

Criterion Checklist
Blue Ribbon Health Program 9-12

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 (38 total) ___ Yes ___ No

75% of all blank criteria must be rated at the exceeds level (56 total) ___ Yes ___ No

(fill in the number for each component)

Summary Section	(fill in the number for each component)		
	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 34 minimum	need 42 minimum