

Criterion Checklist  
Blue Ribbon Health Program 9-12

School: \_\_\_\_\_ Date: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

100% of all areas marked Y/N\* are required and must be marked Y (50 total)      \_\_\_ Yes    \_\_\_ No

90% of required criteria (indicated by \*) must be rated at exceeds level (38 total)      \_\_\_ Yes    \_\_\_ No

75% of all blank criteria must be rated at the exceeds level ( 58 total)      \_\_\_ Yes    \_\_\_ No

Summary Section	(fill in the number for each component)		
	Y/N*	*	Blank
I. Curriculum Criterion			
II. Goals and Objectives Criterion			
III. Content Criterion			
IV. Instruction Criterion			
V. Evaluation of Health Program Criterion			
VI. Administration Criterion			
VII. Facilities-Equipment-Financing Criterion			
VIII. Gender-Cultural Equity Criterion			
TOTAL NUMBER of criterion for each section	need 50	need 34 minimum	need 44 minimum