

AN EVALUATIVE STUDY OF THE HEALTH PROGRAM OF
QUEENSLAND ELEMENTARY AND HIGH SCHOOL
FITZGERALD, GEORGIA

A THESIS
SUBMITTED TO THE FACULTY OF THE SCHOOL OF EDUCATION, ATLANTA UNIVERSITY,
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THE DEGREE OF MASTER OF ARTS

BY
BERNICE LAVERNE STREET

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DEDICATION

To my Husband and Daughter

George and Elva Denise

and

To my Mother

Mrs. Mary E. Jackson

for

their inspiration, understanding and encouragement during

the writing of this study

B. LaV. S.

and title page imperfect volumes delay return of binding. Thanks.
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CHAPTER I

INTRODUCTION

Rationale.--To a large extent the welfare of a nation depends upon the health and safety of its citizens. To help pupils to develop into well-balanced, able-bodied, men and women is the objective of health and safety instruction. In most of our schools the teacher of health is the person chiefly responsible for promoting healthful living.

The school health program is designed to instill in the growing child a knowledge of the basic health requirements which, if fulfilled, will contribute vastly to his physical and mental well-being. The individual should remain as free as possible from remedial defects and poor health habits. When schools have an effective health program, they lay the foundation for a lifetime of sound health habits which should serve to strengthen the community and the nation.

Health education should result in healthful living. Correcting pupils' defects and telling them about health do not necessarily insure healthful living. To establish effective health habits, attitudes, and practices, the school must provide a healthful environment and train pupils to use continually the tools of health: good food; exercise; fresh air; sunshine; rest; relaxation; the tooth brush; soap and water; and the advice of the doctor, the nurse, and the teacher.¹

¹G. M. Wheatley and Grace T. Hallock, Health Observation of School Children (New York: McGraw-Hill Book Company, 1956), p. 72.

Effective health instruction cannot and should not be confined within the walls of the school building. Through pupils, it goes out into the community and is then reflected back into the school. Classroom teachers must be as ready to appreciate and utilize valid community suggestions as to give ideas. Instructions and public relations work together; they represent a two-way street.

Every teacher bears a measure of responsibility for the health of pupils. The homeroom teacher, in particular, has an opportunity to help children gain insight into health factors. As occasions bearing on health practices or understandings arise, the implications for health are pointed out and encouragement of health practices is given.

To assure success in health education parents should be informed of the meaning of the program and of ways in which they can cooperate with the school. The home diet should exemplify the dietary principles and proper preparation of food taught at school. By their own example parents can encourage the practice of good health habits. Parents and children should share responsibility for the amount of sleep children get, how frequently they bathe, and the proper use and care of clothing. Likewise, the home must follow school and municipal regulations about exclusion and quarantine if they are to control communicable disease and to foster proper attitudes in the pupils. The competent county school nurse considers the pupil as a member of the family as well as of the school group. She assists parents in providing a favorable environment and the services necessary to promote and protect the health of the entire family. Through her knowledge of home conditions she is able to interpret the needs of the pupils to the school personnel.

Cleanliness and neatness in the schoolroom and plant are very

essential to the development of good health habits and understanding. Each teacher should assume a share of the responsibility for maintaining a healthful school environment. The teacher's personal influence is especially important in health education. Silently, constantly, whether consciously or not, the personal appearance, posture, voice, manner, and habits of the teacher help to shape the pupil's thoughts and actions. Much of the effectiveness of a health program can be determined by the improvement in pupils' health habits, and school health services, if closely integrated with classroom teaching, can play a vital role in the health program.

Health education is concerned with healthy growth, the prevention of disease, the correction of physical impairments, and the building of a healthful environment. Of basic importance are conditions conducive to healthful living: sanitary, well-lighted, properly ventilated school buildings; a mental hygiene atmosphere in the classroom and on the playgrounds; and the essentials of food, shelter, and clothing. Health instruction is very vital in helping pupils to make the best use of their present environment, and in building standards, attitudes, and understandings that will lead to future healthful living.

Health service is another division of health education. Included here are health examination, morning inspection, inoculation against disease, first aid and others. These activities may contribute greatly to the general health education program. Through these experiences the child learns health standards and values by example and practice. Because the student has a personal interest in the service being rendered, the opportunity to teach health is excellent and is not equalled in any other aspect of the whole school health program.

It is evident that the specific experiences that constitute the health curriculum should vary with different communities. In some situations diet should be emphasized; in others safety must be stressed. The difficulty in making generalizations regarding grade placement is obvious in view of the variations in the children's intelligence, previous knowledge, and immediate motivation for learning; in the health of the community; and in the available materials and methods of instruction.

A diversity of still unproved methods and devices are found in the schools. Although research on methods of teaching health have been meager and inconclusive, some experimental evidences of the efficacy of a comprehensive program of health instruction have accumulated. Various studies have been made and evaluated.

In addition to health instruction and health service, health education includes health supervision. The health of the child is materially affected by the school environment in which he spends several hours each day. From this experience he acquires ideas as to what conditions are favorable to health. All environmental factors should be included in the health of the child.

In the area of physical education and recreation special emphasis should be placed on assigning the responsibility for the complete program to a person competent in that particular area. The plans for organizing programs of physical education and recreation may vary in view of differing conditions that exist in the schools.

It is preferred that physical education be taught as a separate course but the program could be planned so that there would be integration in content in the elementary school and alteration in different ways in the junior and senior high school where deemed necessary.

Regardless of the plan of scheduling used, physical education and recreation should be taught according to the developmental level of the student.

Every individual has been endowed by the Creator with a wonderful human body. Its care and health are his responsibility, and to maintain innate dignity as an individual, one must be made to realize this responsibility. The individual must learn to live by the fundamental laws of health which will enable him to reach his fullest development--bodily, mentally and spiritually.

The foregoing set forth the writer's point-of-view or position in relation to this research. The position advanced is in support of such authoritative sources as, Turner,¹ Ravenal,² Williams,³ and Wheatley and Hallock.⁴

Definition of Terms.--The following terms will carry the meanings and implications ascribed thereto:

1. "Health"--that complete fitness of body, soundness of mind, and wholesomeness of emotions, which make possible the highest quality of effective living and of service.⁵
2. "School Health Program"--all the activities carried on in a school system in the interest of health.

¹C. E. Turner, School and Health Education (St. Louis: The C. V. Mosby Company, 1949).

²M. P. Ravenal, A Half Century of Public Health (New York: American Public Health Association, 1921).

³Jessie F. Williams and Ruth Abernathy, Health Education in Schools (New York: Prentice Hall, Inc., 1948).

⁴G. M. Wheatley and Grace T. Hallock, Health Observation of School Children (New York: McGraw-Hill Book Company, 1956).

⁵C. E. Turner, C. Morley Sellery, and Sara L. Smith, School Health and Health Education (St. Louis: The C. V. Mosby Company, 1957), pp. 33-34.

3. "Health Education"--the sum of experiences which favorably influence habits, attitudes, and knowledge relating to individual and community health.
4. "School Health Education"--the process of providing learning experiences for the purpose of influencing knowledge, attitudes, or conduct relating to individual and community health.
5. "School Health Services"--the procedures established to:
 - a. Appraise the health status of pupils and school personnel.
 - b. Counsel pupils, parents, and others concerning appraisal findings.
 - c. Encourage the correction of remedial defects.
 - d. Assist in the identification and education of handicapped children.
 - e. Help prevent and control disease.
 - f. Provide emergency service for injury or sudden sickness.

Evolution of the Problem.--The desire to do a study in this area grew out of a need to investigate the Health Program of the Queensland Elementary and High School in terms of its adequacy, as measured by recognized and acceptable standards, and to identify the present health practices with the intent to improve them where necessary, in the light of more accepted practices of good health. Moreover the writer also desired to investigate this area because of personal convictions concerning the importance of health and the all-around adjustment of individuals. It is the position of this writer that an adequate health program, wherever it exists, tends to enhance the physical, mental, social and emotional well-being of all individuals.

Contribution to Educational Knowledge.--Perhaps the major contribution of this study lies in the assumption that it indicates the degree to which the health program of the Queensland Elementary and High School is adequately serving the needs of the pupils and the school. Further, it is hoped that this study reveals information concerning

similar studies and suggests ways and means of ascertaining a functional health program. Where it was discovered that the needs are not being served the writer suggests ways and means of modification and/or refinement so as to lend more effectiveness to the health program. It is also hoped that the results of this study adequately emphasize the importance of a functional health program.

Statement of the Problem.---The problem involved in this study was to make an evaluative study of the health program now existing at the Queensland Elementary and High School, Ben Hill County, Georgia. The nature of the study was to determine the status of the total health program in the school during the school year 1959-1960. Despite the increased demand for improved health programs, there is need to study the nature and extent to which emphasis on health education contributes to healthful living.

The writer collected, analyzed and interpreted data which are pertinent as well as which emphasize the relative effectiveness of the Health Education Program of the Queensland Elementary and High School, Ben Hill County, Georgia.

Limitations of the Study.---This study was limited in the following ways:

1. Only one of the public schools of Ben Hill County, Georgia was of immediate concern.
2. The approach to this study was limited to factors affecting the development of principles needed to conduct the school in a manner designed to safeguard and promote the health of pupils and employees.
3. The objectivity of the questionnaire items, together with the objectivity of the response of the respondents.

Purposes of the Study.--The major purpose of this research was to analyze and interpret data which point to the relative effectiveness of the health program of the Queensland Elementary and High School and to identify the areas which are up-to-par and those that are not.

More specifically, the purposes of this research were to determine the:

1. Present practices of the healthful school living aspects of school health education in the Queensland Elementary and High School of Ben Hill County, Georgia.
2. Unmet healthful school living needs, if any, for which the school may assume complete or cooperative responsibility.
3. Roles of teachers, school administrators, other school personnel, and parents in an effective health program.
4. Most expedient way to stimulate the school, of major concern, in cooperating in the study to a more careful evaluation of its own healthful school living practices.
5. Extent to which the Ben Hill County Health Program parallels state and national criteria for conducting a health program.
6. Extent to which the health education program of the Queensland Elementary and High School is meeting the needs of the school in promoting growth and development.
7. Data which might serve as reliable for making suggestions and recommendations for improvement of healthful school living practices at Queensland Elementary and High School.
8. Implications for educational theory and practices as might be derived from the findings of this study.

Locale and Research Design.--The significant aspects of the locale and research design are outlined in the separate statements below.

1. Locale--The locale of this study was Ben Hill County, Georgia, which is located in the southeastern section of Georgia. It is a diversified agricultural center with a largely rural and small town population of 15,000 people. The county seat got its name from a wealthy statesman, Benjamin Hill.

This research was conducted at Queensland Elementary and High School which is located in a small community in Ben Hill County named Queensland. Queensland is located six miles north of Fitzgerald on U. S. highway 129. The school is situated on the north side of the small, thickly populated Negro community. Queensland Elementary and High School is the only county supported school for Negro youth in Ben Hill County and therefore, located approximately near the central portion of the county. There is one other school for Negroes, Monitor High School, which is located in Fitzgerald proper.

The Queensland Elementary and High School has an enrollment of 318 and 134 elementary and high school pupils, respectively, for a total of 452. There are 3 male and 13 female teachers, respectively, for a total of 16. The school plant facility consists of 2 elementary buildings and 3 high school buildings.

2. Period of the Study--The research was conducted during the second semester of the 1959-1960 school year at the Queensland Elementary and High School, Fitzgerald, Georgia; and during the summer session of 1960 at Atlanta University.
3. Method of Research--The Descriptive Survey Method of research, employing the techniques of the questionnaire, the structured interview, records and observation, was used to gather the data necessary for this study.
4. Subjects--The subjects involved in this study were the principal, the teachers, the supervisor, and other personnel in the Ben Hill County School System, including the 452 pupils attending the Queensland Elementary and High School.
5. Description of Instrument--The major instrument used in collecting the data for this research was the Georgia State Department of Education's Checklist: An Appraisal of the School Health Program. This instrument constitutes Appendix B, pages 101-116.

Because of the organization of the school, the time element, and other factors, such as distance of patrons from the school, it was not feasible to use the instrument in its entirety as designed. To this degree the investigator recognizes an additional limitation in that the lay people are not among the subjects. Included, however, are the principal, faculty, supervisor and public health personnel.

6. Criteria of Reliability--The criteria of reliability for appraising the data was the accuracy and authenticity of the responses of the subjects to the items on the questionnaire, together with the responses and reactions during the interviews; and the accuracy and reliability of the official records which constituted the sources of the data.

7. Procedure--The specific procedural steps used in the conduct of this research were:
- a. Permission to carry out the research was obtained from the proper authorities.
 - b. Similar research and the related literature pertinent to this study were reviewed and are summarized in the thesis copy.
 - c. Interviews with the educational personnel were conducted and a questionnaire was administered to the educational personnel, which media of information constituted the major source of data for this study.
 - d. Records and reports in the offices of the principal and supervisor were studied and analyzed, and pertinent data abstracted therefrom.
 - e. The gathered data were organized into appropriate tables; and, in turn, were analyzed, interpreted, and are presented in the final thesis copy.
 - f. The current literature pertaining to health education and the total health program was surveyed and used as background information necessary in conducting this type of study.
 - g. The findings, conclusions, implications, and recommendations were formulated and are incorporated in the thesis copy.

Survey of Pertinent Literature--As a frame-of-reference for the problems inherent in this study, significant information pertaining to the problems of the study resolves itself into the following categories:

1. Relationships between the School Health Program and the community health program.
2. Relationships within the school
3. The scope of the School Health Program
 - a. Healthful School-Community Environment
 - b. Health Services
 - c. Health Instruction
 - d. Physical Education and Recreation

Relationship Between the School Health Program and the Community Health Program--The team approach to the solution of problems is not

new. Without it, effective coordination of diverse services and cooperation among institutions and organizations would be impossible. In education, we have increasingly seen administration sharing policy-making with others, realizing that policy and the participant both are better as the team is enlarged.

The school is part of the community. Teachers are citizens. Children are future citizens. The schools have their own health education programs but school health education and public health education, that part of education that takes place in home and community, are and should be related. The school should and does clearly recognize the importance of the home, the department of public health and the voluntary health agencies, in promoting hygienic living.

The home controls the child's nutrition, clothing, rest and many hygienic factors. It secures or permits immunization and such medical or surgical care as may be needed for the correction of defects. Obviously the school health program should be interpreted to the home and the health education of parents should be carried to as high a level as possible.¹

The whole concept of the relationship between the school health program and the community health program is thought to be democratic and soundly educational. It in no way suggests the abandonment of administrative responsibility but the concept rather recognizes the responsibility of effective relationships.

It is the duty of the school to create an awareness in the

¹Charles C. Wilson (ed.), Health Education (Washington, D.C.: National Education Association of the United States, 1955), p. 211.

community of what constitutes the best in health education for children. The school health committee should work with the administrator in encouraging all teachers to communicate frequently with individual parents in relation to health topics. To this end, the committee should provide a fund of ideas for different and successful means of communicating with parents.

The health program calls for coordinated effort on the part of many people, teachers, administrators, public health workers and others if the program is to function adequately. Each school can develop working details through study and analysis of the pertinent health problems of its pupils and community, and within the limits of available staff, time, and facilities.

All problems cannot be solved in the same manner. Coordination of efforts to improve health can best be achieved when each group in a community accepts responsibilities, is familiar with the work of other groups and voluntarily relates its activities to the total community program. The solution to certain current health problems awaits the results of intense research.

Realizing the dire need for sound relationship between the school health program of the school and the community, Oberteuffeur reveals that:

School health education goes to the individual, to the family, to the group for the substance of its program. It seeks out the needs of people to satisfy, queries to answer, perplexities to solve. It anticipates problems by having the means to the solution ready. It helps the student meet his concerns as they arise. It gives him techniques of living better. It studies the community, the state, and the nation for its directions, revealing as such study does the health status of the people. To reveal individual needs and supply them is its principal, its only important

technique of development. It can justify its instructional and service aspects only as the proof of their need is demonstrable in the lives of either the student or the general public.¹

Relationships Within the School.--The Superintendent may give leadership to the school health program by budgeting adequate funds for health instructional materials, supplies, maintenance and emergencies. He is the executive officer responsible for the execution of the total health program in each individual school. He should make provisions for personnel and adjusting the school program to meet individual needs of students. It is his responsibility to put into operation a functional health instruction program based on the interests and developmental tasks of boys and girls at the various grade levels. He should also develop a public relations program that will enable parents and community health agencies to understand and accept the school health program as well as develop joint functional activities for the school health committee and community health council. All students should be encouraged to participate actively in the total health program in such a manner as will best meet their present and anticipated needs.

The principal, in addition to sharing in some of the duties of the superintendent, should assume the responsibility of providing a healthful environment, giving guidance and encouragement to staff members, personally supervising health instruction activities, and working to maintain the health of all school personnel.

The health of the non-instructional staff of the school is of great importance. The school bus driver carries a heavy responsibility

¹Delbert Oberteuffeur, School Health Education (New York: Harper and Brothers, 1954), p. 7.

for the health and safety of the children commended to his care. The cafeteria worker, whether adult or student, if not carefully selected and supervised, may be a hazard to each pupil served. No school employee who is not in sound health and free from communicable disease should be permitted to work in direct contact with boys and girls.

Sound teacher-pupil relationships are of primary importance in the development of a healthful school day. Educators in Kansas have indicated desirable teacher-pupil relationships in terms of the following advice to the teacher:

1. Have genuine interest in children.
2. Respect personality.
3. Strive to give each child a feeling of security, of belonging, and of being of value to his group.
4. Have a sense of humor, so children will be happy and live in an atmosphere of happiness.
5. Be impartial in relations with all pupils.¹

As health is important to the individual, so is it of the greatest importance to organized society. Ignorance coupled with unhealthful living exacts tolls of society in a variety of ways. One could cite the millions of dollars worth of lost time in industry; reduced efficiency in various facets of community living; suffering, hardships and unhappiness unnecessarily caused untold thousands of people young and old alike. On the other side, the power of health instruction, its ability to counteract ignorance and neglect, can be demonstrated.

¹Health in Texas Schools (Austin, Texas: Texas Education Agency, 1956), p. 19.

The administrator concerned about health needs to give first consideration to the fundamental question of the extent to which health instruction is to be a part of the common learning program, as well as to that point in the school program at which differentiation and hence specialization can begin. The Committee on School Councils believes that health may well be a part of the common learning program in the elementary school. It believes further that in junior high schools in which the common learnings program has been extended upward, through fusion or the core curriculum health instruction may be made an integral part of a larger curriculum offerings, with a health specialist serving as a resource person. In grades nine through twelve, however, the committee believes that the important subject of health demands a high degree of specialization, that fusion with other subjects may cause confusion, that attempts at integration may cause disintegration. Many psychologists believe that integration takes place within the individual and that learnings which occur in a variety of situations will result in integration within the individual if the learnings are significant and are related to his own problems of daily living. This is not to say, however, that health instruction should be the concern of the health specialist alone. Since health is an essential part of the total living of the child it must be the concern of all school staff members to assist, in the development of desirable attitudes, in the establishment of sound practices, and in personal exemplification. Moreover, in the field of health knowledge both the health specialist and the specialists in other fields must provide for cross-fertilization through provision of adequate learning experiences, through capitalization on learning experiences in another field and through motivation. As Health in

Schools says:

Health is so vitally a part of all living experience that it is impossible to circumscribe the health teaching program with courses, plans and study outlines. The child gains health understanding, exhibits behavior of import to health, and develops attitudes toward such behavior in all phases of his school experience. These continuous experiences and concomitant learnings are of such importance and the understanding of their relation to all education so necessary that each teacher must become aware of her role in health guidance and teaching if the school program is to be effective in health improvement. Health instruction is the responsibility of every teacher.¹

The total health program should then, the writer believes, be surveyed in terms of sound health objectives to see whether the curriculum organization does justice to the attainment of those objectives. It is the writer's conviction that even if all subjects of the secondary school program make their requisite contribution to the satisfaction of health objectives, there must still be a one-unit course under the direction of a competent health specialist.

The classroom teacher may also conduct these activities which may or may not be included in a formal program of health services:

1. Observe daily the behavior of pupils, such as eating habits.
2. Keep cumulative up-to-date records of health including such items as height and weight.
3. Conduct preliminary screening for vision and hearing.
4. Recognize and provide for correction of physical handicaps to learning.
5. Teach parents how to observe their own children for early signs or evidences of illness.
6. Regulate room temperature, seating arrangements, and balance in lighting.

¹American Association of School Administrators, Health in Schools, Twentieth Yearbook (Washington, D.C.: The Association of School Administrators, 1951).

Personal human relationship based upon cooperation in a friendly atmosphere lay the foundation and form the network for an effective, adequate health program. Educators must have a clear concept of democratic human relations and possess the skills to develop such relations in educating for democracy. The administrator can contribute a great deal to the morale of personnel by reducing to a minimum tensions and strains on teachers and reducing pressures on children.

The Scope of the School Health Program.--Even though it is believed that a healthful environment requires constant consideration of pupils' emotional and social environment, perhaps the most important factor in the school environment is the personality of the teacher. The relationship existing between teachers and individual pupils often determines, to a large extent, whether an emotional status of the pupils that is the best for health will result. Attention should not be given only to the arrangement of the program within the school day and to student-teacher relationships within the classroom but also to the physical and mental health of all school personnel. Children should not be in contact with sick adults, principals, teachers, supervisors, custodians, bus drivers or food handlers. The school staff should be subject to adequate health supervision and guidance.¹

Oberteuffeur makes clear the role which a healthy environment must play in the lives of individuals. Not all of the major health problems originate in germs or food, or accidental situations. Man frequently creates his own problems by establishing an environment which

¹Leslie W. Irwin, The Curriculum in Health and Physical Education (St. Louis: The C. V. Mosby Company, 1951), p. 244.

in itself is not conducive to good living. Inadequate housing, unsafe buildings, crowded quarters, insanitary plumbing, insufficient refrigeration and water supply, and lack of privacy are some of the environmental conditions which produce the personal and group health problems of epidemics, maladjustments, unhappiness, and disaster.¹ In the growth of some areas little attention has been given to many of the problems pertaining to health. Something must be done about the various problems confronting us.

Healthful School-Community Environment.--The welfare of children as well as staff members is influenced by the environment of the school and school neighborhood. This environment should be as evocative as possible of growth, learning and health.

Safe and healthful surroundings would include the mental, emotional, and social as well as physical environment that favorably affect living and learning in the school and community. This includes safe, sanitary, adequate buildings and grounds, clinics, lunchrooms, athletic fields, improved play space, proper lighting, heating, ventilation, good housekeeping, modern equipment, good school program properly carried out by mentally and physically healthy school personnel.

As Derryberry has put it: "Health education is universally accepted as an essential part of the public health program."² As an institution drawing its life from the will of the people, supported by

¹Delbert Oberteuffeur, School Health Education (New York: Harper and Brothers, 1954), p. 21.

²M. Derryberry, Health Education in the Public Health Program, U.S. Public Health Reports (1945), p. 1394.

taxes, and maintained by compulsory attendance laws, the school must accept its responsibilities to protect, cultivate, and develop the health of its children and the health of the community which supports it. Today it is our challenge to help develop favorable programs of health education.

Health Services.--The school administrator has the responsibility for the total situation in his school. Placing great reliance on such health service functionaries as the school nurse, the nurse teacher, the health coordinator and others, the administrator nonetheless sees health service as an integral part of a complete educational program and sees himself as the coordinator of such health services. Periodically he should appraise this service and likewise determine the health service functions to be performed by teachers such as daily health inspection and screening. The administrator should also concern himself with the promotion of intelligent cooperation between school health service personnel, public health officials and voluntary agencies such as tuberculosis and public health organizations.

Health services include examinations and procedures necessary to determine the health status of each child, the follow-up of children to get defects corrected, the maintenance of health guidance for all children according to their special needs; the selection and referral to special classes of those children whose health would be injured in the regular program, the technical supervision of those classes; some teacher health; emergency care, and the control of communicable diseases.¹ Thus the main function of health service in the school is to conserve

¹Ibid., p. 42.

protect and improve the health of all individuals concerned.

We can never overemphasize the importance of good health of all school employees who come in contact with pupils directly or indirectly. Teachers, janitors, administrators and others should have a complete medical examination annually and any physical defects should be cleared up as in the case of pupils.

School health services are the joint responsibility of the school, health department and the community.¹ Even though the teacher has a fundamental role in the school health service program, parents should assume the primary responsibility for the health and welfare of their children.

Health Instruction.--Health is important to the individual. He may ignore it for long periods, may in various ways place it in peril, but sooner or later the impairment of this requisite to adequate living impresses the individual with the necessity of adequate knowledge and sound attitudes if healthful living is to ensue.

The administrator needs to be sure that the health instructor is adequately trained for his work. If the instructor has been transferred from another field, a program of in-service training, under the guidance of the administrator and in accordance with State Department of Education specifications, is required.

Physical Education and Recreation.--When the school's physical education and recreation program is planned, it should be planned to include all children.² A wise program seeks to help each child find

¹School Health Guide, Georgia Department of Education and Georgia Department of Public Health (Georgia, 1955), p. 37.

²Ibid., p. 45.

physical activity in sports or recreation that will fit his interest, his maturity level, and his neuro-muscular development. The school should keep in mind also its obligation to help people develop recreational interests and skills which they can take with them into later life to keep them healthier and give them interesting leisure pursuits.

In realizing the need for a strong program of physical education and recreation Irwin supports the fact that:

Pupils in the elementary school should participate daily in a guided program of play and physical education activities. The activities should be varied in nature and individual and sex differences must be taken into account. Pupils should be classified and grouped according to their abilities. The program should include, as a minimum, an appropriate sampling of games, rhythmic, self-testing activities, relays, formal exercises, free play and supervised play. A number of these activities may be taught and engaged in on a coeducational basis. Separation of boys from girls for instruction and participation in activities appropriate for one sex or the other should take place beginning with the upper elementary grades. Then, instruction and supervision should be by teachers of the same sex as the students. Furthermore, when they reach junior and senior high school, students should be scheduled for daily periods of physical education, the time for which should be sufficient to allow students to change to appropriate clothing and to have a reasonable period of activity followed by a shower. Classes should be small enough to permit adequate instruction and activity.¹

In all grades of elementary and secondary schools the health and safety aspects of physical education and recreation should be considered. For the protection of the children involved in the program, the physical condition of each child should be considered before participation in any activity is allowed, particularly upon returning to school after illness.

Turner, Sellery and Smith support the fact that the heart and center of public health education is the relationship between the

¹Leslie W. Irwin, The Curriculum in Health and Physical Education (St. Louis: The C. V. Mosby Company, 1954), pp. 49-50.

teacher and the individual child. The school exists to provide for the child those organized learning experiences which will best develop the knowledge, skills, habits, attitudes, physical and mental vigor, personality, and character needed for desirable citizenship in a free country. The teacher is close to the child and most directly in control of these childhood experiences.¹

The importance of providing adequately for the health of school children and for the promotion of good health practices among pupils has gained increased recognition in education in recent years. This concept is ably expressed by Turner, who states:

The significant emphasis of the modern school health program has been upon improving health practices of pupils. It has been increasingly apparent that facts alone will not produce hygienic living, and that health education involves real training and problem solving, not merely instruction. Schools have found it necessary to concern themselves increasingly with the indirect learnings of children through sanitation, health services, and other school experiences which have often been found to be contradictory to direct health instruments. The home and school have come closer together in the health training of the child and to an increasing degree, schools have joined in community-wide efforts to improve various aspects of the public health.²

In a program of health education an important parallel to the education of the child is adult education and it should become increasingly a function of the school. Parent-Teacher Associations may be a means of securing the effective cooperation of home and school in the health education program. The school through its administrators, teachers and health council, must give thoughtful consideration to provisions

¹C. E. Turner, C. Morley Sellery, and Sara L. Smith, School Health and Health Education (St. Louis: The C. V. Mosby Co., 1957), p. 17.

²C. E. Turner, School and Health Education (St. Louis: The C. V. Mosby Company, 1949), p. 42.

for healthful school living. This includes attention to maintenance, improvement and repair of the school plant-buildings, grounds, interior decorations, supplies, and the like. Adequate playgrounds and play equipment are essential. These should include recreational and athletic facilities.¹

Williams and Abernathy mentioned that in spite of the hurried, tense, mood of modern life, a school day should promote calm and poise in pupils rather than an overcrowded program of work and defeats the real purpose of healthful school living.²

The teacher personally is an important health factor. Grooming, manner, and voice are important while ability to maintain stimulating and wholesome pupil-teacher relationships is essential. School environment encompasses every aspect of the school's and community's influence upon the health of children.³

According to the National Committee on School Health Policies, "teachers should have the latest data on the principles of healthful living so they can assume the responsibilities for the health of the child which the operation of a good sound health program requires."⁴

¹Lawrence B. Chenoweth and Theodore K. Selkirk, School Health Problems (New York: Appleton-Century-Crofts, Inc., 1953), p. 204.

²Jesse F. Williams and Ruth Abernathy, Health Education in Schools (New York: 1949), pp. 145-147.

³Delbert Oberteuffer, School Health Education (New York: Harper and Brothers, 1954), p. 383.

⁴National Committee on School Health Policies, Suggested School Health Policies (New York and Minneapolis: 1946), p. 17.

Our changing times demand a re-thinking and often a re-education of school personnel as to the function of health services in this modern society. This sometimes necessitates a modification of health patterns to make them more effective in meeting the needs of the people.

Discussing the necessity for sound health programs, Colcord states:

Recent estimates indicate that perhaps one-third of the American people live in areas with substandard local health services. Only through increased subventions from larger governmental units, or through some complete reorganization of our methods of providing medical care, can some communities receive what they need and want. In other communities, where the amounts expended may be adequate, some of the funds may be wastefully spent. The effectiveness of individual health procedures can be evaluated and the adequacy of community health services can be measured through an analysis of various indices of the community.¹

A primary purpose of health instruction in the schools is to impart a knowledge and understanding of healthful living through which it is possible to develop desirable health habits and attitudes in pupils. Teachers in past years have attempted, in the lower grades particularly, to establish desirable health practices without imparting sufficient basic health knowledge for pupils to understand the underlying reasons. Seldom are health practices soundly established and continued unless the pupils understand the reasons.

The school plant and equipment are considered to be outstanding factors influencing the educational progress which the school offers.

Turner believes that in a good health program pupils gain a sense of responsibility and respect for the care and proper use of property and the right of others involved. The difficult task of

¹Joanna C. Colcord, Your Community (New York: Russell Sage Foundation, 1947), p. 94.

maintaining a clean school and the responsibility of each teacher and pupil for preventing unnecessary dirt and litter become clear. Pupils realize the contribution to the discomfort of other pupils and possible danger to health by such personal practices as placing lips and mouths on drinking fountains, spitting on floors, marking on walls, improper disposal of rubbish, improper use of toilets and sinks. They gain the satisfaction of attractive surroundings, and learn to appreciate a clean, wholesome and healthful environment.¹

Grout supports the fact that one of the most recent and encouraging trends in curriculum development is the extension of the school into the community. This trend is a natural outcome of a growing recognition that the school has an obligation to prepare children for democratic living. Schools are identifying themselves with the community in a variety of ways. Good schools have for many years used the resources of the community to enrich their curricula.²

A good program of guidance is an essential of the health program. To be effective, health teaching must educate the emotions as well as the minds of young people. It must offer them a program of guidance that is realistic and practical in terms of the problems they face today and the adjustments they have to make for wholesome living now and in the future.

Crow and Crow comment that if the general aim of education is accepted as that of assisting the individual in his total development,

¹C. E. Turner, op. cit., pp. 202-203.

²Ruth E. Grout, Health Teaching in Schools (Philadelphia and London: W. B. Saunders Company, 1953), p. 85.

the work of guidance must be analyzed into specific responsibilities for meeting the specific needs associated with the various factors and phases of the individual's wants, needs, and behavior patterns. The specific functions of guidance are concerned with personal adjustment in the following areas:

1. Physical and mental health
2. Educational
3. Vocational selection
4. Social and recreational areas
5. Civic¹

Guidance counselors, as well as other personnel, must recognize the specific needs of the individual at his progressing stages of development and be prepared to meet these practically and with full knowledge of the individual's capacities and interests.

Because of the fact that the school is assigned to a large part in the educative process, particularly in the formative years of childhood and youth, the health program becomes a direct responsibility of the school. The school program must be arranged to protect and improve the physical, mental, and emotional health of every child and allow him the fullest opportunity to develop his best self.

Summary of Pertinent Literature.--The summation relative to the literature pertinent to this study are characterized in the comments to follow:

1. The most valuable element in health education is the work of the individual child. A carefully planned program in Health

¹Lester D. Crow, and Alice Crow, Mental Hygiene (New York: McGraw-Hill Book Company, Inc., 1951), p. 303.

needs constant adaptation to the particular needs of pupils, both in respect to the health education practices, and educational methods.

2. It is believed by many that health education should begin early in the child's life, in order that he may establish desirable habits that are very necessary in maintaining all around health.
3. An adequate program of health education in the public school is practicable only through careful planning and sharing of duties by the staff.
 - a. Providing health services in the elementary school is a responsibility of the elementary teacher in cooperation with the coordinator of health and physical education.
 - b. Providing health services for the high school is a joint responsibility of all school health personnel in cooperation with the coordinator.
 - (1) Each teacher must effect, as nearly as possible, a wholesome physical environment and conditions conducive to effective learning.
 - (2) Each should cooperate in planning and implementing health services.
 - (3) One or more teachers must be adequately prepared to offer the required course in health instruction.
 - (4) A broad program of physical education and recreation for all pupils is actually possible only through joint efforts of a number of staff members each of whom, in addition to his major teaching field, supervises one or more phases of a comprehensive physical education program for all students.¹
4. The health and physical education teacher and the health coordinator are responsible to the principal for the over-all leadership of the school health program and must be qualified in each of the four services--environment, health services, physical education and recreation, and health instruction.
5. The school health program should be interpreted to the home

¹Health in Texas Schools (Austin, Texas: Texas Education Agency, 1956), p. 26.

and the health education of parents should be carried to as high a level as possible.¹

6. Health is so vitally a part of all living experience that it is impossible to circumscribe the health teaching program with courses, plans and study outlines. The child gains health understanding, exhibits behavior of import to health, and develops attitudes towards such behavior in all phases of his school experience.²
7. Personal human relationship based upon cooperation in a friendly atmosphere lay the foundation and form the network for an effective, adequate health program. Educators must have a clear concept of democratic human relations and possess the skills to develop such relations in educating for democracy.³
8. Even though it is believed that a healthful environment requires constant consideration of pupils' emotional and social environment, perhaps the most important factor in the school environment is the personality of the teacher.⁴
9. An institution drawing its life from the will of the people, supported by taxes, and maintained by compulsory attendance laws, the school accepts its responsibilities to protect, cultivate and develop the health of its children and the health of the community which supports it.⁵
10. School health services are the joint responsibility of the school, health department and the community.⁶
11. When the school's physical and recreation program is planned, it should be planned to include all children.⁷

¹Delbert Oberteuffeur, School Health Education (New York: Harper and Brothers, 1954), p. 7.

²American Association of School Administrators, Health in Schools, 20th Yearbook (Washington, D.C.: The Association, 1951).

³M. P. Ravenal, A Half Century of Public Health (New York: American Public Health Association, 1921), p. 234.

⁴Leslie W. Irwin, The Curriculum in Health and Physical Education (St. Louis: The C. V. Mosby Company, 1951), p. 244.

⁵M. Derryberry, Health Education in the Public Health Program, U.S. Public Health Reports (November, 1945), p. 1394.

⁶School Health Guide, Georgia Department of Public Health (Atlanta: Georgia Department of Education, 1955), p. 37.

⁷Ibid., p. 45.

12. For the protection of the children involved in the physical and recreation program, the physical condition of each child should be considered before participation in any activity is allowed, particularly upon returning to school after illness.¹
13. The heart and center of public health education is the relationship between the teacher and the individual child.²
14. We can never overemphasize the importance of good health of all the school employees who come in contact with pupils directly or indirectly. Teachers, janitors, administrators and others should have a complete medical examination annually and any physical defects should be cleared up as in the case of pupils.
15. Thoughtful consideration should be given to the attention of maintenance, improvement and repair of the school-plant buildings, grounds, interior decorations, supplies, and the like in the endeavor to attain healthful school living.³
16. In spite of the hurried, tense, mood of modern life, a school day should promote calm and poise in pupils rather than an overcrowded program of work and defeats the real purpose of healthful school living.⁴
17. The school environment encompasses every aspect of the school's community's influence upon the health of children.⁵
18. One-third of the American people live in areas or communities with substandard local health services. The effectiveness of individual health procedures can be evaluated and the adequacy of community health services can be measured through an analysis of various indices of the community.⁶

¹Leslie W. Irwin, The Curriculum in Health and Physical Education (St. Louis: The C. V. Mosby Company, 1954), p. 49.

²C. E. Turner, C. M. Sellery, and Sara L. Smith, School Health and Health Education (St. Louis: The C. V. Mosby Co., 1957), p. 17.

³Lawrence B. Chenoweth and Theodore K. Selkirk, School Health Problems (New York: Appleton-Century-Crofts, Inc., 1953), p. 204.

⁴Jesse F. Williams and Ruth Abernathy, Health Education in Schools (New York: Prentice Hall, Inc., 1948), p.172.

⁵Delbert Oberteuffeur, School Health Education (New York: Harper and Brothers, 1954), p. 383.

⁶Joanna C. Colcord, Your Community (New York: Russell Sage Foundation, 1947), p. 94.

19. To be effective, health teaching must educate the emotions as well as the minds of young people. It must offer them a program of guidance that is realistic and practical in terms of the problems they face today and the adjustments they have to make for wholesome living now and in the future.¹

¹Ruth E. Grout, Health Teaching in Schools (Philadelphia and London: W. S. Saunders Company, 1953), p. 85.

CHAPTER II

PRESENTATION AND ANALYSIS OF DATA

Prefatory Statement.--A well-organized school health program should be jointly planned by the school, the health department, the medical and dental professions, and other related community groups. The school health program to be most effective should involve all available community resources, official and voluntary. Special in-service training programs should be conducted for the personnel directly involved. Periodic re-evaluation and improvement must keep the program in step with changing needs and trends.

The presentation, analysis and treatment of the data of this study are organized and presented under the following major divisions, (a) data derived from the questionnaire returns, indicating the Organization and Administration of the School Health Program in the Queensland Elementary and High School, Fitzgerald, Georgia, and (b) data obtained on the Scope of the Health Program in the Queensland Elementary and High School, Fitzgerald, Georgia, as indicated by the research participants. Section (b) of the major divisions is sub-captioned as follows: Healthful School-Community Environment, Health Service, Physical Education and Recreation, Health Instruction, and Special Education.

Distribution and Return of the Questionnaire.--The data on the questionnaire which involve percentages, based on the opinions of the

twenty respondents or members of the school health and educational personnel, including the administrator of the Queensland Elementary and High School, are presented in the tables to follow. Twenty or one hundred percent of the subjects who were requested to respond to the items of the questionnaire returned useable copies.

General Information Pertaining to the School.--The data in Table 1, page 33, reveal that the 1959-1960 enrollment of the Queensland Elementary and High School was 452. They further show that of the total enrollment, 263 were girls and 189 boys. Moreover, they show that 16 teachers were assigned to carry on the functions of the school. This included 14 homeroom teachers and two non-homeroom teachers with one teacher assigned to coordinate the health program. It may also be noted that the data show that none of the people in the categories mentioned hold a Master's degree in Health Education.

From Table 1 it may be assumed that the school does not have an overcrowded enrollment. In some instances, however, some elementary classes are overcrowded wherein some of the high classes are small. Each homeroom teacher has an average of 32 students. The coordinator assumes the responsibility of serving the 452 students enrolled and directing the work in health education.

Organization and Administration of the School Health Program.--Table 2, page 34, reveals the criteria for the organization and administration of the health program and the extent to which the program measures up to the determined criteria. The data show that there is a person in the Queensland Elementary and High School, Fitzgerald, Georgia, who is directly responsible for the administration and promotion of the health program. There is a school health committee which includes

TABLE 1

DATA CONCERNING PUPIL ENROLLMENT, NUMBER OF TEACHERS AND TEACHER-
COORDINATOR AT THE QUEENSLAND ELEMENTARY AND HIGH SCHOOL,
FITZGERALD, GEORGIA, 1959-1960

Pupil Enrollment	452
Boys	189
Girls	263
 Total Number of Teachers Assigned	 16
Male	3
Female	13
 Number of Homeroom Teachers	 14
Male	1
Female	13
 Number of Non-Homeroom Teachers	 2
Male	2
Female	0
 Number of Health Coordinators Serving the School	 1
 Number of People in Either of the above Mentioned Categories Holding a Master's degree in Health Education	 0

teachers, the administrator, the nurse and the sanitation personnel, but does not include students, citizens, and medical professionals.

Table 2 further shows that approved evaluation techniques are employed in the school but that health knowledge and health attitude

TABLE 2

DISTRIBUTION OF RESPONSES PERTAINING TO THE ORGANIZATION AND ADMINISTRATION OF THE
HEALTH PROGRAM AS OBTAINED FROM THE TWENTY RESPONDENTS AT THE QUEENSLAND
ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
A. Is there a person directly responsible for the administration and promotion of the health program in your school?	20	100				
B. Is there an active health committee?	16	80			4	20
1. Are teachers members of this committee?	16	80			4	20
2. Are administrators members?	20	100				
3. Are pupils members?						
4. Are lay people members?						
5. Is a physician included?			20	100		
6. Is a dentist included?			20	100		
7. Is a nurse included?	20	100				
8. Are sanitation personnel included?	20	100				
9. Does this committee meet regularly?			16	80	4	20
10. Does the committee help plan, activate and evaluate the health program in the school?	10	50			10	50
a. Does the evaluation include:						
(1) Health Knowledge tests?	14	70	2	10	4	20
(2) Health Attitude tests?			20	100		

tests have not been used extensively enough to be effective. Moreover, it is believed that with growing interest in the health program evaluation techniques will be given greater concern.

From Table 2 it may be assumed that the school health personnel in the Queensland Elementary and High School, Fitzgerald, Georgia, recognizes the opportunities and responsibilities for maintaining, promoting, and improving the school health program. The members of the personnel feel that each staff member should clearly understand his role in the program in order that he may be able to contribute his maximum effort. On the other hand, the percentages of "no response made" items pose the question as to the genuine effectiveness of the organization and administration of the health program.

Attitudes and Practices of Pupils.--In Table 3, page 36, it may be observed that the respondents of the Queensland School gave high ratings on the evaluation of attitudes and practices of pupils in the school and community as well as in the home. It may be further noted that the ratings for interviews and conferences with pupils, parents, health personnel and other teachers, and training and encouraging pupils to evaluate themselves by keeping anecdotal records, diaries, etc. were from good to excellent. All responses also show that when the above information is obtained it is used to improve the health program.

Table 3 indicates that the administrator, teachers and health coordinator realize that personal human relations based upon cooperation in a friendly atmosphere lay the foundation and form the network for an adequate, effective program. They are aware that in order for a wholesome relationship to exist all concerned must possess a clear concept of

TABLE 3

DISTRIBUTION OF RESPONSES CONCERNING PUPILS' ATTITUDES AND PRACTICES TOWARD THE
HEALTH PROGRAM AS OBTAINED FROM THE TWENTY RESPONDENTS IN THE QUEENSLAND
ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Fair		Good		Excellent		No Response	
		Percent		Percent		Percent		Percent
1. Attitudes and practices in the school?			16	80			4	20
2. Attitudes and practices in the home?	16	80					4	20
3. Attitudes and practices in the community?			20	100				
4. Interviews and conferences with pupils, parents, health personnel and other teachers?			16	80	2	10		
5. Training and encouraging pupils to evaluate themselves by keeping anecdotal records, diaries, etc.?			16	80	4	20		
6. When the above information is obtained is it used to improve the health program?			18	90	2	10		

of democratic human relations; and that tensions, strains and pressures should be reduced to a minimum.

Basic Training of School Personnel.---The data on the basic training of the school personnel in Table 4, page 38, reveal that 16 or 80 percent of the school personnel have training in the school health program and that this training includes mental and physical health as well as social health. Twelve or 60 percent indicated that they feel that each has responsibilities in the school health program, and eight or 40 percent indicated that no training had been provided in this area.

Eight or 40 percent of the responses indicated yes and 12 or 60 percent indicated no to, "Is there an in-service training program in school health for all school personnel as part of the total school program?" However, 18 or 90 percent of the responses indicated that there is a study and planning program during pre-and post-planning weeks; and 16 or 80 percent indicated that study groups are a part of the yearly program.

The data in Table 4 would appear to suggest that some improvements need to be made concerning health training for a functional health program. It, also, suggests that there is a need for in-service training for all concerned and that more emphasis could be placed on the effectiveness of such a program.

Written Health Program.---The data concerning the written health program in the Queensland Elementary and High School are presented in Table 5, page 39. All or 100 percent of the responses indicated that there is a written program of health for the school; the written program of health for the Queensland School conforms to the county written program of school health; sixteen or 80 percent indicated that this program

TABLE 4

DISTRIBUTION OF RESPONSES ON BASIC TRAINING OF SCHOOL PERSONNEL IN THE SCHOOL HEALTH
PROGRAM AT THE QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
A. Do school personnel have training in the school health program?						
1. All?						
2. More than half?	16	80			4	20
3. Less than half?						
4. None?						
B. Does this training include mental and social health as well as physical health?	16	80	2	10	2	10
C. Do they feel that each person has responsibilities in the school health program?	12	60	8	40		
D. Is there an in-service training program in school health for all school personnel as part of total school program?	8	40	12	60		
1. Does the program consists of study and planning during pre- and post-planning weeks?	18	90			2	10
2. Does the program consists of study groups during school year?	16	80			4	20

TABLE 5

DISTRIBUTION OF SELECTED FACTORS RELATING TO THE WRITTEN HEALTH PROGRAM OF THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
A. Is there a written program of health for your school?	20	100				
1. Is this written program revised and improved at least annually?	16	80	2	10	2	10
2. Does the written program of health for your school conform to the county written program of school health?	20	100				
3. Do school personnel and public health personnel jointly carry on the responsibility of the health program in schools?	8	40	6	30	6	30
4. In planning and writing the program of school health, did the following participate:						
a. School personnel, students and public health personnel?	16	80			4	20
b. P.T.A., School personnel, and public health personnel?			20	100		
c. Community, P.T.A., school personnel and public health personnel?			20	100		

is revised and improved annually and that school personnel, students and public health personnel participated in the planning and writing of the program of school health; and eight or 40 percent of the responses showed that school personnel and public health personnel jointly carry on the responsibility of the health program in the school.

At the Queensland School the personnel realizes the necessity of the school having a written health program relating to community contact and ways to handle various situations. Table 5 shows that the written program conforms to standards set up by the county and the school utilizes the services of public health personnel in planning and executing the program.

Healthful School-Community Environment.--It may be observed in Table 6, page 41, as indicated by 20 or 100 percent of the responses of the subjects that the school grounds at the Queensland Elementary and High School are suitable in size to meet state standards. There should be a basic minimum size for a combined elementary and high school of twelve acres per 300 or fewer pupils plus an additional acre for each additional one hundred enrolled or major fraction thereof. All responses also indicated that the landscaping presents a pleasant atmosphere without presenting health and safety hazards. All respondents, it may be noted, indicated that there are no objectionable commercial or industrial areas nearby creating excessive noise, dust or other hazards, and grounds are clean and well kept.

The school's responsibility to provide a healthful school-community environment for its occupants has long been recognized at the Queensland School. Standards have been established for adequate playground space. The example of clean, attractive, and well-kept grounds

TABLE 6

DISTRIBUTION OF RESPONSES CONCERNING THE SCOPE OF THE SCHOOL HEALTH PROGRAM
(HEALTHFUL SCHOOL-COMMUNITY ENVIRONMENT) AT THE QUEENSLAND ELEMENTARY
AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	None		Fair		Good		Excellent		No Response	
		Percent		Percent		Percent		Percent		Percent
A. Healthful School-Community Environment										
1. Grounds suitable in size to meet state standards?					20	100				
2. Landscaped for beautification and drainage?					20	100				
3. Grass, flowers and shrubbery in proper places and well kept?					14	70	6	30		
4. Are there objectionable commercial or industrial areas nearby creating excessive noise, dust or other hazards?					15	75	5	25		
5. Are grounds clean and well kept?					16	80	4	20		

helps pupils learn the value of cleanliness and the proper care of the environment. The inculcation of these habits, it is hoped, will be an effective carry-over to the care of the home.

Buildings.--Table 7, page 43, reveals that 16 or 80 percent of the responses received showed that the buildings of the Queensland School are attractive and in good state of repair, two or 10 percent felt that the buildings were not in a good state of repair, and two or 10 percent made no response. Twenty or 100 percent of the responses revealed that there are an adequate number of classrooms; other necessary buildings; a separate rest room for teachers, and the buildings are clean and well kept. Table 7 further reveals that there is no ramp entrance that will accommodate a wheel chair.

It would appear that the general appearance of the school buildings located on the campus of the Queensland Elementary and High School are such as to contribute to sound emotional health of pupils and staff. The buildings are sanitary and attractive without excessive decorations.

Sanitation.--Table 8, page 44, reveals the criteria regarding sanitation in the Queensland Elementary and High School. The responses show that all or 100 percent felt that the purity of drinking water is safeguarded by the Board of Health. The water has been tested and approved by the Health Department; the quantity is sufficient; the distribution system is approved by the Health Department; adequate sanitary-type drinking fountains are available with heights adjusted to the age-groups using them; and the toilets are approved by the Department of Public Health. It may be further noted that 14 or 70 percent of the responses indicated that there are always plenty of paper towels and either liquid soap or soap powder, properly dispensed and used for hand-

TABLE 7

DISTRIBUTION OF RESPONSES AS OBTAINED ON THE BUILDINGS LOCATED ON THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL CAMPUS, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Are buildings attractive and in good state of repair?	16	80	2	10	2	10
2. Are there adequate, suitable classrooms?	20	100				
3. Are other necessary buildings adequate?	20	100				
4. Is there a separate rest room for teachers where they may relax during free periods?	20	100				
5. Are buildings clean and well kept?	20	100				
6. Is there a ramp entrance that will accommodate a wheel chair?			20	100		

TABLE 8

DISTRIBUTION OF RESPONSES REGARDING SANITATION AT THE QUEENSLAND
ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Is drinking water available on school grounds?	20	100				
a. Is source of water approved by the Health Department?	20	100				
b. Has it been tested and approved by the Health Department?	20	100				
c. Is the quantity sufficient?	20	100				
d. Is the distribution system approved by the Health Department?	20	100				
2. Are adequate sanitary-type drinking fountains available with heights adjusted to age groups using them?	20	100				
3. Are there always plenty of paper towels?	14	70	2	10	4	20
4. Is either liquid soap or soap powder, properly dispensed, used for handwashing?	14	70	4	20	2	10
5. Are toilets approved by the Department of Public Health?	20	100				
6. Are children trained in proper use and maintenance of toilets?	16	80			4	20
7. Is there a toilet that will accommodate a wheel-chair patient?			20	100		

washing; sixteen or 80 percent indicated that children are trained in proper use and maintenance of toilets. One hundred percent of the responses indicated that there is no toilet that will accommodate a wheel-chair patient. Four or 20 percent of the respondents made no comments.

It may be assumed from Table 8 that the personnel in the Queensland Elementary and High School realizes the importance of spending the greater part of each day in sanitary surroundings. All of the sanitation facilities meet the standards set up for such facilities by the Department of Public Health.

Heating, Ventilation and Lighting.--The data on heating, ventilation and lighting in the Queensland Elementary and High School are presented in Table 9, page 46. Twenty or 100 percent of the responses indicated that there is an adequate central heating system or adequate jacketed stoves; an adequate portion of the windows can be opened to provide sufficient ventilation; there is an adequate supply of fresh air; there is an accurate thermometer in each classroom, and it is properly located. Eleven or 55 percent of the responses indicated that there are electric lights, properly shielded and five or 25 percent indicated that there is not sufficient lighting; four respondents made no response. Four or 20 percent of the respondents showed that translucent window shades are used; twelve or 60 percent indicated there are not sufficient shades and four or 20 percent made no response. It may be further observed that nine or 45 percent of the responses indicated that proper light controls are used to shield the windows adequately, so arranged that light enters from the upper part of the windows; seven or 35 percent indicated no and four or 20 percent made no response.

TABLE 9

DISTRIBUTION OF RESPONSES REGARDING HEATING, VENTILATION AND LIGHTING AT THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Is there an adequate central heating system?	20	100				
2. Are there adequate jacketed stoves?	20	100				
3. Are there properly vented individual gas heaters?			20	100		
4. Can an adequate portion of windows be opened to provide sufficient ventilation?	20	100				
5. Are the rooms free from drafts?	20	100				
6. Is there an adequate supply of fresh air?	20	100				
7. Is there an accurate thermometer in classrooms?	20	100				
a. If so, is it properly located?	20	100				
8. Are there electric lights?	11	55	5	25	4	20
a. If so, are they properly shielded?	11	55			9	45
9. Are translucent window shades used?	4	20	12	60	4	20
a. If so, are proper light controls used to shield the windows adequately, so arranged that light enters from the upper part of windows?	9	45	7	35	4	20

It may be inferred from Table 9 that improvements are needed in the Queensland School especially where lighting is concerned. There is an adequate central heating system in the recently constructed buildings on the campus and adequate jacketed stoves are provided in the older buildings. Sufficient provisions are made for ventilation and freedom from drafts in the school.

Furniture.--Table 10, page 48, shows that 18 or 90 percent of the respondents feel that the desks are arranged for a minimum of glare and a maximum of light; reading tables are also thus placed; desks and furniture are of natural wood; eight or 40 percent of the respondents felt that the floors meet Health Department standards; 12 or 60 percent of the responses indicated that walls and ceilings are of a light shade; four or 20 percent said no and four or 20 percent made no response. Twenty or 100 percent of the personnel interviewed agreed that chalkboards have a dull finish and may be used without facing the light. Fifteen or 75 percent of the personnel said that teachers stand away from windows when teaching so pupils will not have to face the light when looking at them and five or 25 percent made no response.

It may be assumed from Table 10 that the standards for furniture at the Queensland Elementary and High School meet the minimum requirements. It may, also, be assumed that the floors definitely need improvement as well as some of the walls and ceilings. Moreover, it may be noted that the teachers need to become more conscious of their positions when teaching for the benefit of the children involved.

Classroom Arrangement and Cleanliness.--The data concerning classroom arrangement and cleanliness are presented in Table 11, page 49. The criteria shows that janitorial services are provided at the Queensland

TABLE 10

DISTRIBUTION OF RESPONSES CONCERNING FURNITURE AT THE QUEENSLAND ELEMENTARY
AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Are desks arranged for minimum of glare and maximum of light?	18	90			2	10
a. Are reading tables also thus placed?	18	90			2	10
b. Are desks and furniture natural wood?	20	100				
c. Are floors natural wood, or light green marbleized linoleum or asphalt tile and free from glare?	8	40	8	40	4	20
2. Are walls and ceiling a light shade?	12	60	4	20	4	20
3. Do chalk boards have dull finish?	20	100				
a. May they be used without facing the light?	20	100				
b. Do teachers stand away from windows when teaching so pupils will not have to face light when looking at them?	15	75			5	25

TABLE 11

DISTRIBUTION OF RESPONSES CONCERNING CLASSROOM ARRANGEMENT AND CLEANLINESS
AT THE QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Is janitorial service provided?	20	100				
a. If so, does the janitor realize his importance in the general scheme for school sanitation and child welfare?	10	50	6	30	4	20
b. Has he had special training for his job through the State Department of Education's custodial training program or elsewhere?			20	100		
c. Does he have supervision?	18	90			2	20
2. Are there adequate equipment and supplies for cleaning?	14	70	6	30		
3. Is room arrangement orderly and attractive?	20	100				
4. Are there growing plants in the rooms?	20	100				
5. Are screens on all windows?	2	10	18	90		
6. Are desks and seats movable?	20	100				
7. Are desks and seats suitable in size for the age group using them?	13	65	7	35		
8. Are satisfactory facilities provided for wraps and other garments, either in classrooms or halls?	20	100				
9. Are floors finished for beauty and ease of cleaning?	12	60	8	40		

Elementary and High School. Ten or 50 percent of the responses indicate that the janitor realizes his importance in the general scheme for school sanitation and child welfare. Six or 30 percent of the respondents, however, felt that he does not realize his importance and four or 20 percent made no response. All or 100 percent of the respondents indicated that the custodian has had no special training for his job through the State Department of Education's custodial training program or elsewhere.

Eighteen or 90 percent of the reactions showed that the custodian has supervision, and two or 10 percent gave no response. Fourteen or 70 percent of the responses indicated that adequate equipment and supplies for cleaning are provided and six or 30 percent felt differently. All or 100 percent of the respondents indicated that the room arrangements are orderly and attractive and that there are growing plants in the rooms.

Screens are provided according to two or 10 percent of the responses and 18 or 90 percent of the responses showed that no provisions are made for screening. All desks are movable; and 13 or 65 percent of the reactions were favorable toward suitability of seats in size for age groups using them. Seven or 35 percent of the respondents, however, did not agree that all desks are suitable. All or 100 percent of the reactions showed that satisfactory facilities are provided for wraps and other garments. It may be further indicated that 12 or 60 percent of the subjects believed that the floors are finished for beauty and ease of cleaning; whereas eight or 40 percent felt that they were not.

It is believed that improvement in the area of janitorial

services may be sought through special provisions for in-service training. It is further believed that emphasis must be placed on the importance of suitable facilities being provided for the comfort of the child while he is engaged in classwork.

School Lunch Program.--It may be noted in Table 12, page 52, that adequate facilities for a school lunch program are provided at the Queensland School. The school lunch program is receiving Federal aid; it is inspected regularly by the Department of Public Health; physical examinations are required for school lunch personnel; and the school lunch personnel have training in sanitation and proper methods of food handling. As 20 or 100 percent of the reactions show, soft drinks and packaged foods are sold at the school. The data further indicate that every child does not eat in the school lunchroom as is indicated by the responses; 12 or 60 percent indicated yes, four or 20 percent no, and four or 20 percent gave no response.

It is further indicated in Table 12 by 100 percent of the responses that something is being done to increase participation in the lunchroom program. Children who bring packed lunches are given an opportunity to eat in the dining room; pasteurized milk is provided daily for each child and meals are provided for children who need them. All respondents agreed that twenty minutes are allowed for eating of lunches; and the evidence shows that the school lunch program is bringing about positive learning experiences to pupils either directly or through classroom integration. The data would appear to indicate that the Queensland Elementary and High School is doing a promising job in providing nutritious meals and learning opportunities for its children.

Organization and Administration.--The data on organization and

TABLE 12

DISTRIBUTION OF RESPONSES REGARDING THE SCHOOL LUNCH PROGRAM AT THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
A. Does the school have adequate facilities for a school lunch program?	20	100				
1. Is the school lunch program receiving Federal aid?	20	100				
2. Is the school refraining from selling soft drinks and packaged foods?			20	100		
3. Is the lunchroom inspected regularly by the Department of Public Health?	20	100				
4. Are physical examinations required for school lunch personnel and student help?	20	100				
5. Do school lunch personnel have training in sanitation and proper methods of food handling?	20	100				
B. Do all children eat in the lunch room?	12	60	4	20	4	20
1. Is anything being done to increase the participation in the lunch program?	20	100				
2. Are the children who bring packed lunches given an opportunity to eat in the dining room?	20	100				

TABLE 12--Continued

Factors	Yes	Percent	No	Percent	No Response	Percent
3. Is pasteurized milk provided for every child daily?	20	100				
4. Are free meals given to children who need them?	20	100				
C. Are 20 minutes or more allowed for children to eat lunch exclusive of time consumed in washing hands and standing in line?	20	100				
D. Is there evidence that the school lunch program is bringing about positive learning experiences to pupils either directly or through classroom integration?	20	100				

administration in the Queensland Elementary and High School are shown in Table 13, page 55. All or 100 percent of the subjects indicated that the school day is long enough to prevent too much hurry; 12 or 60 percent indicated that there is enough time for relaxation and play and that pupils are not over burdened with homework and extra-class activities; five or 25 percent said no, and three or 15 percent gave no response to this item.

As revealed in Table 13, examinations, marks, and reports to parents are not emphasized to the point where children are subjected to an undue amount of fear of failure. The method of promotion at the school takes into consideration the total development of the pupil rather than merely his knowledge of subject matter as 100 percent of the responses show.

As the data in Table 13 show the personnel in the Queensland Elementary and High School realizes that some provisions may be made for improvement concerning the activities in which the pupils are involved.

Patterns of Relationships.---The data concerned with relationships at the Queensland Elementary and High School are presented in Table 14, page 56. The data indicate a range of percentages from a low of ten or 50 percent to a high of 20 or 100 percent regarding patterns of relationships.

In detail, Table 14 shows that 16 or 80 percent of the responses rated the relations between school and community as good and four or 20 percent made no response; seventeen or 85 percent rated the school and home relations as good; 20 or 100 percent of the reactions indicated good relations between principal and teachers; seven or 35 percent

TABLE 13

DISTRIBUTION OF RESPONSES CONCERNING ORGANIZATION AND ADMINISTRATION OF THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Is the school day long enough to prevent too much hurry?	20	100				
2. Is there enough time given for rest, relaxation, and play?	12	60	4	20	4	20
3. Are pupils overburdened with homework and extra-class activities?	12	60	5	25	3	15
4. Are examinations, marks, and reports to parents emphasized to point where children are subjected to undue amount of fear or failure?			20	100		
5. Does the method of promotion take into consideration the total development of the pupil, rather than merely his knowledge of subject matter?	20	100				

TABLE 14

DISTRIBUTION OF RESPONSES CONCERNING PATTERNS OF RELATIONSHIPS AT THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factor	Good	Percent	Excellent	Percent	No Response	Percent
1. Relations between						
a. School and community are:	16	80			4	20
b. School and homes are:	17	85			3	20
c. Principal and central administration are:	20	100				
d. Principal and teachers are:	20	100				
e. Teachers are:	10	50	7	35	3	15

rated relations between teachers as excellent, ten or 50 percent rated teachers relations as good, and three or 15 percent of the respondents made no response with reference to teacher relations.

It can be assumed from the results in Table 14 that the school personnel realizes the dire need for satisfying relations to exist in the school-community environment. It is believed that all concerned are aware of situations that prove most effective in enhancing the health education for children.

Counseling Program.--The data on the program of counseling in the Queensland Elementary and High School are presented in Table 15, page 58. Twenty or 100 percent of the responses indicate that there is a program of counseling at the Queensland School, but that the counselor is presently not trained in counseling, nor in mental health.

All responses indicate that the services of a trained visiting teacher are available and that these services are used to remove the causes for poor attendance and non-attendance. As Table 15 further indicates, 12 or 60 percent of the responses show that the services of the visiting teacher are used to help remove the causes for behavior problems, and eight or 40 percent of the no responses indicate that the visiting teacher was not so used.

Pertaining to the data in Table 15, the counselor of Queensland Elementary and High School is presently pursuing certification in the area of guidance in order that she may be better able to make a greater contribution toward upgrading the total guidance and counseling services in the school. The school personnel and counselor realize the need for qualification and training for the expressed purpose of applying greater skills and techniques in the education of boys and girls.

TABLE 15

DISTRIBUTION OF RESPONSES RELATED TO THE PROGRAM OF COUNSELING AT THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
A. Is there a program of counseling?	20	100				
1. Is there a trained counselor?			20	100		
2. Is the counselor trained in mental health?			20	100		
B. Are services of visiting teacher available?	20	100				
1. Has this person had special training for the job?	20	100				
2. Are these services used to remove the causes for:						
(a) Non-attendance?	20	100				
(b) Poor attendance?	20	100				
(c) Behavior problems?	12	60			8	40

Community Environment.--The data regarding the community environment of the Queensland Elementary and High School, Fitzgerald, Georgia, are presented in Table 16, page 60. Twenty or 100 percent of the responses indicate that the school promotes and stimulates interest in an adequate safe water supply; proper sewage disposal; proper garbage disposal; insect and rodent control; and other needed public health protective measures.

The data in Table 16 would appear to indicate that the personnel at the Queensland School recognizes the important need of a healthful community environment and is striving to maintain the essentials for successfully adhering to standards set up by the County and State Boards of Health.

Safety.--The data as presented in Table 17, page 61, seem to indicate that the Queensland Elementary and High School meet all of the safety standards with the exception of two factors, wax and play periods. Twelve or 60 percent of the responses indicate that non-skid wax is used on all floors, four or 20 percent indicate no and four or 20 percent made no response. It may be further noted in Table 17 that six or 30 percent of the responses indicate that there is a teacher trained in first-aid designated as supervisor of all play periods, ten or 50 percent indicate no and four or 20 percent made no response.

The administrator and teachers at the Queensland School realize their responsibility of providing a safe environment for boys and girls, safe equipment and supplies, and for reducing the number of accidents. They further realize that experiences in safety offer opportunity for the development of sound safety habits at school and elsewhere.

TABLE 16

DISTRIBUTION OF RESPONSES REGARDING THE COMMUNITY ENVIRONMENT OF THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
A. Does the school promote and stimulate interest in:						
1. Adequate safe water supply?	20	100				
2. Proper sewage disposal?	20	100				
3. Proper garbage disposal?	20	100				
4. Insect and rodent control?	20	100				
5. Other needed public health protective measures?	20	100				

TABLE 17

DISTRIBUTION OF RESPONSES RELATING TO SAFETY AT THE QUEENSLAND
ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
A. Are corridors safe?	20	100				
1. No projections?	20	100				
2. No loose plasters?	20	100				
3. Floor boards in good repair?	20	100				
B. Is non-skid wax used on all floors?	12	60	4	20	4	20
C. Do all doors open outward?	20	100				
D. Is the heating unit checked regularly for unvented gases and fire hazards?	20	100				
E. Is the electrical circuit checked regularly for overloading and other hazards?	20	100				
F. Does the fire protection equipment meet community fire regulations?	20	100				
G. Does playground construction meet safety standards?	20	100				
H. Is play equipment kept in good repair?	20	100				
I. Are hazardous materials kept off playground?	20	100				
J. Is there a teacher trained in first aid designated as supervisor of all play periods?	6	30	10	50	4	20
K. Is there a school patrol?	20	100				
L. Do all school buses meet Department of Public Safety Standards?	20	100				
1. Do drivers have training in driver education?	20	100				
M. Do fire escapes meet state requirements?	20	100				

Health Service.--The data regarding health service at the Queensland Elementary and High School are presented in Table 18, page 63. The following significant points are indicated: Twenty or 100 percent of the reactions indicate that there is a Department of Public Health in Ben Hill County; that teachers and the public health nurse participate in a teacher-nurse conference when the public health nurse visits the school; that the teachers do periodic "teacher observations" of children; that the school receives reports of the visits of health officers as well as reports of visits of other public health personnel; that a health examination, including chest x-ray, is required of all school personnel before employment; and that there is a program for the health of school employees because employees earn sick-leave and there provisions are made for employee health insurance.

Finally, the data in Table 18 would appear to support the assumption that the Queensland School personnel realizes the function of a good program of health services in promoting the development of sound mental and physical health on the part of individuals as an aspect of the total educational program.

First Aid.--Table 19, page 64, shows that the following significant points about First Aid are indicated: Twenty or 100 percent of the reactions show that there is a health suite in the Queensland Elementary and High School; there is an easily accessible first-aid cabinet; there is someone trained in first-aid designated to be called upon in the case of all serious accidents, and plans are made for sick children including transporting them to home, hospital and doctor. All responses indicated that all of the teachers employed in the system are not trained in first-aid.

TABLE 18

DISTRIBUTION OF RESPONSES REGARDING HEALTH SERVICE AT THE QUEENSLAND
ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Is there a Department of Public Health in your county?	20	100				
2. Do teachers and public health nurse participate in teacher-nurse conference when public health nurse visits school?	20	100				
3. Do teachers do periodic "teacher observations" of children?	20	100				
4. Does the school receive reports of the visits of health officer?	20	100				
a. Report of visits of other public health personnel?	20	100				
5. Is a health examination, including chest x-ray, required of all school personnel before employment?	20	100				
6. Is there a program for health of school employees?	20	100				
a. Do employees earn sick leave?	20	100				
b. Is provision made for employee health insurance?	20	100				

TABLE 19

DISTRIBUTION OF RESPONSES CONCERNING FIRST AID AT THE QUEENSLAND
ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Is there a health suite?	20	100				
2. Is there a first aid cabinet?	20	100				
a. Is this cabinet easily accessible in time of accident?	20	100				
b. Do you check contents weekly and refill if needed?	16	80			4	20
c. Is someone trained in first aid designated to be called for all serious accidents?	20	100				
3. Are all teachers trained in first aid?			20	100		
4. Plans for sick children:						
a. Do you isolate sick children?	20	100				
b. Do you have plans for transporting them to:						
(1) home?	20	100				
(2) hospital?	20	100				
(3) doctor?	20	100				

From Table 19, it may be noted that in view of the fact that the school has responsibility only for first-aid treatment, which can be handled by a member of the school staff, the use of other individuals in the clinic rooms may be sought. It is believed that with the two qualified first-aiders on the Queensland faculty, and an adequate number of first-aid kits, the first-aid program is better than average to meet the needs of the pupils.

Physical Education and Recreation.--The data concerning the physical education and recreation program in the Queensland Elementary and High School are presented in Table 20, page 66. Specifically, the obtained data reveal the following significant facts: Twenty or 100 percent of the responses indicate that at the Queensland School the State Law regarding physical education is complied with in the elementary school by provision of a program of physical education and recreation for all children; teaching is done by classroom teachers who have had training in physical education; physical education is coordinated with the total health program; and the high school physical education teachers aid the elementary teachers.

Moreover, from Table 20 it would appear that the school personnel in the Queensland School realizes the value of a strong program of physical education. They further realize that the physical education and recreation program aids in the development of physical efficiency, attitudes, skills and understanding.

Program of Physical Education.--The data pertaining to the comprehensive program of physical education at the Queensland Elementary and High School are presented in Table 21, page 67. The data reveal that 20 or 100 percent of the respondents rated as good that the physical

TABLE 20

DISTRIBUTION OF RESPONSES CONCERNING THE PHYSICAL EDUCATION AND RECREATION PROGRAM
OF THE QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
A. Is the State Law regarding physical education complied with?	20	100				
B. In Elementary School:						
1. Does the program of physical educational and recreation provide for all children?	20	100				
2. Is the teaching in physical education and recreation done by classroom teachers?	20	100				
3. Have the teachers had training in physical education?	20	100				
4. Does the physical education teacher in high school help the elementary teacher?	20	100				
5. Is physical education coordinated with the total health program?	20	100				

TABLE 21

DISTRIBUTION OF RESPONSES REGARDING THE COMPREHENSIVE INSTRUCTIONAL PROGRAM OF
PHYSICAL EDUCATION AT THE QUEENSLAND ELEMENTARY AND HIGH SCHOOL,
FITZGERALD, GEORGIA

Factors	Poor Percent	Fair Percent	Good Percent	Excellent Percent	No Response Percent
1. Is this a comprehensive instructional program planned progressively to promote:					
a. The learning of motor skills?			20	100	
b. The providing of sufficient physical activity for normal growth and development?			20	100	
c. The teaching of games and sports for recreational use?			20	100	
d. The teaching of arts and crafts for recreational purposes?			20	100	
2. Does the program provide activities including:					
a. Games?			20	100	
b. Rhythmic activities?			20	100	
c. Stunts and self-testing activities?			20	100	
d. Activities requiring self expression?			20	100	
e. Modified activities suited to the abilities of the physically handicapped?		20	100		
f. Intramural competition in sports and games adapted to age levels?			20	100	
g. Music and dramatics?			20	100	

TABLE 21--Continued

Factors	Yes	Percent	No	Percent	No Response	Percent
3. Is the State Law regarding physical education complied with in high school?	20	100				
a. Is there a program of recreation for all pupils?	20	100				
b. Is physical education coordinated with the total school health program?	20	100				
c. Is the size of classes in keeping with that of other high school classes?	20	100				
d. Are classes taught by teachers well trained in total school health program with special emphasis in physical education?	20	100				
e. Does this program provide opportunity for the promotion of normal growth through a wide range of activities including free and individual play, sports and games, and intramural and interscholastic contests?	20	100				

education program is a comprehensive instructional program planned progressively to promote: the learning of motor skills, the providing of sufficient physical activity for normal growth and development, the teaching of games and sports for recreational use, and the teaching of arts and crafts. There is a program of recreation for all pupils which provides activities including: games, rhythmic activities, stunts and self-testing activities, activities requiring self expression, modified activities suited to the abilities of the physically handicapped, intramural competition in sports and games adapted to age levels, and music and dramatics. It may be further noted that the State Law regarding physical education is complied with in the Queensland Elementary and High School; physical education is coordinated with the total school health program, and the classes are in keeping with that of other high school classes. The data also show that the physical education classes are taught by teachers trained in the total school health program with special training in physical education, and that the program provides opportunity for the promotion of normal growth through a wide range of activities including free and individual play, sports and games, and intramural and interscholastic contests.

Facilities and Equipment in the Physical Education Program.--

The data in Table 22, page 70, show that all the subjects involved agreed that provisions are made for play materials for the children, and adequate shower and toilet facilities are also provided. The data further indicate that the school has equipment for weighing and measuring pupils and that adequate improved play space is provided.

It would appear from the data in tables 21 and 22, that the personnel in the Queensland Elementary and High School is aware of the

TABLE 22

DISTRIBUTION OF RESPONSES REGARDING FACILITIES AND EQUIPMENT IN THE
INSTRUCTIONAL PROGRAM OF PHYSICAL EDUCATION IN THE QUEENSLAND
ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Does your school have a gymnasium?			20	100		
2. Is there one piece of play material per 8 children?	20	100				
3. Does your school have a locker room which provides:						
(a) A locker for each child participating in physical education program?			20	100		
(b) Adequate shower facilities for physical education classes?	20	100				
(c) Adequate toilet facilities	20	100				
4. Does your school have equipment for weighing and measuring pupils?	20	100				
5. Does your school have adequate improved play space?	20	100				

dire need of a program of physical education and recreation that contributes most to the health of all children through the development of the organic powers and the neuromuscular skills. They indicate that interest and skills in a wide variety of recreational activities, as well as social and moral standards such as good sportsmanship, courage, and faithfulness to duty, are all important.

Health Instruction.--Table 23, page 72, contains data regarding the health instruction program in the Queensland School. There was obtained 20 or 100 percent of the responses indicating the health instruction program is integrated into the teaching of all subjects. In the elementary school health instruction is integrated into or with the following subjects: reading, language, science, social studies, art, music, physical education and math. It is also indicated that in the high school health instruction is integrated into or with the following subjects: biology, general science, chemistry, physics, physical education, homemaking, agriculture, English, math, social studies, music, art and commerce.

Health Program Instruction.--In Table 24, page 73, the data reveal that 20 or 100 percent of the respondents indicate that functional instruction, direct and indirect, that uses a variety of experiences to establish desirable health behavior for all students is practiced in the Queensland Elementary and High School. This includes instruction on alcohol and other habit-forming drugs and safety, together with fire drills and checking of buildings and grounds regularly for safety hazards. However, 20 or 100 percent of the responses also show that no driver education is offered in the school nor are records of accidents kept, giving location, cause, and extent of injury.

TABLE 23

DISTRIBUTION OF RESPONSES IN RELATION TO THE HEALTH INSTRUCTION PROGRAM IN THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Is health instruction integrated into the teaching of all subjects in:						
a. Elementary Schools?	20	100				
(1) Check subjects:						
Reading_____Language_____						
Science_____Art_____						
Social Studies_____						
Physical Education_____						
Music_____Math_____						
b. High School?	20	100				
(1) Check subjects:						
Biology_____Chemistry_____						
General Science_____						
Physical Education_____						
Physics_____Homemaking_____						
Agriculture_____English_____						
Math_____Social Studies_____						
Military_____Music_____						
Art_____Commercial_____						

TABLE 24

DISTRIBUTION OF RESPONSES IN RELATION TO THE HEALTH PROGRAM INSTRUCTION IN THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Is instruction given in the facts concerning the effects of alcohol on:						
a. The body?	20	100				
b. Behavior of the individual?	20	100				
c. Economic conditions?	20	100				
d. Family relations?	20	100				
e. Civic responsibilities?	20	100				
2. Are teachers trained in alcohol education?	20	100				
3. Is driver education offered in high school?			20	100		
4. Is driver education approved by the State Department of Education?			20	100		
5. Is instruction in safety measures included in the total school health program?	20	100				
a. Are records of accidents kept, giving location, cause, and extent of injury?			20	100		
b. Are fire drills held as part of safety instruction?	20	100				
c. Are buildings and grounds checked regularly for safety hazards as part of instruction program?	20	100				

Schedule and Activities.--Table 25, page 75, shows that 20 or 100 percent of the responses indicate that a definite period is set aside for health instruction in the elementary school, 7th and 8th grades, and also in the high school. This meets requirements of one unit of health instruction as outlined in the Curriculum Framework for Georgia Schools in the New Georgia School Health Guide. The instruction in the elementary and high school is based upon the needs, interests, and abilities of students. This includes mental health, dental health, and first-aid. It may, also, be observed that the health instruction program is planned as part of the total school health program; and that materials other than textbooks are used in the program.

The above data would appear to support the assumption that the child is taught directly through formal classes in health, through integrated teaching in other school subjects, and indirectly through other experiences and activities in the school.

The administrator and faculty at the Queensland Elementary and High School believe that the content of health courses will vary and the health program should be so organized as to reach the children at each grade level. Even though the classroom or homeroom teacher occupies the key position in the general health program, the health classes may sometimes be taught by others who have had training in the field.

Program of Activities in Health.--The significant information concerning health teaching through activities is obtained in Table 26, page 76. The respondents showed 100 percent agreement in representation of the information that no one method of incorporating health instruction in the curriculum will suffice; all opportunities for influencing health behavior and for providing and understanding of health should

TABLE 25

DISTRIBUTION OF RESPONSES PERTAINING TO SCHEDULE AND ACTIVITIES IN THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Is a definite period set aside for health instruction in:						
a. Elementary School (7th-8th grades)?	20	100				
b. In High School?	20	100				
(1) Does this meet requirement of one unit of health instruction as outlined in Curriculum Framework for Georgia Schools and in the New Georgia School Health Guide?	20	100				
c. Is this instruction in elementary and high school based upon the needs, interests, and abilities of students?	20	100				
d. Is instruction in mental health included?	20	100				
e. Is instruction in dental health included?	20	100				
f. Is instruction in first aid given to all students?	10	50	6	30	4	20
2. Is the health instruction program planned as part of the total school health program?	20	100				
3. Are materials other than textbooks used?	20	100				

TABLE 26

DISTRIBUTION OF RESPONSES REGARDING THE PROGRAM OF ACTIVITIES IN HEALTH IN THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

1. Check the appropriate blank space (s) for any health teaching done through such activities as:

- (a) trips to dairies___market___bakery___water works___grocery store___
fire department___Health Department___hospitals___
- (b) radio programs received at school___special lectures___assembly programs on health 20
helping in community clean-up campaigns 20 medical examinations___immunizations 20
weighing and measuring children 20 dental examinations___testing hearing 20 testing
vision using the cumulative health records 20
- (c) school lunchroom program 20 morning inspection 20 teaching high school pupils how to
drive a car___safety at home___safety at school___safety in community___fire
drills 20 use of fire extinguishers___
- (d) laboratory experiments___making a study of what children are eating___nutritional
experiments with white rats___
- (e) having children assume the responsibility for regulating heating and ventilation to
maintain temperature 68 to 70 degrees___having pupils adjust curtains and lights for
best lighting effects___
- (f) play activities of children___having children keep grounds and buildings clean and
attractive 20 planting of vegetable gardens at home 20 at school___

be utilized. Extra-class activities, auditorium programs, day-by-day healthful school living, and the experiences of students with the various procedures for health protection and promotions should all be used. Twenty or 100 percent of the respondents made no response to items in Table 26 regarding extra-class activities such as trip to market; received at school; teaching pupils how to drive a car; laboratory experiments, and having children assume the responsibility for regulating heating and ventilation to maintain temperature 68 to 70 degrees. They feel that the final program, however, should result from cooperative planning and a sharing of resources as regards personnel, facilities and equipment.

From the data in Table 26, it may be assumed that the school personnel in the Queensland Elementary and High School realizes that there is a wealth of sound factual material to be mined from extra-class activities. The teachers further believe that ways and means must be provided for student participation in more individual and group activities which should be designed to enhance their knowledge of a healthful learning environment.

Health Teaching for Attitudes and Habits.---The data regarding emphasis on health teaching in the Queensland Elementary and High School are presented in Table 27, pages 78 and 79. Fourteen or 70 percent of the responses indicate that emphasis of health teaching is directed to the formation of intelligent behavior and proper attitudes rather than knowledge for knowledge's sake, as evidenced by the pupils: selecting adequate and balanced diet, when choices can be made at school and elsewhere; washing and drying hands with paper towels before meals; knowing how and properly caring for the sick in the home, and knowing how and

TABLE 27

DISTRIBUTION OF RESPONSES REGARDING HEALTH TEACHING FOR ATTITUDES AND HABITS IN THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Is emphasis of health teaching directed to the formation of intelligent behavior and proper attitudes rather than knowledge for knowledge's sake, as evidenced by pupils, in such as:						
a. Selecting adequate and balanced diet, when choices can be made at school and elsewhere?	14	70	2	10	4	20
b. Eating regularly and properly?	20	100				
c. Drinking plenty of water daily?	20	100				
d. Visiting dentist twice yearly and at other times when needed?	15	75	1	5	4	20
e. Brushing teeth properly before breakfast and after each meal?	20	100				
f. Keeping clean and well groomed?	16	80			4	20
g. Practicing proper toilet habits?	16	80			4	20
h. Washing and drying hands with paper towels before meals?	16	80			4	20
(1) After visits to toilet?	16	80			4	20
i. Playing outdoors except during inclement weather?	16	80			4	20
j. Working, resting, and relaxing at proper periods and getting the proper amount of sleep?	14	70	2	10	4	20

TABLE 27--Continued

Factors	Yes	Percent	No	Percent	No Response	Percent
k. Practicing good posture habits?	20	100				
l. Taking proper care of eyes, ears, and teeth?	20	100				
m. Remaining at home when attacked by colds or other communicable diseases?	20	100				
n. Helping to keep classrooms and other parts of buildings and grounds clean and attractive?	16	80			4	20
o. Participating in monthly fire drills?	20	100				
p. Showing interest in growth and reasons for it?	20	100				
q. Working together cooperatively and being kind and thoughtful?	16	80			4	20
r. Having knowledge of and wearing and caring for proper clothing?	18	90			2	10
s. Knowing how and properly caring for sick in the home?	14	70	2	10	4	20
t. Knowing how and administering first aid properly?	14	70	2	10	4	20
u. Seeking scientific medical advice when ill rather than treating self with patent medicine or follow advice of unqualified persons?	20	100				
v. Influencing in homes:						
Screening?	20	100				
Providing better toilet facilities?	20	100				
Better health habits of other members of the family?	20	100				
Improving water supply?	20	100				
Helping to make home more attractive?	20	100				

administering first-aid properly. Two or 10 percent of the responses indicate no and four or 20 percent made no response. One hundred percent of the responses showed that emphasis is placed on eating regularly and properly; drinking plenty of water daily; brushing teeth properly before breakfast and after each meal; practicing good posture habits; taking proper care of eyes, ears and teeth; remaining at home when attacked with a cold or other communicable disease; participating in monthly fire drills; showing interest in their growth and reasons for it; seeking scientific medical advice when ill and influencing in home: screening, providing better toilet facilities, better health habits of other members of the family, improving water supply and helping to make the home more attractive. It may, also, be noted that 16 or 80 percent indicate the practice of keeping their person clean and well-groomed; practicing proper toilet habits; playing outdoors except during inclement weather; helping to keep classrooms and other parts of buildings and grounds clean and attractive, and working together cooperatively and being kind and thoughtful. Four or 20 percent made no response. Fifteen or 75 percent of the reactions indicate that emphasis is being directed to visiting the dentist twice yearly and at other times when needed; one or 5 percent indicates such is not true, and four or 20 percent made no response.

In view of the diversity of topics considered in the health courses and the differences in the individuals, it may be noted from the data in Table 27, that the school personnel feels that many and varied methods of teaching should be at hand and ready for use. The teachers believe that students should have the working tools they need in attacking health problems and getting somewhere with them.

TABLE 28

DISTRIBUTION OF RESPONSES CONCERNING THE SPECIAL EDUCATION PROGRAM IN THE
QUEENSLAND ELEMENTARY AND HIGH SCHOOL, FITZGERALD, GEORGIA

Factors	Yes	Percent	No	Percent	No Response	Percent
1. Does the school provide a program for exceptional children (mentally gifted, mentally retarded, with physical defects, emotionally disturbed or socially maladjusted)?			20	100		
a. Which programs are included? <u>None</u>						
2. Is a program of Special Education approved by State Department of Education?			20	100		
a. Which aspects of the programs are needed? <u>All</u>						

The administrator and teachers realize that effective coordination of the diversified interests and activities growing out of the health program require partnership in planning. Ways and means must be found to bring about understanding and close cooperation among those who are guiding the students in their experiences in school, at home, and in the community.

Special Education.--Table 28, page 81, shows that 20 or 100 percent of the respondents indicate that there is no program provided for exceptional children at the Queensland Elementary and High School, Fitzgerald, Georgia. The table also indicates there is not any program of Special Education to be approved by the State Department of Education.

It may be noted from the results shown in Table 28 that a program of Special Education is not available but is badly needed at the Queensland Elementary and High School because a special program is needed for children who cannot reach their optimal level in the regular school program.

Special Education classes could help provide for sight conservation, the mentally advanced or retarded, the cardiac, lip reading, speech improvement, rest and nutrition, and problems of social maladjustment.

CHAPTER III

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Introduction.--The school health program occupies an important place in the total educational effort. If a child is to develop and maintain desirable health practices, adjust favorably to the world in which he lives, and use wisely the professional health services available to him, he needs the benefits to be derived from a planned school health program.

The responsibility for the health of school children is a part of an over-all obligation to conserve human resources. In fulfilling its share of this obligation, the school is working alongside the home and the community.

All school personnel are responsible for cooperating in the planning and execution of the school health program throughout the school system, and for maintaining their own health at a maximum. This should include an understanding of the organization, administration, and operating policies of the public school and the health department, and a knowledge of the contributions interested individuals, groups and agencies can make to the program. These responsibilities vary with the teaching assignment, with the supervisory or administrative requirements and with other duties in the school program.

Since all school personnel have definite responsibilities in the school health program, it is necessary that each one has certain

competencies, that is, knowledge, understanding, skill and attitudes, that will enable him to make his maximum contribution to the program development. This implies for all personnel the need for possessing an understanding and acceptance of the importance of health in the education of the child and the importance of the individual and cooperative effort in providing the best conditions for healthful development. It also implies that all personnel should be skilled in utilizing the services of interested individuals, groups and agencies in the community in the planning and execution of the program.

Rationale.--When schools have an effective health program, they lay the foundation for a lifetime of sound health habits which should serve to strengthen the community and the nation. The school health program is designed to instill in the growing child a knowledge of the basic health requirements which, if fulfilled, will contribute vastly to his physical and mental well-being. To assure success in health education parents should be informed of the meaning of the program and of ways in which they can cooperate with the school. Each teacher should assume a share of the responsibility for maintaining a healthful school environment. Much of the effectiveness of a health program can be determined by the improvement in pupils' health habits, and school health services, if closely integrated with classroom teaching, can play a vital role in the health program.

Of basic importance to health education are conditions conducive to healthful living: sanitary, well-lighted, properly ventilated school buildings; a mental hygiene atmosphere in the classroom and on the playgrounds; and the essentials of food, shelter, and clothing. Health instruction is very vital in helping pupils to make the best use of

their present environment, and in building standards, attitudes and understandings that will lead to future healthful living. All environmental factors should be included in the health of the child.

Definition of Terms.--The following terms will carry the meanings and implications ascribed thereto:

1. "Health"--that complete fitness of body, soundness of mind, and wholesomeness of emotions, which make possible the highest quality of effective living and of service.¹
2. "School Health Program"--all the activities carried on in a school system in the interest of health.
3. "Health Education"--the sum of experiences which favorably influence habits, attitudes, and knowledge relating to individual and community health.
4. "School Health Education"--the process of providing learning experiences for the purpose of influencing knowledge, attitudes, or conduct relating to individual and community health.
5. "School Health Services"--the procedures established to:
 - a. Appraise the health status of pupils and school personnel.
 - b. Counsel pupils, parents, and others concerning appraisal findings.
 - c. Encourage the correction of remedial defects.
 - d. Assist in the identification and education of handicapped children.
 - e. Help prevent and control disease.
 - f. Provide emergency service for injury or sudden sickness.

Evolution of the Problem.--The desire to do a study in this area grew out of a need to investigate the Health Program of the Queensland Elementary and High School in terms of its adequacy, as measured by recognized and acceptable standards, and to identify the present health

¹C. E. Turner, C. Morley Sellery, and Sara L. Smith, School Health and Health Education (St. Louis: The C. V. Mosby Company, 1957), pp. 33-34.

practices with the intent to improve them where necessary, in the light of more accepted practices of good health. Moreover the writer also desired to investigate this area because of personal convictions concerning the importance of health and the all-around adjustment of individuals. It is the position of this writer that an adequate health program, wherever it exists, tends to enhance the physical, mental, social and emotional well-being of all individuals connected with it.

Contribution to Educational Knowledge.--Perhaps the major contribution of this study lies in the assumption that it indicates the degree to which the health program of the Queensland Elementary and High School is adequately serving the needs of the pupils and the school. Further, it is hoped that this study reveals information concerning similar studies and suggests ways and means of ascertaining a functional health program. Where it was discovered that the needs are not being served the writer suggests ways and means of modification and/or refinement so as to lend more effectiveness to the health program. It is also hoped that the results of this study adequately emphasize the importance of a functional health program.

Statement of the Problem.--The problem involved in this study was to make an evaluative study of the health program now existing at the Queensland Elementary and High School, Ben Hill County, Georgia. The nature of the study was to determine the status of the total health program in the school during the school year 1959-1960. Despite the increased demand for improved health programs, there is need to study the nature and extent to which emphasis on health education contributes to healthful living.

The writer collected, analyzed and interpreted data which are pertinent as well as which emphasize the relative effectiveness of the Health Education Program of the Queensland Elementary and High School, Ben Hill County, Georgia.

Limitations of the Study.--This study was limited in the following ways:

1. Only one of the public schools of Ben Hill County, Georgia, was of immediate concern.
2. The approach to this study was limited to factors affecting the development of principles needed to conduct the school in a manner designed to safeguard and promote the health of pupils and employees.
3. The objectivity of the questionnaire items, together with the objectivity of the responses of the respondents.

Purposes of the Study.--The major purpose of this research was to analyze and interpret data which point to the relative effectiveness of the health program of the Queensland Elementary and High School and to identify the areas which are up-to-par and those that are not.

More specifically, the purposes of this research were to determine the:

1. Present practices of the healthful school living aspects of school health education in the Queensland Elementary and High School of Ben Hill County, Georgia.
2. Unmet healthful school living needs, if any, for which the school may assume complete or cooperative responsibility.
3. Roles of teachers, school administrators, other school personnel, and parents in an effective health program.
4. Most expedient way to stimulate the school, of major concern, in cooperating in the study to a more careful evaluation of its own healthful school living practices.
5. Extent to which the Ben Hill County Health Program parallels state and national criteria for conducting a health program.

6. Extent to which the health education program of the Queensland Elementary and High School is meeting the needs of the school in promoting growth and development.
7. Data which might serve as reliable for making suggestions and recommendations for improvement of healthful school living practices at Queensland Elementary and High School.
8. Implications for educational theory and practices as might be derived from the findings of this study.

Locale and Research Design.--The significant aspects of the locale and research design are outlined in the separate statements below.

1. Locale--The locale of this study was the Queensland Elementary and High School, Fitzgerald, in Ben Hill County, Georgia.
2. Period of the Study--The research was conducted during the second semester of the 1959-1960 school year at the Queensland Elementary and High School, Fitzgerald, Georgia; and during the summer session of 1960 at Atlanta University.
3. Method of Research--The Descriptive Survey Method of research, employing the techniques of the questionnaire, the structured interview, records and observation, was used to gather the data necessary for this study.
4. Subjects--The subjects involved in this study were the principal, the teachers, the supervisor, and other personnel in the Ben Hill County School System, including the 452 pupils attending the Queensland Elementary and High School.
5. Description of Instrument--The major instrument used in collecting the data for this research was the Georgia State Department of Education's Checklist: An Appraisal of the School Health Program. This instrument constitutes Appendix B, pages 101-116.

Because of the organization of the school, the time element, and other factors, such as distance of patrons from the school, it was not feasible to use the instrument in its entirety as designed. To this degree the investigator recognizes an additional limitation in that the lay people are not among the subjects. Included, however, are the principal, faculty, supervisor and public health personnel.

6. Criteria of Reliability--The criteria of reliability for appraising the data was the accuracy and authenticity of the responses of the subjects to the items on the questionnaire, together with the responses and reactions during the interviews; and the accuracy and reliability of the official records which constituted the sources of the data.
7. Procedure--The specific procedural steps used in the conduct of this research were:
 - a. Permission to carry out the research was obtained from the proper authorities.
 - b. Similar research and the related literature pertinent to this study were reviewed and are summarized in the thesis copy.
 - c. Interviews with the educational personnel were conducted and a questionnaire was administered to the educational personnel, which media of information constituted the major source of data for this study.
 - d. Records and reports in the offices of the principal and supervisor were studied and analyzed, and pertinent data abstracted therefrom.
 - e. The gathered data were organized into appropriate tables; and, in turn, were analyzed, interpreted, and are presented in the final thesis copy.
 - f. The current literature pertaining to health education and the total health program was surveyed and used as background information necessary in conducting this type of study.
 - g. The findings, conclusions, implications, and recommendations were formulated and are incorporated in the thesis copy.

Summary of Pertinent Literature.--The summation of theories, principles, and practices relative to the literature pertinent to the appraisal problem of this study are characterized in the following comments:

1. The most valuable element in health education is the work of the individual child. A carefully planned program in Health needs constant adaptation to the particular needs of pupils, both, in respect to the health education practices, and educational methods.

2. It is believed by many that health education should begin early in the child's life, in order that he may establish desirable habits that are very necessary in maintaining all around health.
3. An adequate program of health education in the public school is practicable only through careful planning and sharing of duties by the staff.
 - a. Providing health services in the elementary school is a responsibility of the elementary teacher in cooperation with the Coordinator of Health and Physical Education.
 - b. Providing health services for the high school is a joint responsibility of all school health personnel in cooperation with the Coordinator.
 - (1) Each teacher must effect, as nearly as possible, a wholesome physical environment and conditions conducive to effective learning.
 - (2) Each should cooperate in planning and implementing health services.
 - (3) One or more teachers must be adequately prepared to offer the required course in health instruction.
 - (4) A broad program of physical education and recreation for all pupils is actually possible only through joint efforts of a number of staff members each of whom, in addition to his major teaching field, supervises one or more phases of a comprehensive physical education program for all students.¹
4. The health and physical education teacher and the health coordinator are responsible to the principal for the overall leadership of the school health program and must be qualified in each of the four services--environment, health services, physical education and recreation, and health instruction.
5. The school health program should be interpreted to the home and the health education of parents should be carried to as high a level as possible.²

¹Health in Texas Schools (Austin, Texas: Texas Education Agency, 1956), p. 26.

²Delbert Oberteuffeur, School Health Education (New York: Harper and Brothers, 1954), p. 7.

6. Health is so vitally a part of all living experience that it is impossible to circumscribe the health teaching program with courses, plans and study outlines. The child gains health understanding, exhibits behavior of import to health, and develops attitudes towards such behavior in all phases of his school experience.¹
7. Personal human relationship based upon cooperation in a friendly atmosphere lay the foundation and form the network for an effective, adequate health program. Educators must have a clear concept of democratic human relations and possess the skills to develop such relations in educating for democracy.²
8. Even though it is believed that a healthful environment requires constant consideration of pupils' emotional and social environment, perhaps the most important factor in the school environment is the personality of the teacher.³
9. An institution drawing its life from the will of the people, supported by taxes, and maintained by compulsory attendance laws, the school accepts its responsibilities to protect, cultivate and develop the health of its children and the health of the community which supports it.⁴
10. School health services are the joint responsibility of the school, health department and the community.⁵
11. When the school's physical and recreation program is planned, it should be planned to include all children.⁶
12. For the protection of the children involved in the physical and recreation program, the physical condition of each child

¹American Association of School Administrators, Health in Schools, 20th Yearbook (Washington, D.C.: The Association of School Administrators, 1951).

²M. P. Ravenal, A Half Century of Public Health (New York: American Public Health Association, 1921), p. 234.

³Leslie W. Irwin, The Curriculum in Health and Physical Education (St. Louis: The C. V. Mosby Company, 1951), p. 244.

⁴M. Derryberry, Health Education in the Public Health Program, U.S. Public Health Reports (November, 1945), p. 1394.

⁵School Health Guide, Georgia Department of Public Health (Atlanta: Georgia Department of Education, 1955), p. 37.

⁶Ibid., p. 45.

should be considered before participation in any activity is allowed, particularly upon returning to school after illness.¹

13. The heart and center of public health education is the relationship between the teacher and the individual child.²
14. We can never overemphasize the importance of good health of all school employees who come in contact with pupils directly or indirectly. Teachers, janitors, administrators and others should have a complete medical examination annually and any physical defects should be cleared up as in the case of pupils.
15. Thoughtful consideration should be given to the attention of maintenance, improvement and repair of the school-plant buildings, grounds, interior decorations, supplies, and the like in the endeavor for healthful school living.³
16. In spite of the hurried, tense, mood of modern life, a school day should promote calm and poise in pupils rather than an overcrowded program of work and defeats the real purpose of healthful school living.⁴
17. The school environment encompasses every aspect of the school's community's influence upon the health of children.⁵
18. One-third of the American people live in areas or communities with substandard local health services. The effectiveness of individual health procedures can be evaluated and the adequacy of community health services can be measured through an analysis of various indices of the community.⁶

¹Leslie W. Irwin, The Curriculum in Health and Physical Education (St. Louis: The C. V. Mosby Company, 1954), p. 49.

²C. E. Turner, C. Morley Sellery, and Sara L. Smith, School Health and Health Education (St. Louis: The C. V. Mosby Company, 1957), p. 17.

³Lawrence B. Chenoweth and Theodore K. Selkirk, School Health Problems (New York: Appleton-Century-Crofts, Inc., 1953), p. 204.

⁴Jesse F. Williams and Ruth Abernathy, Health Education in Schools (New York: Prentice Hall, Inc., 1948), p. 172.

⁵Delbert Oberteuffeur, School Health Education (New York: Harper and Brothers, 1954), p. 383.

⁶Joanna C. Colcord, Your Community (New York: Russell Sage Foundation, 1947), p. 94.

19. To be effective, health teaching must educate the emotions as well as the minds of young people. It must offer them a program of guidance that is realistic and practical in terms of the problems they face today and the adjustments they have to make for wholesome living now and in the future.¹

Interpretative Summary of Significant Findings.--The more significant and/or crucial findings, together with their expressed or implied conclusions stemming from the analysis and interpretation of the data, are characterized in the statements to follow.

Healthful school living cannot be fully realized under the present conditions found in the Queensland Elementary and High School, Fitzgerald, Georgia, as this study appears to point out with emphasis; a study which was made possible through the utilization of data extracted from the executed questionnaire: "An Appraisal of the School Health Program," with the more crucial facts presented below in the sequence of the major component areas of that instrument.

I. Organization and Administration of the School Health Program

The data visualized from organization and administration of the school health program are reflected in the important facts below.

- A. The school health personnel in the Queensland Elementary and High School recognizes the opportunities and responsibilities for maintaining, promoting, and improving the school health program. The members of the personnel are aware that in order for genuine relationships to exist all concerned must possess a clear concept of democratic human relations; tensions, strains, and pressures should be reduced to a minimum.
- B. Some improvements need to be made concerning the health training of school personnel for a functional health program. There is a need for in-service training for all concerned and more emphasis should be placed on the effectiveness of such a program.

¹Ruth E. Grout, Health Teaching in Schools (Philadelphia and London: W. B. Saunders Company, 1953), p. 85.

- C. The written health program at the Queensland Elementary and High School conforms to the standards set up by the county and the school utilizes the services of public health personnel in planning and executing the program.

II. Scope of the School Health Program

- A. Healthful School-Community Environment--Standards for adequate playground space have been established in the Queensland Elementary and High School.

The general appearance of the school buildings located on the campus of the Queensland School are such as to contribute to sound emotional health of pupils and staff. The buildings are sanitary and attractive and without excessive decorations.

All of the sanitation facilities in the Queensland School meet the standards set up for such facilities by the Department of Public Health.

Improvements are needed in the Queensland Elementary and High School, especially where lighting is concerned. There is an adequate central heating system in the recently constructed buildings on the campus and jacketed stoves are provided in the older buildings. Sufficient provisions are made for ventilation and freedom from drafts in the school.

The standards for furniture at the Queensland Elementary and High School meet only the minimum requirements. The floors definitely need improvement as well as some of the walls and ceilings. The teachers also need to become more aware of their specific duties and responsibilities as related to healthful school living.

Improvement in the area of janitorial service is needed and may be sought through special provisions for in-service training. Emphasis must also be placed on the importance of suitable facilities being provided for the comfort of the child while he is engaged in classwork.

The Queensland Elementary and High School enjoys promising practices in providing nutritious meals and related experiences.

The school personnel in Ben Hill County realizes the dire need for provisions being made for improvements concerning the activities of the pupils involved.

The school personnel in Ben Hill County realizes the need for satisfying relations to exist in the school-community environment. It is believed that all concerned are aware of situations that prove most effective in enhancing health education for children.

There is no trained counselor in the Queensland School but the counselor is presently seeking or pursuing certification in the area of guidance in order to be better prepared to make a greater contribution toward the over-all improvement of the school program.

The personnel at the Queensland School recognizes the importance of a healthful community environment and is striving to maintain the essentials for successfully adhering to standards set up by the County and State Boards of Health.

The administrator at the Queensland Elementary and High School appears to realize his responsibility of providing a safe environment for boys and girls, safe equipment and supplies, and for reducing the number of accidents.

- B. Health Service--The data show that the Queensland School personnel realizes the necessity for the functioning of a good program of health services in promoting the development of sound mental and physical health on the part of individuals as an aspect of the total educational program.

It is believed that with the two qualified first-aiders on the Queensland faculty, and an adequate number of first-aid kits along with a health suite, that the first aid program is fairly adequate to meet the needs of the pupils.

- C. Physical Education and Recreation--The school personnel in the Queensland School realizes the value of a strong program of physical education. It further realizes that the physical education and recreation program aids in the development of physical efficiency, attitudes, skills and understanding.

The school personnel feels that interest and skills in a wide variety of recreational activities, as well as social and moral standards, such as good sportsmanship, courage and faithfulness to duty are all important.

- D. Health Instruction--At the Queensland School the child is taught directly through formal classes in health; integrated teaching in other school subjects; and indirectly through other experiences and activities in the school.

The school health personnel realizes that the theory of teaching health through integration with other subjects such as physical education, history, chemistry, science and language is sound but because of the difficulty encountered sometimes it is not commonly practiced. In most subjects, however, there are many opportunities to promote the teaching of health.

The administrator and faculty at the Queensland Elementary and High School believe that the content of health courses will

vary and the health program should be so organized as to reach the children at each grade level. Even though the classroom or homeroom teacher occupies the key position in the general health program, the health classes may sometimes be taught by others who have had training in the field.

The school personnel in the Queensland School realizes that there is a wealth of sound factual information to be mined from extra-class activities. The members of the personnel feel that situations of this kind furnish ready-made opportunities for giving children some conception of the value of the many opportunities to learn health indirectly such as provisions for both individual and group activities which are designed to enhance pupils' knowledge of a healthful learning environment.

The administrator and teachers realize that effective coordination of the diversified interests and activities growing out of the health program require partnership in planning. Ways and means must be found to bring about understanding and close cooperation among those who are guiding the students in their experiences in school, at home, and in the community.

- E. Special Education--A program of special education is not available in the Queensland Elementary and High School but is badly needed because a special program is needed for children who cannot reach their optimal level in the regular school program. Special education classes could help provide for sight conservation, the mentally advanced or retarded, the cardiac, lip reading, speech improvement, rest and nutrition, and problems of social maladjustment.

Conclusions.--The interpretation of the data, within the frame-of-reference of the purposes of this research, would appear to warrant the conclusions immediately below:

1. The Queensland Elementary and High School can make better provisions for healthier school living by assisting more in raising the standards for a healthful school-community environment.
2. Improvement is needed in the quality of health instruction by according more time, securing more in-service training, and providing more teaching materials.
3. There is a need for improvement in health services.
4. Provisions should be made for Special Education.
5. The program of physical education and recreation appears fairly adequate and provides opportunities for mental, physical, social and emotional growth.

6. The selling of soft drinks and packaged foods is implied as not conducive to the best program in the school, however, this study shows that 100 percent of the respondents indicate in Table 12, pages 52-53, that soft drinks and packaged foods are being sold at the Queensland Elementary and High School. Consequently, it seems logical for the writer to conclude that the school health program at the Queensland Elementary and High School might be considerably enhanced if those primarily responsible for its operation would refrain from dispensing soft drinks and packaged foods.

Implications.--The analysis and interpretation of the data of this research might well warrant the following statements of implications:

1. An adequate health program is very important in the school in making provisions for the needs of students in respect to physical environment, health services, health instruction, and physical education and recreation.
2. The school staff should realize its duties in the planning and execution of the school health program.
3. Special provisions should be made for instruction, for supervision, and coordination of student experiences in health and physical education.
4. There should be more emphasis placed on the total school health program by the administrator, the teachers, and other school health personnel.

Recommendations.--The analysis and interpretation of the basic data, in conjunction with conclusions and implications, would appear to warrant the following recommendations:

1. The provision of a school health program which will develop the responsibilities, competencies and training experiences necessary for all of the personnel concerned with the program.
2. The program of health should be based upon the needs of children and youth; and the kinds of experiences necessary to meet those needs.
3. The provision of the facilities, materials and equipment requisite for an effective program in school health.
4. The area of Special Education should receive affirmative action from the central administration of the school.

5. In conclusion number 6, on the basis of the findings, the writer recommends that those responsible for the selling of soft drinks and packaged foods discontinue such practice.
6. A more thorough study in the area of Health Education should be done to possibly insure more and wider interest in the total school-community health program.

APPENDIXES

APPENDIX A
COVER LETTER

Atlanta University
Ware Hall
Atlanta, Georgia
June 21, 1960

Dear Co-Workers:

I am concerned with doing "An Evaluative Study of the Health Program of Queensland Elementary and High School, Fitzgerald, Georgia." The purpose of this study is to ascertain the effectiveness of the total school health program.

Will you kindly cooperate in this vital project by completing the enclosed instrument immediately and returning same to me. Your speedy cooperation will greatly facilitate the successful completion of this research.

The results of this investigation will be available to you through the office of the Principal of Queensland Elementary and High School, Fitzgerald, Georgia, as well as through the Trevor Arnett Library, Atlanta University, Atlanta, Georgia.

Thank you very kindly for your immediate concern toward this matter.

Gratefully yours,

(Mrs.) Bernice Street

APPENDIX B

AN APPRAISAL OF THE SCHOOL HEALTH PROGRAM
STATE DEPARTMENT OF EDUCATION
Atlanta 3, Georgia

This is an effort to help schools evaluate and improve their health programs. It is based upon the belief that "Health is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity," and that Health Education is the sum of all the experiences that contribute to this condition of the body; and further, that the school health program should be concerned with all ages--pre-school, out-of-school youth, and adults. It is suggested that the principal with his faculty, pupils, public health personnel and lay people study these items together in several study-group meetings and indicate by check the actual conditions in their school. Then all, working together, should make every effort possible to improve the weak points found in the program.

DIRECTIONS: Please supply the answers that explain most accurately the items in the instrument, "An Appraisal of the School Health Program." In most instances a single check mark (✓) will be adequate for answering. The check mark should be placed opposite the appropriate answers in the column (s).

PLEASE ANSWER ONLY THE ITEMS THAT APPLY TO YOU

County _____ Date _____

Name of School _____ Address _____

Type of School: Elementary: Enrollment _____ No. Teachers _____

Junior High: Enrollment _____ No. Teachers _____

High School: Enrollment _____ No. Teachers _____

Combination (1-12): Enrollment _____ No. Teachers _____

Principal _____ Address _____

I. ORGANIZATION AND ADMINISTRATION OF THE SCHOOL HEALTH PROGRAM

A. Is there a person directly responsible for the administration and promotion of the health program in your school? Yes _____ No _____

B. Is there an active school health committee? Yes _____ No _____

1. Are teachers members of this committee? Yes _____ No _____

- | | |
|--|----------------|
| 2. Are administrators? | Yes ___ No ___ |
| 3. Are pupils? | Yes ___ No ___ |
| 4. Are lay people? | Yes ___ No ___ |
| 5. Is a physician included? | Yes ___ No ___ |
| 6. Is a dentist included? | Yes ___ No ___ |
| 7. Is a nurse included? | Yes ___ No ___ |
| 8. Sanitation personnel? | Yes ___ No ___ |
| 9. Does this committee meet regularly? | Yes ___ No ___ |
| 10. Does it help plan, activate and evaluate the health program in the school? | Yes ___ No ___ |

a. Does the evaluation include:

- (1) Health knowledge tests? None ___ Poor ___ Fair ___
Good ___ Excellent ___.
- (2) Health attitude tests? None ___ Poor ___ Fair ___
Good ___ Excellent ___.
- (3) Observing the attitudes and practices of pupils:
 - (a) in school? None ___ Poor ___ Fair ___ Good ___ Excellent ___;
 - (b) in home, whenever possible? None ___ Poor ___ Fair ___
Good ___ Excellent ___;
 - (c) in community, whenever possible? None ___ Poor ___
Fair ___ Good ___ Excellent ___.
- (4) Interviews and conferences with pupils, parents, health personnel and other teachers? None ___ Poor ___ Fair ___
Good ___ Excellent ___.
- (5) Training and encouraging pupils to evaluate themselves by keeping anecdotal records, diaries, etc.? None ___
Poor ___ Fair ___ Good ___ Excellent ___.
- (6) When the above information is obtained is it used to improve the health program? None ___ Poor ___ Fair ___
Good ___ Excellent ___

C. Do school personnel have training in the school health program?

- | | |
|--|----------------|
| 1. All? | Yes ___ No ___ |
| 2. More than half? | Yes ___ No ___ |
| 3. Less than half? | Yes ___ No ___ |
| 4. None? | Yes ___ No ___ |
| 5. Does this training include mental and social health as well as physical health? | Yes ___ No ___ |
| 6. Do they feel that each has responsibilities in the school health program? | Yes ___ No ___ |

- D. Is there an in-service training program in school health for all school personnel as part of total school program? Yes ___ No ___
1. Study and planning during pre- and post-planning weeks? Yes ___ No ___
2. Study groups during school year? Yes ___ No ___
- E. Is there a written program of health for your school? Yes ___ No ___
1. Is this written program revised and improved at least annually? Yes ___ No ___
2. Does the written program of health for your school conform to the county written program of health? Yes ___ No ___
3. Do school personnel and public health personnel jointly carry on the responsibility of the health program in schools? Yes ___ No ___
4. In planning and writing the program of school health, did the following participate:
- (a) School personnel, students and public health personnel? Yes ___ No ___
- (b) P.T.A., school personnel and public health personnel? Yes ___ No ___
- (c) Community, P.T.A., school personnel and public health personnel? Yes ___ No ___

II. SCOPE OF THE SCHOOL HEALTH PROGRAM

A. Healthful School - Community Environment

1. Grounds

- a. Suitable in size to meet state standards? Poor ___ Fair ___ Good ___ Excellent ___.
- b. Landscaped for:
- (1) beautification None ___ Poor ___ Good ___ Excellent ___.
- (2) drainage None ___ Poor ___ Good ___ Excellent ___.
- c. Grass, flowers and shrubbery in proper places and well kept? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- d. Are there objectionable commercial or industrial areas nearby creating excessive noise, dust or other hazards? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- e. Are grounds clean and well kept? Yes ___ No ___

2. Buildings

- a. Attractive and in good state of repair? Poor ___ Fair ___ Good ___ Excellent ___.
- b. Adequate number of suitable classrooms? (Minimum 20 sq. ft. per pupil) Yes ___ No ___

- c. Adequate number of other necessary buildings? Yes ___
 None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- d. Is there a separate rest room for teachers where they may relax during free periods? Yes ___ No ___
- e. Are buildings clean and well kept? Yes ___ No ___
- f. Ramp entrance that will accommodate wheel chair? Yes ___ No ___

3. Sanitation

- a. Is drinking water available on school grounds? Yes ___ No ___
 (1) Is source of water approved by the Health Department? Yes ___ No ___
 (2) Has it been tested and approved by the Health Department within the year? Yes ___ No ___
 (3) Is the quantity sufficient? Yes ___ No ___
 (4) Is the distribution system approved by the Health Department? Yes ___ No ___
- b. Are adequate sanitary-type drinking fountains available with heights adjusted to age groups using them? Yes ___ No ___
- c. Are there always plenty of paper towels? Yes ___ No ___
- d. Is either liquid soap or soap powder, properly dispensed, used for handwashing? Yes ___ No ___
- e. Are toilets approved by the Department of Public Health? Yes ___ No ___
 (1) Flush type ___ Pit ___ (check)
 (2) Inside building? Yes ___ No ___
 (3) Provided with adequate number of commodes and urinals for the peak number of children using them? Yes ___ No ___
 (4) Kept clean? Yes ___ No ___
 (5) Free from marks? Yes ___ No ___
 (6) Well ventilated? Yes ___ No ___
 (7) Well lighted? Yes ___ No ___
 (8) Supplied with plenty of toilet paper? Yes ___ No ___
 (9) Provided with fixtures suitable in height and size for children using them? Yes ___ No ___
 (10) Is disposal by septic tank? Yes ___ No ___
 (11) Or by city sewerage system? Yes ___ No ___
- f. Are children trained in proper use and maintenance of toilets? Yes ___ No ___
- g. Is there a toilet that will accommodate a wheel-chair patient? Yes ___ No ___

4. Heating, ventilation and lighting

- a. Adequate central heating system? Yes ___ No ___
- b. Or adequate jacketed stoves? Yes ___ No ___
 (1) Do stoves have fresh air inlet from outside? Yes ___ No ___

- c. Or properly vented individual gas heaters? Yes ___ No ___
- d. Can an adequate portion of windows be opened to provide sufficient ventilation? Yes ___ No ___
- e. Are the rooms free from drafts? Yes ___ No ___
- f. Is there an adequate supply of fresh air? Yes ___ No ___
- g. Is there an accurate thermometer in classrooms? Yes ___ No ___
- (1) Is it properly located? Yes ___ No ___
- h. Are there electric lights? Yes ___ No ___
- (1) Properly shielded? Yes ___ No ___
- (2) Do they give sufficient light to all parts of the room (at least 20 foot candles of artificial light)? Yes ___ No ___
- i. Are translucent window shades used? Yes ___ No ___
- (1) Are proper light controls used to shield the windows adequately, so arranged that light enters from upper part of windows? (Check: diffusers ___ venetian blinds ___ two-way roller shades ___ listed in order of preference) Yes ___ No ___
- j. Are desks arranged for minimum of glare and maximum of light? (Pupils should not face light or work in shadows created by their bodies.) Yes ___ No ___
- (1) Are reading tables also thus placed? Yes ___ No ___
- (2) Are desks and furniture natural wood? Yes ___ No ___
- (3) Floors natural wood, or light green marbleized linoleum or asphalt tile and free from glare? Yes ___ No ___
- k. Are walls and ceiling a light shade? Yes ___ No ___
- (1) Are the walls without glare? Yes ___ No ___
- (2) Woodwork and trim same as walls, darkened to 50% reflection factor with non-glossy finish? Yes ___ No ___
- l. Do chalk boards have dull finish? (Should be green with a minimum of 20% light reflection) Yes ___ No ___
- (1) May they be used without facing the light? Yes ___ No ___
- (2) Do teachers stand away from windows when teaching so pupils will not have to face light when looking at them? Yes ___ No ___

5. Classroom arrangement and cleanliness

- a. Is janitorial service provided? Yes ___ No ___
- (1) Does he realize his importance in the general scheme for school sanitation and child welfare? Yes ___ No ___
- (2) Has he had special training on his job through the State Department of Education's custodial training program or elsewhere? Yes ___ No ___
- (3) Does he have supervision? Yes ___ No ___
- b. Are there adequate equipment and supplies for cleaning? Yes ___ No ___
- c. Is room arrangement orderly and attractive? Yes ___ No ___
- d. Are there a few appropriate, well placed pictures? Yes ___ No ___
- e. Are there growing plants in the rooms? Yes ___ No ___
- f. Is a mirror placed at such a height that all pupils can use it? Yes ___ No ___
- g. Are screens on all windows? Yes ___ No ___
- h. Are desks and seats movable? Yes ___ No ___
- i. Are desks and seats suitable in size for age group using them? Yes ___ No ___
- j. Are satisfactory facilities provided for wraps and other garments, either in classrooms or halls? Yes ___ No ___
- k. Are floors finished for beauty and ease of cleaning? Yes ___ No ___

6. School Lunch

- a. Does the school have adequate facilities for a school lunch program? Yes ___ No ___
- (1) Is the school lunch program receiving Federal aid? Yes ___ No ___
- (2) Is the school refraining from selling soft drinks and packaged foods? Yes ___ No ___
- (3) Is the lunch room inspected regularly by the Department of Public Health? Yes ___ No ___
- (4) Are physical examinations required for school lunch personnel and student help? Yes ___ No ___
- (5) Do school lunch personnel have training in sanitation and proper methods of food handling?
- All ___ Yes ___ No ___
- Few ___ Yes ___ No ___
- None ___ Yes ___ No ___
- b. Do all children eat in lunch room? Yes ___ No ___
- (1) Do all children eat lunch? Yes ___ No ___
- (2) Are all children provided a hot lunch? Yes ___ No ___
- (3) Are 80% or more of the children participating in the lunch program? Yes ___ No ___

- c. Adequate number of other necessary buildings? Yes ___
 None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- d. Is there a separate rest room for teachers where they may relax during free periods? Yes ___ No ___
- e. Are buildings clean and well kept? Yes ___ No ___
- f. Ramp entrance that will accommodate wheel chair? Yes ___ No ___

3. Sanitation

- a. Is drinking water available on school grounds? Yes ___ No ___
 (1) Is source of water approved by the Health Department? Yes ___ No ___
 (2) Has it been tested and approved by the Health Department within the year? Yes ___ No ___
 (3) Is the quantity sufficient? Yes ___ No ___
 (4) Is the distribution system approved by the Health Department? Yes ___ No ___
- b. Are adequate sanitary-type drinking fountains available with heights adjusted to age groups using them? Yes ___ No ___
- c. Are there always plenty of paper towels? Yes ___ No ___
- d. Is either liquid soap or soap powder, properly dispensed, used for handwashing? Yes ___ No ___
- e. Are toilets approved by the Department of Public Health? Yes ___ No ___
 (1) Flush type ___ Pit ___ (check)
 (2) Inside building? Yes ___ No ___
 (3) Provided with adequate number of commodes and urinals for the peak number of children using them? Yes ___ No ___
 (4) Kept clean? Yes ___ No ___
 (5) Free from marks? Yes ___ No ___
 (6) Well ventilated? Yes ___ No ___
 (7) Well lighted? Yes ___ No ___
 (8) Supplied with plenty of toilet paper? Yes ___ No ___
 (9) Provided with fixtures suitable in height and size for children using them? Yes ___ No ___
 (10) Is disposal by septic tank? Yes ___ No ___
 (11) Or by city sewerage system? Yes ___ No ___
- f. Are children trained in proper use and maintenance of toilets? Yes ___ No ___
- g. Is there a toilet that will accommodate a wheel-chair patient? Yes ___ No ___

4. Heating, ventilation and lighting

- a. Adequate central heating system? Yes ___ No ___
- b. Or adequate jacketed stoves? Yes ___ No ___
 (1) Do stoves have fresh air inlet from outside? Yes ___ No ___

- (4) Is anything being done to increase the participation in the lunch program? Yes ___ No ___
- (5) Are the children who bring packed lunches given an opportunity to eat in the dining room? Yes ___ No ___
Taught to pack a good lunch? Yes ___ No ___
- (6) Is pasteurized milk provided for every child daily? Yes ___ No ___
- (7) Are free meals given to children who need them? Yes ___ No ___

- c. Is 20 minutes or more allowed for children to eat lunch exclusive of time consumed in washing hands, standing in line? Yes ___ No ___
- (1) Are children encouraged to remain at the table until each child has had ample time to eat lunch? Yes ___ No ___
- (2) Are children allowed adequate time to wash hands before eating? Yes ___ No ___
- (3) Do children return immediately to classrooms from lunchroom? Yes ___ No ___
- d. Is there evidence that the school lunch program is bringing about positive learning experiences to pupils either directly or through classroom integration? Yes ___ No ___

7. Organization and administration of the school

- a. Is the school day long enough to prevent too much hurry? Yes ___ No ___
- b. Is there enough time given for rest, relaxation, play? Yes ___ No ___
- c. Are pupils overburdened with home work and extra-class activities? Yes ___ No ___
- d. Are examinations, marks, reports to parents emphasized to point where children are subjected to undue amount of fear of failure? Yes ___ No ___
- e. Does the method of promotion take into consideration the total development of the pupil, rather than merely his knowledge of subject matter? Yes ___ No ___
- f. Are the relations between:
- (1) School and Community? Poor ___ Fair ___
Good ___ Excellent ___.
- (2) School and homes? Poor ___ Fair ___ Good ___
Excellent ___.
- (3) Principal and administration? Poor ___
Fair ___ Good ___ Excellent ___.
- (4) Principal and teachers? Poor ___ Fair ___
Good ___ Excellent ___.
- (5) Teachers? Poor ___ Fair ___ Good ___
Excellent ___.

- g. Is there a program of counseling? Yes ___ No ___
 (1) Is there a trained counselor? Yes ___ No ___
 (2) Is he trained in mental health? Yes ___ No ___
 h. Are services of Visiting Teacher available? Yes ___ No ___
 (1) Has this person had special training for the job? Yes ___ No ___
 (2) Are these services used to remove the causes for:
 (a) Non-attendance? Yes ___ No ___
 (b) Poor attendance? Yes ___ No ___
 (c) Behavior problems? Yes ___ No ___

8. Community environment

- a. Does the school promote and stimulate interest in:
 (1) Adequate safe water supply? Yes ___ No ___
 (a) Fluoridation of water? Yes ___ No ___
 (2) Proper sewage disposal? Yes ___ No ___
 (3) Proper garbage disposal? Yes ___ No ___
 (4) Insect and rodent control? Yes ___ No ___
 (5) Other needed public health protective measures? Yes ___ No ___

9. Safety

- a. Are all stairways safe? Yes ___ No ___
 (1) Hand rails on all stairs in good repair? Yes ___ No ___
 (2) Safety treads on all steps? Yes ___ No ___
 (3) Bottom and top steps painted in contrast? Yes ___ No ___
 (4) Stairs and landings well lighted? Yes ___ No ___
 b. Are corridors safe? Yes ___ No ___
 (1) No projections? Yes ___ No ___
 (2) No loose plaster? Yes ___ No ___
 (3) Floor boards in good repair? Yes ___ No ___
 c. Is non-skid wax used on all floors? Yes ___ No ___
 d. Do all doors open outward? Yes ___ No ___
 e. Are all combustible and inflammable materials stored in fireproof containers? (grease rags, oily mops, paper) Yes ___ No ___
 f. Is the heating unit checked regularly for unvented gases and fire hazards? Yes ___ No ___
 g. Is the electrical circuit checked regularly for overloading and other hazards? Yes ___ No ___
 h. Does the fire protection equipment meet community fire regulations? Yes ___ No ___
 (1) Are they inspected regularly by the Fire Department? Yes ___ No ___
 i. Does the playground construction meet safety standards? Yes ___ No ___
 j. Play equipment kept in good repair? Yes ___ No ___
 k. Are hazardous materials kept off playground, such as nails, broken glass, stone, etc.? Yes ___ No ___

1. Is there a teacher trained in first aid designated as supervisor of all play periods? Yes ☐ No ☐
- m. Is there a school patrol? Yes ☐ No ☐
- n. Do all school busses meet Department of Public Safety standards? Yes ☐ No ☐
- (1) Drivers have training in driver education? Yes ☐ No ☐
- o. Have bicycle safety program? Yes ☐ No ☐
- p. Fire escapes meet staterequirement? Yes ☐ No ☐

B. Health Service

1. Is there a Department of Public Health in your county? Yes ☐ No ☐
 - a. Does it have a (check): Health Officer? ☐
Nurses? ☐ Engineer or Sanitarian? ☐ Dental Hygienist? ☐ Dental Clinic? ☐
2. Does a close working relationship exist between your school and the local health department? Yes ☐ No ☐
3. Do local official and voluntary agencies participate in the school health program? Yes ☐ No ☐
4. Do teachers and public health nurse participate in teacher-nurse conference when public health nurse visits school? Yes ☐ No ☐
5. Do teachers do periodic "teacher observations" of children? Yes ☐ No ☐
 - a. Do teachers keep up-to-date notes of "teacher observations" and transfer them with other records (School Health Form No. 2)? Yes ☐ No ☐
 - (1) Record of sickness that causes absenteeism? Yes ☐ No ☐
 - b. Are your immunization standards in line with those recommended by the State Department of Public Health? Yes ☐ No ☐
6. Does the school receive reports of the visits of health officer? Yes ☐ No ☐
 - a. Reports of visits of other public health personnel? List Yes ☐ No ☐
7. Is a health examination, including chest x-ray, required of all school personnel before employment? Yes ☐ No ☐
 - (a) If not, which ones?
 - (b) Periodically every two years thereafter? ☐ Yes ☐ No ☐
8. Is there a program for health of school employees? Yes ☐ No ☐
 - a. Do employees earn sick leave? Yes ☐ No ☐
 - b. Is provision made for employee health insurance? Yes ☐ No ☐
9. Are preschool children examined and remediable defects corrected before entering school, including dental defects? Yes ☐ No ☐
10. First Aid
 - a. Is there a health suite? Yes ☐ No ☐
 - (1) Does it contain a special room for the care of the sick? Yes ☐ No ☐

- (2) Does this suite meet standards of Building Code? Yes ___ No ___
- b. Is there a first aid cabinet? Yes ___ No ___
- (1) Is this cabinet easily accessible in time of accident? Yes ___ No ___
- (2) Do you check contents weekly and refill if needed? Yes ___ No ___
- (3) Is someone trained in first aid designated to be called for all serious accidents? Yes ___ No ___
- c. Are all teachers trained in first aid? Yes ___ No ___
- (1) If not, what percent? _____
11. Plans for sick children
- a. Do you isolate sick children? Yes ___ No ___
- b. Do you have plans for transporting them to:
- (1) home? Yes ___ No ___
- (2) hospital? Yes ___ No ___
- (3) doctor? Yes ___ No ___
12. Civil Defense
- a. Does your school have an active civil defense program? Yes ___ No ___
- b. Is the school program of civil defense in accord with the state program of civil defense? Yes ___ No ___
- c. Does every child wear an identification tag? Yes ___ No ___
- d. Has every child received instruction as to where to go when disaster hits? Yes ___ No ___
- e. Has every child received instruction as to what to do and what precautions should be observed when disaster strikes? Yes ___ No ___

C. Physical Education and Recreation

1. Is the State Law regarding physical education complied with? Yes ___ No ___
2. In Elementary School
- a. By providing a program of physical education and recreation for all children? Yes ___ No ___
- b. Teaching done by classroom teachers? Yes ___ No ___
- c. Have they had training in physical education? Yes ___ No ___
- d. Does the physical education teacher in high school help the elementary teachers? Yes ___ No ___
- e. Is physical education coordinated with the total school health program? Yes ___ No ___
- f. Is this a comprehensive instructional program planned progressively to promote:
- (1) The learning of motor skills? None ___
Poor ___ Fair ___ Good ___ Excellent ___
- (2) The providing of sufficient physical activity for normal growth and development? None ___ Poor ___ Fair ___ Good ___ Excellent ___
- (3) The teaching of games and sports for recreational use? None ___ Poor ___ Fair ___
Good ___ Excellent ___.

- (4) The teaching of arts and crafts for recreational purposes? None ___ Poor ___ Fair ___ Good ___ Excellent ___.

g. Does the program provide activities including:

- (1) Games, utilizing the fundamental activities of running, jumping, throwing, striking, dodging, falling, and catching? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (2) Rhythmic activities suited to the age of the child? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (3) Stunts and self-testing activities? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (4) Activities requiring self-expression, self-direction and group organization? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (5) Modified activities suited to the abilities of the physically handicapped? None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (6) Intramural competition in sports and games adapted to age levels? (No interscholastic contests for children of these ages?) None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (7) Music (singing, piano, etc.) None ___ Poor ___ Fair ___ Good ___ Excellent ___.
- (8) Dramatics, hobbies, etc.? None ___ Poor ___ Fair ___ Good ___ Excellent ___.

h. Time allotment:

Daily period at least 30 minutes (most desirable) exclusive of lunch time and recess?
Three times per week?
Once a week?

Yes ___ No ___
Yes ___ No ___
Yes ___ No ___

3. In High School

- a. By providing a program of physical education and recreation for all pupils? (band, chorus, military should not be substituted for physical education) Yes ___ No ___
- b. Is physical education coordinated with the total school health program? Yes ___ No ___
- c. Is the size of classes in keeping with that of other high school classes? Yes ___ No ___
- d. Are classes taught by teachers well trained in total school health program with special emphasis in physical education?
(1) Women teachers for girls? Yes ___ No ___
- e. Does this program provide opportunity for the promotion of normal growth through a wide range of activities, such as?
(1) Free and individual play? None ___ Poor ___ Fair ___ Good ___ Excellent ___.

- (2) Sports and games? None__Poor__Fair__
Good__Excellent__.
- (3) Self-testing activities? None__Poor__
Good__Excellent__.
- (4) Stunts and tumbling, achievement tests in
sports, and fundamental skill tests?
None__Poor__Fair__Good__Excellent__.
- (5) Swimming and life saving? None__Poor__
Fair__Good__Excellent__.
- (6) Prevention of fatigue through rest and
relaxation? None__Poor__Fair__
Good__Excellent__.
- (7) Remedial and adapted sports? None__
Poor__Fair__Good__Excellent__.
- (8) Adequate program of intramural athletics for
junior high school students and all girls?
(No interscholastic contests for children
under 13 years of age.) None__Poor__
Fair__Good__Excellent__.
- (9) Intramural and interschool athletics for
boys properly coached and supervised by
teachers trained in total school health
program with major in physical education?
None__Poor__Fair__Good__Excellent__.
- (a) Are these programs in line with recom-
mendations in New School Health Guide? Yes__No__
- (b) Is a physician present at each inter-
scholastic contest? Yes__No__
- (10) Is the intramural and interscholastic
athletic program for girls in line with
that recommended in the New State School
Health Guide? Yes__No__
- (11) Rhythmic fundamentals? None__Poor__
Fair__Good__Excellent__.
- (12) Co-educational and co-recreational activities?
None__Poor__Fair__Good__Excellent__.
- (13) Properly dressed for all activities? None__
Poor__Fair__Good__Excellent__.
- (14) Take showers following activities? None__
Poor__Fair__Good__Excellent__.
- (15) Camping, hiking and outing? None__Poor__
Fair__Good__Excellent__.
- (16) Arts and crafts? None__Poor__Fair__
Good__Excellent__.
- (17) Music (singing, piano, etc.)? None__
Poor__Fair__Good__Excellent__.
- (18) Dramatics, hobbies? None__Poor__Fair__
Good__Excellent__.

f. Facilities and Equipment

- (1) Does your school have a gymnasium? Yes ___ No ___
- (2) Is there one piece of play material per 8 children (i.e., soccer balls, playground balls, bats, rackets, basketballs, etc.)? Yes ___ No ___
- (3) Does your school have a locker room which provides:
- (a) A locker for each child participating in physical education program? Yes ___ No ___
- (b) Adequate shower facilities for physical education classes? Yes ___ No ___
- (c) Adequate toilet facilities? Yes ___ No ___
- (4) Does your school have equipment for weighing and measuring pupils? Yes ___ No ___
- (5) Does your school have adequate improved play space? Yes ___ No ___

g. Time Allotment

- (1) Does each pupil in high school participate in a period of physical activity comparable in length to other high school classes? Yes ___ No ___
- Once each day? (desirable) Yes ___ No ___
- Three times per week? Yes ___ No ___
- Once per week? Yes ___ No ___

D. Health Instruction

1. Is health instruction integrated into the teaching of all subjects in:

- a. Elementary schools? Yes ___ No ___
- (1) Check subjects: Reading ___ Language ___
Science ___ Social Studies ___ Art ___ Music ___
Physical Education ___ Math. ___
- b. High school? Yes ___ No ___
- (1) Check subjects: Biology ___ General
Science ___ Chemistry ___ Physics ___
Physical Education ___ Homemaking ___
Agriculture ___ English ___ Math. ___
Social Studies ___ Military ___ Music ___
Art ___ Commercial ___

2. Is instruction given in the facts concerning the effects of alcohol on:

- a. The Body? Yes ___ No ___
- b. Behavior of the individual? Yes ___ No ___
- c. Economic conditions? Yes ___ No ___
- d. Family relations? Yes ___ No ___
- e. Civic responsibilities? Yes ___ No ___
- f. Are teachers trained in alcohol education? Yes ___ No ___
3. Is driver education offered in high school? Yes ___ No ___
- a. Approved by State Department of Education? Yes ___ No ___

4. Is instruction in safety measures included in the total school health program? Yes ___ No ___
- a. Are records of accidents kept, giving location, cause, and extent of injury? Yes ___ No ___
- b. Are fire drills held as part of safety instruction? Yes ___ No ___
- c. Are buildings and grounds checked regularly for safety hazards as part of instruction program? Yes ___ No ___
5. Is a definite period set aside for health instruction in:
- a. Elementary School (7th-8th grades)? Yes ___ No ___
- b. In High School? Yes ___ No ___
- (1) Does this meet requirement of one unit of health instruction as outlined in Curriculum Framework for Georgia Schools and in New Georgia School Health Guide
- (a) With at least one semester daily (more is desirable) in the ninth grade? Yes ___ No ___
- (b) At least one semester daily (more is desirable) in the twelfth grade? Yes ___ No ___
- (c) Is this instruction done by teachers who are trained in total school health program with special emphasis on health instruction, comparable in quantity and quality to that required by teachers in other areas? Yes ___ No ___
- c. Is this instruction in elementary and high school based upon the needs, interests, and abilities of students as determined by:
- (1) Health examinations? Yes ___ No ___
- (2) Health practices? Yes ___ No ___
- (3) Health records? Yes ___ No ___
- (4) Teacher observations, etc.? Yes ___ No ___
- Does it include
- (1) Health problems of school? Yes ___ No ___
- (2) Health problems of community? Yes ___ No ___
- d. Instruction in mental health included? Yes ___ No ___
- e. Instruction in dental health included? Yes ___ No ___
- f. Instruction in first aid given to all students? Yes ___ No ___
- g. Do teachers and pupils plan together health instruction? Yes ___ No ___
- (1) Health department personnel participate in this planning? Yes ___ No ___
6. Is the health instructional program planned as part of the total school health program? Yes ___ No ___
- a. Is it written into the total health program? Yes ___ No ___
7. Are other materials than textbooks used, as:
- (check) Films ___ Charts ___ Posters ___ Exhibits ___
- Reference books ___ Pamphlets ___ Magazines ___
- Models ___ Materials available from local health department ___

a. Is there adequate health material available in the school library?

(1) References for teachers?

Yes ___ No ___

(2) References for pupils?

Yes ___ No ___

Yes ___ No ___

8. Is any health teaching done through such activities as: (check) trips to dairies ___ market ___ bakery ___ water works ___ grocery store ___ fire department ___ Health department ___ hospitals ___ radio programs received at school ___ special lectures ___ assembly programs on health ___ helping in community clean-up campaigns ___ medical examinations ___ immunizations ___ weighing and measuring children ___ dental examinations ___ testing hearing ___ testing vision ___ using the cumulative health records ___ school lunchroom program ___ morning inspections ___ teaching high school pupils how to drive a car ___ safety on school bus ___ safety at school ___ safety in community ___ safety in home ___ fire drills ___ use of fire extinguishers ___ laboratory experiments ___ making a study of what children are eating ___ nutritional experiments with white rats ___ having pupils assume responsibility for regulating heating and ventilation to maintain temperature 68 to 70 degrees ___ having pupils adjust curtains and lights for best lighting effects ___ play activities of children ___ having children help keep grounds and buildings clean and attractive ___ planting of vegetable gardens at home ___ at school ___?

9. Is emphasis of health teaching directed to the formation of intelligent behavior and proper attitudes rather than knowledge for knowledge's sake, as evidenced by pupils:

a. Selecting adequate and balanced diet, when choices can be made at school and elsewhere?

Yes ___ No ___

b. Eating regularly and properly?

Yes ___ No ___

c. Drinking plenty of water daily?

Yes ___ No ___

d. Visiting dentist twice yearly and at other times when needed?

Yes ___ No ___

e. Brushing teeth properly before breakfast and after each meal?

Yes ___ No ___

f. Keeping their person clean and well groomed?

Yes ___ No ___

g. Practicing proper toilet habits?

Yes ___ No ___

h. Washing and drying hands with paper towels before meals?

Yes ___ No ___

(1) After visits to toilet?

Yes ___ No ___

i. Playing outdoors except during inclement weather?

Yes ___ No ___

j. Working, resting, and relaxing at proper periods and getting proper amount of sleep?

- k. Practicing good posture habits? Yes ___ No ___
- l. Taking proper care of eyes, ears, teeth? Yes ___ No ___
- m. Remaining at home when attacked with colds or other communicable diseases? Yes ___ No ___
- n. Helping to keep classrooms and other parts of buildings and grounds clean and attractive? Yes ___ No ___
- o. Helping to keep building properly ventilated and properly lighted? Yes ___ No ___
- p. Helping to keep seats properly adjusted to needs of pupils? Yes ___ No ___
- q. Observing proper safety rules at school?
On streets? Yes ___ No ___
Highways? Yes ___ No ___
In homes? Yes ___ No ___
- r. Participating in monthly fire drills? Yes ___ No ___
- s. Showing interest in their growth and reasons for it? Yes ___ No ___
- t. Working together cooperatively and being kind and thoughtful? Yes ___ No ___
- u. Having knowledge of and wearing and caring for proper clothing? Yes ___ No ___
- v. Knowing how and properly caring for sick in home? Yes ___ No ___
- w. Knowing how and administering first aid properly? Yes ___ No ___
- x. Seeking scientific medical advice when ill rather than treating self with patent medicines or follow advice of unqualified person? Yes ___ No ___
- y. Influencing in homes:
Screening? Yes ___ No ___
Providing better toilet facilities? Yes ___ No ___
Better health habits of other members of family? Yes ___ No ___
Improving water supply? Yes ___ No ___
Helping to make home more attractive? Yes ___ No ___

E. Special Education

1. Does the school provide a program for exceptional children (mentally gifted, mentally retarded, with physical defects, emotionally disturbed or socially maladjusted)? Yes ___ No ___
- a. Which programs are included? _____
2. Is this program approved by State Department of Education? Yes ___ No ___
- a. Which programs are needed? _____

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