

Criterion Checklist  
Blue Ribbon Health Program 5-8

School: \_\_\_\_\_ Date: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

100% of all areas marked Y/N\* are required and must be marked Y (51 total)      \_\_\_Yes \_\_\_ No

90% of required criteria (indicated by \*) must be rated at exceeds level (37 total)      \_\_\_Yes \_\_\_No

75% of all blank criteria must be rated at the exceeds level ( 59 total)      \_\_\_Yes \_\_\_No

(fill in the number for each component)

Summary Section	Y/N*	*	Blank
I. Curriculum Criterion			
II. Goals and Objectives Criterion			
III. Content Criterion			
IV. Instruction Criterion			
V. Evaluation of Health Program Criterion			
VI. Administration Criterion			
VII. Facilities-Equipment-Financing Criterion			
VIII. Gender-Cultural Equity Criterion			
TOTAL NUMBER of criterion for each section	need 51	need 33 minimum	need 44 minimum