

# Northern Rockies Educational Services

Workshop 0532-02	
<b>TITLE:</b>	<i>What Can the School Health Index Do For My School?</i>
<b>DESCRIPTION:</b>	This workshop will allow the participant to look at the School Health Index as a self-assessment for their school. It will allow you to identify strengths and weaknesses in a focused manner and help you to improve your health promotion efforts in the district. Modules of the School Health Index that will receive extended discussion include physical activity, nutrition, safety, and cross-cutting of the coordinated school health program on the Classroom Performance System (CPS). Follow-up activities will include a plan of action for making your school site healthier and school year technical assistance is available to interested participants.
<b>PRESENTERS:</b>	Michelle Harrell
<b>TARGET AUDIENCE:</b>	K-12 Health Enhancement Teachers; Other district personnel with school health responsibilities
<b>DATE:</b>	Wednesday-Thursday, June 8-9 2005
<b>TIME:</b>	8:30 a.m.-Noon and 1:00 p.m.-5:00 p.m. daily
<b>LOCATION:</b>	Billings, MT
<b>SITE:</b>	Quality Inn Homestead Park 2036 Overland Avenue (406) 652-1320
<b>ENROLLMENT:</b>	Limit of 25
<b>CREDIT:</b>	15 OPI renewal units OR 1 graduate credit through Montana State University-Northern. MSU-N will charge \$100.00 for this credit which is <b>paid at the workshop</b> .
<b>EXPENSES:</b>	Participants will be responsible for travel, lodging, and meals.
<b>FEE POLICY:</b>	<b>There are no fees to attend this workshop</b>
<b>Grant opportunity available:</b>	<b>Participants of the workshop will be eligible to apply for two mini-grants of approximately \$750.00 each. Grants will be on a competitive basis. Details of the application process and criteria will be covered at the workshop.</b>

**COMPLETE THE INFORMATION BELOW, TEAR OFF AND RETURN TO:  
Northern Rockies Educational Services**

<p><i>What Can the School Health Index Do For My School?</i> (workshop 0532-02)</p>	<p><u>REGISTRATION DEADLINE:</u> June 3, 2005 (mail or fax) You may also e-mail registration information</p>	
<p>Participant Name: _____</p> <p>School District: _____</p> <p>Home Address: _____</p> <p>Grade Level: _____</p> <p>Summer Phone Number: _____</p> <p>E-mail: _____</p>	<p>Please register for this workshop by June 3, 2005, so that we may determine number of participants who will be attending.</p> <p>After June 3<sup>rd</sup>, call NRES to confirm an opening in the workshop is available.</p> <p>You will receive confirmation from NRES shortly after your registration is received.</p>	
<p>Phone (406) 684-5523 FAX (406) 684-5523</p>	<p><b>Northern Rockies Educational Services</b> P.O. Box 288 Twin Bridges, MT 59754</p>	<p>E-mail <a href="mailto:fred@ne-tec.org">fred@ne-tec.org</a> Website <a href="http://www.nr-es.org">www.nr-es.org</a></p>