

**WILLOWS UNIFIED SCHOOL DISTRICT**  
**Office of the Superintendent**

**DATE:** November 4, 2010

**AGENDA TOPIC:** CALIFORNIA PHYSICAL FITNESS TEST – DISTRICT  
REPORT AND CALIFORNIA HEALTHY KIDS SURVEY  
RESULTS – KEY FINDINGS

**PRESENTER:** Janet Perez

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**BACKGROUND INFORMATION:**

**The California Physical Fitness Test (PFT) provides information that can be used by teachers to design the curriculum of physical education programs. This program also produces results that are used to monitor changes in the physical fitness of California students. By statute, all school districts in California are required to administer the PFT annually to all students in grades five, seven, and nine.**

The desired performance goal for each fitness-area test is the Healthy Fitness Zone (HFZ). Test results within the HFZ reflect reasonable levels of physical fitness that can be attained by most students. All students should strive to achieve a score within the HFZ for each fitness-area test. It is possible that some students score above the HFZ.

**California Healthy Kids Survey Results – Spring 2010 Key Findings**

**The California Healthy Kids Survey is a service provided by the California Department of Education to districts that want to collect information on the health risks and resilience of their students.**

The survey meets the requirements of the federal Safe and Drug Free Schools and Communities Act (SDFSCA) and contains performance indicators that the California Department of Education has identified for schools to monitor in meeting the goals of reducing substance use and violence by youth, as required by the NCLB.

**RECOMMENDATION:**

**This is an information item only.**

# CALIFORNIA PHYSICAL FITNESS TEST DISTRICT REPORT SPRING 2010

CDS Code: **11-62661**

**FITNESSGRAM**®

District: **Willows Unified**

Total Number of Students: **387 \***

	Students	Grade	Within or above the Healthy Fitness Zone™		Need Improvement	
			Count	Percent	Count	Percent
One Mile Run	134	05	75	56.0	59	44.0
Body Mass Index	134	05	90	67.2	44	32.8
Curl-ups	135	05	130	96.3	5	3.7
Trunk Lift	134	05	127	94.8	7	5.2
Push Ups	135	05	83	61.5	52	38.5
Sit and Reach	133	05	99	74.4	34	25.6
One Mile Run	120	07	86	71.7	34	28.3
Body Mass Index	123	07	97	78.9	26	21.1
Curl-ups	124	07	121	97.6	3	2.4
Trunk Lift	124	07	117	94.4	7	5.6
Push Ups	124	07	82	66.1	42	33.9
Sit and Reach	123	07	95	77.2	28	22.8
One Mile Run	122	09	84	68.9	38	31.1
Walk VO2	4	09	4	100.0	0	
Body Mass Index	128	09	88	68.8	40	31.3
Curl-ups	126	09	122	96.8	4	3.2
Trunk Lift	127	09	119	93.7	8	6.3
Push Ups	124	09	75	60.5	49	39.5
Modified Pull Ups	3	09	0	0.0	3	100.0
Sit and Reach	124	09	89	71.8	35	28.2
Shoulder Stretch	3	09	3	100.0	0	

\* Total Number of Students includes only Fully Tested and Partially Tested students. Fully Tested includes the number of student data records having results for all 6 areas. Partially Tested includes student data records having results for some but not all test areas.

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weapons violence bullying peers tobacco safety drugs HIV/AIDS suicide depression pregnancy gangs truancy weapons violence bullying drugs HIV/AIDS pregnancy gangs truancy healthy kids alcohol tobacco AIDS suicide truancy weapons well-being alcohol tobacco suicide pregnancy drugs exercise violence bullying alcohol tobacco nutrition drugs HIV/AIDS suicide depression gangs truancy weapons RESILIENCE drugs Safe HIV/AIDS suicide pregnancy gangs violence bullying alcohol tobacco PREVENTION HIV/AIDS suicide depression pregnancy gangs

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Weapons violence bullying drugs PREVENTION alcohol tobacco drugs suicide HIV/AIDS depression pregnancy gangs truancy weapons gangs exercise violence HIV bullying alcohol AIDS suicide depression drugs gang truancy depression gangs Safe Schools truancy weapons violence bullying alcohol tobacco well-being gangs HIV/AIDS suicide depression gangs drug-free truancy weapons violence bullying drugs HIV/AIDS pregnancy gangs drugs safety tobacco truancy HIV/AIDS suicide depression pregnancy gangs weapons violence healthy kids bullying alcohol tobacco drugs HIV/AIDS depression pregnancy

Willows Unified  
Elementary  
2009-2010  
Key Findings

**Tables**

TABLE 1. DESCRIPTION OF PARTICIPATING STUDENTS ..... 2  
 TABLE 2. FIFTH GRADE RESULTS FOR SDFSCA/TUPE PERFORMANCE INDICATORS RECOMMENDED BY CDE..... 9

**Charts**

CHART 1. EVER USED ALCOHOL, TOBACCO, OR DRUGS ..... 3  
 CHART 2. PERCEPTION THAT USE OF CIGARETTES, ALCOHOL, OR MARIJUANA IS BAD FOR A PERSON'S HEALTH . 4  
 CHART 3. VIOLENCE AND SAFETY-RELATED BEHAVIOR AND EXPERIENCES..... 5  
 CHART 4. PHYSICAL HEALTH..... 6  
 CHART 5. PERCENTAGE OF STUDENTS SCORING HIGH IN PROTECTIVE FACTORS IN THEIR HOME, SCHOOL, AND  
 PEER ENVIRONMENTS ..... 8  
 CHART 6. PERCENT OF 7<sup>TH</sup> GRADERS USING MARIJUANA AT SCHOOL BY LEVEL OF PROTECTIVE FACTORS ..... 8

confidentiality, and all other student and parent rights. Each student's participation was completely voluntary and anonymous, and required the written consent of a parent or guardian.

### Who Took the Survey?

Table 1 presents the number of fifth-grade students that participated in the CHKS. According to CHKS standards, the district must collect completed answer sheets from a minimum of 60% of students at each surveyed grade level to produce representative data. The lower the percentage of participating students below 60%, the less representative and useful are the results. Because of poor student participation rates the district did not meet the survey's minimum goal and the information collected does not appear to be a good reflection of student behavior.

The biggest challenge for the district in meeting the survey requirements was ensuring that the parents/guardians filled out and returned the consent forms. Research shows only a small proportion of parents will not approve participation, but no student could take the survey without their approval in writing.

*Table 1. Description of Participating Students*

	Grade 5
<b>Number of Students Surveyed</b>	74
<b>Percent of Students Participating (%)</b>	54%
<b>Gender</b>	
Males	51%
Females	49%

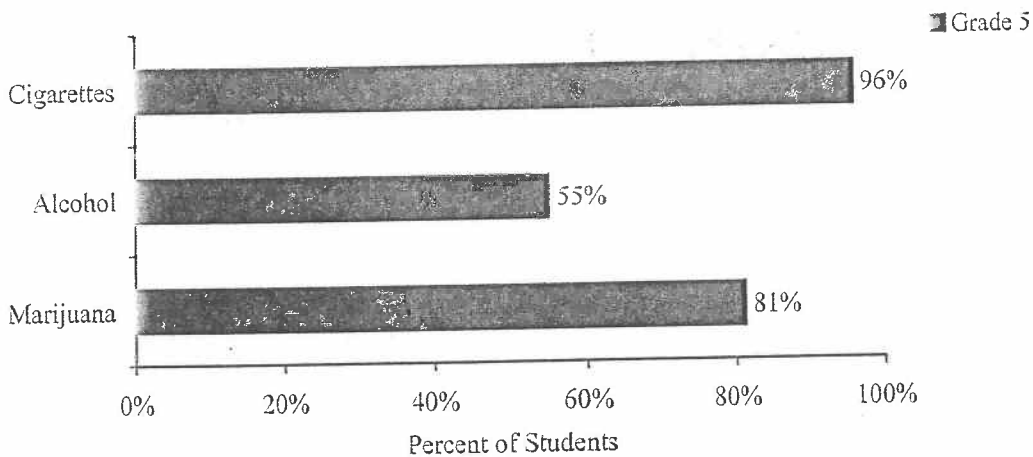
**Alcohol and Drug Use at School**

Special attention should be paid to the proportion of students who use alcohol or other drugs at school. (See Table 3.3 in the Technical Report.) This not only indicates a high degree of early drug involvement but also of estrangement from school. This behavior threatens the students' education and positive development.

**Perceived Harm**

Chart 2 provides the results for students who viewed using cigarettes, alcohol, and marijuana as bad for a person's health. The relationship of knowledge, attitudes, and behavior is complex. Attitudes toward drug use among elementary-age youth are generally very negative. Among secondary school students, state and national trend data indicate that perceptions of high harm or risk are associated with lower use rates over time. This indicates that realistically communicating drug hazards is an important strategy of a comprehensive prevention program, particularly if youth do not see regular drug use as harmful.

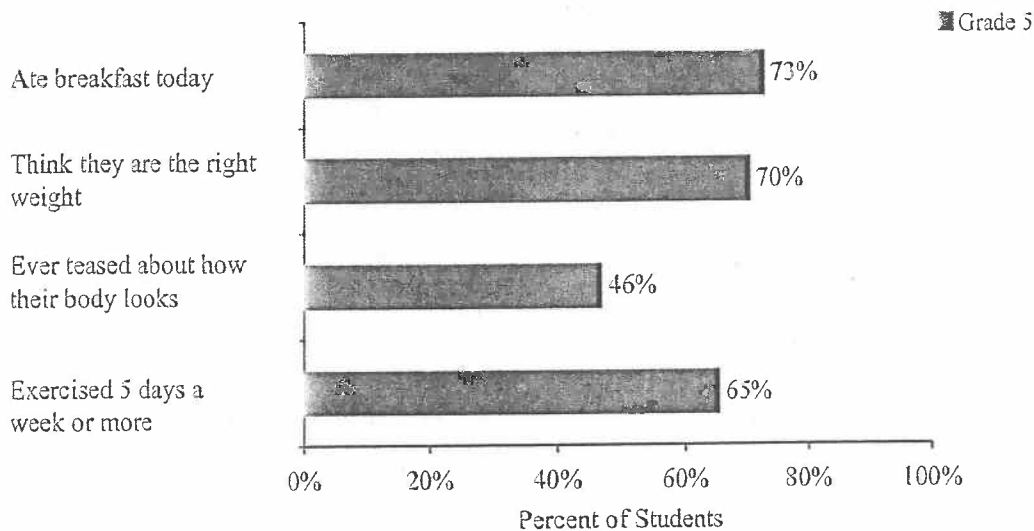
*Chart 2. Perception that Use of Cigarettes, Alcohol, or Marijuana is Very Bad for a Person's Health*



## PHYSICAL HEALTH

Good nutrition and physical health are among the most overlooked contributors to school success and positive youth development. They enable youth to make the most of the opportunities that are offered to them.

*Chart 4. Physical Health*



### Eating Habits

Lifetime dietary patterns are established during youth. To assess nutritional habits, the CHKS asks elementary students if they had breakfast the day of the survey. Students who attend school hungry or malnourished may experience compromised health, well-being, and school performance.

### Body Weight and Image

The CHKS asks students how they felt about their body weight and whether other kids tease them about their body. A poor body type or image can negatively influence self-esteem and school performance. Both obesity and overemphasis on thinness have negative mental and physical health consequences that can lead to perceptions of a distorted body image and thus distorted and unhealthy eating habits. Students who are teased about their body can become isolated from friends, family and school, depressed and vulnerable to risk behaviors.

### Physical Activity

Students were asked how many times they exercised. Regular physical activity is associated with the prevention of disease, lower risk behavior rates, better school performance, and less mental health problems. The fitness of children can be significantly affected by the physical education programs in public schools.

Chart 5. Percentage of Students Scoring High in Protective Factors in their Home, School, and Peer Environments

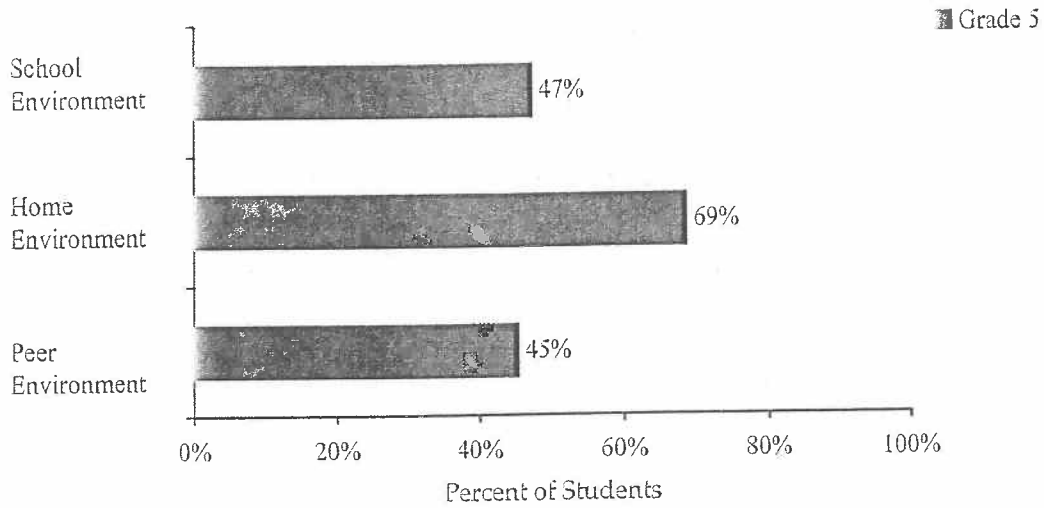
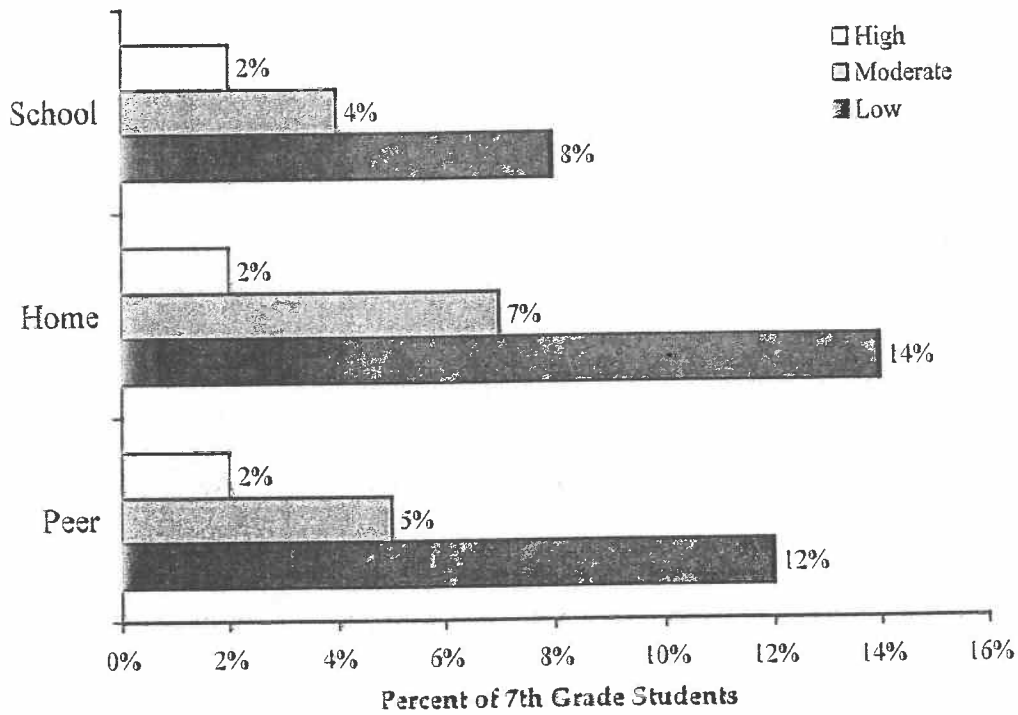


Chart 6. Percent of 7<sup>th</sup> graders using marijuana at school by level of Protective Factors.





## ABOUT THE CHKS

<b>SPONSOR</b>	California Department of Education
<b>SURVEY TYPE</b>	Anonymous, voluntary, confidential student self-report, comprehensive health risk and resilience survey Modular secondary school instrument; single elementary version
<b>GRADE LEVELS</b>	Grades 5, 7, 9, 11, and continuation schools, minimum
<b>SAMPLING</b>	Representative district sample by contractor
<b>MODULES (SECONDARY)</b>	A. Core (required) B. Resilience and Youth Development (school and community scales required) C. AOD Use & Safety (Violence & Suicide) D. Tobacco (required by state TUPE grantees) E. Physical Health F. Sexual Behavior (Pregnancy and HIV/AIDS risk) G. Custom questions
<b>SOURCES</b>	Items based on California Student Survey, Youth Risk Behavior Survey, and California Student Tobacco Use and Evaluation Survey
<b>REQUIREMENTS</b>	Biennial administration starting 2003-04 Modules A and B (school & community asset scales) Module D by state TUPE grantees Active consent from parent/guardian for grade 5 Active or passive consent for grade 7 and up Representative district samples
<b>ADMINISTRATION</b>	By school, following detailed instructions, every two years
<b>PRODUCT</b>	Local reports and aggregated state database
<b>ADVISORS</b>	Advisory committee of researchers, educators, prevention practitioners, and representatives of state public and private agencies, including the PTA and California School Boards Association
<b>STAFF SURVEY</b>	Staff School Climate Survey assessing key factors relating to substance use, safety, youth development and well-being, learning supports and barriers, and school improvement (Required starting fall 2004)
<b>CONTRACTOR</b>	WestEd —Gregory Austin, PhD, Project Director
<b>INFORMATION</b>	California Department of Education: 916.319.0920 Website: <a href="http://www.wested.org/hks">http://www.wested.org/hks</a> Regional center helpline: 888.841.7536

### **Background**

#### **Development**

The CHKS was developed under contract from CDE by WestEd in collaboration with Duerr Evaluation Resources, assisted by an Advisory Committee of researchers, teachers, school prevention and health program practitioners, and public agency representatives. It is designed to provide a common set of comprehensive health risk and resilience data across the state to guide local program decision-making and also determine

indicator of school connectedness. The full CHKS report lists all the school-related questions. An important new tool to help further integrate the CHKS with school improvement efforts is the Staff School Climate Survey. Call your CHKS Service Center for further information.

## ABBREVIATIONS AND DEFINITIONS

### Agencies

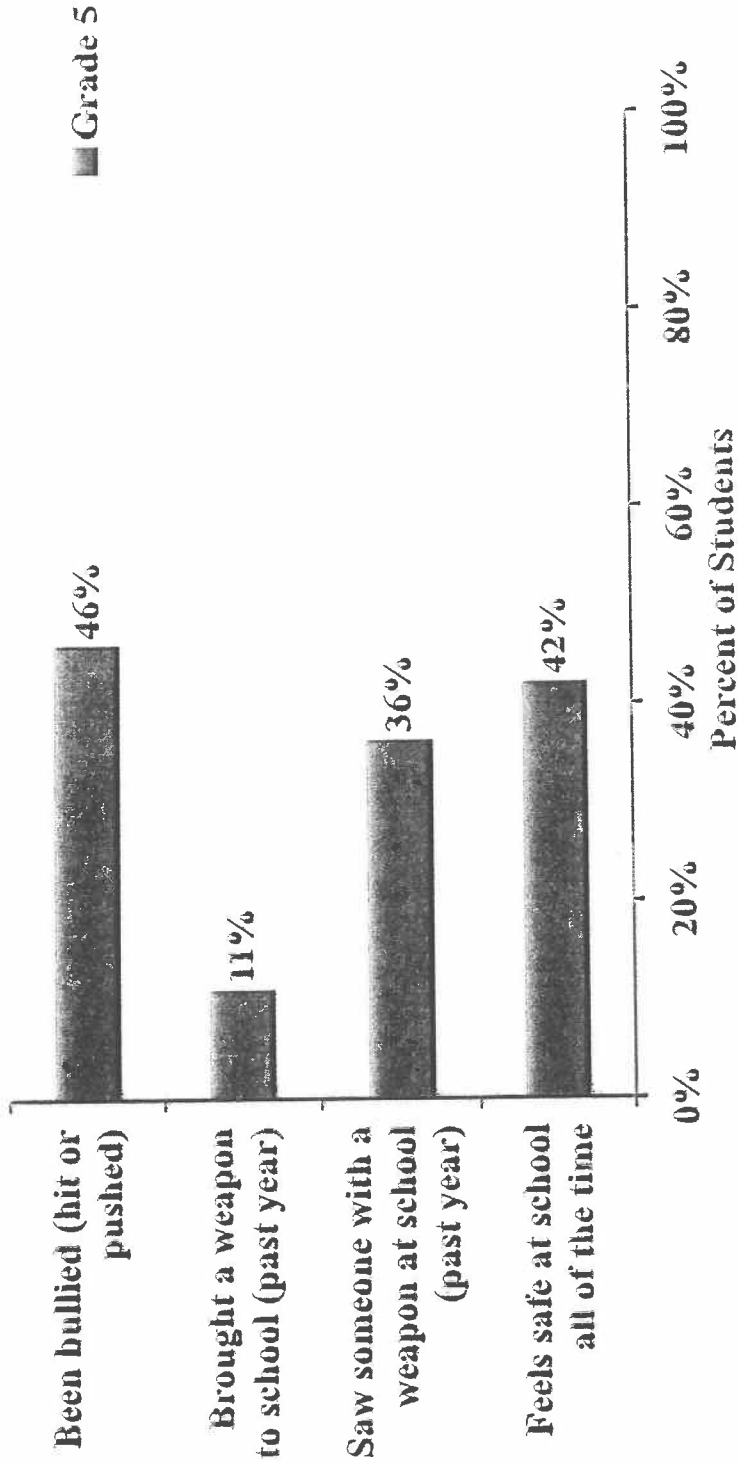
TUPE	Tobacco Use Prevention Education.
SDFSCA	Safe and Drug Free Schools and Communities.
NCLB	No Child Left Behind Act of 2001 which requires schools assess student substance use and violence and identify indicators for monitoring their progress in reducing them.
CDE	California Department of Education.

### Surveys

#### Drugs and Drug-Related Behaviors

AOD (ATOD)	Alcohol (tobacco) and other drugs.
Inhalant	Drugs that you "sniff" or "huff" to get high, such as glue, gasoline, paint fumes, aerosol sprays, poppers, and laughing gas.
Prevalence	The overall rate (percentage) that a behavior is reported.
Lifetime Use	Any use that ever occurred in a respondent's lifetime.
Current Use	Any use 30 days prior to the survey.
Participation Rate	The percent of students who participated in the survey divided by the number of eligible students.
Caring Relationships	Supportive connections to others in the student's life who model and support healthy development and well-being.
High Expectations	Consistent communication of direct and indirect messages that the student can and <i>will</i> succeed responsibly.
Meaningful Participation	Involvement of the student in relevant, engaging, and interesting activities with opportunities for responsibility and contribution.
External Assets	Supports and opportunities to youth in the School, Home, Community and Peer Environments.
Internal Assets	Factors in the School, Home, Community and Peer Environments which foster self-esteem.
Resilience	Fostering young people's emotional, spiritual, and social well-being, in addition to their academic success.
Youth Development	External and internal assets associated with positive youth development and resilience.

## Violence and Safety-Related Behavior and Experiences



weapons  
violence bullying peers  
tobacco **safety** drugs HIV/AIDS suicide depression pregnancy  
gangs truancy  
**healthy kids**  
alcohol tobacco  
AIDS suicide  
truancy weapons  
**well-being**  
suicide pregnancy  
drugs **exercise**  
s violence bullying  
alcohol tobacco  
**nutrition** drugs  
HIV/AIDS suicide  
depression gangs  
truancy weapons  
**RESILIENCE**  
drugs **Safe**  
HIV/AIDS suicide  
pregnancy gangs  
violence bullying  
drugs **PREVENTION**  
HIV/AIDS suicide depression  
pregnancy gangs

weapons  
violence bullying  
drugs HIV/AIDS  
pregnancy gangs  
**drug-free**  
violence bullying  
drugs HIV/AIDS  
gangs truancy

pregnancy alcohol  
violence bullying  
suicide tobacco  
**Schools**  
depression  
truancy weapons  
alcohol tobacco  
**nutrition**  
pregnancy drugs  
HIV weapons  
alcohol tobacco  
depression suicide

Weapons violence  
tobacco drugs HIV  
**RESILIENCE**  
pregnancy gangs  
violence bullying  
drugs HIV/AIDS  
suicide depression  
**exercise** gangs  
violence bullying  
drugs HIV/AIDS  
pregnancy gangs  
**PREVENTION**  
truancy weapons  
alcohol tobacco  
suicide depression  
truancy weapons  
alcohol tobacco  
suicide depression  
pregnancy gangs  
**Safe Schools**  
suicide depression pregnancy gangs drugs  
weapons violence bullying alcohol tobacco  
drugs HIV/AIDS suicide tobacco **safety**  
depression gangs  
truancy weapons  
**well-being**  
pregnancy gangs  
violence bullying  
alcohol tobacco  
gangs **nutrition**  
suicide depression  
drugs HIV/AIDS  
**drug-free**  
suicide depression  
gangs truancy  
violence bullying  
suicide pregnancy  
truancy alcohol

weapons violence  
tobacco HIV/AIDS  
drugs **exercise**  
depression gangs  
truancy weapons  
bullying alcohol  
**RESILIENCE**  
suicide depression  
gangs truancy  
violence bullying  
drugs HIV/AIDS  
depression gangs  
truancy weapons  
violence bullying alcohol tobacco  
HIV/AIDS suicide  
**Safe Schools**  
pregnancy gangs truancy weapons  
suicide depression  
truancy weapons  
alcohol tobacco  
**PREVENTION**  
tobacco truancy HIV/AIDS suicide  
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pregnancy gangs  
drugs **safety**  
tobacco truancy  
HIV/AIDS suicide  
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violence bullying  
drugs HIV/AIDS  
truancy depression

Weapons  
violence bullying drugs  
**PREVENTION**  
alcohol tobacco drugs suicide HIV/AIDS depression  
truancy weapons  
gangs **safety**  
bullying alcohol  
AIDS suicide  
depression drugs  
pregnancy gangs  
**Safe Schools**  
truancy weapons violence  
bullying alcohol tobacco  
**well-being**  
drugs HIV/AIDS suicide  
depression gangs  
**drug-free**  
truancy weapons  
violence  
tobacco drugs  
depression  
**RESILIENCE**  
gangs truancy weapons violence  
bullying alcohol  
tobacco drugs HIV/AIDS suicide  
depression pregnancy

Willows Unified  
Secondary  
2009-2010  
Key Findings

**Tables**

TABLE 1. DESCRIPTION OF PARTICIPATING STUDENTS.....2  
 TABLE 2. SELECTED ALCOHOL, TOBACCO AND DRUG USE WITH COMPARISONS TO 2007 STATE CSS AND  
 2007 NATIONAL YRBS .....13  
 TABLE 3. SELECTED SCHOOL SAFETY-RELATED INDICATORS, PROTECTIVE FACTORS, AND CONNECTEDNESS  
 WITH COMPARISONS TO 2007 STATE CSS AND 2007 NATIONAL YRBS.....15

**Charts**

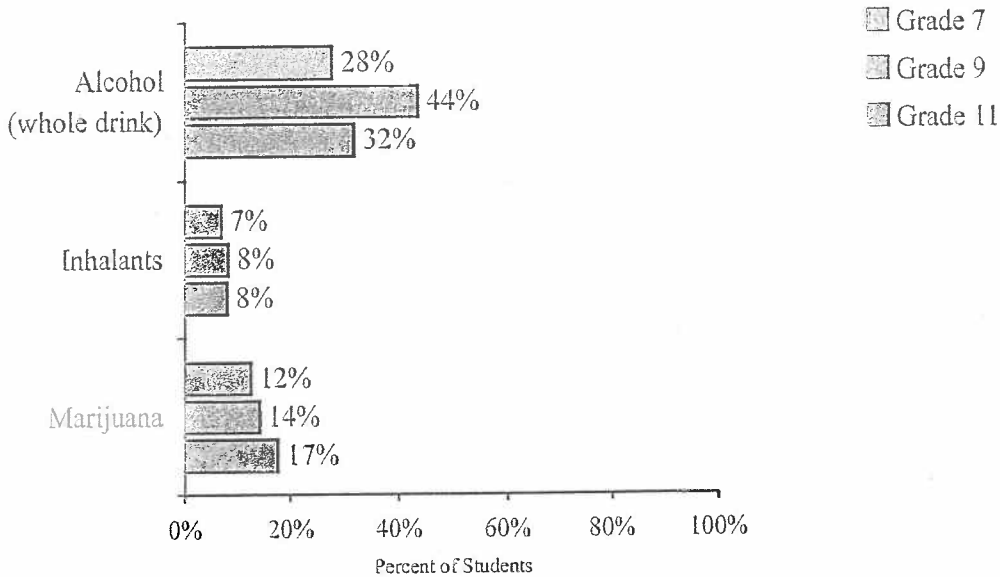
CHART 1. PERCENT OF STUDENTS WHO USED ALCOHOL AND OTHER DRUGS AT LEAST ONCE IN THEIR LIFE .....3  
 CHART 2. PERCENT OF STUDENTS WHO USED ALCOHOL OR OTHER DRUGS DURING THE PAST 30 DAYS  
 (CURRENT USE) .....4  
 CHART 3. PERCENT OF STUDENTS WHO PARTICIPATED IN VARIOUS LEVELS OF TOBACCO USE .....4  
 CHART 4. PERCENT OF STUDENTS WHO PARTICIPATED IN HIGH RISK BEHAVIORS ASSOCIATED WITH ALCOHOL,  
 TOBACCO, OR OTHER DRUGS.....6  
 CHART 5. PERCENT OF STUDENTS WHO FEEL FREQUENT USE OF ALCOHOL, TOBACCO, AND OTHER DRUGS  
 IS HARMFUL .....7  
 CHART 6. PERCENT OF STUDENTS WHO FEEL VERY SAFE AT SCHOOL .....8  
 CHART 7. PERCENT OF STUDENTS WHO EXPERIENCED SAFETY-RELATED INCIDENTS ON SCHOOL PROPERTY  
 DURING THE PAST 12 MONTHS .....9  
 CHART 8. PERCENT OF STUDENTS WHO ATE BREAKFAST .....10  
 CHART 9. SCHOOL PROTECTIVE FACTORS: PERCENTAGE OF STUDENTS SCORING HIGH.....12

*Table 1. Description of Participating Students*

	Grade 7	Grade 9	Grade 11
<b>Number of Students Surveyed</b>	74	88	64
<b>Percent of Students Participating</b>	57%	66%	57%
<b>Gender (%)</b>			
Males	50	45	39
Females	50	55	41
<b>Race/Ethnicity* (%)</b>			
American Indian or Alaskan Native	15	6	13
Native Hawaiian or Pacific Islander	3	2	5
Asian	1	8	3
Black or African American	3	2	3
Hispanic or Latino/Latina	48	44	27
White or Caucasian (non-Hispanic)	47	48	56
Other	4	6	8
Selected more than one category	16	10	13

\*Students that selected more than one category were counted in each category. Therefore, these columns may add up to more than 100%.

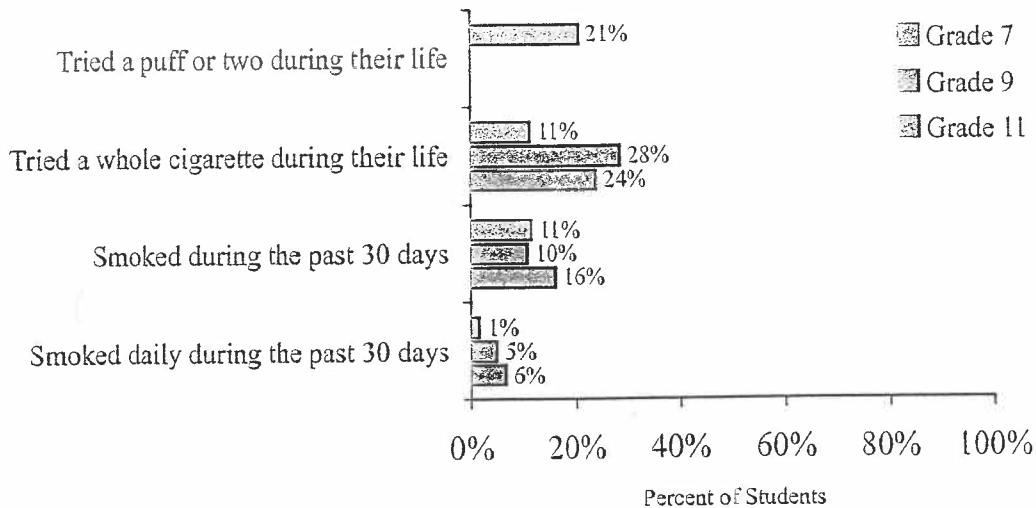
Chart 2. Percent of Students Who Used Alcohol or Other Drugs During the Past 30 Days (Current Use)



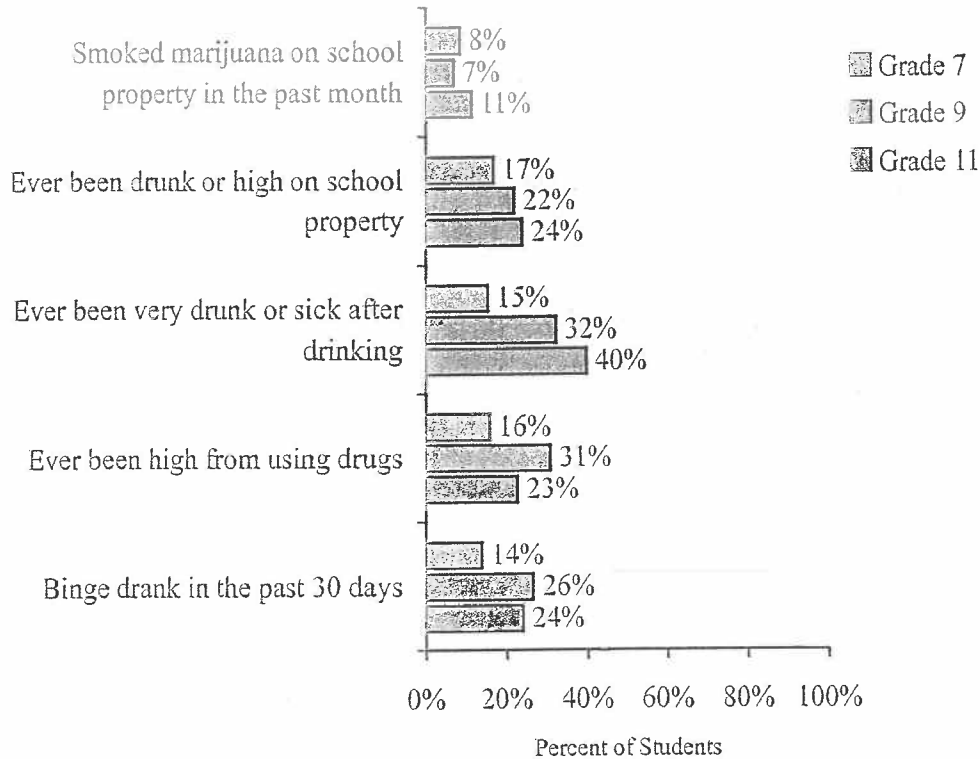
**Tobacco Use, Lifetime and Current Use**

Chart 3 shows the percent of students who experimented with tobacco at least once in their lives, either smoking one or two puffs or a whole cigarette. In addition, the chart displays the percent of students who in the 30 days before taking the survey smoked at least one cigarette as well as smoked daily (at least 20 days).

Chart 3. Percent of Students Who Participated in Various Levels of Tobacco Use



**Chart 4. Percent of Students Who Participated in High Risk Behaviors Associated with Alcohol, Tobacco, or Other Drugs**



**Perceived Harm**

As a way to measure attitudes toward substance use, the CHKS asks students how they feel about frequent use (at least once a day) of cigarettes, alcohol, and marijuana. Chart 5 provides the results for students who think it is harmful.

The relationship of knowledge, attitudes, and behavior is complex. Only providing information about the dangers of alcohol, tobacco, and other drug use has had little impact on behavior. However, state and national data indicate that if students think using alcohol, tobacco and other drugs is extremely harmful or risky they will be less likely to use them. This means that talking to students about the use dangers is an important part of a total prevention program.

Research has consistently shown that the great majority of students believe that frequent use of cigarettes, alcohol, and marijuana is harmful. However, it seems students usually think alcohol is less dangerous than tobacco, and that tobacco is less harmful than marijuana.



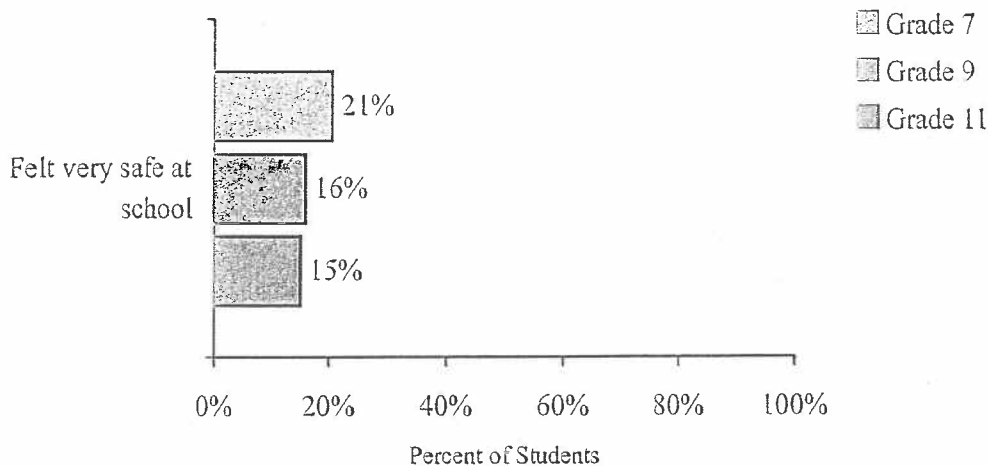
## VIOLENCE AND SAFETY

The American public's highest concerns about youth are currently related to violence. Chart 6 shows students' answers to the question about how safe they feel at school. Chart 7 includes indicators of harassment, violence perpetration, and weapons possession at school. A safe school environment is necessary in order for students to succeed academically. Students who feel they belong to their school are also less likely to be involved in violent behavior at school.

### Perceived Safety

The CHKS asks students how safe they felt in school. The need for safe schools does not mean just "violence-free," but safe, secure, and peaceful. Safety—both psychological and physical—is a basic need that must be met in order for students to succeed in school.

*Chart 6. Percent of Students Who Feel Very Safe at School*



### Harassment

Harassment is a form of violent and abusive behavior that makes the person being harassed feel vulnerable, isolated, and afraid. This can lead to taking part in risk behaviors such as drug use. The CHKS asks students if they have been harassed at school in the past year because of race, ethnicity, religion, gender, sexual orientation, or disability.

### Physical Fights

Fighting often comes before deadly violence among young people. The CHKS asks students about their frequency of involvement in physical fights at school in the past year. This is a measure of the overall scope of fighting behavior and does not differentiate between aggression and victimization. In practice, fighting is often mutual.

## BREAKFAST CONSUMPTION

The CHKS assesses the proportion of youth that ate breakfast the day of the survey. Students who eat breakfast have been found to learn better, perform higher on standardized test scores, have better attendance rates at school, and are less apathetic and lethargic.

*Chart 8. Percent of Students Who Ate Breakfast*

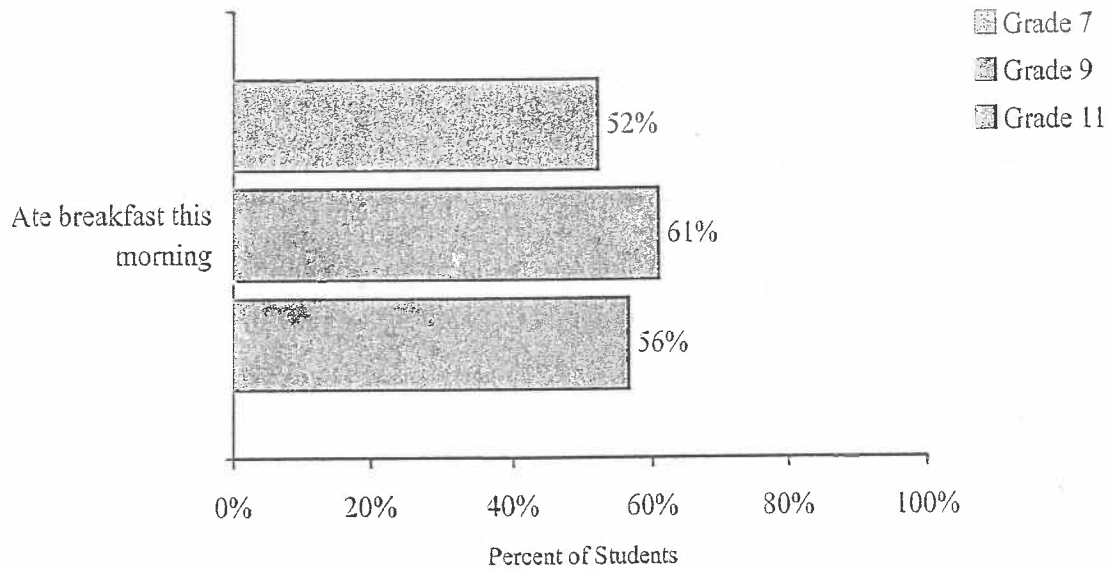
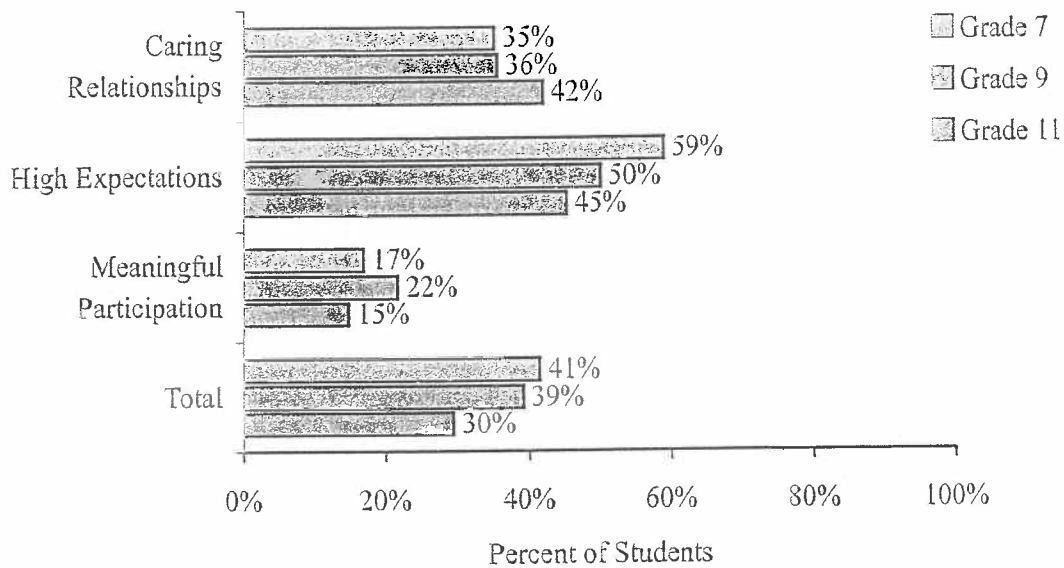


Chart 9. School Protective Factors: Percentage of Students Scoring High



## COMPARISON TO STATE AND NATIONAL STUDENT DATA

One way to understand the data collected for the schools and district is to compare them to state and national data collected using the same questions. Tables 2 and 3 on the following pages display state and national student data for a select number of questions. The comparison information in the tables comes from the 2007 statewide California Student Survey and the 2007 national Youth Risk Behavior Survey results. The California Student Survey includes 9th and 11th graders in Continuation/Alternative schools with the data from Comprehensive/Traditional high school students. These include Performance Indicators CDE has identified for monitoring progress in reducing drug use and violence, as required in the Local Education Agency Plan. The indicators are identified by the symbol: (PI).

Table 2. Selected Alcohol, Tobacco and Drug Use, with Comparisons to 2007 State CSS\* and 2007 National YRBS (continued)

	7th Grade %		9th Grade %		11th Grade %	
	District	CSS	District	CSS	District	CSS
<b>ATOD Use on School Property</b>						
During your life, have you ever been drunk/high?	17	6	22	13	24	25
During the past 30 days, did you smoke cigarettes?	4	3	5	7	10	7
<b>Perceived Harm<sup>b</sup></b>						
<i>People risk harming themselves using...</i> <sup>c</sup>						
cigarettes (1-2 packs a day)	80	83	91	90	92	93
alcohol (five or more drinks once or twice a week)	83	83	85	89	92	92
marijuana (once or twice a week)	78	82	83	85	87	87

(PI) = SDFSCA/TUPE performance indicator recommended by CDE.

<sup>b</sup>not comparable with previous CHKS results

<sup>c</sup>combines "Great," "Moderate," and "Slight"

\*The California Student Survey includes 9th and 11th graders in Continuation/Alternative schools with the data from Comprehensive/Traditional high school students.

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## ABOUT THE CHKS

<b>SPONSOR</b>	California Department of Education
<b>SURVEY TYPE</b>	Anonymous, voluntary, confidential student self-report, comprehensive health risk and resilience survey Modular secondary school instrument; single elementary version
<b>GRADE LEVELS</b>	Grades 5, 7, 9, 11, and continuation schools, minimum
<b>SAMPLING</b>	Representative district sample by contractor School-level surveys optional
<b>MODULES (SECONDARY)</b>	A. Core B. Supplemental Resilience and Youth Development C. AOD Use & Safety (Violence & Suicide) D. Tobacco E. Physical Health F. Sexual Behavior (Pregnancy and HIV/AIDS risk) G. Custom module H. After School
<b>SOURCES</b>	Items based on California Student Survey, Youth Risk Behavior Survey, and California Student Tobacco Use and Evaluation Survey
<b>REQUIREMENTS</b>	Biennial administration starting 2003-04 Module A Active consent from parent/guardian for grade 5 Active or passive consent for grade 7 and up Representative district samples
<b>ADMINISTRATION</b>	By school, following detailed instructions
<b>PRODUCT</b>	Local reports and aggregated state database
<b>ADVISORS</b>	Advisory committee of researchers, educators, prevention practitioners, and representatives of state public and private agencies, including the PTA and California School Boards Association
<b>DATABASE</b>	For spring 1998-spring 2003, contains over 1,300,000 student records from 77% of school districts representing 94% of state enrollment
<b>STAFF SURVEY</b>	Staff School Climate Survey assessing key factors relating to substance use, safety, youth development and well-being, learning supports and barriers, and school improvement (Required since fall 2004)
<b>CONTRACTOR</b>	WestEd —Gregory Austin, PhD, Project Director
<b>INFORMATION</b>	California Department of Education: 916.319.0920 Website: <a href="http://www.wested.org/hks">http://www.wested.org/hks</a> Regional center helpline: 888.841.7536

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**Promote Health Programs and Community Support**

The CHKS is designed to send a positive message of the importance of a healthy lifestyle and to promote the development of comprehensive school health programs. It aims to foster school and community collaboration that is essential to tackling these critically important issues.

***Using the CHKS to Help Improve Schools and Student Achievement***

How do schools engage, motivate, and support students so that they can achieve? Ensuring that students are safe, drug-free, healthy, and resilient is central to improving academic performance. Growing numbers of children are coming to school with a variety of health-related problems that make successful learning difficult, if not impossible. Research studies and reviews over the past decade have consistently concluded that student health status and academic achievement are inextricably intertwined. Incorporating health and prevention programs into school improvement efforts produces positive achievement gains. To these ends, the CHKS provides data to assess and monitor the health-risk and problem behaviors that research has identified as *important barriers to learning* among students, particularly those related to school climate. The CHKS also assesses *school assets and connectedness*, which research has consistently identified as promoting positive youth development and school success. The full CHKS report lists all the school-related questions. The numbers refer to the high school module. An important new tool to help further integrate the CHKS with school improvement efforts is the Staff School Climate Survey, required as of fall 2004. Call your CHKS Service Center for further information.