



Donna Hargens, Ed.D. Superintendent

---

*Health and Fitness for Accelerated  
Learning Magnet Program*

*Evaluation Report*

**Beverly J. Winsch, Ph.D.**  
**Program Evaluator**

**August 7, 2012**

**Department of Data Management, Planning, and Program Evaluation**  
**Dr. Robert J. Rodosky, Executive Director**

## ***Background***

The ***Health and Fitness for Accelerated Learning Magnet Program*** began in two Jefferson County Public Schools (JCPS) in the fall of 2009. The JCPS Data Management, Planning, and Program Evaluation Department provides an annual program evaluation designed to analyze the effects of the health magnet program on several indicators, and provide the data required to measure program effectiveness. The overall goal of the Health and Fitness for Accelerated Learning program is:

“To build infrastructures within both schools that enables and sustains wellness improvement.”

The overall objectives are to:

- Improve health status and behaviors
- Provide physical and nutritional tools to improve student behavior and learning

## ***Program Evaluation***

The evaluation reflects and expands upon the program goals and objectives by investigating the following research questions:

- To what extent does participation in a health magnet program contribute to improved academics and behavior in students?
- To what extent does participation in a health magnet program contribute to improved nutrition awareness and physical fitness in students?
- To what extent does a health magnet program contribute to improved ratings of school climate and satisfaction as perceived by students, staff, and parents?

The evaluation objectives were designed to increase understanding of the following:

- The necessary components of a comprehensive school-based health and fitness program that addresses the physical, emotional, and academic needs of our students.
- The link between health and fitness program components and academics/non-academics.
- The link between health and fitness program components and student health and fitness choices.
- The link between health and fitness program components and student/staff/parent engagement and school satisfaction.

## ***Data Collection***

Evaluation data were collected to identify changes in nutrition choices and activity levels, state assessment outcomes, and student behavior. The design sought to monitor changes in health

behavior, attendance, academic performance, and suspensions. The Program Manager and the JCPS Evaluator met with key staff from the two schools during their joint School Health Committee (SHC) meetings on a bi-monthly basis to review progress on program implementation and available evaluation data. An Advisory Committee met on a quarterly basis to spearhead a continuous process improvement model to guide refinements to the program.

## ***Project Accountability***

The research design included a feedback loop that supported implementation and refinement of the program. This loop was monitored by the Program Manager and reported to the HealthE Advisory Committee which consisted of the Program Manager, School Principals, Magnet Coordinators, Health Promotions Schools of Excellence (HPSE) Specialist, JCPS Evaluator, and community partners. The Advisory Committee met on a quarterly basis to ensure timely progress toward program objectives and share available program data.

Each school had a School Health Committee (SHC) that, at a minimum, consists of the Principal, Youth Service Center Coordinator, HPSE Specialist, School Nurse, Health Magnet Coordinator, and parent representatives. The SHC met bi-monthly, promoting a comprehensive approach to addressing the wellness needs of all students. As an adjunct to the SHC meetings, the schools met bi-monthly with the Program Manager, Principals, Magnet Coordinators, HPSE Specialist and the JCPS Evaluator to specifically address issues concerning the Health and Fitness for Accelerated Learning Magnet Program. These meetings addressed a diverse range of topics, including fidelity of program implementation, progress toward objectives, utilization of resources, and ways to provide additional support. The program manager solicited input from key stakeholders at least two weeks prior to all meetings and incorporated input into the meeting agenda. The JCPS Evaluator also provided limited support to REACH, an external evaluation group.

## ***Major Findings***

### **Academics and Behavior**

#### ***Academics***

The state assessment for Kentucky changed significantly in 2012 and is now known as the Kentucky Performance Rating for Educational Progress (K-PREP). The results for 2012 are expected to be released in October. It should be noted that results for the K-PREP will not be comparable to the Kentucky Core Content Test (KCCT). The Kentucky Department of Education (KDE) is referring to 2012 as the baseline year for K-PREP.

#### ***Attendance***

Student attendance data showed a slight improvement for Rangeland each year since baseline (2009) with attendance for 2012 (95.8%) outperforming the district average for elementary schools (95.5%). Wellington's attendance increased 1.3% since the baseline year. Data for the 2012 school year showed Wellington approaching the district average for elementary schools with an attendance rate of 95%.

**Table 1**

**Student Attendance Trend Data for Health Magnet Schools**

	<b>2009 (Baseline)</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Rangeland</b>	95.6%	95.4%	95.7%	95.8%
<b>Wellington</b>	94.2%	94.1%	94.7%	95%
<b>Elementary</b>	95.3%	95.2%	95.3%	95.5%

Teacher attendance declined for the Health Magnet schools from the baseline year while teacher attendance for elementary schools overall improved by 1.3%. Looking at the one-year change between 2011 and 2012, Rangeland improved .6%, Wellington declined 1.4%, the district improved by .7%. Rangeland’s teacher attendance was higher than the district average in 2012.

**Table 2**

**Teacher Attendance Trend Data for Health Magnet Schools**

	<b>2009 (Baseline)</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Rangeland</b>	95.6%	93.3%	94.7%	95.3%
<b>Wellington</b>	95.5%	93.14%	95.6%	94.2%
<b>Elementary</b>	94.2%	93.9%	94.8%	95%

*Suspensions*

Suspension data for Rangeland elementary showed a 58% decline since 2009 while suspension data for Wellington elementary showed an increase of 41%. Since 2009, the average suspension rate for district elementary schools declined by 7.9%. One-year changes indicated a slight increase for Rangeland and 26% decrease for Wellington.

**Table 3**

**Suspension Trend Data for Health Magnet Schools**

	<b>2009 (Baseline)</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Rangeland</b>	12	21	4	5
<b>Wellington</b>	12	19	23	17
<b>Elementary</b>	1093	1246	966	1007

## Physical Activity, Fitness, and Nutritional Awareness

Measures under this category addressed: (a) student opportunities for physical activity during and after-school; (b) student changes in aerobic endurance and body mass index (BMI); and (c) student and parent self-reported physical activity and nutritional choices.

### *Student Opportunities for Physical Activity*

Students received 150 minutes per week of physical activity during the school day via physical education class, wellness time, and fitness lab. An on-line data collection tool was developed for the Magnet Coordinators to document participation in after-school magnet-sponsored programs. In 2012, 32% (177) of Rangeland students participated in at least one after-school activity compared to 93% (486) in 2011. Students in 2012 averaged attending 10.6 hours of activities while students averaged attending 6 hours per student in 2011. In all, Rangeland provided the equivalent of 1676 participant slots for after-school activities in 2012 and 2954 in 2011. Approximately, 55% (268) of Wellington students participated in at least one after-school activity in 2012 compared to 60% in 2011 (289). In 2012, students attended an average of 15 hours of activities compared to 15 hours per student in 2011. Wellington provided the equivalent of 2939 participant slots for after-school activities last year compared to 2729 in 2011. After-school activity data appear in Tables 4 and 5.

**Table 4**

#### **Health Magnet After-School Programming Session Data**

	#Students Attending at LEAST One After-School Session		Average #Hours Attended		Total Participant After-School "Slots" Filled	
	2011	2012	2011	2012	2011	2012
Rangeland	486	177	6	10.6	2954	1676
Wellington	289	268	15	15	2729	2939

### *Physical Fitness*

Using the Center for Disease Control (CDC) guidelines for BMI classification, pre-test BMIs (N=461) for Rangeland showed 61% of students in the normal BMI range compared to 58% for the post-test (N=438). Rangeland had 15% of students overweight and 23% obese on the pre-test compared to 18% overweight and 21% obese for the post-test. Pre-test BMIs (N=437) for Wellington showed 62% of students in the normal BMI range compared to 60% for the post-test (N=433). Wellington also had 14% of students overweight and 21% obese on the pre-test compared to 16% overweight and 20% obese on the post-test. The two Health Magnet schools belong to a network of JCPS schools known as the Health Promotion Schools of Excellence (HPSE). HPSE schools are assigned a district specialist to coordinate health focused assessments, professional development, and programming such as the Y5210 program. Thus, the

Table 5

**Health Magnet Student After-School Programs**

2012 Health Magnet After-School Activities	
Rangeland	Wellington
<ul style="list-style-type: none"> <li>• Fitness Fun</li> <li>• HEAT Program</li> <li>• Louisville Ballet</li> <li>• Running Club</li> <li>• Soccer</li> <li>• Track and Field</li> <li>• Yoga</li> </ul>	<ul style="list-style-type: none"> <li>• Track</li> <li>• Fitness/Gaming</li> <li>• International Dance</li> <li>• Kickball</li> <li>• Yoga</li> <li>• Basketball</li> <li>• Cheerleading</li> <li>• Chef's Club</li> <li>• Cross Country</li> <li>• Louisville Ballet</li> <li>• Volleyball</li> </ul>

HPSE schools provide an opportunity for comparisons to the Health Magnet schools. The BMI data for the HPSE schools showed similar trends to the Health Magnet Schools. HPSE pre-test BMIs (N=18,598) showed 58% of students in the normal range, 17% overweight, and 22% obese. Post-test BMIs (N=18,272) showed 59% of students in the normal range, 17% overweight, and 21% obese. The Physical Education Program (PEP) Schools is another group of HPSE schools that can serve as a comparison because students at these 9 schools also complete the walk-run, BMI, and Y5210 assessments. PEP schools are also HPSE schools but have received a three-year federal grant to provide pedometers, an expanded Y5210 program, cardiovascular health education, and teacher professional development. No additional staff was provided to PEP schools as a result of their funding. PEP pre-test BMI data (N=3879) showed that 60% of students were a normal weight, 16% of students were overweight, and 22% were obese. PEP post-test BMI data (N=3838) showed that 61% of students were a normal weight, 16% were overweight, and 21% were obese.

A second analysis was conducted with the BMI data for the Health Magnet schools that included only students with both pre and post-test BMI data. The outcomes for this analysis showed a similar trend; obesity weights for Rangeland decreased (3%) while Wellington's obesity rates remained the same. A summary of the pre-post changes in data is provided in Table 6.

Twice each year students at Rangeland and Wellington participate in the HPSE walk/run where student completion times for half or full-mile (distance tested is determined by age) are recorded and analyzed against nationally recognized standards established by the American Alliance of Health, Physical Education, Recreation, and Dance (AAHPERD). The data in Table 7 show that fewer Rangeland students met the standard at post-test while Wellington improved the percent

**Table 6****Health Magnet Pre-Post Changes in BMI Data**

<b>2012 PRE-POST % BMI Change</b>	<b>Normal</b>	<b>Overweight</b>	<b>Obese</b>
<b>Rangeland</b>	-3% (-1%)*	+3% (+3%)*	-2% (-3%)*
<b>Wellington</b>	-2% (-2%)*	+2% (+3%)*	-1% (0)*
<b>HPSE</b>	+1%	0%	-1%
<b>PEP</b>	+1%	0%	-1%

\*Represents changes for students with both pre and post-test BMI data.

of students who met the standard. HPSE schools outperformed both Health Magnet Schools in the percent of students who met the standard and the pre-post test gain (3.5%). Interestingly, the PEP schools showed the largest gain of all (6%). PEP schools are required to do the walk/run assessment four times each year, compared to twice each year for the Health Magnet and remaining HPSE schools. The data in Table 7 represent results from Assessment #1 and Assessment #3 for the PEP schools since this matches the assessment schedule for the comparison schools and allows for the most equitable comparison. An even higher percentage of PEP students met the goal for Assessment #4 (i.e., 44%).

**Table 7****Health Magnet Pre-Post Walk/Run Comparison Data**

<b>2012 %Met Walk-Run Standards</b>	<b>Pre</b>	<b>Post</b>	<b>Change</b>
<b>Rangeland</b>	17.7% (N=446)	16.2% (N=433)	-1.5%
<b>Wellington</b>	15.7% (N=435)	17.1% (N=399)	+1.4%
<b>HPSE</b>	18.6% (N=18014)	22.1% (N=17687)	+3.5%
<b>PEP</b>	14.8% (N=3907)	20.8% (N=3883)	+6%

Y5210 data collection at the Health Magnet schools typically involves the assigned HPSE Specialist, Magnet Coordinator, and sometimes the Youth Service Center Coordinator. The data is picked up at the school by the HPSE Specialist and analyzed by the YMCA. The Y5210 data contained in this report was compiled using data provided by the YMCA. Student ratings of items related to physical activity and nutritional choices showed differences between the two Health Magnet schools. An emphasis this year for the two schools was on drinking non-sugary drinks and Table 8 shows that at Rangeland (pre-test N=288; post-test N = 241) 12.4% more students knew that “0” was the correct answer on the post-test for the number of sugar-sweetened drinks that should be consumed in a day. Wellington (pre-test N= 217, post-test N = 129) students actually showed the reverse trend with fewer students giving the correct answer to

this question on the post-test. Five of eight questions showed a positive gain on the post-test for Rangeland while two of eight questions showed a positive gain for Wellington. All items in Table 8 show a positive gain for district Y5210 (pre-test N=4651, post-test N=4008) results. An important component of the Y5210 program engages parents by sending students home with a weekly take-home challenge card. Rangeland students returned 43% of their cards; Wellington students returned 35.4% of their cards. The district return rate was 58%.

**Table 8**

*Y5210 Survey Data*

<b>2012 %Correct Post Response (% Pre/Post Change)</b>	<b>Rangeland</b>	<b>Wellington</b>	<b>District</b>	<b>PEP</b>
How much physical activity do you get on a daily basis?	42.7% (-.4%)	43.4% (+1.9%)	47.8% (+1.9%)	41.3% (+2%)
How much physical activity should you get on a daily basis?	64.3% (+8.4%)	73.6% (+1.2%)	74.5% (+7.2%)	*
How many servings of fruits and vegetables do you eat each day?	37.3% (+.3%)	29.5% (-2.8%)	31.3% (+4.3%)	*
How many servings of fruits and vegetables should you eat each day?	67.2% (+9.9%)	59.7% (-1.1%)	64.7% (+8.4%)	59.4 (+8.6%)
How many sugar-sweetened drinks do you eat each day?	33.2% (+12.4%)	16.3% (-8.6%)	25.9% (+5.3%)	*
How many sugar-sweetened drinks should you drink each day?	61.8% (+13.2%)	60.5% (-3.1%)	69.7% (+13.6%)	*
I try to do better at eating healthier foods every day	86.3% (-1.5%)	82.2% (-6.3%)	84.1% (+3.3%)	81.4% (+9.6%)
I try to do better at being physically active every day	90.5% (-.1%)	91.5% (-3.9%)	89.4% (+1.8%)	88.8% (+6.2%)

*\*Indicates not a measure for PEP grant*

**Staff and Parent Participation in Health Magnet Opportunities**

There was an intentional focus this year on increasing parent engagement in the Health Magnet program. Both schools held a number of events designed to promote healthy family behaviors. Additional data related to parent/staff engagement may be available through the external evaluator contracted by Humana. Over the course of the year, Rangeland had at least 673 participants attend scheduled Health Magnet family events which included: (a) Parent Ambassador Meeting; Fit Lit Night; (b) Heart Healthy Dinner; (c) 4 weeks of WE CAN; (d)

Math, Science, and Technology evening; (e) Two Fruit with Families programs; and (f) Fun and Fit Talent Show. Rangeland also had 14 parents signed up for the Remind101 text messaging program and 8 parents signed up for the Parent Ambassadors program. Wellington has at least 638 participants attend Health Magnet family events which included: (a) Parent Ambassador Meeting; (b) Heart Healthy Dance; (c) Heart Healthy Dinner; (d) Two Fast Weeks; (e) Chef's Club Family Dinner; (d) Four Fruit with Families programs; (e) Health Fair; (f) Families to Oxmoor Farms; and (g) Fun and Fit Talent Show. Wellington had 47 parents signed up for the Remind101 texting program and 8 parents signed up for the Parent Ambassadors program. The Fruit with Families program proved to be the most popular program at Rangeland and the Health Fair was the most heavily attended program at Wellington.

### **School Climate and Satisfaction**

Data from two surveys provided information for this evaluation. Each spring teachers, students, and parents complete the JCPS School Climate Survey. The data from this survey provide general information that can be compared to other schools and the district as a whole. However, the questions on this survey are not specific to the Health Magnet program. Therefore, a Health Magnet survey was administered to 4<sup>th</sup> and 5<sup>th</sup> grade students, certified teachers, and kindergarten through 5<sup>th</sup> grade parents at Rangeland and Wellington elementary schools in May, 2012 to gauge program interest, perceptions surrounding adequacy and support for the program, understanding of key concepts, and program satisfaction.

#### ***JCPS Comprehensive School Survey***

The JCPS Comprehensive School Survey is given each spring to JCPS students, staff, and parents. It consists of items which are primarily structured around a 4 point Likert scale which ranges from a value of "1" for "Strongly Disagree" responses to a value of "4" for "Strongly Agree" responses. Several constructs are represented in the survey; however, data for the construct defined as "Overall Satisfaction" are described. Results are shown in Table 9. Student ratings of overall satisfaction outgained the district's one-year change. Wellington's gain for parent satisfaction was noteworthy; although, the initial rating was the lowest of all. District gains for teachers outpaced both Health Magnet schools.

**Table 9**

*JCPS Ratings on Comprehensive Survey for Overall Satisfaction (4 point scale)*

<b>RANGELAND</b>			
	<b>2012</b>	<b>2011</b>	<b>Difference</b>
<b>Students</b>	<b>3.15 (N=134)</b>	<b>3.12 (N=122)</b>	<b>0.03</b>
<b>Parents</b>	<b>2.95 (N=114)</b>	<b>2.96 (N=69)</b>	<b>-0.01</b>
<b>Teachers</b>	<b>2.99 (N=39)</b>	<b>2.98 (N=29)</b>	<b>0.01</b>
<b>WELLINGTON</b>			
	<b>2012</b>	<b>2011</b>	<b>Difference</b>
<b>Students</b>	<b>3.30 (N=137)</b>	<b>3.19 (N=136)</b>	<b>0.11</b>
<b>Parents</b>	<b>2.89 (N=75)</b>	<b>2.47 (N=95)</b>	<b>0.42</b>
<b>Teachers</b>	<b>3.18 (N=20)</b>	<b>3.13 (N=20)</b>	<b>0.05</b>
<b>DISTRICT</b>			
	<b>2012</b>	<b>2011</b>	<b>Difference</b>
<b>Students</b>	<b>3.21 (N=14,214)</b>	<b>3.22 (N=14,295)</b>	<b>-0.01</b>
<b>Parents</b>	<b>3.32 (N=16,444)</b>	<b>3.07 (N=15,438)</b>	<b>0.25</b>
<b>Teachers</b>	<b>3.23 (N=5,753)</b>	<b>3.11(N=5,141)</b>	<b>0.12</b>

*Health Magnet Survey*

A survey was administered to 4<sup>th</sup> and 5<sup>th</sup> grade students, certified teachers, and kindergarten through 5<sup>th</sup> grade parents at Rangeland and Wellington elementary schools in May, 2012 to gauge program interest, perceptions surrounding adequacy and support for the program, understanding of key concepts, and program satisfaction. Data for the two schools are combined; there was a large degree of similarity for the responses of students and parents for the two schools. Teachers noticeably differed on one item; however, the response rate for each school (as opposed to combining the responses) is too low to determine the validity of results by school for teacher responses. Survey questions were written for the three stakeholder groups to provide opportunities for ample comparisons. Thus, results are provided by question for each group with student (N= 243), parent (N=235), and teacher (N= 30) comparisons, where appropriate.

Figure 1 shows student responses to the survey item asking them to indicate their interest(ranging from No Interest to Very High Interest) in major components of the Health Magnet program: (a) Healthy Activities or Exercise; (b) Healthy Foods; (c) Setting Health Goals; (d) Y5210 Program; (e) After-School Health Magnet Programs (basketball, track, ballet, soccer, fitness lab); (f) Pedometer Program; (g) HealthE Website; (h) Fitness Lab; (i) Drinking Water Instead of Sugary Drinks; and (j) School Garden. Students indicated the highest interest for the

Fitness Lab (93.4%) and Healthy Activities or Exercise (91.9%). Lowest interest was indicated by students for the Y5210 Program (44.3%) and the School Garden (44.3%).

Figures 2 and 3 show parent and teacher responses, respectively, to a similar item asking them to indicate “How often does your child speak to you about the following?” (parents) and “How often do you speak to your students about the following?” (teachers). The scale for the parent and teachers surveys was identical and ranged from “Never” to “Often”. For ease of comparison, the four point scales were converted to two point scales (e.g., “No Interest” and “Low Interest” responses were averaged and represented as one data point on the figures below). Parents said their children talked to them most about Healthy Activities or Exercise (92.3%) and Drinking Water (88.9%). Parents said their children talked to them least about the Y5210 Program (74.5%) and the Pedometer Program (71.6%). Teachers said their students most often spoke to them about the Fitness Lab (96.6%) and After-school Activities (96.4%). Students spoke least often to their teachers about the school garden (71.4%).

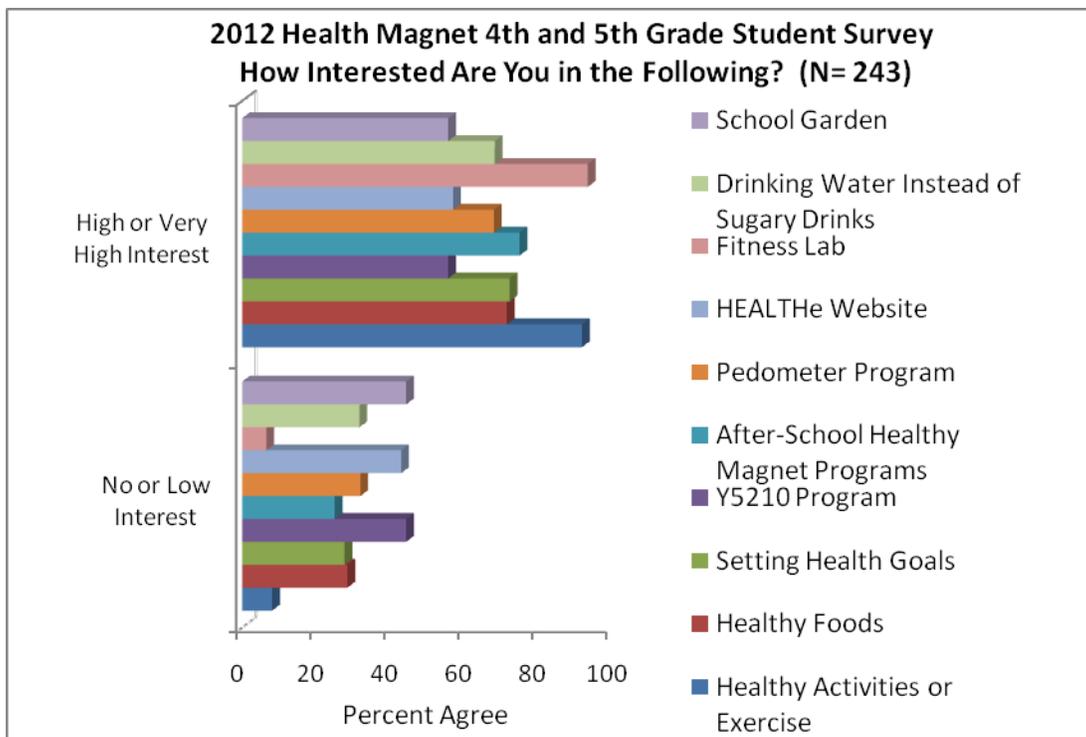
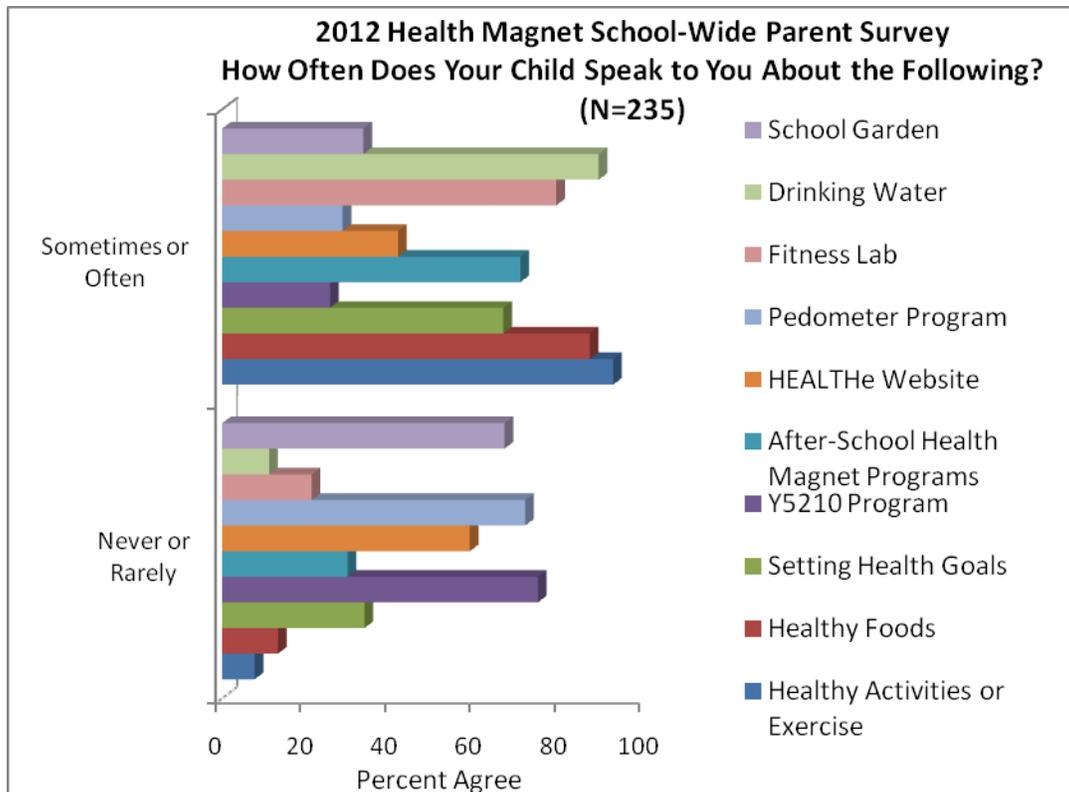
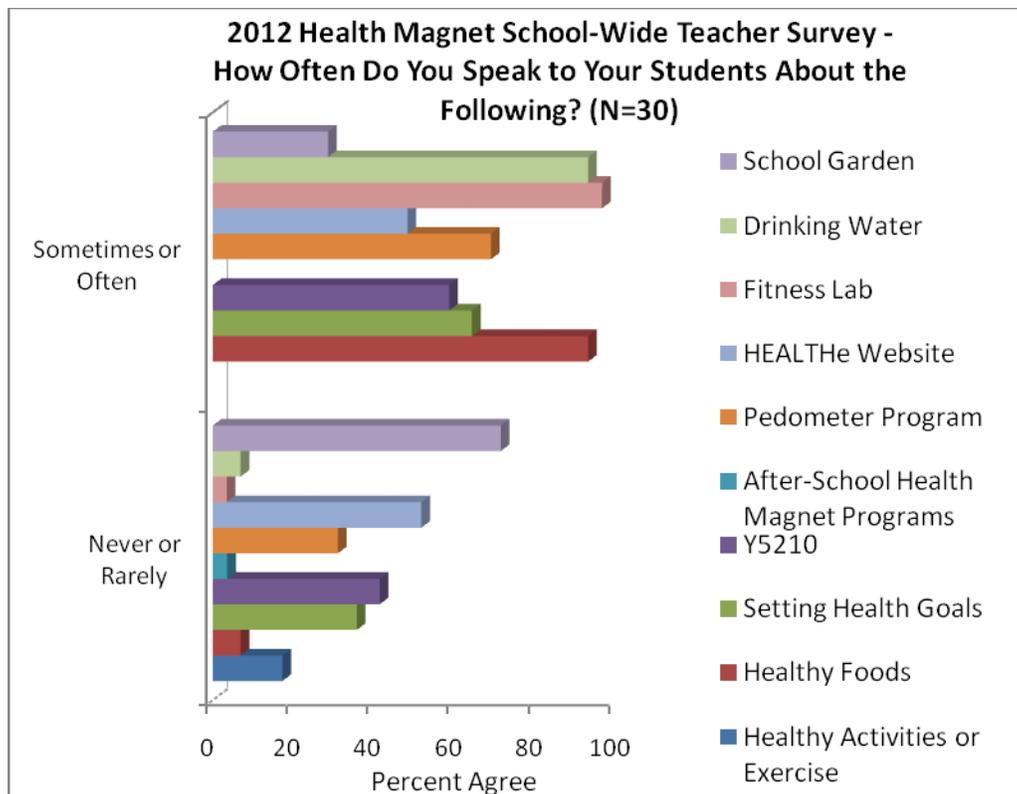


Figure 1. Student Interest in Health Magnet Program Components.



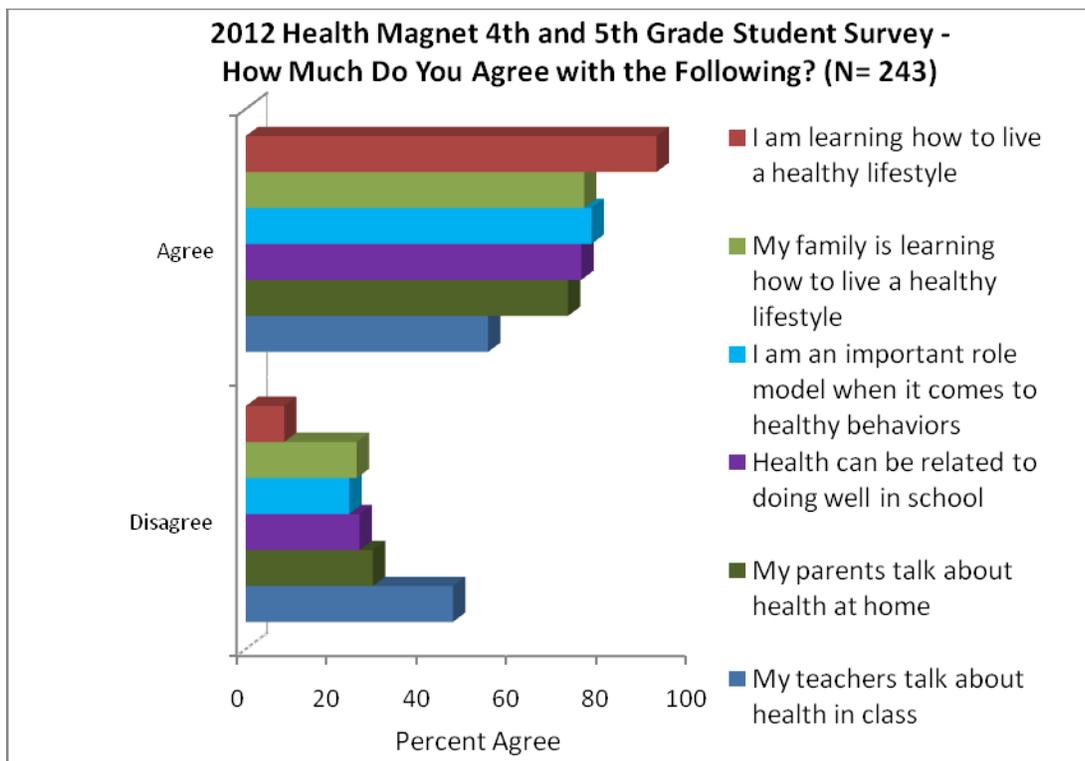
**Figure 2. Health Magnet Child to Parent Conversation Topics.**



**Figure 3. Health Magnet Student to Teacher Conversation Topics.**

Figure 4 shows student responses to the survey item asking them to indicate their agreement (ranging from Strongly Disagree to Strongly Agree) to the following statements: (a) I am learning how to live a healthy lifestyle; (b) My family is learning how to live a healthy lifestyle; (c) My teachers talk about health in class; (d) My parents talk about health at home; (e) Health can be related to doing well in school; and (f) I am an important role model when it comes to healthy behaviors. Students showed the highest level of agreement with the statements “I am learning to live a healthy lifestyle” (91.5%). Students showed the highest level of disagreement with the statements “My teachers talk about health in class” (46.1%).

Figure 5 shows parent responses to a similar item asking them to indicate their agreement (ranging from Strongly Disagree to Strongly Agree) to the following statements: (a) My child is learning how to live a healthy lifestyle; (b) I have set healthy goals for eating; (c) I have set healthy goals for exercise; (d) I understand the meaning of my students’ body mass index (BMI); (e) Receiving text messages about the Health Magnet Program (Remind101.com) is a good idea; (f) Health can be related to doing well in school; (g) I am an important role model when it comes to healthy behaviors; and (h) I chose this school because of the Health Magnet Program. The highest level of agreement was shown for the items “Health can be related to doing well in school” (96.5%) and “My child is learning how to live a healthy lifestyle” (94.4%). The highest level of disagreement was shown for the item “I chose this school because of the Health Magnet Program” (42.6%).



**Figure 4. Student Agreement with Statements Concerning Health Magnet Program.**

Figure 6 shows teacher responses to a similar item asking them to indicate their agreement (ranging from Strongly Disagree to Strongly Agree) to the following statements: (a) My students

are learning how to live a healthy lifestyle; (b) I understand the meaning of my students' body mass index (BMI); (c) Health can be related to doing well in school; (d) I have set healthy goals for eating; (e) I have set healthy goals for exercise; (f) I am an important role model when it comes to healthy behaviors; (g) I receive adequate classroom support to implement the Healthy Magnet Program; (h) I receive adequate professional development to implement the Health Magnet Program; (i) I am comfortable with my ability to connect the Health Magnet components with required curricula. The highest level of agreement was for the item "I have set healthy eating goals" (100%). The highest level of disagreement was for the item "I understand the meaning of my students' body mass index (BMI)" at 23.3%.

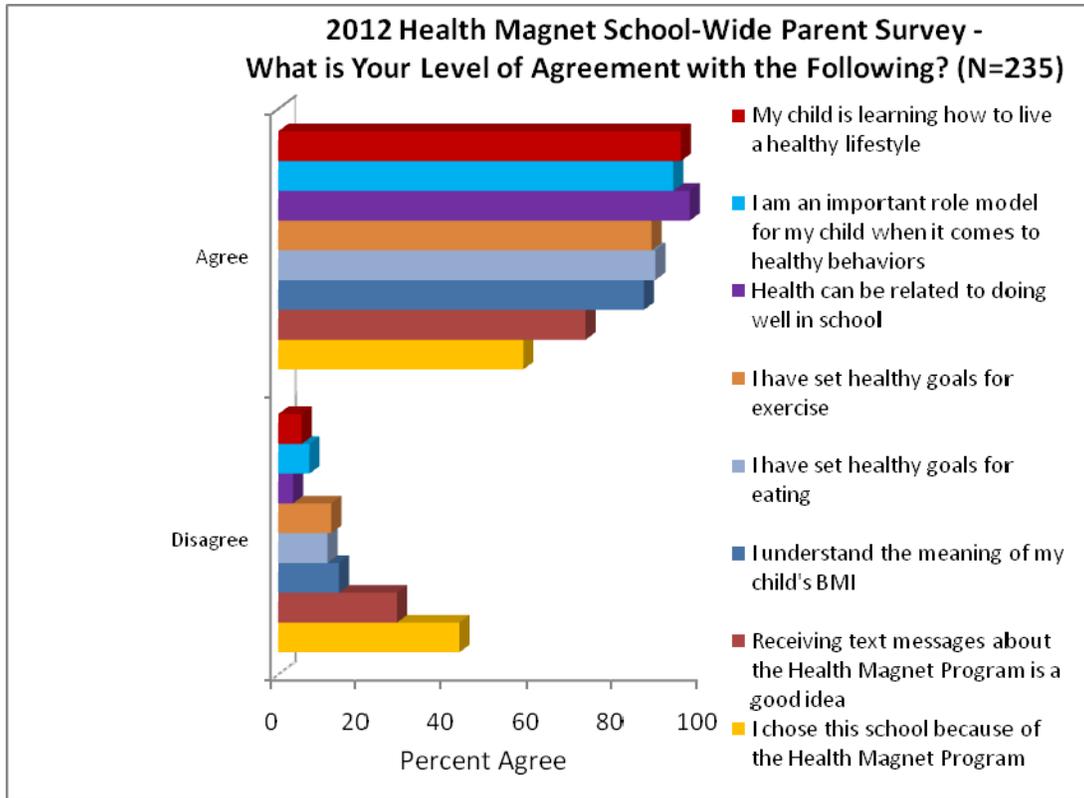
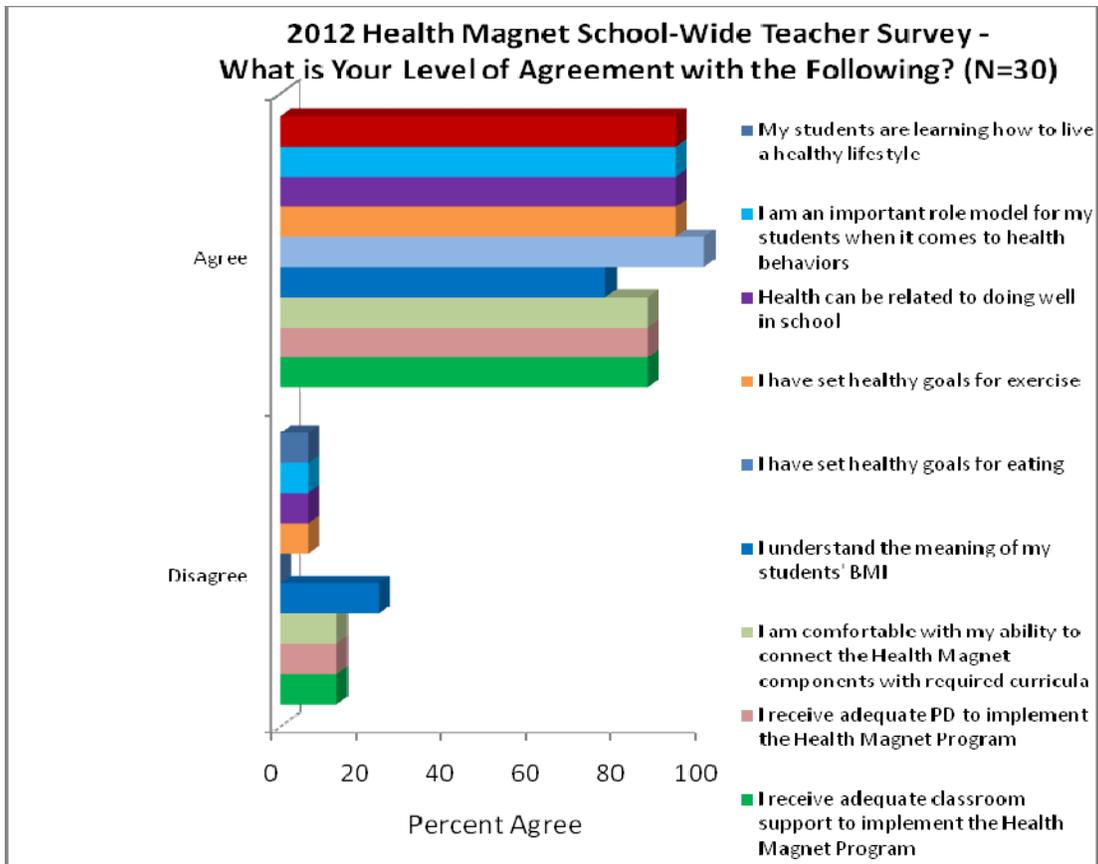


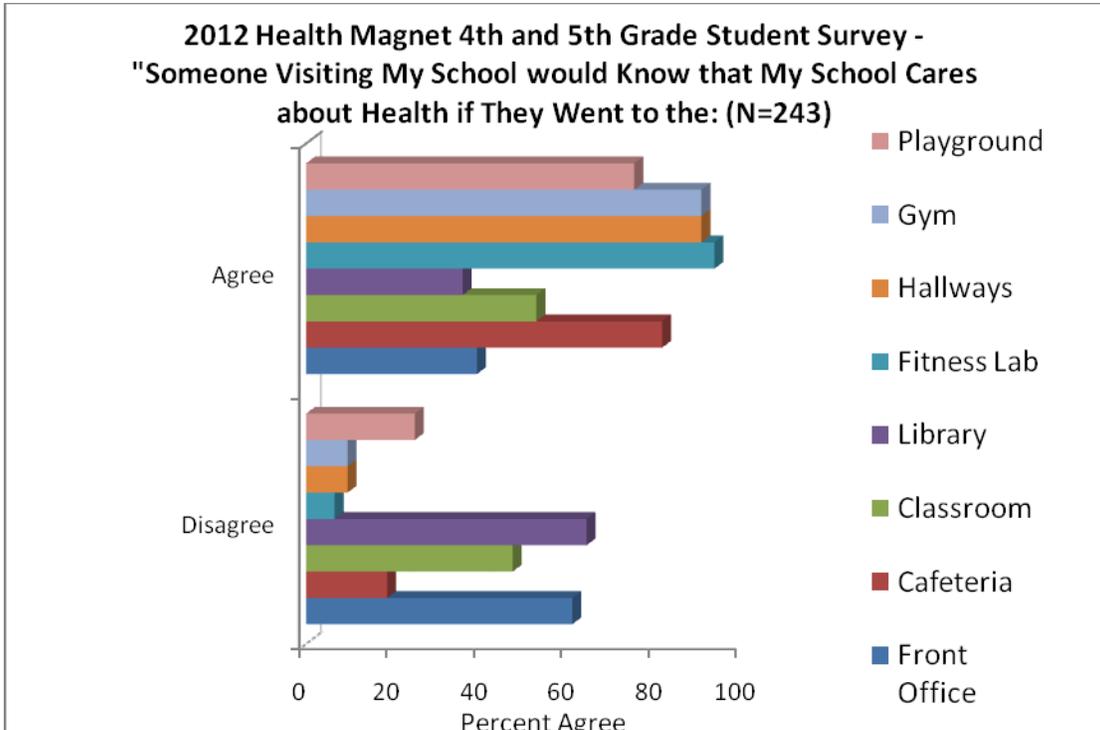
Figure 5. Parent Agreement with Statements Concerning Health Magnet Program.



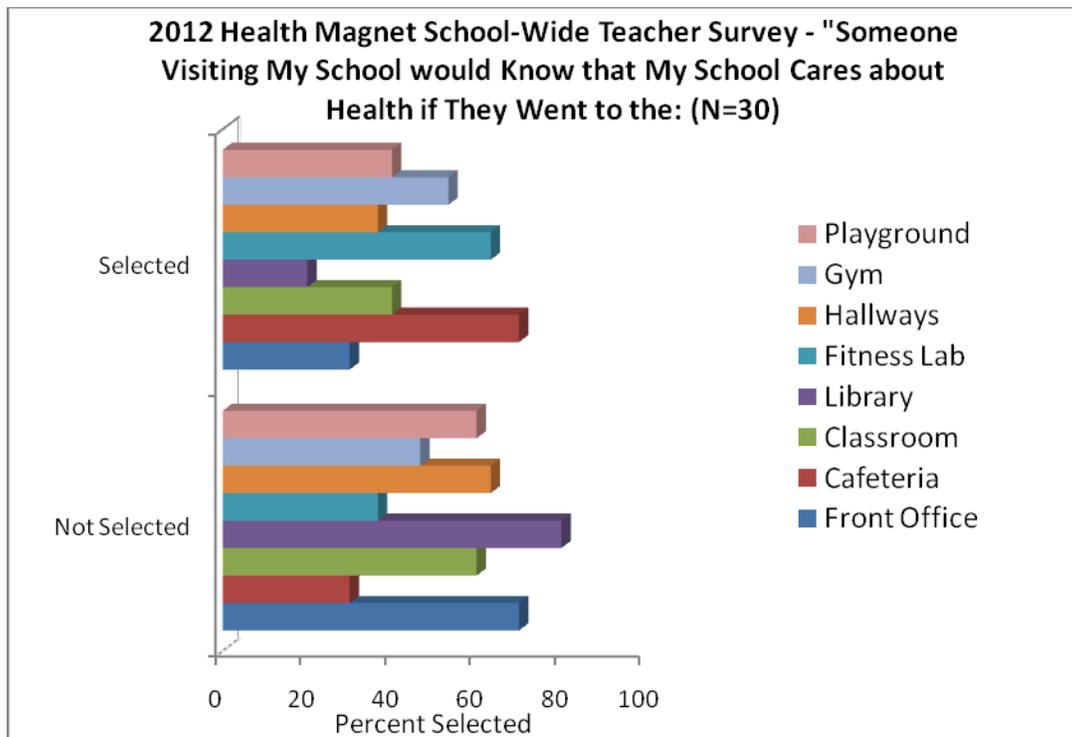
**Figure 6. Parent Agreement with Statements Concerning the Health Magnet Program.**

Figure 7 shows student agreement to the statement that a school visitor would know that their school cares about health if the visitor went to the following areas: (a) Front Office; (b) Cafeteria; (c) Classroom; (d) Library; (e) Fitness Lab; (f) Hallways; (g) Gym; and Playground. Students indicated that the “Fitness Lab” had the highest degree of agreement for visitors knowing the school cares about health (93.5%), followed by the “Gym” (90.5%). The highest disagreement for visitors knowing the school cares about health was “Library” (64.2%) and “Front Office” (60.9%).

Teachers (see Figure 8) were asked to select all areas they thought would lead a school visitor to know that their school cares about health: (a) Front Office; (b) Cafeteria; (c) Classroom; (d) Library; (e) Fitness Lab; (f) Hallways; (g) Gym; and (h) Playground. Teachers most frequently selected the “Cafeteria” (70%), followed by the “Fitness Lab” (63.3%). Teachers least frequently selected the “Library” (80%) and “Front Office” (70%).

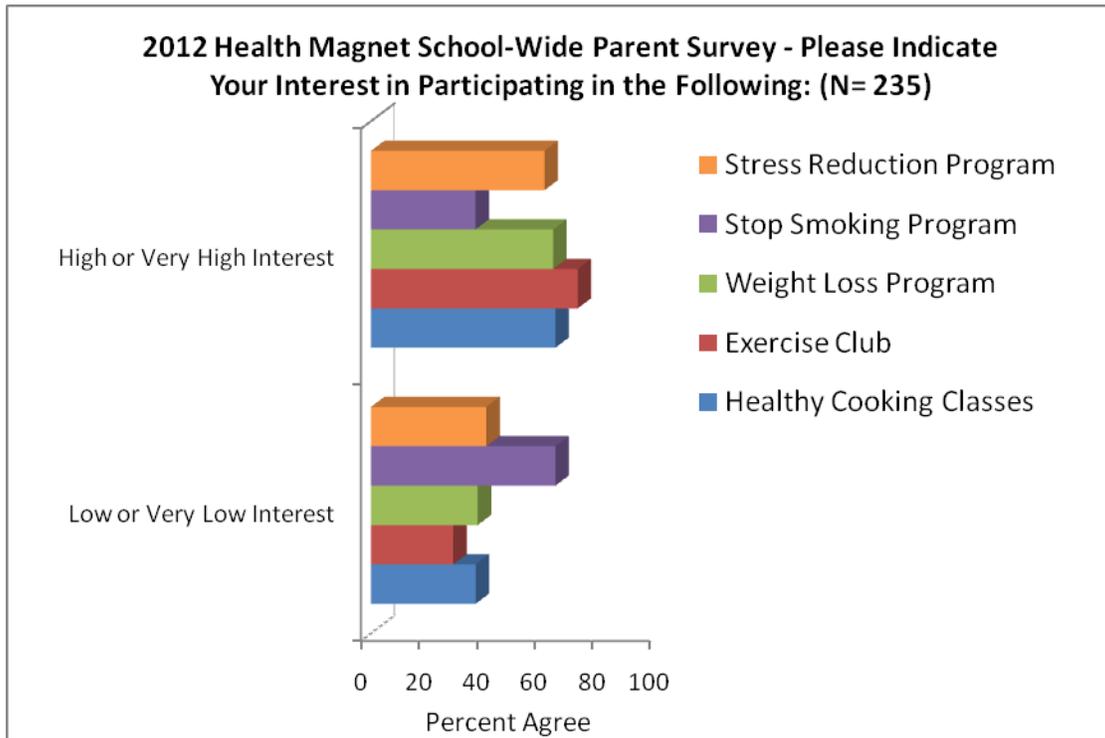


**Figure 7. Student Agreement that Areas of School Reflect Health Focus.**

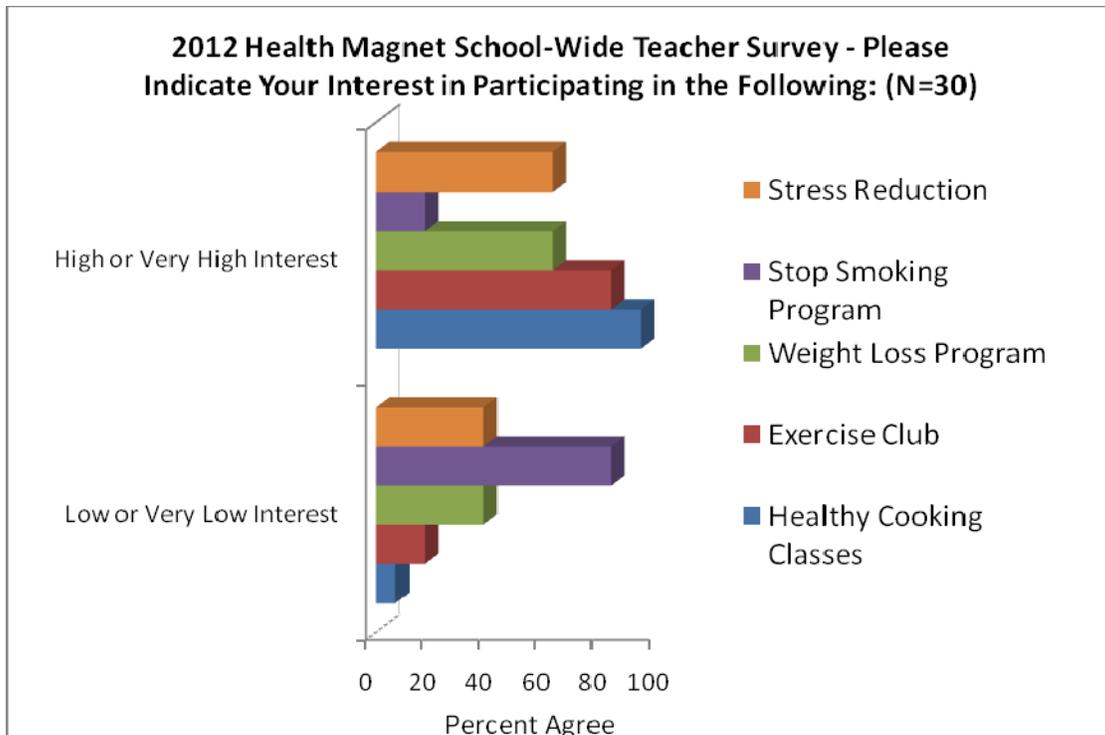


**Figure 8. Teacher Frequency of Selection of Areas of School Reflect Health Focus.**

Figures 9 and 10 depict parent and teacher interest in participating in the following: (a) Healthy Cooking Classes; (b) Exercise Club; (c) Weight Loss Club; (d) Stop Smoking Program; and (e) Stress Reduction Program. Parents were most interested in “Exercise Clubs” (71.6%) and “Healthy Cooking Classes” (63.8%). They were least interested in “Stop Smoking Program” (63.8%). Similarly, teachers were most interested in Healthy Cooking Classes (93.1%) and Exercise Club (82.8%) and least interested in “Stop Smoking Program” (82.8%).



**Figure 9. Parent Interest in Participating in Potential Health Magnet Programs.**



**Figure 10. Teacher Interest in Participating in Potential Health Magnet Programs.**

Finally, parents were asked to rate their level of satisfaction with the following: (a) Communications from school about the Health Magnet Program; (b) Health Magnet afterschool programs for students (basketball, track, ballet, soccer, fitness club); (c) The quality of Health Magnet parent programs offered at my school (Parent Ambassadors, Heart Healthy Dinner, Fruit with Families, Pedometer Program); (d) The number of Health Magnet Parent programs offered at my school; (e) Scheduled times for Health Magnet Parent Programs. Figure 11 shows that parents were highly satisfied with all items. Parents were most satisfied with the quality of “Health Magnet after school programs for students” (89.5%) and “The quality of Health Magnet parent programs offered at my school” (89.1%). The degree of dissatisfaction was minimal but highest for “Scheduled times for parent programs” (16.3%).

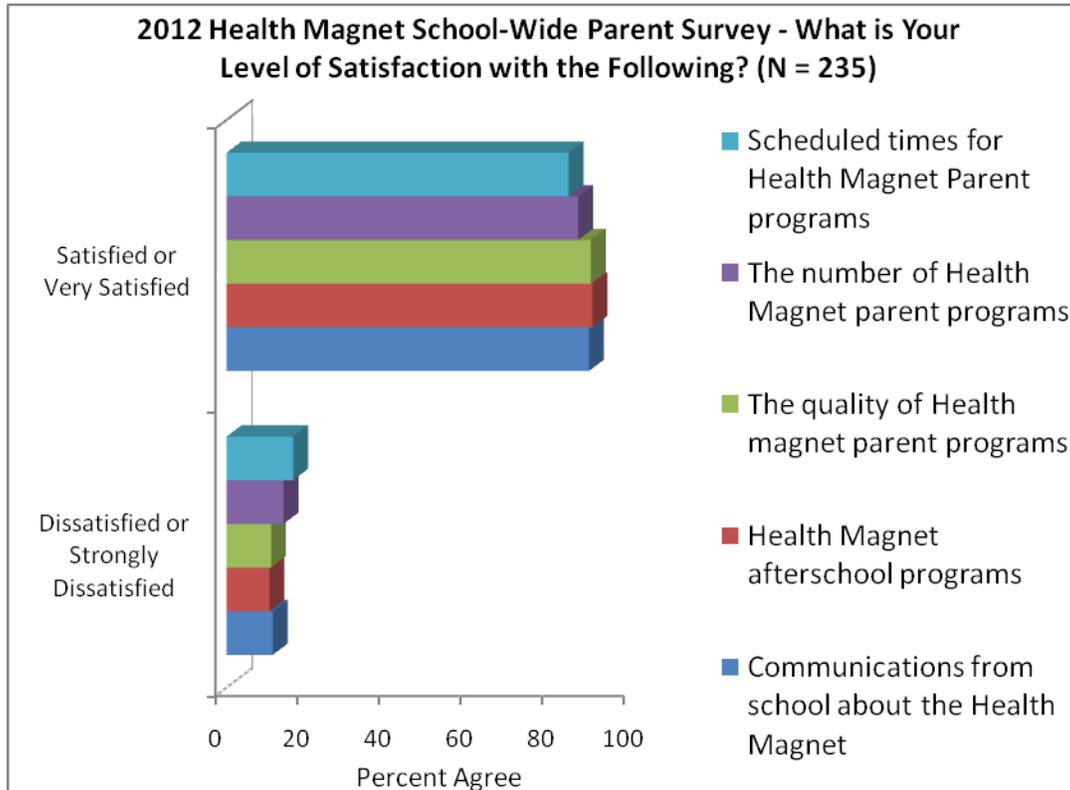


Figure 11. Parent Satisfaction with Select Health Magnet Components.

### ***Discussion and Recommendations***

This section provides an explanation of the major findings and suggestions for improvement. It is worth noting that Wellington had a major leadership change mid-year (i.e., new principal) so a discussion of the performance measures for the Health Magnet program should be held before the beginning of the 2012-2013 school year. A summary of recommendations is provided in the following section.

#### ***Academics and Behavior***

Academic data for the 2011-2012 school year will be available in the fall. Past analyses of Kentucky Core Content Test scores have not shown a consistent trend since the Health Magnet program began in 2009.

Student attendance data has improved for both schools, with Wellington’s attendance gaining over 1% since the baseline year. Rangeland’s attendance improvement is smaller, mirroring the district’s trend. On the other hand, teacher attendance for the two schools shows mixed results – an overall decline since the baseline year but a one-year improvement for Rangeland. The district teacher attendance data shows an overall improvement since 2009 and a small one-year gain.

Student suspension data is also mixed with Rangeland showing a sizeable improvement since baseline but a small one-year increase in suspensions. Wellington shows the opposite trend with a sizeable increase since baseline and a sizeable one-year decline. District suspensions declined since 2009 but had a one-year increase.

The behavior data does not show a consistent trend for any of the measures when both schools are considered together. For instance, Wellington's attendance data does show a sizeable gain for the last three years but it is difficult to attribute that gain to the Health Magnet program since Rangeland's gain is much smaller and mirrors district trend. Teacher attendance declined at Wellington and the suspension data is mixed. **Because of the mixed results for this set of measures, it is not possible to attribute any impact to the Health Magnet Program. Program leaders should decide whether changes in attendance and suspension are a priority for the Health Magnet Program. If so, adjustments should be made that are likely to have an impact (e.g., regular recognition for attendance improvements and alternatives to suspensions). Simply measuring outcomes is not going to result in an impact attributable to this program. This has been a concern voiced numerous times during Advisory Board meetings and it should be revisited in a formal manner.**

### *Student Opportunities for Physical Activity*

Perhaps the most direct reflection of the Health Magnet Program's impact is derived from student data related to participation in after-school opportunities, measures of physical fitness, and health survey results. Both schools offered a wide range of after-school activities for their students. However, it appears that the two schools differed in terms of the percentage of students participating with fewer students participating at least once last year at Rangeland and more students participating at Wellington. Wellington also increased the number of slots filled during 2012 by 210 while the number of slots filled at Rangeland declined by 1278. The average number of hours per student did increase at Rangeland while Wellington maintained an average of 15 hours per student. This was the first year that an Instructor III was provided to each school to release the Magnet Coordinators from staffing the Fitness Labs. Addition of the Instructor III was intended to increase the amount of time available to Magnet Coordinators to develop student and parent programming, and strengthen community relationships. These data do not provide evidence that the Instructor III positively impacted the opportunities for after-school programming at Rangeland while there may have been a slight benefit at Wellington. **If after-school programming is provided next year, the combined School Health Committee should meet as soon as possible to discuss ways to increase programming opportunities, and to explore possible ways to increase the duration of time that students participate in the programming. A prior analysis showed the greatest BMI loss for students who participated in 17.5 hours of after-school programming. If an Instructor III is provided next year, Magnet Coordinators should have a much stronger emphasis on student-related education and programming that will lead to measureable changes in outcomes.**

### *Student Fitness*

The next set of outcomes represents physical measures of BMI and aerobic endurance, both proxies for physical fitness. Again, the data for the Health Magnet schools is mixed since there was some reduction in the levels of obesity and a small improvement in the percentage of

students meeting the walk/run standards (at Wellington only). However, when compared to the outcomes for the HPSE and PEP schools which had reductions in obesity with no increases in the percentage of overweight students and much larger changes in the percentage of students meeting the walk/run standard at post-test; it seems that the Health Magnet physical fitness outcomes are not proportional to the degree of programming and staffing available at the Health Magnet schools. **The walk/run should not be an isolated event that occurs twice each year for the assessment. Students should receive their times, set goals, and practice improving throughout the year. Schools should coordinate with their HPSE Specialist if conducting the assessment is an issue. Ensure that the BMI measurements are taken in a reliable manner and again, consult with the HPSE Specialist if assistance is needed.**

### *Nutritional Awareness*

Rangeland showed positive growth on the Y5210 survey for most of the items while Wellington actually showed mostly negative pre-post growth. A drink water campaign emphasized reduction of sugar-sweetened drinks in the Health Magnet schools this year and that was reflected in Rangeland's data. Unfortunately, with one exception, the Health Magnet results do not show a benefit for the program when both schools are considered or when compared to the HPSE district data. **The Y5210 program, as with all programs, needs to be implemented with high fidelity. It was reported that several Y5210 kits from Wellington were returned unopened; suggesting that the program was not implemented in those classrooms and therefore, the validity of the survey data is questionable. The number of Wellington surveys returned for students was considerably smaller for the post-test, also indicating low implementation. Programs must have teacher buy-in to be successful. Program leaders need to investigate the obstacles to implementing the Y5210 program and determine whether there is a real commitment for next year. The district and PEP data indicate that this program can lead to change. If an Instructor III is provided next year, Magnet Coordinators should have a much stronger focus on support and monitoring of program implementation.**

### *Parent Participation in Health Magnet Opportunities*

Both Magnet Coordinators did an outstanding job of providing parent and family programming last year. Between the two schools, over 1300 JCPS family members attended Health Magnet programming events last year. The survey data described below surely can be attributed to much of this programming and the effort that went into making these events and parent programs a success. The addition of the Instructor III positions helped provide the extra time needed by the Magnet Coordinators to plan and carry-out these programs.

### *School Climate and Satisfaction*

Overall satisfaction on the JCPS Comprehensive Survey showed an advantage for the two Health Magnet schools compared to the district for student satisfaction. Initial ratings for parents at both schools were lower than the district, with Wellington showing a sizable gain and Rangeland showing a small decline in satisfaction ratings. Teacher ratings at the district level outpaced both Health Magnet Schools.

Analysis of the Health Magnet survey data showed that when asked questions specific to the magnet program, responses between the two schools for students, parents, and staff were quite similar. Students showed the greatest interest in the Fitness Lab and after-school activities. This was validated by the teacher responses to a similar survey item. Students were least interested in the Y5210 program and the school garden. Parents reported their children talking most about Healthy activities or exercise and drinking water. The majority of students agreed with the item “I am learning how to live a healthy lifestyle”; however the highest level of disagreement was for the items “My teachers talk about health in class” and “My parents talk about health at home”. Parent responses validated that students are learning to live a healthy lifestyle. Nearly 1 out of 4 teachers disagreed with the item “I understand the meaning of my students’ body mass index (BMI). Students thought that the fitness lab and gym were the two school areas that show that their school cares about health. Library and front office were the two areas students were least likely to select. Teachers chose the cafeteria and fitness lab. Teachers were least likely to choose the library and front office as areas that exemplify that their school cares about health. Parents and Teachers were fairly similar in their interests for adult programming. Both groups indicated the highest interest in healthy cooking classes and exercise clubs. Parents did display an overall high level of satisfaction with parent programming, after-school programs, and communications.

**Both surveys show overall satisfaction for students and parents. However, the Health Magnet survey data underscore the importance of asking stakeholders questions specific to the Health Magnet program. Students like the fitness lab and after-school activities. They talked about exercise and drinking water at home with their parents. It is interesting that students showed low interest in the Y5210 program, parents did not indicate students talking about the Y5210 at home (there are take-home activities that should have been completed), and students most often disagreed that teachers talk about health in class. Given the Y5210 results reported earlier, this data supports the concern about teacher buy-in to that program, and possibly the Health Magnet program as a whole. A fair number of teachers also reported not understanding the meaning of a student’s BMI.**

**Program leaders should discuss the goals and mission of this program and find ways to re-engage faculty. A formal program review of Practical Living curriculum implementation is part of the new Kentucky state accountability system. Being a Health Magnet school gives these two schools a major advantage in fulfilling the program review requirements. Faculty at both schools should receive professional development on ways that evidence from participation in this program, along with HPSE school activities, can be used to complete the program review. Programming for teachers and parents focused on their indicated interests should also be explored.**

**Program leaders should also consider making a connection to the Health Magnet program in the front office areas and libraries. Visitors entering the front office should see connections to the magnet program. More important, the library is a logical location for making magnet theme connections to academics.**

## ***Summary***

This evaluation report has provided results on measures spanning behavior; physical measurements; and student, parent, teacher perceptions. Much of the data fails to indicate a

strong advantage for the Health Magnet schools when compared to the district HPSE walk/run, BMI, and Y5210 data. Similar comparisons to a set of HPSE schools with a federal grant for increased physical activity and education but no extra staff also failed to show a clear advantage for the Health Magnet schools. Several sources of survey data, and the fact that several kits were returned unopened, indicate implementation issues with at least one component of the Health Magnet program, the Y5210 program. Both schools had an Instructor III funded to allow the Magnet Coordinators more time to plan, schedule, and staff additional after-school activities (among other duties). This occurred at one school but not the other; though, there was considerable success with family and programming. Overall, the results between the two schools are inconsistent. Where one improved, one regressed on nearly every measure. The most positive data comes from the Health Magnet survey data which shows fairly positive ratings from students and parents for the program. It also provides additional evidence of areas where improvement is needed. This report began by asking the following research questions:

- To what extent does participation in a health magnet program contribute to improved academics and behavior in students?
- To what extent does participation in a health magnet program contribute to improved nutrition awareness and physical fitness in students?
- To what extent does a health magnet program contribute to improved ratings of school climate and satisfaction as perceived by students, staff, and parents?

The data provided do not provide conclusive evidence that the Health Magnet program led to improved behavior, nutrition awareness, or physical fitness in students. There is evidence, at least for students and parents, that the Health Magnet program may have positively impacted school satisfaction. There is also evidence that nutrition awareness and physical fitness can be improved since some improvements were seen but inconsistent.

The following recommendations are offered for implementation at the *onset* of the 2012-2013 school year and are intended to help align the Health Magnet program outcomes with the District's Vision 2015 and Mission:

- 1. Principals and program leaders should meet with school faculty to discuss the Health Magnet program, recent outcomes, requirements, and future direction. Principals and program leaders should ensure that all main areas of the school building reflect the focus of the Magnet program and that there is sufficient faculty understanding of the program and commitment to implement the vision and mission of the Health Magnet program.**
- 2. The Magnet Coordinators are the Health Magnet leaders of the school and should be primarily focused on improving the health and academic achievement of students. Magnet Coordinators, in conjunction the principals, should ensure that faculty receive the necessary PD to support adequate understanding and implementation of the Health Magnet and HPSE program components. This PD should be integrated with the Professional Learning Communities (PLCs) within each school. Magnet Coordinators should partner throughout the year with their PE**

teacher, school nurse, Youth Service Center Coordinator, HPSE Coordinator, Cafeteria Manager, Practical Living Specialist and HPSE Specialist. In fact, this group could serve as a school PLC, depending on how schools choose to structure their PLCs. This group determines district support needs with the Magnet Coordinator submitting requests to the Practical Living Specialist.

3. Magnet Coordinators should ensure that faculty implements adopted programs and scheduled activities with a high degree of fidelity; providing classroom-based support and lesson modeling at regular intervals. Serving in the role of Health Magnet “Champions”, Magnet Coordinators should schedule times to visit classrooms to provide instructional support which will lead to improvements in program implementation. The district’s Practical Living Specialist has developed Practical Living connections to Kentucky Core Academy Standards (KCAS) for literacy instruction – Coordinators should support implementation of this work. Other programs available through the Practical Living Specialist should also be investigated (e.g., “Rainy Day Recess”) and provided to Health Magnet teachers, along with the necessary PD. This may require shifting some of the community relations and publicizing responsibilities assigned to Magnet Coordinators elsewhere.
4. Practical Living is an accountable content area for the new state assessment. K-PREP requires each school to conduct a program review for Practical Living and the 2012-2013 school year is the first year this process will be fully operational. Health Magnet schools are at an advantage in having access to content directly related to program review demonstrators. Thus, school faculty should receive PD on the Practical Living Program Review from the district’s Practical Living Specialist. There is a direct connection between the Health Magnet program, HPSE program, and demonstrating high performance on the program review. Magnet Coordinators should provide classroom support to teachers in using the Health Magnet program components to produce classroom-relevant experiences. These experiences will translate to supporting evidence for the Program Review.
5. The parent programming component of the Health Magnet schools was successful; continue and expand parent programming that has shown the greatest degree of success. If possible, add a program for parents and teachers based on evaluation data (e.g., healthy cooking and/or exercise club). Expansion should be done in collaboration with the National Center for Family Literacy (NCFL) as contracted by the Humana Foundation.
6. Monthly School Health Committee (SHC) meetings will include each Magnet Coordinator reporting on the status/progress/needs using a structured approach such as the school’s official Wellness Policy. The Principal, Magnet Coordinator, FRYSC, HPSE Specialist, Program Manager, and Evaluator will attend with School nurses, PE teachers, and Instructor IIIs attending these meetings on at least a rotating basis. Bi-monthly combined SHC meetings will continue. The Principals, Magnet Coordinator, HPSE Specialist, Evaluator, and Program Manager will attend the combined SHC meetings. The Advisory Board will continue, led by the

**Program Manager. The HPSE program should be represented on the Advisory Board either by the HPSE Specialist(s) or the HPSE Coordinator.**

- 7. Retain the Instructor IIIs for one more year *IF* the Magnet Coordinator duties are refocused as described above. Instructor IIIs are to be *ONLY* used to support implementation of Health Magnet program components.**

Based on the 2012 Curriculum Management Audit findings, the JCPS Data Management, Planning and Program Evaluation Department now requires status updates on formal recommendations resulting from a program evaluation. A status report on implementation of the recommendations will be provided to the JCPS Evaluator at the end of the 2013 school year by the JCPS Program Management Team.

## ***ATTACHMENTS***

**SCHOOL-BASED DECISION MAKING  
POLICY FORMAT**

School: Rangeland Elementary  
Subject of the Policy: Wellness Policy

Policy Statement:

At Rangeland Elementary School, we believe in educating the whole child. Our Health and Fitness for Accelerated Learning Magnet Program focuses on the growth of all children socially, cognitively, emotionally, and physically. Healthy decision making and physical fitness are crucial to the quality of life. Engaging students in physical activities not only promotes health and fitness, but it also teaches students valuable lessons in teamwork, discipline, citizenship, following rules, listening, and problem solving.

In order to ensure a healthy student population, Rangeland Elementary School will implement a Wellness Policy that will include, but not be limited to, the following:

- Moderate to vigorous physical activity will be conducted with all K-5 students for, at most, thirty minutes daily.
- Physical education as part of our itinerant block for all students weekly for at least 45 minutes.
- Fitness activities in the Humana Innovation Lab as part of our itinerant block for all students weekly for at least 45 minutes.
- Opportunities for students to be physically active weekly in a variety of after school activities.
- Each K-5 teacher may be provided with a “physical activities and wellness” resource manual to use with their students. The manual will contain, but not be limited to the following:
  - Resources for competitive and non-competitive play
  - Classroom games that incorporate movement
  - Organized games
  - Use of playground and fitness trail equipment
  - Transition movement activities
- Wellness instruction will also focus on the benefits of good nutritional choices, healthy habits, exercise, and fitness as reflected in the JCPS Core Content Guides.
- Food used as a reward or to celebrate holidays, birthdays, etc. generally will be discouraged. However, if food is a part of classroom parties or celebrations; only healthy snacks and beverages will be provided (only sugar free candy, cupcakes, cakes, and drinks, snacks, etc. No soft drinks). Parties and celebrations will be conducted at each individual teacher’s discretion. Parents must communicate with the teachers to get instructions about what to bring.
- Families/Friends will not be allowed to bring fast food items into the cafeteria to eat with their children. Students are not allowed fast food items to be eaten in the cafeteria for breakfast or lunch.
- Annually, an assessment tool (physical fitness test) will be used to measure individual student fitness. The results of the assessment will be presented to the SBDM Council for review.

Date of First Reading: 8/30/2011

Date of Second Reading: \_\_\_\_\_

Date Adopted: \_\_\_\_\_

Signature: \_\_\_\_\_

(SBDM Council Chairperson)

**SCHOOL-BASED DECISION MAKING**  
**Policy Format**

School: Wellington Elementary

Subject of the Policy: Wellness Policy

*Policy Statement*

At Wellington Elementary School, we believe in educating the whole child. Our Health and Fitness for Accelerated Learning Magnet Program focuses on the growth of all children socially, cognitively, emotionally, and physically. Healthy decision making and physical fitness are crucial to the quality of life. Engaging students in physical activities not only promotes health and fitness, but it also teaches students valuable lessons in teamwork, discipline, citizenship, following rules, listening, and problem solving.

In order to ensure a healthy student population, Wellington Elementary School will implement a Wellness Program that will include, but not be limited to, the following:

- Moderate to vigorous physical activity will be conducted with all K-5 students for, at most, thirty minutes daily.
- Physical education as part of our itinerant block for all students weekly for at least 45 minutes.
- Fitness activities in the Humana Innovation Lab as part of our itinerant block for all students weekly for at least 45 minutes.
- Opportunities for students to be physically active weekly in a variety of after school activities.
- Each K-5 teacher may be provided with a “physical activities and wellness” resource manual to use with their students. The manual will contain, but not be limited to the following:
  - resources for competitive and non-competitive play
  - classroom games that incorporate movement
  - organized games
  - use of playground and fitness trail equipment
  - transition movement activities
- Wellness instruction will also focus on the benefits of good nutritional choices, healthy habits, exercise, and fitness as reflected in the JCPS Core Content Guides.
- Food used as a reward or to celebrate holidays, birthdays, etc. generally will be discouraged. However, if food is a part of classroom parties or celebrations, only healthy snacks and beverages will be provided (no candy, cupcakes, cakes, soft drinks, etc.). Parties and celebrations will be conducted at each individual teacher’s discretion. Parents must communicate with the teachers to get instructions about what to bring.
- Parents who make lunches from home are encouraged to provide healthy food items for their children absent of sugary drinks, snacks, etc.
- Parents will not be allowed to bring fast food items into the cafeteria to eat with their children. If fast food items are brought, parents and children will be asked to eat in a separate designated area in the building.
- Annually, an assessment tool (physical fitness test) will be used to measure individual student fitness. The results of the assessment will be presented to the SBDM Council for review.

**Date of First Reading:**

**Date of Second Reading:**

**Date Adopted:**

**Signature:** \_\_\_\_\_  
(SBDM Council Chairperson)

JOB TITLE  
INSTRUCTOR III

DIVISION  
DISTRICTWIDE INSTRUCTIONAL  
PROGRAMS

REPORTS TO  
PRINCIPAL

SALARY SCHEDULE & GRADE  
IA, GRADE 8

LENGTH OF WORK YEAR  
AS ASSIGNED

DATE  
JULY 12, 2004

SCOPE OF RESPONSIBILITIES

Assists in the implementation of education programs by providing comprehensive assessments, evaluations, and instruction to meet the needs of parents and children; including home visitation and instruction.

PERFORMANCE RESPONSIBILITIES

1. Implements a comprehensive education program for eligible participants under the supervision of classroom teacher where appropriate.
2. Provides instruction, counseling, appropriate learning material and experiences for the participants and provides continuous evaluation of students' progress and achievement.
3. Plans and implements parent and child interactions and activities.
4. Provides and/or arranges adult supports, activities and sessions.
5. Plans and implements a parent involvement program which includes home visitation as appropriate.
6. Promotes program, interprets purpose of program to potential clients and interested persons in the community.
7. Maintains accurate records on the program and provides data to appropriate personnel.
8. Plans regularly with staff and participates in appropriate school meetings and activities.
9. Complies with policies, rules and regulations of the School District and of any state and/or federal regulatory agency where appropriate.
10. Duties may include performance of health services, for which training will be provided.
11. Performs other duties as assigned by designated administrator.

PHYSICAL DEMANDS

The work is performed while standing or walking. It requires the ability to communicate effectively using speech, vision and hearing. The work requires the use of hands for simple grasping and fine manipulations. The work at times requires bending, squatting, crawling, climbing, reaching, with the ability to lift, carry, push or pull light weights.

MINIMUM QUALIFICATIONS

1. Bachelor's Degree
2. Three (3) years successful teaching experience
3. Experience in working with children and parents with special needs, multi-cultural and multi-ethnic backgrounds
4. Program specific certifications/training

DESIRABLE QUALIFICATIONS

1. Experience in teaching multi-age group
2. Experience in teaching preschool and/or adult education

070208  
05502-03-900

## **RANGELAND AND WELLINGTON MAGNET COORDINATOR ACTIVITIES**

### **Magnet Coordinator Activities**

- Coordinate and promote Magnet at JCPS Showcase of Schools.
- Collaborate to publicize the magnet program.
- Attend magnet meetings.
  - ◆ Prepare and share Agenda /Minutes-every other month for School Health Council (FRC, HSPE, Parents, Magnet)
  - ◆ Report on magnet programs at Advisory Board Meetings---three per year
  - ◆ Attend Combined School Health Councils-every other month
- Work closely with FRC & NCFL in all phases of planning for programming for families.
- Work with clerk at Gheens, currently Keena Kobiska, on the Humana budget expenditures.
- Provide information to the appropriate person for magnet program on the school's Web site, in newsletters, on outdoor signs, Remind 101 (text & emails), etc.
- Collect data as requested for the evaluation process.
- Prepare and submit any documents requested by principal, magnet office, District, Humana Foundation, etc. Any reports for Humana should be reviewed by JCPS/Donna Benton before submission.
- Help plan and facilitate professional development and faculty meetings, "Fit in 5", etc., related to magnet program.

### **During School Programs**

- Facilitate Fitness Lab
  - ◆ Install, maintain all Wii, game bikes, computers, DDR, etc.
  - ◆ Schedule repairs for all game lab equipment.
  - ◆ Catalog all games and accessories.
  - ◆ Create and maintain a bulletin board outside of fitness lab.
  - ◆ Clean TV monitors, computer monitors, dance pads, etc.
  - ◆ Purchase games and supplies to maintain fitness lab.
  - ◆ Facilitate on HEALThE Web site weekly entries by fourth and fifth grade classes and staff. Keep passwords/user ID numbers for everyone.
- Contact District personnel to ensure collaboration with potential community partners align with Magnet mission and vision and content curriculum maps.

## **RANGELAND AND WELLINGTON MAGNET COORDINATOR ACTIVITIES**

- Provide resources for staff to help implement physical activity into curriculum/classrooms.
- Collaborate with teachers on health and wellness topics to integrate into the curriculum and co teach some lessons.
- Photograph and document all physical activity and health related programs for status updates. (Make sure you have photo release forms for any photographed students.)

### **After School Programs**

- Propose, establish, and coordinate dates for all after/during school programs.
- Schedule programmers, obtain and track permission forms as needed.
- Create flyers for sign up and recruit to fill each session.
- Create student lists for each group, K, 1, 2, 3, 4, and 5.
- Create list for bus riders for each group and for each session and copy and send bus rider list to bus compound two weeks prior to activity.
- Notify parents of dates and times, bus times, etc.
- Create activities and organize for each grade level/collaborate with presenters.
- Supervise all aspects of after school program, including volunteers.
- Maintain all appropriate paperwork for extra service, and keep track of volunteer time.
- Stay at school until bus compound calls to notify that all students have made it home safely.
- Enter activities into cascade system. Create and manage each group, K, 1, 2, 3, 4, and 5.
- As appropriate, design a summer camp program in addition to other activities and field trips.
- Coordinate Family Fitness Night(s).
- Manage/schedule employee wellness programs and faculty meetings.
- Perform any and all other duties associated with magnet coordinator role.
- Perform other duties as assigned by principal.