

# DOWNLOAD PDF A SELF-APPRAISAL CHECKLIST FOR SCHOOL HEALTH PROGRAMS

## Chapter 1 : Prerequisites | School of Health Professions | Baylor College of Medicine | Houston, Texas

*Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.*

This is an open-access article distributed under the terms of the Creative Commons Attribution License <http://creativecommons.org/licenses/by/4.0/>. The complete bibliographic information, a link to the original publication on <http://pubmed.ncbi.nlm.nih.gov/>. This article has been cited by other articles in PMC.

**Abstract** Background Microcosting is a cost estimation method that requires the collection of detailed data on resources utilized, and the unit costs of those resources in order to identify actual resource use and economic costs. Microcosting findings reflect the true costs to health care systems and to society, and are able to provide transparent and consistent estimates. Many economic evaluations in health and medicine use charges, prices, or payments as a proxy for cost. However, using charges, prices, or payments rather than the true costs of resources can result in inaccurate estimates. There is currently no existing checklist or guideline for the conduct, reporting, or appraisal of microcosting studies in health care interventions. Objective The aim of this study is to create a checklist and guideline for the conduct, reporting, and appraisal of microcosting studies in health care interventions. Methods Appropriate potential domains and items will be identified through 1 a systematic review of all published microcosting studies of health and medical interventions, strategies, and programs; 2 review of published checklists and guidelines for economic evaluations of health interventions, and selection of items relevant for microcosting studies; and 3 theoretical analysis of economic concepts relevant for microcosting. Item selection, formulation, and reduction will be conducted by the research team in order to develop an initial pool of items for evaluation by an expert panel comprising individuals with expertise in microcosting and economic evaluation of health interventions. A modified Delphi process will be conducted to achieve consensus on the checklist. A pilot test will be conducted on a selection of the articles selected for the previous systematic review of published microcosting studies. Results The project is currently in progress. Conclusions Standardization of the methods used to conduct, report or appraise microcosting studies will enhance the consistency, transparency, and comparability of future microcosting studies. This will be the first checklist for microcosting studies to accomplish these goals and will be a timely and important contribution to the health economic and health policy literature. In addition to its usefulness to health economists and researchers, it will also benefit journal editors and decision-makers who require accurate cost estimates to deliver health care. Economic evaluations are used to identify, measure, and compare the costs of health interventions and programs in order to help make decisions about resource allocation and program implementation [ 1 ]. A first step for controlling costs is the accurate measurement of the true costs of health interventions and programs. Many economic evaluations in health and medicine use charges, prices or payments as a proxy for cost. However, using charges, prices or payments rather than the true costs of resources can result in inaccurate estimates [ 2 , 3 ]. Microcosting is a cost estimation method that provides detailed and accurate cost data by direct enumeration and costing of all the resources used in the provision of an intervention [ 4 , 5 ]. In contrast to gross-costing studies, which use reimbursement amounts or charges or aggregate cost estimates, microcosting requires the collection of detailed data on resources utilized and the unit costs of those resources in order to identify actual resource use and economic costs. Microcosting findings more accurately reflect the true costs of an intervention to health care systems and to society, and are able to provide transparent and consistent estimates. Microcosting has been shown to improve the validity and reliability of total cost estimates for hospital services and for diagnostic or treatment interventions where costs are not available or evolving [ 6 - 9 ]. Microcosting involves the direct measurement of cost by observation and survey and is especially useful for identifying the actual costs of new health interventions or programs, when existing administrative data are not sufficiently sensitive or when there are no established estimates for their aggregate costs [ 10 - 12 ]. There is an increasing need for

## DOWNLOAD PDF A SELF-APPRAISAL CHECKLIST FOR SCHOOL HEALTH PROGRAMS

microcosting in decision making in health policy, and it is important that studies are conducted according to consistent principles and that they are reported in a way that allows for transparency and comparability across studies. The importance of rigor and transparency in reporting of health economic evaluations has been addressed by systematic reviews of economic evaluation studies and the development of standards and guidelines for the conduct and reporting of economic evaluations of health interventions [ 11 , 13 - 16 ]. However, the existing guidelines and checklists do not provide sufficient detail for the methods and techniques involved in microcosting studies [ 6 , 10 , 11 , 13 , 17 - 19 ]. These instruments do not provide a methodological framework and analytic components specific to the inclusion of items to evaluate microcosting studies. The value of checklists for improving the quality of studies and reports in health care has been demonstrated [ 20 , 21 ]. However, there is currently no existing checklist or guideline for the conduct, reporting or appraisal of microcosting studies in health care interventions. We propose to develop a formal checklist, informed by a theoretically- and empirically-based framework, for the conduct, reporting, and appraisal of microcosting studies in health care. Ultimately, this protocol will lead to the development of a checklist for the conduct, reporting, and appraisal of microcosting studies in health care, improving the quality of these studies.

**Methods** The design of this protocol for the development of a microcosting checklist utilizes recommendations in the Guidance for Developers of Health Research Reporting Guidelines [ 20 , 22 ], and draws on approaches described in published reports of checklist development for reporting and appraisal of economic evaluations of health interventions [ 13 - 16 , 23 - 29 ]. The checklist will be developed in the following four stages:

**Identification of Potential Checklist Items** To identify the important domains and items to be considered for inclusion in a standardized conducting and reporting guideline for microcosting studies in health care, the following three methods will be used: Triangulation of the three methods will produce a preliminary list of items that will be more comprehensive and inclusive than items identified from any one method alone.

**Method 1** A systematic review is being conducted of all published microcosting studies of health and medical interventions, strategies, and programs [ 19 ]. A comprehensive database has been created, consisting of all microcosting studies published in English. A research objective is to evaluate the quality of published microcosting studies in health care. Details of the search criteria and methodology for data extraction are published elsewhere [ 19 ]. The research team will critically assess the quality of each microcosting study included in the systematic review using checklists recommended by the Campbell and Cochrane Economic Methods Group [ 30 ] for appraising reporting and methodological quality of economic evaluations. Specifically, the Drummond checklist [ 31 ] and the Evers checklist [ 26 ] will be used to evaluate the quality and risk of bias of single effectiveness studies; the Philips checklist [ 32 ] will be used to evaluate the quality and risk of bias of studies that use decision analytic modeling. The Fukuda and Immanaka criteria [ 16 ] will be used to assess the transparency of cost estimates. These criteria categorize studies into levels of transparency based on whether the study clarifies the cost components included, reports the quantity and unit price of resources separately, and reports an estimate of each component. These checklists were employed because they provided the most relevant criteria for assessing economic evaluations including costing, even though they were not developed specifically to assess microcosting studies. The checklist items will be filled out independently by the two reviewers conducting the systematic review. Disagreements will be discussed and resolved by the two reviewers, and a third researcher will be consulted if needed. The strengths, inadequacies, and redundancies of the existing checklists used to assess quality and bias of the microcosting studies in the systematic review will be documented. Experience with using the existing checklists ie, Drummond, Evers, Philips, Fukuda, and CHEERS for study quality and risk of bias in economic evaluations in the systematic review will demonstrate which items are relevant to assessing the quality and reporting of microcosting studies and which are not. We will document which items in the existing checklists successfully identified relevant criteria for microcosting. Only the relevant items will be selected for consideration for a preliminary list of items to be included in the checklist. Some items may be modified to fit the needs of a microcosting evaluation. We will also note whether the checklists lacked items to assess specific criteria that

are relevant, and should be included, for microcosting studies. Criteria that are inadequately covered will be identified and new items will be formulated for these criteria in the new checklist. New items will be formulated by the research team conducting the systematic review based on the data extracted from and critical review of the published microcosting studies.

**Method 2** A comprehensive search for published checklists and guidelines used to evaluate the quality, conduct, and reporting of costing in economic analyses of health interventions and programs will be performed. References to published articles describing reporting guidelines or checklists to evaluate the quality of economic evaluations of health interventions will be identified. The references in the selected articles will also be manually reviewed in an iterative process to identify all relevant checklists and guidelines. The search will include the articles in the systematic review.

**Method 1.** In addition, the terms used to index the relevant articles will be identified and used to perform a broad electronic literature search to identify additional checklists and guidelines. From the checklists and guidelines identified in the selected publications, the items relevant for assessing or reporting costing of health interventions or programs will be extracted. These items will be compiled into a comprehensive list and categorized into domains. Within each domain, we will review and narrow down selection of items and will remove any duplicates. Only items considered relevant to microcosting will be retained based on consensus of the research team. We will provide the rationale for inclusion or exclusion of each item and domain.

**Method 3** A theoretical analysis of economic concepts relevant for microcosting will be conducted. A search has been done for literature in welfare economics and microeconomics and for literature in costing that defines microcosting and differentiates microcosting from gross costing and other costing methods. The latter search included articles in the systematic review, references from these articles, and references from checklists for economic evaluations. The difference between the use of charges, prices, or payments to assess costs and estimates of the real costs of resources will be examined. An analytical framework for conducting microcosting studies will be developed and conceptual domains relevant for microcosting will be discussed. Any domains that are missing or not adequately represented in any current economic evaluation checklist will be identified. Newly formulated checklist items not included in existing checklists will be developed for each conceptual domain for inclusion in the new checklist.

**Creation of an Initial Item Pool** Items derived using each method ie, the systematic review, checklist review, and theoretical analysis will be compiled into a comprehensive list. The overlap and variation in domains and items will be documented and any duplicate or redundant items will be removed. The pool of remaining items will be discussed and evaluated by research team members. New items may be formulated based on the findings of criteria deemed relevant and necessary for microcosting studies but inadequately covered by existing checklists or guidelines. The addition of new items will also be guided by the analysis of the systematic review and by the theoretical analysis. Through deliberation and discussion, items will be refined and a consensus will be reached in the selection of items to be included in a preliminary list.

**External Review by Expert Panel** The checklist will be developed using a modified Delphi method, designed for reaching consensus among an expert panel. It consists of an iterative multistage process with the goal of consensus among a group of experts [ 40 , 41 ]. In conventional Delphi exercises a list of issues to be considered is usually developed by open-ended questions in the first round, and the participants usually remain anonymous. The following two major modifications that have been reported in the literature will be employed: If a panel or workshop is held, permission will be obtained from participants to use their names in any acknowledgements in subsequent publications. These modifications to the traditional Delphi process can save time and financial resources, and are appropriate for our topic, which is limited in scope and requires a narrow range of expertise for which there are only a limited number of qualified panel members [ 40 , 43 ]. An international expert panel will be recruited and a modified Delphi exercise will be conducted to rank the items in the preliminary list. Panel participants will be selected based on their expertise in the conduct and reporting of economic evaluations, and specific expertise in microcosting studies and methodology. Potential panel participants will include 1 content specialists who have conducted and published full microcosting studies and who are identified in the course of the systematic literature review; 2

## DOWNLOAD PDF A SELF-APPRAISAL CHECKLIST FOR SCHOOL HEALTH PROGRAMS

international researchers who have expertise in economic evaluations for health interventions with specific interest in costing studies; 3 journal editors interested in publishing microcosting studies; and 4 methodologists with expertise in checklist development. Invitation emails will be sent to potential members of the expert panel, including a description of the project and the expected timeline. The preliminary list of items will be sent to panel participants in the form of a survey. The procedures used in the development of the CHEERS checklist will be followed to obtain feedback from the panel participants [ 15 ]. The participants will also be asked to comment on the wording and options for scoring, and recommend deletion or addition of items. The survey will be accessible either online or in print depending on the preference of the respondent. Survey responses from round 1 will be recorded in an electronic spreadsheet. The items will be ranked by importance scores weighted by confidence ratings. Categories of importance will be created based on previous published reports [ 15 , 22 ]. Items will be labeled according to their weighted average score. There are various approaches to items rank ordering.

# DOWNLOAD PDF A SELF-APPRAISAL CHECKLIST FOR SCHOOL HEALTH PROGRAMS

## Chapter 2 : Self Assessment Checklists - Specialized Therapy

*The LSUHSC-NO Master of Physician Assistant Studies Program does not accept prior learning experiences to fulfill prerequisite and/or professional course work credits as evidenced through written examinations, demonstrated skills or health care experience.*

One of several ways to develop a checklist program is described below. The coordinator should set realistic expectations. Select first the courses in the program that present the greatest hazards, then phase in the others. The Safety Checklist Program has three major features: A plan and procedures for teacher training, checklist dissemination, followup, and record keeping. Trained teachers, safety committee members, and other persons to use the checklists regularly in career-technical classrooms, shops, and labs. Checklist Program Flow Chart The flow chart summarizes the checklist program. It is then described in greater detail afterwards. Implementing the Checklist Program The safety and health coordinator is responsible for developing the checklist program for the organization with input and assistance from supervisors and teachers. Described below is an example of a guide for setting up the checklist program. The Safety and Health Coordinator can tailor it to the needs of the school. Refer to Appendix A: Resource Agencies and Organizations to identify people who can help answer questions. Preparations Attend training sessions on occupational safety and health and environmental safety. Review the material covered in the Safety Checklist Program manual, especially in this chapter. Skim the Alphabetic Checklists in Chapter 4. Complete one or two checklists for practice. Prepare a checklist program plan for teacher training, checklist selection and use, followup, and record keeping. These topics are discussed in greater detail below. Involve the appropriate school personnel, such as the safety committee, school principal, supervisors, teacher representatives, etc. This index was designed as an aid for selecting the checklists for each course or program and to keep track of the checklists as they are completed. It contains the following: Lists of career-technical programs typically offered in public secondary schools. These lists are first grouped broadly by topic they are referred to as Major Career-Technical Programs in the contents for the Index. Under each major career-technical program are listed generic program names. Find the one that most closely resembles your program. Names and links to the checklists that may apply to each list of career-technical programs. Applicable Checklists to All Programs. This part of the Index lists checklists that should be completed for all career-technical classes, shops, or labs at your school. Potentially Applicable Checklists to All Programs. These checklists apply to a program if the teachers or students use the substance, have the substance in the classroom, or perform the procedure indicated. This is the biggest part of the Index. The checklists correspond to regulations that apply to hazards found in specific programs. Do the following to select checklists from this section: Find the general program area of interest. Identify the program name that most closely resembles the one you are looking for. The exact program names may vary from school to school. Review the checklists listed under the program names to find the ones that apply to your program or course. As a general rule, use these checklists if the applicable substance, equipment or procedure is used or located in the classroom. For example, if the students in the shop, lab, or class within the General Agricultural Business and Management Program operate abrasive wheel machinery, select that checklist. Depending on the general program area, two checklists may apply to all of the programs listed: Decide which checklists to use. Print the appropriate pages of the Career-Technical Program Index for each classroom, lab or shop. Use these pages as a worksheet to keep track of which checklists were selected. The categories given on the Career-Technical Program Index pages are explained below: Need Check this line if the checklist applies. Priority If many checklists apply to a shop, lab, or classroom, put them in the order in which they are to be completed. Consult with the teacher after he or she has attended the training described in the next section. Date Distributed Use this to help you remember when you have distributed the checklists. To establish a realistic timeframe, consult with the teacher after he or she has attended the training described in the next section. Date Returned Use this to indicate when the completed checklists were returned to you. Pencil in

## DOWNLOAD PDF A SELF-APPRAISAL CHECKLIST FOR SCHOOL HEALTH PROGRAMS

when you expect them back, as a reminder for followup action if needed. Include the teacher in this review. Adapt the checklists to your setting. Set up committees to do this, or have each teacher do it with your help. See the Special Notes below. Use the Hazard Index to Checklists if you want to find a checklist to evaluate a hazard. Note that there are no checklists available for certain hazards because no Federal regulations apply to that hazard. However, it does not mean that the hazard is of no consequence! If there is no checklist for a hazard, contact a representative from the appropriate agency to get more information about the hazard. Also look through Appendix A: Resource Agencies and Organizations. Pilot-test participants preferred to make the initial selection to pass on to teachers. Make master copies of each package of checklists that you give out, so you will not have to repeat this task in the future. Teacher Training Review, modify as needed, and make copies of the items listed below to hand out during the teacher inservice training. Most of these are located in the Training Handouts section of this chapter. You may want to set up a folder or binder for each teacher. Sample cover letter to teachers. Rewrite this for your school or omit it if you do not think it is necessary Checklist Instructions Common Abbreviations Commonly Asked Questions A sample checklist. To make things easier you might use one that applies to all programs. Use this checklist when doing the practice inspection described in the following numbered sections 2 and 3 Do a trial run of the sample checklist you plan to use when you train the teachers to be sure that you understand all of the questions Meet with teachers either individually or hold general inservice training. The agenda might include the following: Describe the rationale for the checklist program. Some examples include the following: The checklist program is being implemented in your school to help reduce occupational safety and health hazards on the premises. The checklist program will help the school maintain compliance with regulations. The checklists provide a way to help ensure a classroom environment that minimizes occupational injuries and illnesses. Refer to the Introduction section of the Safety Checklist Program for more ideas on what to include in your rationale. Describe briefly what is in the Safety Checklist Program manual optional. Review the handouts that were copied from the list above, especially the sample checklist. Do a practice inspection using the sample checklist. A hazard simulation may be feasible for training purposes. Dissemination and Use of the Checklists Have the teachers complete the checklists. Having a safety committee representative or another teacher accompany them may be helpful to get an objective perspective. Arrange for technical assistance if needed. Some of the checklists, such as those pertaining to air contaminant monitoring, may be too hard to complete without outside technical expertise. To identify consultants, see Appendix A: Followup and Record Keeping Meet with teachers to review the completed checklists and discuss remediation strategies for any problems. Use the followup system that was established in your plan to deal with problems that were identified. This system should address who oversees the followup and monitors the progress of the remediation, the role of the Safety and Health Coordinator and the teacher in the followup, budgeting for followup, and procedures to follow if no problems are identified. See the sample remediation form letter in the Training Handouts section of this chapter. You can adapt it to your school. Check that the remediation was completed and report this information to the teacher and others who should know. It will be important to the success of the checklist program for people to see that their efforts to find and control the hazards have paid off. Keep copies of the completed checklists and memos concerning followup procedures. This information will help your school comply with potentially applicable regulations. The teacher should also keep copies of checklists and memos pertaining to his or her classroom. Identify potential inservice topics from issues and questions raised during the use of the checklists and pass this information on to the appropriate people. Resource Agencies and Organizations for ideas for possible inservice speakers.

# DOWNLOAD PDF A SELF-APPRAISAL CHECKLIST FOR SCHOOL HEALTH PROGRAMS

## Chapter 3 : LSUHSC School of Allied Health Professions

*A Teacher Self-Appraisal Checklist for Physical The self-appraisal checklist was divided into programs, such as Physical Best, Fitness for.*

Minimum required coursework cannot be waived or substituted. Prerequisite science coursework cannot be more than 7 years old and non-science coursework cannot be more than 10 years old as of the application deadline of Sept. Quarter or trimester credits must be converted by applicant to ensure equivalency to above listed semester credit hours. All laboratory prerequisites must be done in person, not through distance learning. AP credit for prerequisite coursework will not be accepted. You can self-appraise your level of preparation with regard to each admissions prerequisite by downloading the Self-Appraisal Checklist: Download Self-Appraisal Checklist Please note: Distance learning or online courses obtained through accredited institutions in the United States are recognized to meet the prerequisite requirements. Courses requiring laboratory sections cannot be completed online. We do not accept AP or transfer credit for any prerequisite requirement. All courses listed are in semester credit hours. Quarter credits are not equivalent to semester credits and require the equivalent number of semester credit hours in order to be considered to meet the prerequisite requirements. Prerequisite Course Eligibility Courses completed while attending a regionally accredited U. College or University that are submitted in fulfillment of non-science course prerequisites must be no more than 10 years old based upon the application deadline of Sept. Courses submitted in fulfillment of the science course prerequisites must be no more than seven years old as of the Sept. AP credit is not accepted unless resulted in a letter grade on your official transcript not just credit for a prerequisite course. Individuals applying for admission to the PA Program, who have completed their education outside the United States must do two things before making application for admission. If you have not already paid your supplemental fee from the direct link in your CASPA application, you may pay by following the instructions in the link below. Questions concerning your Supplemental Fee should be directed to the Baylor Physician Assistant Program at paprogram bcm. Online courses without practical experience are not acceptable. Current BLS certification must be valid through April of the year following matriculation. Preferences Applicants seeking entry to the Baylor PA Program are strongly encouraged to complete a medical terminology course prior to matriculation as the technical language of medicine can initially alter ones reading speed and rate of comprehension. Applicants are likewise encouraged to develop the skills required to use basic computer hardware and software programs along with Internet search strategies as much of the curriculum is accessed via an online course management system.

# DOWNLOAD PDF A SELF-APPRAISAL CHECKLIST FOR SCHOOL HEALTH PROGRAMS

## Chapter 4 : Health Supplies | School Health

*If, after completing a checklist, you have concerns about your health or state of mind, you should consult a licensed healthcare provider to determine the exact nature of your problem or concern. Check those items that describe the way you think, behave or feel most of the time.*

In addition, the inclusion of links to particular items or Web sites is not intended to reflect endorsement by NIOSH, nor is it intended to endorse any views expressed or products or services offered by the author of the reference or the organization operating the server on which the reference is maintained. This document is in the public domain and may be freely copied or reprinted. How can the safety checklist program benefit schools? The Safety Checklist Program can benefit schools by helping them do the following: A Health and Safety Check. This manual of checklists covers environmental regulations as well as safety and health regulations for secondary occupational and career orientation programs in New Jersey public schools. The Safe Schools manual is a successful, pilot-tested manual developed with the help of hundreds of individuals and supported by the New Jersey Department of Education, Office of School-to-Career and College Initiatives. The manual has been successfully used in New Jersey since Do the checklists cover all potential hazards in my program? The checklists were developed only for hazards covered by current Federal regulations. It was beyond the scope of this project to include checklists for unregulated environmental, safety, and health hazards. A career-technical program or course may still contain hazards, even if all of the checklists indicate good compliance. Resource Agencies and Organizations , an effort was made to locate resources for additional information about some of the hazards not covered by regulations. Are the checklists mandatory? Why should my school use them? Are the checklists all I need for a safety and health program at my school? Self-inspection checklists are only one of many elements that need to be in place to protect people and the environment. Other essential elements include management commitment, employee and student training and involvement, student safety and health competency testing, established procedures to follow in an emergency, and a coordinated effort to eliminate any hazards that are found. Many of these topics are discussed in Chapter 2: Suggestions for involving students are covered in the Appendix B: Do the checklists deal with occupational safety and health and environmental safety regulations applicable to the whole school? The checklists address only regulations that are directly related to career-technical classroom programs and courses. Environmental Protection Agency EPA covering management of asbestos-containing materials in schools are not addressed in this manual although checklists and regulations pertaining to asbestos in brake linings are covered. These regulations are relevant to schools in general but are not directly related to career-technical programs and courses. On the other hand, the hazardous waste disposal and electrical checklists and others can be used in other programs and classrooms. Do the checklists cover cooperative education off school grounds? The checklists are designed to cover environmental, safety, and health regulations that are potentially applicable to public career-technical classroom settings on school grounds. Non-school, non-classroom situations and locations, such as cooperative education programs at the worksite, were not specifically considered in the development of the checklists. However, many of the checklists and regulations apply to these other situations. Do the checklists cover science classes and adult career-technical education classes? Although important safety and health regulations need to be considered in adult career-technical education classes and science classes, these checklists have not been developed with these target classes in mind. Many of the checklists, however, also apply to these areas. State and municipal regulations were not included because they are different for each State and community. In addition, an effort was made to make the checklists as comprehensive as possible without being excessively long and cumbersome. As a result, the fine details of some regulations have been generalized or consolidated. In addition, constant changes in regulations, legitimate differences in interpretation, court decisions, and unanticipated circumstances prevent any self-inspection checklists from guaranteeing compliance with all regulations.

# DOWNLOAD PDF A SELF-APPRAISAL CHECKLIST FOR SCHOOL HEALTH PROGRAMS

## Chapter 5 : A School Checklist | Florida Department of Health in Taylor

*The purpose of the self-appraisal checklist is to assist school personnel in their endeavors to improve the secondary school program of physical education. The checklist is organized into seven major categories that represent essential aspects of a secondary school program: philosophy and principals, organization and administration, class management, the staff, the curriculum, facilities and.*

## Chapter 6 : Admissions and Application

*Program Appraisal Checklist For Elementary), School Physical Education Programs. Physical education is an integral part of the total educational process.*

## Chapter 7 : CDC - NIOSH Publications and Products - Safety Checklist Program for Schools ()

*PERFORMANCE INDICATOR CHECKLIST FOR TEACHERS/FSA NOTE: For more specific information, the teacher should refer to the various component plans and to the Head Start Performance Standards.*

## Chapter 8 : Evaluation Checklists | The Evaluation Center | Western Michigan University

*MONITORING AND EVALUATION GUIDANCE FOR SCHOOL HEALTH Abbreviations and Acronyms 3 Acknowledgments 4 in monitoring and evaluating school health programs.*