program Implementation Teams provide a structured opportunity for teachers to come together at least once a month to discuss what is working in their classroom from the staff development sessions. For example:

♦ Teachers at Cedar Elementary get together for a monthly “hot tips” session to share new strategies they are using in their classrooms and to talk with their colleagues about the “art” of teaching.

♦ Teachers at Evergreen Elementary participate in a monthly “Book Club” in which they read and share current education literature to keep their teaching methods fresh.
Peering in on Peers

*Raising Healthy Children* program teachers have the opportunity to observe their colleagues teaching, to observe what is happening in other same-grade classrooms, or to find out more about the grade level directly above or below their own. In this way, they are better prepared to integrate the student curriculum across grades.

♦ Sixth-grade teachers at Madrona Elementary visited the middle school that their students will attend and observed seventh-grade teachers so they could see what their sixth-grade students would be doing the following year. They came back excited about their increased ability to orient their students to middle school.

Schoolwide Behavior Management System for Common Areas

An “orderly school climate” predicts school success (Brophy and Good, 1986). The first step in developing such a climate is to work together as a staff to identify the expectations, procedures, and consequences for schoolwide behaviors. This can be done by conducting a task analysis, which involves identifying the behavior to be taught and breaking it into small skill steps. The expected behaviors can then be taught to students using the steps for effective instruction—Mental Set, Objective, Input, Model, Check for Understanding, Monitor and Adjust, Guided Practice, Independent Practice, and Transfer/Application. It is especially important that classroom and schoolwide rules complement and support each other.

One principal looked at playground behaviors and conducted a task analysis using the following questions:

Do the students know:
- playground boundaries?
- routines?
- playground social skills, problem-solving steps (e.g., tattling vs. reporting, manners)?
- basic playground games—tetherball, foursquare, jump rope, etc.?
- safety rules?
The information from the analysis became the focus of physical education classes for the first two weeks of school, with the Physical Education specialist teaching students the specific skills they needed to be successful on the playground.

Another school decided that all students needed to follow the same behavior when entering the classroom. Together they agreed upon the following steps:

1. Walk to the door.
2. Wait in your class line until the teacher arrives to open the door.
3. Use a quiet voice.
4. Quietly enter your classroom and find your seat.

All the teachers posted these steps in their rooms, held class meetings to ask students what they thought, taught the expectations, and discussed why the routine was important.

**Schoolwide Social Skills Focus**

Schools that encourage students to be independent problem solvers spend more time teaching and less time with behavior management. In addition to explicitly teaching students social skills, they must have an environment in which they are encouraged to use and practice the skills.

- One school used problem-solving stations on the playground. Another had the playground teachers provide problem-solving pads to students when they were having problems. Students used the pads to help them think through their choices and consequences.

- At Beech Elementary, student-body representatives created videotaped vignettes of the “skill of the month.” The vignettes were broadcast to each classroom as part of the direct instruction of that month’s new skill. The video modeled the skill steps that were taught. Students had fun modeling the skill with each other on video.

- When students at Maple Elementary have a problem on the playground, they use a “problem-solving wheel” to select at least two possible solutions to try before asking for help.

- The question of who disciplines students when they are in common areas plagues many school staffs. Mr. Nguyen, a second-grade teacher, shared an example of what happens when the entire staff takes responsibility for helping students learn responsible behavior. Recently, one of his second graders had gone into the restroom, flooded the sink and was playing in the water. A kindergarten teacher walked by and saw what was happening. Rather than writing it off as “Mr. Nguyen’s problem,” she helped the student “solve his problem,” and after he had cleaned up the bathroom, she escorted the child back to his classroom.
The *Raising Healthy Children* Program in the Classroom: The Tour Continues

In addition to consistent, schoolwide behavior management strategies, there are several important differences between a traditional classroom and a *Raising Healthy Children* program classroom. You will see more of some things in the *Raising Healthy Children* program classroom—well-understood routines and transitions, careful selection of proactive strategies that manage behavior with the least amount of disruption to learning, and deliberate organization of the learning environment to maximize learning time and minimize problems. You will see less of other things in a *Raising Healthy Children* program classroom—dead time in which students are waiting with no productive learning occurring, power struggles between students and staff, and inconsistent expectations and procedures for everyday activities.

**In Raising Healthy Children Program Classrooms, You See MORE...**

*Proactive Attention to Classroom Management Issues*

The first hour, the first day, and the first week are more important for classroom management than any other time. The best classroom managers devote time during the first few weeks of school to teach a management system, teach self-control and self-management, and directly instruct students in the social skills needed for classroom success. Working together to determine how students and teachers plan to operate together takes time initially, but it establishes a firm foundation for the rest of the year; it means that less time during the day is devoted to routine management.

♦ On the first day of school, Mr. Aubrey had a class meeting with his sixth graders to discuss how they wanted their class to operate. First they identified what rights, respect, and responsibility look and sound like using a T-chart. They then agreed on how they wanted rights, respect, and responsibility to look in their classroom. Then they developed a class poster to illustrate their conclusions. Students also signed a “Class Constitution” that highlighted rights, respect, and responsibility in their classroom.
**Connecting and Bonding Activities**

Teachers who provide the opportunities, skills, and recognition needed to develop bonding are more likely to have students who are motivated to follow classroom expectations.

♦ Ms. Ruiz developed a wall mural in her third-grade classroom—a classroom tapestry with every student’s name listed in the first column, with other columns including additional information about each student (pets, hobbies, favorite recess activity, favorite food, etc.).

♦ In Mr. Mutumbe’s fifth-grade class each student was given a cutout puzzle piece to decorate with his or her name and magazine pictures that represented him or her. The puzzle pieces were assembled on a banner titled “Room 5—We All Fit Together—We All Belong.” The banner was displayed at the front of the room.

♦ At the beginning of Ms. Jackson’s sixth-grade class, students respond to the “thought for the day” by writing in their “Reflection Journal.” On our visit, students responded to the quotation “You don’t have to blow out my candle to make yours burn brighter.” Several students volunteered to share their reflections. This activity encourages students to think about and talk about responsible behavior on a daily basis and reinforces classroom expectations and norms.
Explicit Attention to Teaching and Practicing Transitions and Routines

In his book, *A Biological Brain in a Cultural Classroom: Applying Biological Research to Classroom Management*, Dr. Robert Sylwester provides a wonderful example of the mental energy we spend trying to figure out some of life’s simple routines. Think about the process you use to choose the fastest line at the grocery store. Compare this to the process you need in a post office or bank, which use a “next-available-clerk” system. In the latter case, “the light turns green” and you go. Little mental energy is required to make your decision because a routine is already in place.

Routines and procedures are an integral part of classroom life—how to line up, how to walk to the library, and how to check out recess equipment. Providing direct instruction and practice in classroom routines and procedures allows students to use their cognitive energy for learning, rather than squandering it on trying to figure out how to turn in completed work or how to get ready to go to lunch.

Teachers in *Raising Healthy Children* program classrooms know that classroom procedures and routines are learned in the same ways as spelling, catching a ball, or learning to play a musical instrument, and they plan for instruction and practice of these skills early in the school year.

♦ In the first week of school, Mr. Delino taught students in his first-grade class the classroom procedure for getting a drink of water from the drinking fountain. In addition to telling the students what the expectation was, he also modeled the behavior and provided an opportunity for each student to practice.

♦ Students in Ms. Alvarez’s second-grade class are actively engaged in learning within the first two minutes of class. They begin each day by reading ROOM 7 HEADLINES. The headlines, to which students are frequent contributors, provide morning news and warm-up activities, an overview of the day, and math and writing practice activities. An added benefit is that it is a fun way to communicate daily objectives and keep instruction focused on the learning objective.

♦ As Mr. Goldman’s first graders line up to go to the specialist, they chant a favorite poem together. The challenge is to be in line and ready to go by the time they finish reciting the poem.
Recognition in the Classroom

*Raising Healthy Children* program classrooms embody the Social Development Strategy by building strong bonds between students and their peers and between students and the teacher. We know that when children receive recognition from adult mentors who encourage their dreams and interests, they are protected from the risks they face in life. In the classroom, this means looking for every child’s strengths (Werner, 1992). One researcher observed more than 10 times the number of negative cues and warnings to every positive comment when teachers were working with their most difficult students (Webster-Stratton, 1998). This isn’t to suggest that just by noticing positive behavior all negative behaviors will disappear. However, noticing positive behavior is a good place to start.

♦ Ms. Hartfield had become increasingly frustrated with the negative behavior of her fifth-grade class until she began charting students’ good behaviors. She was surprised to learn that the students she thought were causing so many problems were actually exhibiting a lot of positive behavior as well. This helped her focus on recognizing the appropriate student behaviors.

♦ In Mrs. Haggerty’s second-grade class, each Friday afternoon is a “Celebration of Learning.” Students share what they have learned during the week and are encouraged and coached to compliment each other’s contribution.

Opportunities for Meaningful Involvement in the Classroom

Kays (1990) found that an important predictor of fourth- and fifth-graders’ level of alienation was the degree to which their teacher involved them in class. At-risk fourth- and fifth graders reported that their teachers did not involve them in classroom activities.

Teachers who provide opportunities for all students to be meaningfully involved (e.g. watering the plants, feeding the fish, taking the attendance roll down to the office) are helping students practice the responsible behaviors they need for positive social development. Providing opportunities for students to have input into what they want to learn, or how they want to operate and get along as a class, gives them valuable new skills and makes them feel that they are assets to their classroom. Every student in a *Raising Healthy Children* program classroom feels that he or she is a valuable member of the classroom team.
In Ms. Nashita’s fourth-grade class, jobs are not only posted and rotated each week, but Ms. Nashita has developed a class “Yellow Pages” that lists the class experts. At the beginning of the year, students identify their areas of expertise. Then, throughout the year, other students can use them as “consultants.”

Mr. Cook demonstrated his knowledge of immediate and specific feedback by having his fourth graders correct their own homework, using a rubric to self-evaluate their efforts.

Social Skills Instruction in the Classroom

Raising Healthy Children program teachers know the importance of social and emotional competence and infuse teaching and practice of these critical skills into each day.

In Ms. Arun’s second-grade class, students are learning to give and receive compliments. First, the class created a T-chart and defined what a compliment sounds and feels like. Then, Ms. Arun modeled giving compliments to each of the students. Students then had the opportunity to practice their new skills by writing compliments for each other and posting them on the “put-up tree” in the classroom.

Students in Mr. Olson’s third-grade class have learned the steps for problem solving. A solution table at the back of the room provides students with a place to practice using their problem-solving skills.

Ms. Norton used Theodore Taylor’s book, The Cay to help his fourth graders examine and discuss the qualities of friendship and understanding differences.

“You have a problem, you need a plan” is a frequent refrain in Ms. Trelay’s second-grade classroom, where students have been taught specific steps for problem solving. They learn that not only must they recognize when they have a problem, they also need to work with their teacher to create a plan for solving the problem. This reinforces the fact that students are not learning what to think but how to think.
Effective Discipline Strategies: The Law of Least Intervention

Do you remember how your favorite teacher disciplined students in her class? Probably not. Very likely she used “invisible discipline” — a strategy we call the “Law of Least Intervention.” Cummings (1983) suggests that the Law of Least Intervention fills the gap between just ignoring misbehavior and using forceful intervention. It organizes alternative responses along a continuum from those that take the least amount of teacher time and cause the least interruption of the learning environment to those that require both teacher time and interruption of learning. The goal of the Law of Least Intervention is to first apply the strategy that requires the least amount of teacher effort and is least likely to take time away from learning as well as being least likely to result in unpleasant feelings for the student. Such minimal interventions include eye contact; physical proximity; a deliberate pause; “the look,” a touch, or a gesture; asking for a response using the student's first name; encouraging desirable and compatible behavior; “Grandma's Law” (If you do this, then you can...); cueing; humor; and empathy. Few of these ideas are new. However, using them consistently and strategically can make the difference between a positive or negative social climate in the classroom. It contributes to what we call “invisible management.”

In Raising Healthy Children Program Classrooms You See LESS...

Dead Time

With an ever-expanding curriculum and a finite amount of instructional time, Raising Healthy Children program teachers know that every minute counts. As such, they seek out and eliminate dead time.

♦ Mr. Vachim’s second-grade class listed all the things they could do quietly if they finished an assignment early and posted the list in the classroom. Students could choose a quiet activity to complete if others were still working. Mr. Vachim also used a variety of sponge activities—simple activities that “soak up” dead time. One of his students’ favorites was “silent math,” which they would practice while waiting for a specialist or waiting for the bell to ring at the end of the day. This kept students actively involved in learning and let them have fun, too.

Competition

Rather than competing against peers, students can be encouraged to try for “personal bests” in a variety of areas.

♦ In Ms. Samuel’s third-grade classroom, students are encouraged to keep a portfolio of “My Personal Best” where they record improvements in academic skills, behavior skills and/or social skills.
General, Nonspecific Praise
Although social approval is very important to students, praise is more effective if it is specific and clearly describes the behavior being praised.

♦ When Mr. Ahmad noticed first-grade student Alyssa inviting a new classmate to join her team at recess, he said, “It was very thoughtful of you to invite Roberto to join your team. It can be hard for a new student to make friends, and you really made him feel welcome to our school.”

Comparative Praise
When a teacher asks “Who can help Jake?” when Jake fails to answer a question correctly, he reminds the whole class that Jake is less than successful. When Jake does answer correctly, the eruption of gushy praise that follows reminds the other students that Jake’s correct answer is a rare event. In fact, it is Jake’s perception of his teacher’s expectations of his success that influences his behavior (Wittrock, 1986).

Public Comparison of Student Performance
Public comparison can destroy motivation, particularly for the child who is less successful. Posting test scores or listing the names of all the students in the Two-Minute Math Club only reinforces failure for the child at the bottom. The student’s own expectations are unlikely to rise much above what he or she sees posted on the walls.

Ineffective Discipline Strategies
Some discipline strategies may achieve immediate effects. However, they are counterproductive over the long term because they damage the relationship between the teacher and the student or because they don’t teach children new ways of behaving.

♦ When Lisa saw that her name was written on the board by her fourth-grade teacher, she figured she had nothing to lose and kept acting out. She had to prove to her classmates just how bad she was. When a check mark was added to her name for continued acting out, it only proved her point. What happens to Lisa’s dignity when it is announced to the class that she is a problem? Where is her opportunity to practice new problem-solving behaviors?

♦ When Sam was sent to the principal’s office for being disruptive in class, the principal reviewed the expectations for classroom behavior and then sent him back to class. The people with whom Sam had the most significant relationships (his teacher and fellow classmates) were robbed of the opportunity to practice problem solving with him in a real-
What is Required to Become a *Raising Healthy Children* Program School?

Becoming an *Raising Healthy Children* program school requires a committed Implementation Team. There must be:

♦ Principal Leadership
♦ a Coach
♦ an Implementation Team

**Principal Leadership**

As the Principal, you will need to clearly and explicitly assert proactive management as a schoolwide priority during Year One. A key element to the successful implementation of the *Raising Healthy Children* program is your commitment to being an instructional leader for your building team. This will require you to:

♦ Identify and pursue an important shared and visible goal with your staff for the first year of implementation. The goal should be simple enough to achieve, and important enough to help teachers feel successful.

♦ Redirect staff time and energy that is being spent outside of student learning (e.g., conflicts between adults in the school) back toward student learning, always keeping the student at the center of decision making.

♦ Make daily visits to classrooms to reinforce your role as an instructional leader in the school. You will need to stay focused on helping teachers attend to instructional issues and to decrease the time spent on distractions that divert attention from teaching and learning.

♦ Attend to and reinforce the positive strategies teachers implement in their classrooms. You can use “put-up notes” as a strategy for recognizing teachers and students for their positive progress.

♦ Provide opportunities for individual conferences with teachers to coach them in their management and instructional strategies.

♦ Promote a collective sense of responsibility for school improvement. School improvement is a team effort, and your role will be as cheerleader, coach, problem solver, teacher, mentor, and disciplinarian.
Develop a team with the Coach and Implementation Team. You will need to design a schedule that allows for teacher-to-teacher observations, mutual planning, and working and learning together. You will also need a schedule that allows for parent involvement and provides opportunities for parent workshops.

- Lead the Implementation Team in recognizing and reinforcing the important work of teachers, parents, and students.
- Complete periodic implementation checklists to systematically determine how well your school is implementing *Raising Healthy Children* program practices.

**Coach**

A Coach is needed to assure the implementation of the teacher intervention (see sample job description in Appendix B). The Coach provides regular coaching to teachers. The Coach also conducts in-class observations, although in some cases the Principal or the Implementation Team share the responsibilities of coaching and classroom observations. Each observation will last 25 minutes and will focus on the teacher, the students, and the classroom. This person is responsible for reinforcing teacher use of *Raising Healthy Children* teaching strategies, making sure needed materials are available, and demonstrating their use as needed. For example, the Coach may demonstrate a new sponge activity such as silent math.

**Coaching**

Individual coaching enhances staff development workshops. The Coach is responsible for a variety of strategies designed to increase effective implementation of the teaching practices. These include:

- classroom visits to observe teaching practices (each teacher should receive a coaching visit at least twice a month)
- completion of one or more implementation checklists during each observation
- a reinforcement note following each visit describing positive teaching strategies observed
- conferences, as needed, about problems teachers are experiencing in the classroom
- modeling lessons for specific teaching strategies as requested by teachers.
- videotaping teacher-class interactions for use by teachers for self-evaluation of their individual teaching practices
- participating in the Implementation Team
- shadowing teachers who are observing other teachers, when requested or needed
Section Three

♦ maintaining photo documentation of implementation strategies to be used at future staff development sessions and monthly updates
♦ identifying teachers for positive recognition of management and teaching practices by the Principal
♦ developing and coordinating opportunities for peer observations by teachers in one another’s classrooms.

**Coordinating and Co-Leading Staff Development Sessions**

The Coach’s responsibilities include:

♦ working with the *Raising Healthy Children* Trainer to maintain attendance at training sessions
♦ assisting with setup and creating a pleasant learning environment to maximize participation in and enjoyment of workshops
♦ assisting in the arrangement for and logistics of presentations
♦ maintaining attendance and evaluation records for the participants
♦ planning with the *Raising Healthy Children* Trainer to assist with the staff development session
♦ attending and assisting with training for all workshops
♦ creating interest in and conducting monthly sessions to promote using strategies learned in staff development sessions.
Family Support

The Family Coordinators have primary responsibility for the family partnership activities, including parent workshops, family outreach, and other enhanced family activities.

**Parent Workshops and Other Parent Education Activities**
The Family Coordinators are responsible for:
♦ recruitment of families
♦ schedules and logistics
♦ recruitment of workshop co-leader
♦ delivery of workshops with a co-leader
♦ coordination of childcare
♦ collection of workshop attendance data.

**Family Outreach**
The Family Coordinators are responsible for working with school staff to identify students in need of additional support services and facilitating the provision of that support.

**Enhanced Family Activities**
The Family Coordinators are responsible for working with school staff, parent volunteers and community partners to coordinate family activities such as Back-to-School Barbecues, Family Dinners, and Family Fairs.

**Enhanced Elements**
The Family Coordinators are responsible for:
♦ coordinating academic Parents Night Out with teachers and the Implementation Team.
How Will You Ensure Results?

Many school reform and prevention programs have failed to show significant change due to a lack of appropriate implementation. In order to achieve the outcomes produced for students in the Seattle Social Development Project, you will be provided with a set of implementation checklists. These checklists will help you monitor progress and correct your course where necessary, keeping the focus of building commitment to the *Raising Healthy Children* approach ever present. Principals, Coaches, the Implementation Team, and teachers will all be responsible for completing one or more checklists.

**Measuring Progress Toward Your Vision**

Achieving success requires a method for measuring progress. Principals and Coaches will use a checklist to rate the level of change they perceive during the course of the year. It is important to conduct this assessment at the beginning and end of each school year so you can see how much your school has progressed over the year in the use of *Raising Healthy Children* practices.

The *Raising Healthy Children* vision is that each *Raising Healthy Children* program school is a learning community that promotes intellectual and social development through challenging instructional programs coupled with caring classroom, school, and family environments. Therefore, the Coach will spend time observing teachers to determine how well the practices are being implemented and providing coaching when necessary.

Teachers are also encouraged to visit each other’s classrooms to see the many creative ways their colleagues are putting the concepts of *Raising Healthy Children* into practice.

The checklists on the following pages are samples of the things you will learn to use to measure your progress toward the vision.
# Measuring Progress toward the Vision — Year One

## Principal and Coach

### RHC Implementation Checklist

Completed by: ____________________________  Date completed: ______________________

The Principal and RHC Coach should each rate the following using a scale of 1 = much worse, 2 = somewhat worse, 3 = no change, 4 = somewhat better, 5 = much better. Use the end of last school year as a reference point (i.e., evaluating whether an item has changed for the better or for the worse since the end of last school year).

### How are we doing this year?

<table>
<thead>
<tr>
<th>School, home, and community share positive, healthy beliefs and clear standards for academic behavior.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School, home, and community share positive, healthy beliefs and clear standards for social behavior.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Students, staff, and parents experience a safe, nurturing, and caring learning environment in which disruptions are minimized.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Students are motivated and actively engaged in the learning process.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Different cultures, backgrounds, and ideas strengthen and enhance learning.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities are provided for students to be meaningfully involved in learning.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities are provided for parents and families to be meaningfully involved in learning.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities are provided for staff and teachers to be meaningfully involved in learning.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Students learn the social, emotional, and cognitive skills they need for healthy development.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Students are recognized and celebrated for their accomplishments.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff are recognized and celebrated for their accomplishments.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents are recognized and celebrated for their accomplishments.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Members of the learning community are actively engaged in solving problems, resolving conflicts, and setting positive goals.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teachers and parents actively support intellectual development.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teachers and parents actively support social development.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Students and families develop a commitment to learning.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Students feel they can, they care, and they count.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teachers create a classroom environment that welcomes families and has structured opportunities for them to be involved in the classroom.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teachers find out how parents would like to be involved in the classroom.</th>
<th>Much Worse</th>
<th>Much Better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Comments:

66
# Measuring Progress toward the Vision — Year One

## Principal and Coach

### RHC Implementation Checklist

### Staff Development Support

<table>
<thead>
<tr>
<th>Task</th>
<th>FI</th>
<th>Dev</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Principal and Coach create and reinforce the vision of the RHC program school with the staff team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Principal allocates time at faculty meetings to discuss the implementation of the RHC program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Coach spends time each day making observations or modeling in classrooms.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Coach works with teachers to solve problems, set goals, and improve management strategies based on the individual goals of the teacher.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Coach writes “put-up notes” and offers one improvement objective (when necessary) after each observation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Coach observes each teacher in his or her classroom at least twice a month.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers have the opportunity to act as peer coaches by observing each other and meeting to discuss their observations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers have opportunities to share in grade-level “home teams” and to learn from one another.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Coach completes an implementation checklist at least every eight weeks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers have scheduled opportunities to provide demonstration lessons for each other.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FI = fully implemented; Dev = developing; No = no evidence of this was observed; DK = don’t know

### Schoolwide Behavior Plan

<table>
<thead>
<tr>
<th>Task</th>
<th>FI</th>
<th>Dev</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task analysis is completed for general school behaviors (playground, lunchroom, hallway, library) directed by Principal or Coach.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A system for teaching the schoolwide routines and expectations is in place (e.g., playground, office, hallway, cafeteria).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solution tables or problem-solving stations are available in each classroom and in other areas of the school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office and playground staff engage students in constructive problem-solving strategies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem-solving sheets are available in several school areas (office, cafeteria, playground, bus).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All support staff are trained in problem-solving strategies with students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Comments:

67
**Principal and Implementation Team**

**RHC Implementation Checklist**

Completed by: ____________________________ Date completed: ______________________

The Principal and Implementation Team should each complete a copy of this checklist one month into the school year and again at the end of the school year.

### Family Support Core Element Implementation

<table>
<thead>
<tr>
<th>FI</th>
<th>Dev</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newsletters are distributed to all families monthly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent absences and tardiness are handled by using a consistent plan of monitoring, intervention, and prevention by the Implementation Team.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students are recognized and rewarded for their attendance and timeliness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting School Success™ is offered at least once each year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Raising Healthy Children workshops series is offered at least one time each year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Guiding Good Choices™ workshop series is offered at least once each year beginning in Year Two.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents are notified about the RHC program staff development sessions.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### RHC Program Enhanced Elements:

**Parent Involvement in Schools**

<table>
<thead>
<tr>
<th>FI</th>
<th>Dev</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>School attendance is at 95% or higher.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents Nights Out are offered to K-5 parents at least once a month.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A school site council comprises parents, as well as teachers, staff, and students.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers develop a schedule and routine for parent helpers in the classroom.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanisms are in place to regularly recognize parent helpers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A variety of meaningful opportunities is provided for parent volunteers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An orientation/training is provided for parent helpers.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FI = fully implemented; Dev = developing; No = no evidence of this was observed; DK = don’t know

**Comments:**
Teacher Self-Check: 
RHC Implementation

Completed by: ____________________________ Date completed: ______________________

Each teacher should complete a copy of this checklist at the *Raising Healthy Children* Training.

<table>
<thead>
<tr>
<th><strong>Family Communication Implementation Guide</strong></th>
<th>FI</th>
<th>Dev</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students were contacted prior to the beginning of the year to welcome them to the classroom.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families were contacted prior to the start of school to welcome them to the classroom.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families were given information about you as a teacher and how to contact you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students were given information about you as a teacher and how to contact you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families new to the school are individually contacted within the first month of school.</td>
<td></td>
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</tr>
<tr>
<td>Families provided you with information on the best ways to reach them.</td>
<td></td>
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</tr>
<tr>
<td>A clear standards format for school-home communication is being used (e.g., boomerang folder, weekly reports).</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Strategies are used to share personalized positive comments about each child (postcards or certificates sent home).</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Monthly newsletters are sent home.</td>
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</tr>
<tr>
<td>Families are informed of parent-teacher conferences and have the opportunity to participate and ask questions.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Follow-up is conducted with parents that are unable to attend parent conferences.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Parents are given an opportunity to share their feedback.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Parent input is actively solicited.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A classroom environment is created that welcomes families and supports their involvement.</td>
<td></td>
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</tr>
<tr>
<td>Your homework routine is communicated to families.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Alternatives are developed to ensure successful completion of homework.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Comments:
Coach Checklist for Teacher Implementation:
Proactive School and Classroom Management

Completed by: _______________________
Date completed: _________________
Teacher: _______________________

Teacher demonstrates the following:

<table>
<thead>
<tr>
<th>Routines and Transitions</th>
<th>Not Implemented</th>
<th>Developing</th>
<th>Proficient</th>
<th>Distinguished</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear routines for classroom behaviors (e.g., pencil sharpening, going to the bathroom, entering and leaving room, notes to teacher, and transitions such as before bell rings, moving as a class).</td>
<td>no evidence of awareness or demonstration of behavior</td>
<td>awareness but no or very limited demonstration of behavior (&lt; 2/3 or potential opportunities)</td>
<td>demonstrates behavior consistently (2/3 to 90% or potential opportunities)</td>
<td>fully implemented (demonstrated &gt; 90% of potential opportunities)</td>
<td>as it wasn’t relevant when observation was conducted</td>
</tr>
<tr>
<td>Clear routines for work behaviors (e.g., students showing understanding, finding directions for an assignment, getting help).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of a “signal” to gain student attention.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dealing with Student Misbehavior

Law of Least Intervention is used consistently (e.g., ignoring, if-then, invisible management, stopping behavior without creating a negative environment are used; consistent use of contingent behavior mgmt. plan; reactive mgmt. when needed).

Organization of the Learning Environment

Room is set up for direct instruction.

Smooth transition into groups.

The whole physical environment is used as a resource to promote individual and group learning. (e.g., student artwork on walls, sense of belonging in décor, learning areas, problem-solving areas, use of “centers” for individual and/or group work).

Avoidance of Dead Time

Smooth transitions (i.e., time used efficiently and no misbehavior).

Effective direction giving (key pts.: step-by-step, limited number of steps, clear language, one at a time with time limits, written, signal first, check for understanding).

No dead time in the classroom (Dead time = half the class or more not engaged in learning).
Teacher Self-Check: Proactive School and Classroom Management

Completed by: __________________________

Date completed: _________________________

I demonstrate the following:

<table>
<thead>
<tr>
<th>Routines and Transitions</th>
<th>Not Implemented</th>
<th>Developing</th>
<th>Proficient</th>
<th>Distinguished</th>
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</thead>
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<td>Clear routines for classroom behaviors (e.g., pencil sharpening, going to the bathroom, entering and leaving room, notes to teacher, and for transitions such as before bell rings, moving as a class).</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
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Dealing with Student Misbehavior

Law of Least Intervention is used consistently (e.g., ignoring, if-then, invisible management, stopping behavior without creating a negative environment are used; consistent use of contingent behavior mgmt. plan; reactive mgmt. when needed).

Organization of the Learning Environment

Room is set up for direct instruction.

Smooth transition into groups.

The whole physical environment is used as a resource to promote individual and group learning (e.g., student artwork on walls, sense of belonging in décor, learning areas, problem-solving areas, use of “centers” for individual and/or group work).

Avoidance of Dead Time

Smooth transitions (i.e., time used efficiently and no misbehavior).

Effective direction giving (key pts.: step-by-step, limited number of steps, clear language, one at a time with time limits, written, signal first, check for understanding).

No dead time in the classroom (Dead time = half the class or more not engaged in learning).
Coach Checklist for Teacher Implementation:
Social and Emotional Teaching and Reinforcement

Completed by: __________________________
Date completed: ________________________
Teacher: ________________________________

Teacher demonstrates the following:

1. Direct teaching and reinforcement of social and emotional skills
   (listening, refusal, problem solving, anger control, sharing, feeling recognition, etc.; includes articulating rationale for learning social skills).

2. Teacher’s social skills demonstrated
   ("please," "thank you," respectful, empathetic, understanding).

3. Classroom reinforces social skills
   (posters, special mail, 3 Rs, someone to think about, problem-solving area).

4. Class meetings used effectively
   (student opinions valued, consensus reached, problem-solving opportunities).

5. Opportunities provided for students to practice social skills in the classroom.

6. Teacher uses appropriate praise.

7. Students encouraged to problem-solve with each other, with teacher facilitating when necessary.

8. Teacher assists students with identifying feelings and emotions.

9. Teacher differentiates learning activities for differing skill levels.
Coaching
The coaching provided is critical to the success of the *Raising Healthy Children* program. Coaching visits to each teacher should be conducted twice a month (about every two weeks). Record your visit on the coaching form and make a note of the coaching contact. Coaching consists of the following components:

1. **Regular Visits**
   Visit each classroom at least twice a month to observe teaching practices as outlined in the implementation checklists.

2. **Feedback**
   Recognize and course-correct teachers on their teaching practices. Use the “put-up” note pads to provide specific reinforcement messages to teachers after a visit. Put the note in their box or on their desk. For example, in a class where you have observed 100% active participation of students in a meaningful activity you might note, “Sandy, you had 100% of your students actively engaged in learning during my visit! Excellent job keeping everyone involved on all levels of learning.” Keep a copy in your coaching file to remind you of what you reinforced. To course-correct, provide positive feedback on one application that has been well delivered. Provide behaviorally specific feedback on only one improvement objective. Giving more than one improvement objective is overwhelming and counterproductive to changing teaching practices. Make sure to keep track of the one improvement objective and look for positive improvements during your next visits. Keep in mind the old saying “Success is improvement, not perfection.”

“If we don’t change the direction we’re going, we’re likely to end up in the direction we’re headed.”

*Ancient Chinese Proverb*
Conference
Meet with teachers to troubleshoot in two major areas: Teaching practices and behavior management. Teachers will benefit most from concrete examples that they can use immediately. This may require you to model the strategy or teaching practice so the teacher can see what it looks like.

You can also help teachers troubleshoot difficult behavior issues they face in their classrooms by helping them understand the behavior dynamics and the antecedent behaviors that set off student behavior. Remember that most students would rather look bad in front of the teacher than dumb in front of their peers. Your job is to help teachers focus on their own behavior rather than the behavior of the students. Here are some questions you can pose to help the teacher figure out how his or her behavior could change to achieve the desired student behavior.

♦ What do you think is the purpose of the student’s behavior (attention, power, revenge, or assumed inadequacy)?
♦ What happened right before you observed this behavior?
♦ What happens to you when you see this behavior? What are you feeling/thinking?
♦ What might explain this student’s behavior?
♦ What have you tried? Has anything worked in the past?

Videotape
At least once (preferably twice) during the year, videotape a 20-minute segment of class so teachers can self-evaluate their behavior. Provide them with the checklists so that they can select those areas on which they want to focus.
5 Resources
Consider the Implementation Team as the key *Raising Healthy Children* program resource for teachers in your building. Become familiar with all the *Raising Healthy Children* materials and resources so you can make suggestions for teacher implementation. For example, you may choose to model a particular sponge activity at the beginning of a faculty meeting. Because of your unique opportunity to observe all of the teachers in your building, you can also serve as a resource for teachers to help them identify teachers they would like to observe who are particularly good models of specific skills.

6 Modeling
Offer to model the elements of effective teaching. For example, you may provide a lesson on brain development to students so that they better understand their own learning process. Develop several key lessons that provide the elements of effective instruction and then have teachers observe you instructing in their classrooms.
Examples of Teaching Strategies Taught in Year One Staff Development Sessions

Examples of effective practices are provided here so that you can recognize them in action in your school.

**Proactive School and Classroom Management**

**Clear Expectations for Behavior**

*Raising Healthy Children* behaviors to see more of:

♦ Students are involved in developing classroom behavior expectations.  
  *Example:* The class has a meeting to brainstorm what rights, respect, and responsibility look like, sound like, and feel like.

♦ Expectations for classroom behavior are posted.  
  *Example:* A “Rights, Respect, and Responsibility” poster is posted as a classroom constitution that the entire class has signed.

♦ Classroom behavior expectations are clearly communicated to students and families at the beginning of the school year.  
  *Example:* The teacher uses a welcome-to-school letter or phone call to parents to connect with parents and communicate expectations for the year.

♦ The teacher consistently reminds students of the classroom expectations when violations occur.

♦ The teacher “catches students being good” when they are following the posted expectations by using specific praise.  
  *Examples:* “Mary, I saw you showing respect for Alisha by listening carefully to her when she was sharing her ideas. You’ve really learned the 3 Rs!”
  “You all did a great job of taking responsibility for cleaning up your own work areas. Give yourselves a silent cheer.”
**Recognition and Praise**

*Raising Healthy Children* behaviors to see more of:

♦ The teacher uses recognition that is specific and clearly identifies the behavior being recognized.

*Example:* “Evan, you did a good job of putting your book back on the shelf when you were finished with it.”

♦ The teachers uses both verbal and nonverbal communication.

*Example of verbal recognition:*

“Group 2 is doing a great job of showing respect for each other by facing the person who is speaking and listening quietly.”

*Example of nonverbal recognition:*

- Smile
- Thumbs-up
- Silent applause

♦ The teacher provides recognition for effort as well as for excellence.

*Effort Example:*

The teachers says, “Pat, you must be proud of how you stuck to that assignment and completed your goal!”

*Excellence Example:*

“The people at table #2 are doing a great job of keeping their voices quiet as they work.”

♦ The teacher provides both internal and external attribution recognition.

*Internal attribution examples:*

“You worked very hard and were able to complete your assignment.”

“Taking time to memorize the steps this time worked for you, didn’t it?”

“See, look at that! You thought you couldn’t do it, but you did it just right!”

*External attribution examples:*

“I like the way Madison is following along so closely with her finger on each word.”

Student gets to choose a special privilege after collecting a cer-
Raising Healthy Children behaviors to see less of:
♦ The teacher uses generic, non-specific praise.
   *Examples*: “Good job.”
   “Suzanna, I like what you did.”

♦ The teacher uses only external attribution praise.
   *Examples*: “I really like the way you…”
   Points, tokens, or tangible rewards are given.

♦ The teacher only recognizes excellence, never effort.

Routines and Transitions

Raising Healthy Children behaviors to see more of:
♦ Common classroom routines and transition procedures are taught during the first three weeks of school.

♦ The teacher uses a nonverbal “signal” to gain the attention of the class prior to giving an explanation or instructions for a routine or transition.
   *Example*: “Give me five.”
   The teacher rings a bell.
   The teacher uses a rain stick, and all students need to be ready when the “rain” stops.
   The teacher claps a pattern and students repeat it.
   The teacher flashes lights on and off.

♦ The teacher explains the how, what, when, and where of procedural or classroom management routines.

♦ The teacher models the procedures or directions.

♦ Instructions are written if there are more than three steps.
   (The teacher uses various strategies to check for understanding to ensure that at least 60% of the class understands, and guided practice to determine that 90% of students are able to follow the directions.)

♦ The teacher provides an explicit opportunity for students to ask any questions (e.g., “What are your questions?”).

♦ The teacher “catches students being good” when they are following the routines or transitions they have been taught.
   *Examples*: “Rosa, you did a great job of remembering our routine for lining up for recess.”
   “Class, I can tell you were really paying attention when we learned how to get into groups. I really appreciate how quickly and quietly you moved when you heard my signal.”
**Sponge Activities/Reducing Dead Time**

One goal of the *Raising Healthy Children* program is to significantly reduce dead time and increase on-task learning time. Research suggests that nearly two hours of instructional time per day are lost in randomly managed classrooms. Dead time is one of the ways that instructional time is lost. Dead time results when there is time in which no task has been defined for the students. This includes time when students are waiting in line for help or when they finish seatwork and don’t have anything else to do.

Teachers can use sponge activities to decrease dead time, especially during transitions. Sponge activities occupy students during transition times that might otherwise be dead time (e.g., taking attendance, waiting for the bell to ring to end class, coming back from recess, as students finish one activity and are preparing to switch to another). Sponge activities should involve the majority of the students, relate to a learning objective, and require minimal preparation. Because the goal of sponge activities is to avoid dead time, observing the percentage of the class actively involved in an activity is a good indicator of the effectiveness of sponge activities.

*Raising Healthy Children* behaviors to see more of:

♦ When students enter the classroom, there is a sponge activity ready for them to work on.
  
  *Example:* As students come in from recess they are told to go their seats and answer “What’s the Question?” on their think pads for the given set of facts on the board.

♦ When students are waiting in line (to go to lunch, to go outside for recess, etc.), the teacher uses a simple sponge activity that involves all students.
  
  *Example:* As students are waiting in line to go to the lunchroom, the teacher says, “I want you to show me with your fingers what number I’m talking about. I’m 3 more than 6.”

♦ As students are finishing an assignment, the teacher indicates the options students have if they have to wait for others to finish. (It doesn’t matter if the options given are long-term projects or extra-credit assignments. Anything with an academic purpose is appropriate.)
  
  *Example:* As students are finishing up an assignment, the teacher puts a question on the overhead for students, such as “How many ways can you use a toothpick? Make a list on your think pad.”
**Raising Healthy Children behaviors to see less of:**

♦ Students are asked to wait quietly with nothing to do.

♦ Students are unable to proceed with an activity because they need further directions but can’t get assistance.

♦ The teacher leaves the room with no instructions to the students, and the students are unable to proceed.

♦ Students finish work and just sit there.

♦ “If you get done and there’s still time left, you can have free time.” (Students don’t really seem to know what is included in “free time” or don’t seem to care; or “free time” means talking with your friends, wandering around the room or engaging in other non-learning type activities.)

♦ The group that will be reading with the teacher has nothing to do while they wait for the teacher to get the rest of the class going on a seatwork assignment.

♦ Students come in from recess and sit down. They wait while the teacher handles a recess dispute between two students.

**Helping Students Internalize Routines and Procedures**

This category includes a number of strategies that teachers may use to enhance a student’s internalization of classroom behaviors and routines.

**Raising Healthy Children behaviors to see more of:**

♦ Students are encouraged to assess their own behavior.

   *Examples:* “Take a minute to think about what level you are working at right now.” On the wall, working levels 0-4 are posted (e.g., 4=respectful, responsible, helping others; 0=not working, disturbing others).

   “If your eyes are on the page and your fingers are pointing at the word, you know you are doing a good job.”

♦ Students choose a behavior goal, identify steps to take to reach that goal and keep track of their progress toward the goal.

   *Example:* Each student identifies one behavior from the “Rights, Responsibility, and Respect” poster that they would like to work on for the next week. Students work in pairs to describe how their behavior will be different at the end of the week and list steps they will take to improve their behavior. At the end of each day, students assess their progress.
Dealing with Student Misbehavior
This includes actions taken by the teacher to deal with disruptive behavior of students; actions taken to restore order in the classroom or invoke behavior rules to improve students’ cooperation with classroom activities; and/or admonishments and discipline procedures.

*Raising Healthy Children* behaviors to see more of:

♦ The teacher disciplines students privately, if possible.

♦ The teacher reminds student of the classroom expectation that has been violated.

♦ The action taken to correct student behavior matches the level of seriousness of the misbehavior. The teacher responds in a way that changes the unwanted behavior but uses the least amount of time and teacher effort, and causes the least amount of unpleasant feelings and disruption to the learning environment.

♦ The teacher gives appropriate corrective action and the student complies.

♦ The teacher uses a variety of different strategies to deal with minor misbehavior.

*Example:* A pair of students is talking while the teacher is monitoring seatwork. She circles the room to stand near these students without saying anything. The students stop talking and start working on their assignment (physical proximity). “Eyes up front.” (Teacher gives a general reminder or cue of the rule.)

A teacher cues a student to get back on task by getting eye contact with the student. The student’s behavior does not change, and the student now begins arguing with her neighbor. Continuing her instruction, the teacher moves closer to the student. The teacher uses the student’s name and reminds her that this is the time for independent seatwork and that five minutes remain to complete the work.
Raising Healthy Children behaviors to see less of:

- The teacher publicly disciplines students.
  
  *Examples:* The teacher writes the name of a misbehaving student on the board.
  
  The teacher has the student write his/her name on the board for misbehaving.

- The teacher fails to restore a positive learning environment.

- The teacher ignores continual gross misbehavior.

- The teacher and student continue to engage around noncompliance of student.

- Action taken is too severe for minor or unintentional disruptions.

- Discipline measures humiliate the student.

Organization of the Classroom Environment

- The room arrangement is designed to allow for maximum student participation in learning. This includes desk or table arrangements that minimize distractions.

- All students are in a position that is facing the teacher during direct instruction. If students are sitting at tables, they have learned a “listening position” and seamlessly move into this listening position when the teacher cues them.

- Materials are ready for the day before students enter the room.

- Activity centers are not over-stimulating (limit of 7 items to each center).
Social and Emotional Skill Reinforcement

The preferred teaching process is that the teacher demonstrates or provides a step-by-step example of a social skill, and then provides an opportunity for guided practice of the social skill. Additionally, when the teacher gives praise for a social skill, it is considered social skill reinforcement. The preferred teaching process also includes opportunities for students to evaluate their own social skills and to evaluate their group’s social skills. Helpful teacher behaviors include verbal reinforcement and cues or reminders given by the teacher for a social skill, as well as a review of the steps within a skill or process and coached practice.

Raising Healthy Children behaviors to see more of:

- A group of students is working together on a project and can’t decide whose idea for the theme should be used. The teacher, who has been monitoring individual groups, guides the students through a series of steps to problem-solve.
- The teacher and students do a quick role-play of how to figure out who should use a toy first when two people want it.
- The teacher plays an audiotape of a book and students follow along. The book is about how to control your anger.
- Two students are verbally fighting. The teacher comes over and talks them through to a solution by asking them questions.
- The teacher and students engage in a conversation about what it means to be helpful. Teachers and students generate a list of ways to be helpful at home and school.

Examples of verbal cues for social skills:

- “Remember to be good problem solvers.”
- “It’s always nice to share.”
- “You should apologize when you hurt someone.”
- “Remember to say ‘thank you’ when someone compliments your work.”
- “It sounds like you and ______ have a problem. Can you figure out a plan together?”
- “Would you two like to go to the solution table to work out a plan?”
- “Look at the problem-solving wheel. Which two things have you already tried?”
- “How do you think _____ is feeling?”
- “Look at the feelings chart on the wall, and write down how you are feeling today.”
Behaviors Rated as Social Skills

- Giving compliments and accepting compliments
- Solving social problems
- Managing anger
- Recognizing feelings
- Expressing feelings appropriately
- Sharing
- Getting attention in appropriate ways
- Asking for help
- Showing appreciation, saying “thank you”
- Offering to help or helping someone out
- Being honest
- Being cooperative
- Playing (a game) fairly
- Making suggestions
- Apologizing
- Showing empathy
- Expressing concern for another
- Avoiding trouble
- Negotiating
- Dealing with losing
- Reacting to or handling failure
- Accepting no
Ideas and Strategies for Attendance, Tardiness, and Other Problems

Make sure that all students and families know that attendance is a priority for your school. Be clear about how students can get to school even when there is a “family emergency.” Following are some typical reasons that students are late or miss school and some ideas for dealing with them.

Samples of support materials are on pages 87-90.

**Waking up Late**
- Make sure the family has an alarm so they can get up on time. Loan out alarm clocks as necessary.
- Have the attendance secretary provide a wake-up call (do this for a three-week time period, and continue if necessary).
- Provide breakfast to students.
- As soon as you are aware a student is absent, call to work out a plan to get the student to school.

**Transportation**
- Help establish carpools with other families.
- Find and develop “walking buddies” for students walking to and from school.
- Use parent-teacher organization funds or other monies to provide funding for public transportation or cab fare.
- Assign an adult “runner” to pick-up students in need of occasional transportation.

**Chronic Illness**
- Develop partnerships with health clinics and have on-site health care.
- Develop a relationship with local pediatricians. See if you can find one who will “adopt” your school for emergency cases.
- Follow-up on every absence. Make sure that families are receiving the appropriate medical care for the situation. Assist families with referrals when necessary.
- Help reduce barriers to health care such as transportation, funding, and scheduling.
Families

♦ Let all families know why on-time attendance is a priority at your school. (See the sample letter to parents on page 89). Help families understand that important learning activities occur in the first 15 minutes of school.
♦ Understand that some families have a more difficult time than others with morning routines. When needed, use the solution form on page 88 with families to reach the goal of on-time attendance. Monitor and reinforce progress.
♦ Help families develop other supports to help with on-time attendance. Perhaps a grandmother can call in the morning to ensure the family is up and ready to go. Try to use the existing family network to help the family support on-time attendance.
♦ Monitor daily attendance, and follow through with families that are having a difficult time with it. This is critical.
♦ Timely court referrals may be necessary if families fail to follow their plan.
♦ If families want to vacation during the school year, provide work that the student can take along.

Suspensions

♦ Consider alternatives to suspension for misbehavior. Use suspension only in rare situations that warrant the child not being in school. Some schools have had success using a solution room that provides an assistant who can monitor schoolwork completion and provide problem-solving assistance. After-school detention, Saturday school, and in-school suspension all keep the child in school. Other creative strategies include requiring the parent to come and supervise the child for several days at school and restitution in the form of the child performing chores. The Principal should make sure that alternatives to suspension are in place and that suspension is used in only rare circumstances.
♦ Reinforce the classroom as the main site for handling discipline problems.
♦ Make sure all staff members are trained in and use the Raising Healthy Children program problem-solving model. Coach the staff to use the problem-solving model with each other, too!
♦ Celebrate and recognize student achievements. Provide rewards for students who are doing well and for students who are improving. (See the sample achievement certificate on page 90.)
Family Outreach Referral Form

Student: _______________________ Teacher: ____________________________

Grade: _____________________ Referral source: _________________________

Parent: _______________________ Phone: ____________________________

Address (if no phone): ____________________________________________

Reason for referral (please be specific and state the reason in behavioral terms):
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Student’s strengths:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Previous strategies attempted to address the referring problem:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Date parents contacted for problem-solving session: _____________________
Family Solution Form

Student: _____________________________________  Date: _________________________

Teacher: _____________________________________

Strengths and Resources

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What can the **family** do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What can the **classroom** do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What can the **community** do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What can the **school** do?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Our Family Plan

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Dear Parents,

Welcome to a new school year! This year our school is part of an exciting new program called *Raising Healthy Children: Creating Strong Connections*. The goal of the *Raising Healthy Children* program is to build strong connections between school and parents. With these connections in place, all of us can work together so that our children are successful in school and at home.

The *Raising Healthy Children* program involves training for teachers, so that we can continue to develop our teaching skills. It also includes programs for parents that develop skills to support your child’s social and academic development. You will be hearing more about these family programs during the year. The *Raising Healthy Children* program also provides programs for students to help them learn the social and academic skills they need to be successful in school.

Another focus of the *Raising Healthy Children* program is to make sure that all students are attending school on time. There is an old saying, “You can’t teach them if they aren’t here.” We want every student to be here every day and on time. If your child is going to miss school due to an illness, we request that you call us at _____________ before _______ a.m. If we don’t hear from you, you will be hearing from us. Having all of our students at school on time and ready to learn will help all of the adults in our students’ lives “speak with one voice” and create strong connections for our children.

Research shows that the *Raising Healthy Children* program makes a big difference in the lives of students, not only in the short run, but also up to eight years later. Students who were involved in this program had better grades and better graduation rates. They were less likely to be arrested, less likely to get in trouble at school, and less likely to be involved in heavy drinking than students who weren’t in the program. We are excited to be able to be a part of a program that will have such a long-term positive impact on our students and our community. We welcome and need your support in this valuable partnership to help all children soar academically and socially.

We also welcome your visit to our school.
Congratulations!

has done something to celebrate!
**Principal**

The school Principal plays a critical leadership role in the implementation of the *Raising Healthy Children* program. Principals should expect to spend approximately 10% to 15% of their time on *Raising Healthy Children* implementation issues.

The effective *Raising Healthy Children* program Principal:

♦ creates and sustains enthusiasm for and commitment to the *Raising Healthy Children* vision.
♦ models behavior expected of the teachers and staff as they implement the *Raising Healthy Children* program (enthusiasm; excitement; recognition of staff, families and students; sense of urgency for change; accountability).
♦ generates community interest in the *Raising Healthy Children* program through press releases, newsletters and sponsorships with assistance from project staff.
♦ discusses the implementation of *Raising Healthy Children* program concepts and practices regularly at faculty and grade-level meetings.
♦ plans for institutionalization of *Raising Healthy Children* process after the 4-year implementation period.
♦ attends the *Raising Healthy Children* program staff development sessions.
♦ supervises the Facilitator and instructional staff in integrating school/district standards with *Raising Healthy Children* practices.
♦ leads the Implementation Team in developing school-wide proactive management strategies and a school environment that supports social and emotional learning.
♦ spends time each day visiting classrooms to provide support, recognize positive teaching strategies, and acts as a resource to help teachers overcome obstacles to students reaching their academic and behavioral goals.
♦ problem-solves implementation barriers and prioritizes the implementation of the *Raising Healthy Children* program as a major school initiative for the 4-year implementation cycle.
♦ ensures that classroom newsletters are sent home at least once each month. (Newsletters should include classroom academic updates and parent strategies for school and behavioral success.)
♦ supports the Implementation Team and family support facilitator’s recruitment of parents for parent workshops and other family involvement activities.

♦ supports the Implementation Teams and family support facilitator in soliciting resources (food, transportation, prizes, childcare, etc.) to support family involvement activities, including the *Raising Healthy Children* parent workshops.

♦ assists in the arrangement for and logistics of trainings.

♦ maintains attendance and evaluation records of the trainings.

♦ coordinates the use of resources needed to successfully implement the *Raising Healthy Children* program.

♦ schedules and coordinates opportunities for all teachers to observe each other at least once during the school year.

♦ coordinates the implementation of school-wide proactive management strategies, social and emotional skill-development strategies, and school-wide recognition strategies.

### Coach

#### Schoolwide Implementation

The effective Coach:

♦ creates a building-wide *Raising Healthy Children* program implementation schedule for teacher training and parent involvement events.

♦ works with the staff team to identify building-management issues that need to be addressed, develops a plan to address them, and monitors measurable outcomes.

### Staff Development Trainings

The effective Coach:

♦ attends all Staff Development trainings.

♦ reads the background material and *Raising Healthy Children* training materials prior to training events.

♦ helps create a pleasant learning environment to maximize participation, enjoyment, and learning at trainings.

♦ assists the *Raising Healthy Children* Trainer as appropriate (e.g., facilitating group discussions or planning sessions).

♦ follow-up training with facilitation of monthly “Hot Topics” sessions to promote the use of strategies covered in the staff development trainings.

♦ works with principal and *Raising Healthy Children* Trainer to integrate *Raising Healthy Children* teaching practices with school/district standards.
The effective Coach:

♦ models behavior expected of teachers and staff as they implement the *Raising Healthy Children* program (enthusiasm; excitement; recognition of teachers, families and students; sense of urgency for change; accountability).
♦ conducts formal coaching visits (with conference follow-up) for each teacher at least 1-2 times per month.
♦ writes reinforcement notes after each visit to recognize positive teaching strategies observed.
♦ completes implementation checklists for each teacher every 8 weeks.
♦ uses checklist data to meet with teachers as needed about implementation progress.
♦ consults with *Raising Healthy Children* Trainer to review and enhance implementation strategies.
♦ meets with teachers to troubleshoot any problems they are having in the classroom.
♦ models lessons for specific *Raising Healthy Children* teaching strategies as requested by teachers.
♦ videotapes teacher/class interactions for use by teachers as a tool for self-evaluation of teaching practices.
♦ participates in the multidisciplinary team reviewing students’ academic and behavioral progress and providing input on overcoming outside barriers to learning.
♦ maintains photo documentation of project implementation.
♦ keeps anecdotal evidence of strategies to be used at future staff development sessions and monthly updates.

**Implementation Team Support**

The effective Coach:

♦ supports the Implementation Team in planning and implementation of Parents Night Out and other family involvement activities.
♦ supports the Implementation Team’s recruitment of parents for parent workshops and other family involvement activities.
♦ supports the Implementation Team in soliciting resources (food, transportation, prizes, childcare, etc.) to support family involvement activities, including the *Raising Healthy Children* workshops.
Family Support

Coordinated family support by the Implementation Team is central to the success of the *Raising Healthy Children* program. This includes proactive contact with families; coordination, logistics, recruitment, and delivery of *Raising Healthy Children* parent workshops; and assistance to high-needs families.

Specific duties required of the Implementation Team include:

**Parent Workshops**

The effective Family Support Team:

- attends training sessions for parent workshop leaders as scheduled
- coordinates child care for all parent workshops.
- schedules parent workshops as outlined in the *Raising Healthy Children* timeline.
- schedules, plans, recruits for and facilitates 3 Parents Night Out workshops and/or other parent engagement activities in coordination with parent groups each year.
- coordinates parent workshop schedule with school calendar to avoid scheduling conflicts.
- coordinates with classroom teachers to recruit parents.
- recruits parents for workshops through flyers, teacher letters, personal phone calls, and community endorsements.
- secures community sponsorships and endorsements; solicits door prizes where appropriate.
- ensures all supplies for each workshop are available before it starts.
- meets with co-leader before and after parent workshops for planning purposes.
- maintains records of parent attendance, child attendance, and evaluations.
- works with principal and other school personnel to problem-solve barriers to parent attendance at parent workshops.
Family Outreach

The effective School Implementation Team:

♦ develops a list of families needing extra support for attendance (any family of a student who is frequently absent or tardy) through contacts with teachers, counselors, or office manager.

♦ makes contact with referred families — phone contact the first time and a home visit for the second referral.

♦ keeps records for each family according to guidelines: records of contact and visits, short form of pre/post assessments, exchange-of-information form.

♦ meets with family to do a brief assessment, establishes a plan for attendance or on-time arrival, and sets up a time for a follow-up visit.

♦ shows sensitivity to cultural, economic, and racial differences in families as demonstrated by dress and manner; seeks guidance when necessary.

♦ continually assesses family’s progress toward goals, recording outcomes, target behaviors, and strategies used.

♦ develops a plan for recognizing and celebrating family and student progress.

♦ provides resources needed to each family, including books, tapes, videos and role plays.

♦ encourages and facilitates attendance of identified families at Raising Healthy Children parent workshops when appropriate.

♦ seeks appropriate community referrals for families when necessary.
Expectations for Raising Healthy Children Instructional Staff

Staff members should:

♦ attend all staff development trainings.
♦ visit another classroom at least once each year.
♦ participate in at least two coaching conferences with the Raising Healthy Children Coach.
♦ complete self-assessments of Raising Healthy Children teaching practices.
♦ solicit student feedback on teaching practices.
♦ participate in at least one “Hot Topics” peer learning session.
♦ invite a colleague (e.g., another teacher, Coach, Principal) to teach in his or her classroom while the teacher observes.
♦ try out a new teaching strategy while the Coach is observing.
♦ assist Implementation Team with parent recruitment for Raising Healthy Children parent workshops.
♦ work with Implementation Team to promote parent involvement.


