

ATTACHMENT II
Text of Adopted Amendment to 19 TAC

Chapter 102. Educational Programs

Subchapter CC. Commissioner's Rules Concerning Coordinated Health Programs

§102.1031. Criteria for Evaluating Coordinated Health Programs for Elementary, Middle, and Junior High School Students.

- (a) Program purpose. In accordance with Texas Education Code (TEC), §38.013, the Texas Education Agency (TEA) shall make available to each school district one or more coordinated school health programs or allow for the development of school district programs designed to prevent obesity, cardiovascular disease, and Type 2 diabetes in elementary, middle, and junior high school students. Each program must provide for coordinating:
- (1) health education;
 - (2) physical education and physical activity;
 - (3) nutrition services; and
 - (4) parental involvement.
- (b) Evaluation criteria. The commissioner of education may make available under subsection (a) of this section only those coordinated school health programs that meet the following criteria.
- (1) The program coordinates physical education/physical activity, classroom health education, nutrition/cafeteria services, and parental involvement.
 - (2) The program is ~~implemented and~~ coordinated within and across all grade levels on an elementary, middle, or junior high school campus. ~~[Kindergarten-Grade 5. A program may be submitted that also includes Prekindergarten and/or Grade 6.]~~
 - (3) The program has a training component that includes physical education/physical activity, classroom health education, nutrition/cafeteria services, and parental involvement activities and coordinates the four components of subsection (a) of this section . The training component must include teaching staff and parents.
 - (4) The program curricular components (health education and physical education) are based on Chapter 115 of this title (relating to Texas Essential Knowledge and Skills for Health Education) and Chapter 116 of this title (relating to Texas Essential Knowledge and Skills for Physical Education).
 - ~~(5) The program is supported by peer reviewed empirical evidence of effectiveness.~~
 - ~~(5) [(6)]~~ The program includes assessment tools for schools to measure cognitive, behavioral, and attitudinal changes related to the four components.
 - ~~(6) [(7)]~~ The program is based on health education theory and national standards for instructional and/or industry best practices in each of the four components described in subsection (a) of this section .
 - ~~(7) [(8)]~~ The program allows for tailoring to schools' individual needs and can be adapted to a variety of specific situations: ethnic diversity, children with disabilities, school schedules, socioeconomic status, geographic locations, and gender differences.
 - ~~(8) [(9)]~~ The program trains school district staff in the annual use of assessment and planning tools for school health programs and policies, such as the elementary school version of the School Health Index available at the National Centers for Disease Control and Prevention website.
 - ~~(9)~~ The program includes an evaluation of its nutritional services component that includes compliance with the Department of Agriculture guidelines relating to foods of minimal nutritional value.

- (c) Health programs developed by school districts. Coordinated school health programs that are developed by school districts and that meet the criteria in subsection (b) of this section may be approved and made available as approved programs. School district programs must use materials that are proven effective, such as TEA-approved textbooks or materials developed by nationally recognized and/or government-approved entities.
- ~~(d)~~ Health programs not developed by school districts. Coordinated school health programs not developed by school districts and that meet the criteria in subsection (b) of this section may be approved and made available as approved programs. Such programs must be peer-reviewed and show empirical evidence of effectiveness prior to submission.
- (e) ~~(d)~~ Submission of programs for evaluation. Coordinated school health programs may be submitted every two years ~~annually~~ for evaluation on a schedule to be determined by the commissioner. Programs will be approved for a period of four ~~three~~ years.
- (f) ~~(e)~~ Availability of programs. The TEA shall notify each school district of the availability of each coordinated school health program approved by the commissioner under subsection (d) of this section .