Identify your Level:  State  Local  Territory

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| **5 Year Goal 1: Collect, analyze, and disseminate data on adolescent health risk behaviors, including sexual risk behaviors, using the Youth Risk Behavior Survey; administered in odd numbered years.** |

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| **Required Activities** | | | | | | | |
| 1. Develop the YRBS questionnaire, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys.* | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| 1. Produce an up-to-date sampling frame and develop sampling parameters, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys*. Include specifications for developing sub-state estimates of LEAs and schools as appropriate. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
| **2** | **3** | **4** | **5** |
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| 1. Conduct the YRBS (in odd-numbered calendar years) among a scientifically selected sample of at least all public school students in grades 9-12 in their jurisdiction according to survey administration procedures outlined in the *Handbook for Conducting Youth Risk Behavior Surveys.* Submit the Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
| **2** | **3** | **4** | **5** |
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| 1. Submit all completed questionnaires or answer sheets and appropriate sample and data collection documentation forms to the CDC Survey TA contractor for processing. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
| **2** | **3** | **4** | **5** |
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| 1. Disseminate YRBS results through fact sheets, reports, Web sites, and other products that describe priority health risk behaviors, help target interventions, establish funding priorities, and support development of state and local policies and practices that will reduce priority health risk behaviors among youth. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
| **2** | **3** | **4** | **5** |
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| 1. Collaborate with other CDC-awarded national, state, and local YRBS administrations conducted among schools in their jurisdiction. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
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| From whom do you need additional TA to implement action steps?  Not Needed  Program Consultant  CDC surveillance specialist  Other:  Describe what specific type of TA is needed to accomplish this work: | | | | | | | |

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| **5 Year Goal 2: Collect, analyze, and disseminate data on school health policies and practices, including sexual health policies and practices, using School Health Profiles; administered in even numbered years.** |

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| **Required Activities** | | | | | | | |
| 1. Use the Profiles questionnaires for principals and lead health education teachers provided in the *Handbook for Developing School Health Profiles*. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
| **2** | **3** | **4** | **5** |
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| 1. Produce an up-to-date sampling frame and develop sampling parameters meeting specifications outlined in the *Handbook for Developing School Health Profiles*. Include specifications for developing sub-state estimates of targeted LEAs and targeted schools. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
| **2** | **3** | **4** | **5** |
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| 1. Conduct Profiles (in even-numbered calendar years) among a scientifically selected sample of secondary public schools representative of all public middle schools and high schools in their jurisdiction according to survey administration procedures outlined in the *Handbook for Developing School Health Profiles*. Submit the Survey Tracking Form every 2 weeks during data collection to the CDC Survey TA contractor. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| 1. Submit all completed questionnaires or data and appropriate sample and data collection documentation forms to the CDC Survey TA contractor for processing. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| 1. Disseminate Profiles results through fact sheets, reports, Web sites, and other products that describe school health policies and practices, help target interventions, establish funding priorities, and support development of school health policies and practices that will help reduce priority health risk behaviors among youth. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
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| 1. Collaborate with other CDC-awarded programs to administer Profiles among schools in their jurisdiction. | | | | | | | |
| **Date to Complete** | **Action Steps**  *Describe how you will accomplish the required activity, ensuring that action steps are specific, measurable, achievable, and realistic.* | **Person Responsible** | **Proof of Completion** | **Program Year** | | | |
| **2** | **3** | **4** | **5** |
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|  | c. |  |  |  |  |  |  |
| From whom do you need additional TA to implement action steps?  Not Needed  Program Consultant  CDC Surveillance Specialist  Other:  Describe what specific type of TA is needed to accomplish this work: | | | | | | | |