#### Sample Assessment Form for HIV/AIDS Prevention Education Implementation

This recommended form is in alignment with the “[Guidance Document for Achieving the New York State](http://www.nysed.gov/curriculum-instruction/health-education)  [Standards in Health Education](http://www.nysed.gov/curriculum-instruction/health-education)” to provide school districts with a coordinated and comprehensive model to utilize with stakeholders for an HIV/AIDS program evaluation. It is recommended that routine program evaluation is an ongoing and comprehensive part of monitoring the effectiveness of any district policies and programs to strengthen program planning, effectiveness, and management.

The purpose of the form is to provide a recommended framework for collecting, recording and evaluating information related to a school district’s HIV/AIDS prevention education program. Read the criteria statement and determine the extent to which the HIV/AIDS Prevention Education and Programming practices are evident. Document any evidence and notes in the space provided.

**Section 1: HIV/AIDS Prevention Education Policy**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not in Place | Partially in Place | Fully in Place |
| 1. The district has an HIV/AIDS prevention education policy approved by the board of education that has been updated within the last 5 years. |  |  |  |
| Evidence/Notes |
| 2. The district HIV/AIDS prevention education policy is reviewed regularly. |  |  |  |
| Evidence/Notes |
| 3. Language in the district HIV/AIDS prevention education policy is clear and well- defined. |  |  |  |
| Evidence/Notes |
| 4. The district HIV/AIDS prevention education policy is aligned with the district’s vision and mission and connects to other related policies. |  |  |  |
| Evidence/Notes |
| 5. The district has appointed a Health Education Coordinator, with a board of education approved job description including oversight of HIV/AIDS prevention education. |  |  |  |
| Evidence/Notes |
| 6. The district has established an HIV/AIDS Advisory Council involving administrators, faculty/staff, students, parents/guardians, and community members. Committee meets regularly (as determined by district policy), and members are involved in developing, implementing, assessing, and updating HIV/AIDS prevention education policies and procedures. |  |  |  |
| Evidence/Notes |

**Section 2: HIV/AIDS Prevention Education Curriculum, Instruction, and Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not in Place | Partially in Place | Fully in Place |
| 7. Elementary HIV/AIDS prevention education is taught by NYS certified classroom educators/professionals and secondary HIV/AIDS prevention education is taught by qualified teachers who are certified to teach health education per NYS Commissioner’s regulation§135.3 |  |  |  |
| Evidence/Notes |
| 8. The district has an approval/screening process if outside agencies conduct presentations or assemblies. |  |  |  |
| Evidence/Notes |
| 9. HIV/AIDS instruction is included in the K-12 health education program providing all students with developmentally appropriate, non-stigmatizing, and accurate information concerning nature of the disease, methods of transmission, and methods of prevention. Instruction is sequential, age-appropriate, consistent with community values, and stresses abstinence as most effective protection against HIV/AIDS. |  |  |  |
| Evidence/Notes |
| 10. Parents/guardians may opt a child out of the methods of prevention curriculum by submitting a letter to the school principal and agreeing to instruct their child on this material at home in accordance with Commissioner’s regulation §135.3. |  |  |  |
| Evidence/Notes |
| 11. Instructional materials providing accurate information on methods of prevention; stress abstinence as most appropriate and effective protection against HIV/AIDS, and are age- appropriate and consistent with community values are available to parents/guardians choosing to opt their child out of the methods of prevention curriculum. |  |  |  |
| Evidence/Notes |
| 12. The K-12 HIV/AIDS prevention education program is standards-based, skills-driven, developmentally appropriate, and reinforces protective factors and positive youth development. HIV/AIDS prevention education integrates learning standards from other content areas as appropriate. |  |  |  |
| Evidence/Notes |
| 13. The K-12 HIV/AIDS prevention education curriculum/program was developed/chosen using the key elements of the Guidance Document for Achieving the NYS Standards in Health Education. |  |  |  |
| Evidence/Notes |
| 14. The K-12 HIV/AIDS prevention education curriculum/program is research-based, theory- driven and focuses on assisting youth with avoiding specific behaviors that increase the risk of infection with HIV. It addresses social pressures and focuses on increasing personal perception of risk and harmfulness of specific health risk behaviors. |  |  |  |
| Evidence/Notes |

**Section 2: HIV/AIDS Prevention Education Curriculum, Instruction, and Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not in Place | Partially in Place | Fully in Place |
| 15. Instruction is student-centered, inquiry-based, and student-driven in alignment with NYS and National Health Education Standards. Instruction provides students with functional knowledge that is accurate and contributes to the mastery of essential health education skills and behaviors that promote health and support the essential question: “What HIV/AIDS knowledge and skills do I need to know and use to be safe and healthy? |  |  |  |
| Evidence/Notes |
| 16. Assessment is ongoing and allows students to demonstrate the acquisition of HIV/AIDS functional knowledge and personal health skills to multiple, personally complex, and challenging real-life or “near” authentic situations. Assessment data is available for review. |  |  |  |
| Evidence/Notes |
| 17. A supportive teaching and learning environment for HIV/AIDS prevention education exists that encourages positive youth development through meaningful, developmentally appropriate instruction. |  |  |  |
| Evidence/Notes |
| 18. A positive youth development philosophy is a foundation for HIV/AIDS prevention education and provides learning and assessment opportunities that build upon students’ existing strengths, skills, and competencies, allowing students to advocate for healthy and safe school, family, and community environments. |  |  |  |
| Evidence/Notes |
| 19. The administration advocates for the importance of HIV/AIDS prevention education and encourages its implementation to assist students with mastering the NYS Learning Standards for Health Education. |  |  |  |
| Evidence/Notes |

**Section 3: HIV/AIDS Prevention Education Professional Development**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not in Place | Partially in Place | Fully in Place |
| 1. The district provides appropriate and ongoing training and HIV/AIDS curriculum materials for educators and staff members, including school administrators, teachers, nurses, and counselors. |  |  |  |
| Evidence/Notes |
| 2. The district ensures that professional development provides knowledge and skills practice in creating effective, developmentally appropriate instructional strategies and promotes staff comfort, confidence, and capacity to deliver HIV/AIDS prevention education. |  |  |  |
| Evidence/Notes |
| 3. The district allocates the necessary resources for HIV/AIDS prevention education (i.e., budget, materials, planning time). Sufficient program development time, classroom time, and research-based educational materials are provided and used for HIV/AIDS prevention education. |  |  |  |
| Evidence/Notes |

**Section 4: HIV/AIDS Prevention Education Communication and Collaboration**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not in Place | Partially in Place | Fully in Place |
| 1. The district has formally communicated the importance of HIV/AIDS prevention education to all students and staff (i.e., formal written memos, orientation). |  |  |  |
| Evidence/Notes |
| 2. The district has a plan/procedure in place to communicate HIV/AIDS prevention education and related efforts to the school community (i.e., newsletter, website, board of education meetings, Parent Teacher Association Meetings, etc.). |  |  |  |
| Evidence/Notes |
| 3. The HIV/AIDS prevention education program is coordinated and integrated with related school health areas and is an important component of a more comprehensive school health education program. |  |  |  |
| Evidence/Notes |
| 4. The district provides opportunities to share HIV/AIDS prevention education with school and community stakeholders while seeking partnerships, grants and funding sources to combine with district resources to meet HIV/AIDS prevention education programming, safety, goals, and needs. |  |  |  |
| Evidence/Notes |
| 5. The district builds relationships and collaborates with community agencies and youth-serving organizations in the use of available HIV/AIDS prevention education and arts, cultural and other community institutions to enhance and expand HIV/AIDS prevention education. |  |  |  |
| Evidence/Notes |
| 6. The district builds relationships and collaborates with community agencies and youth-serving organizations in the use of available HIV/AIDS prevention education and arts, cultural and other community institutions to enhance and expand HIV/AIDS prevention education. |  |  |  |
| Evidence/Notes |
| 7. HIV/AIDS-related data are collected from the school and community and are used to drive prevention education and programming efforts. |  |  |  |
| Evidence/Notes |
| 8. HIV/AIDS prevention education programs and outcomes are monitored, assessed and analyzed using a documented review process with adjustments being implemented as needed. |  |  |  |
| Evidence/Notes |