

Elementary Health Advocate Checklist/Tracking Form Spring 2009

Name _____ School _____

This form will be used to document actual hours spent on tasks related to the responsibilities of the Health Advocate position. Please complete this form to document the time spent on tasks. List hours spent on each task and star activities for which you submitted an Activity Log. **Time documented may exceed compensation allowed. Please approximate time spent on the following activities:**

<u>Time Spent (hrs.)</u>	<u>January 21, 2009 – June 9, 2009</u>
_____	<i>Attend Health Advocate Meetings on Wednesday, January 28, March 11 and May 6, 2009 from 4:00pm– 6:00pm (\$40 will be deducted for each meeting missed).</i>
_____	<i>Present information from the “Meeting Presentation” sheet and Health Advocate Meeting/communiqués at monthly faculty meetings.</i>
_____	<i>Publicize Health Advocate activities to school site in an ongoing fashion to inform and increase understanding of health programs.</i>
_____	<i>Coordinate the following activities/events: Physical Activities /Dental Poster Contest, Nutrition/Child Abuse/Diabetes Awareness, Gay Pride/Asthma Awareness, Summer Health/Sun Safety/Skin Cancer Awareness, Jump Rope for Heart, Theatrical Presentations, and CBO presentations.</i>
_____	<i>Collaborate with School District Nurse, Learning Support Professional, ExCEL staff and Nutrition Coordinators if at site.</i>
_____	<i>Complete required documentation and submit online logs regularly.</i>
_____	<i>Attend and encourage teachers to participate in Health Education Professional Development.</i>
_____	<i>Distribute curriculum and resources as needed and/or provided by SHPD.</i>
_____	<i>Conduct, facilitate or participate in one parent/family presentation during the school year related to health..</i>
_____	<i>Conduct student, family or staff survey/needs assessment as needed by site or district (CPM, CHKS, State Share documentation).</i>
_____	<i>Other _____</i>
_____	<i>Total Number of Hours for Spring 2009.</i>
_____	<i>TOTAL NUMBER OF HOURS FOR 2008-09 YEAR.</i>

This document has been prepared to the best of my ability. I understand that the \$800 stipend will be paid only after complete documentation is received, incomplete documentation will result in a reduced stipend.

Certificated signature _____ **Date** _____

DUE: Wednesday, May 6, 2009

Please bring to meeting or send to SHPD, 1515 Quintara St., SF ~ (fax) 242-2618

